

BUILDING CAPACITY FOR PUBLIC HEALTH

GUEST EDITORIAL

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Readers of the *NSW Public Health Bulletin* will be in no doubt that public health in NSW is at the forefront in meeting the challenges of public health in the twenty-first century. This special edition of the Bulletin, which examines 'capacity building', provides an excellent illustration of this.

For many readers the term 'capacity building' may appear abstract and even obscure. The articles in this issue will explain the idea, and show its relevance to public health. The idea of 'building capacity' is not unique or specific to public health or health promotion. We could equally be discussing Australia's defence capacity and ways in which it might be strengthened.

It seems that capacity building in relation to public health has come about for two quite distinct reasons. The first is to do with the size and scale of action required to improve the health of the population. The task of improving public health, even with the knowledge currently available, is beyond that which can be achieved by the current workforce and its support systems. We need to expand the resources that are applied to the tasks of public health. For this reason we are interested in workforce development and organisational development as examples of capacity building. The second reason is the recognition that a critical, limiting factor in bringing about sustained changes in people's behaviour and social and physical environments is the engagement and commitment of people to the issue or goal. Unless our public health goals are understood, accepted and embraced by community members, then there is limited scope for change. Thus, one important focus of capacity building is to build community capacity, usually by developing community structures (social and physical) or developing community members' skills.

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The first paper in this issue has been written by Penelope Hawe. Penny is not only a leading figure in developing the concept of capacity building in Australia, but is also an international expert in this field. Her article provides a lucid introduction, describing what is meant by capacity building.

One area of application and development of the idea of capacity building is in international health, and the article by Jan Ritchie and her colleagues at the University of New South Wales describes their application of capacity building to consultancy work in the Pacific Islands. Their article describes how an educational approach to improve health in developing countries needs to be extended to encompass a broader capacity building strategy.

Doris Zonta and Andrew Wilson have adopted an organisational perspective, and are concerned with the development of the infrastructure required for an effective public health system. The Health Promotion Strategies and Settings Unit of the NSW Department of Health has been very active over the last few years in fostering a climate of inquiry and investigation about capacity building. A

summary of the initiatives that they have undertaken is presented in the article by Shelley Bowen.

Driven by both the need to develop stronger infrastructure and the need for community understanding and acceptance, the newly emerging field of mental health promotion has enthusiastically embraced the concept of capacity building. Kym Scanlon and Beverley Raphael discuss the contributions of organisational capacity, workforce development and community capacity to an overall strategy for promoting mental health.

Different individuals and organisations take up new ideas at different rates. While there is always a small group who enthusiastically takes up new ideas quickly, this by itself is generally insufficient to produce system-wide uptake. To ensure systematic and monitored uptake of capacity building strategies, the Health Promotion Strategies and Settings Unit has embarked on a dissemination strategy. In the final article Linda Cristine describes the grants scheme that is being conducted to test the applicability of the capacity building indicators in a variety of projects and settings throughout NSW. ■

CAPACITY BUILDING: FOR WHAT?

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The words ‘capacity building’ have spread rapidly throughout the health system, almost like a virus. But what exactly does capacity building mean? How did the term originate? What difference will or should capacity building make to the business of running health services? This article will briefly overview what we expect to achieve by promoting capacity-building as a strategy and how we might measure our success in doing so.

NEW CONCEPT OR NEW JARGON?

The Oxford English Dictionary defines ‘capacity’ as ‘holding-power’, as in a vessel filled to capacity’. In NSW, health workers have spoken about capacity building as helping to realise ‘potential’.¹ These definitions refer to increasing the strength, capability or power of something. But to do what? In the health system capacity building refers to at least two things:

- our capacity to deliver specified, high quality services or responses to particular (familiar) situations or problems, such as in our cancer control capacity;
- capacity of a more generalised nature—the capacity of the system we are working in to solve new problems and respond to unfamiliar situations.

The first type of capacity is defined by set criteria around particular competencies relating most often to specific skills, procedures and structures (such as setting up a Pap screening service).²⁻⁴ The concern is with how well a particular service is delivered and its appropriateness for population needs. The second type of capacity is defined by more diffuse and complex criteria, such as the characteristics of the work environment, the nature of our team interactions, the quality of leadership, and the way our health organisations are structured.^{5,6} It addresses how adequately the environment we are working in encourages us to think creatively, to adapt to change, to innovate and to solve problems.

So, capacity building is most definitely not new. Words like *performance standards*, *competency assessment*, and *quality improvement* easily cover the first type of capacity; and words like *leadership development*, *service development*, *team development*, *workforce development*, and *organisational development* cover the second type. What perhaps is new, given the attention capacity building has at present, is the emphasis on issues of measurement. This has meant that the vagaries of the concept have had to be confronted.⁷ In an era where we are heavily focussed on health outcomes, the resources going into achieving those outcomes have come under increased scrutiny. While changes in health outcomes at a population level will ultimately tell us whether or not we have an effective health system, intermediate indicators—indicators of our