
Building Health Promotion Capacity

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and David Butler-Jones*

Building Health Promotion Capacity:
Action for Learning, Learning from
Action



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Abbreviations

BHPC	Building Health Promotion Capacity
CHHI	Canadian Heart Health Initiative
HPC	Health Promotion Contact
NHRDP	National Health Research and Development Program
PRHPRC	Prairie Region Health Promotion Research Centre
SAHO	Saskatchewan Association of Health Organizations
SHHP	Saskatchewan Heart Health Program
SPHPP	Saskatchewan Population Health Promotion Partnership

Part 1
Setting the Stage

1

Introduction: Action, Learning, and Capacity Building

In this book, we explore how individuals become more effective in health promotion work, and how organizations become more effective in supporting such work. The first stage of this exploration is about “action for learning.” To take action for learning is to do something to influence the knowledge, skills, or dispositions of oneself or others. In this book, we narrate how we took action to facilitate the learning of practitioners and leaders in the field of health promotion. To take action for learning is to hope that “learning from action” will occur. To learn from action is to change oneself as a result of experience and subsequent reflection on that experience. Here we narrate what we learned about health promotion capacity and its development by taking action to facilitate the learning of practitioners and leaders in that field.

The concept of “capacity” structures our exploration of action and learning. In simple terms, capacity refers to those qualities or characteristics that enable people to do something. Given the social nature of human life, the capacity to act is not determined solely by the qualities and characteristics of the individual person. Rather, the individual’s capacity to act is mediated by the environment in which he or she acts. When looking at capacity for complex professional practices such as those related to health promotion, we see that the environment typically entails both an immediate organizational setting within which individuals work and a broader social context within which both the individual and his or her organization exist. Building capacity means developing the qualities and characteristics of the individual, and shaping the organizational and social environment within which that individual will act.

This book is based on the experiences of the Building Health Promotion Capacity (BHPC) project from 1998 to 2003. BHPC was also known as the dissemination research phase of the Saskatchewan Heart Health

Program. BHPC was an applied research project designed to enhance the capacity of practitioners and regional health districts in Saskatchewan to undertake effective health promotion activities, and to develop an understanding of capacity and capacity building. Taking action for learning and learning from action represent our fundamental approach to building health promotion capacity.

Outline

We explore action, learning, and capacity building through seven chapters. Chapter 2 provides contextual and conceptual background to the action and learning described in subsequent chapters. Chapter 2 locates our work in a historical and theoretical context, and describes how we organized ourselves to undertake this work. We describe the evolution of public policies and health reforms in Saskatchewan during the late 1900s. We then describe the origins of the BHPC project, through a description of the Saskatchewan Heart Health Program and related efforts to support and enhance the population health promotion work of regional health districts across the province. We then locate our work within existing models of health promotion and the dissemination of capacity.

Chapters 3 and 4 examine the ways in which we took action for learning. We acted in order to build our understanding of the processes through which capacity can be built among individuals and organizations involved in health promotion work. We designed a series of research activities to gain a better understanding of the evolution of capacity for health promotion in Saskatchewan. In Chapter 3, we describe our six research methods: (1) surveys and interviews with practitioners and health district leaders, (2) key informant interviews, (3) case studies, (4) think tanks, (5) evaluation research, and (6) participant observation. These research methods were designed to help us learn about health promotion capacity and its development.

We also acted in order to facilitate the learning of others. We designed a series of interventions to enhance the knowledge, skills, and commitment of key health promotion actors across Saskatchewan. In Chapter 4, we describe our six forms of intervention: (1) delivering an annual health promotion summer school, (2) organizing regional and provincial continuing education events, (3) facilitating an Internet-based listserv, (4) nurturing relationships with health promotion practitioners, (5) advocating for population health promotion among health district leaders, and (6) providing consulting services and support to existing networks. These interventions were designed to help health promotion

practitioners and health district leaders better understand, embrace, and implement population health promotion activities. Although separated into different chapters, our two modes of taking action for learning were integrated both conceptually and in practice. Doing research was in part a capacity-building intervention, and doing capacity building was in part a means to learn about capacity and its development.

Chapters 5 through 7 examine the learning we accomplished through our continuing education and research activities. Chapter 5 explores what we learned about health promotion capacity among individual practitioners. We assert that individuals' health promotion capacity consists of four elements: knowledge, skills, commitment, and resources. We argue that practitioners' health promotion capacity is enhanced through four key catalysts: (1) support from managers and colleagues, (2) new roles and responsibilities, (3) opportunities to encounter new ideas and practices, and (4) opportunities to apply new knowledge and skills. The catalysts to greater individual health promotion capacity are rooted in the organizational and environmental context within which individuals work.

Chapter 6 explores what we learned about health promotion capacity among organizations. We assert that organizations' health promotion capacity consists of four elements: commitment, culture, structures, and resources. We argue that organizations' health promotion capacity is enhanced through seven key catalysts: (1) opportunities to work on meaningful projects and partnerships, (2) access to health promotion resources, (3) systematic planning and evaluation exercises, (4) individual capacity building, (5) changes to key personnel, (6) organizational restructuring, and (7) the strategic actions of change agents. The catalysts to greater organizational capacity to support health promotion work are rooted in part in the activities of individuals who contribute to organizations, and in part in the environment in which such organizations exist.

Chapter 7 explores what we learned about the influence of the environment on the health promotion capacity of individual practitioners and regional health districts. We argue that four environmental factors are particularly influential in supporting or hindering the capacity of individuals and organizations to engage in health promotion work: political will, public opinion, supportive organizations, and ideas and other resources. The relationship between these factors and health promotion capacity is not unidirectional. Through activities such as advocacy, political action, and research, individuals and organizations may

influence the nature of the environment within which they engage in health promotion work.

Chapter 8 synthesizes the major insights of our work and proposes a number of conclusions. We summarize the nature of health promotion capacity by presenting checklists that identify the elements of individual and organizational capacity and the characteristics of environments supportive of such capacity. We summarize the nature of capacity development by reviewing the key catalysts of capacity for individuals and organizations. We conclude by outlining the key implications of our findings for practitioners, leaders, policy makers, and scholars, both within health promotion and in other fields.

Conclusion

While this book is grounded in the practice of health promotion in Saskatchewan, its insights are transferable to many other places and domains of professional practice. The nature and development of health promotion capacity in Saskatchewan contains lessons of use to those interested in health promotion capacity across Canada and beyond. While the geographic scope of our research was limited to one Canadian province, the implications of our findings are important to many other places.

Our book resonates with fields of professional practice outside the realm of health promotion. The nature of capacity among individuals and organizations engaged in health promotion work is not radically different from that among individuals and organizations engaged in substantive fields such as social work, adult education, community development, and regional or urban planning. While readers interested in these and other fields may define the elements of capacity somewhat differently, they will recognize obvious parallels in terms of what constitutes capacity and how capacity is developed.

Our book also has insights of value to scholars and practitioners in continuing professional education, human resource development, and organizational development. Even in fields where the content of capacity for good professional practice may be dramatically different from that of health promotion, the process of capacity development is roughly parallel. The methods through which we have defined capacity and identified the key catalysts to the development of capacity are applicable to continuing professional educators and organizational developers in many fields.

The application of our concepts and methods to other places and domains of professional practice should be fruitful for many readers.

We have therefore written this book to be accessible not only to readers interested in health promotion but also to those in related fields. We have endeavoured to balance the interests of practitioners, leaders, policy makers, and scholars. In practical terms, this means that we have used accessible language, incorporated only a modest amount of empirical data, and consolidated references to scholarly literature in Chapter 2.