

CAPACITY BUILDING TO IMPROVE HEALTH: A HEALTH PROMOTION PERSPECTIVE

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Building capacity to improve health is an important element of effective public health practice. Emerging theory in health promotion sees capacity building as an approach to the development of sustainable skills, organisational structures, resources, and commitment to health improvement in health and other sectors.^{1,2,5} This is achieved by strengthening and improving our capacity to act within programs, and developing the capacity of the health system to respond to emerging issues that affect health.^{1,2}

Evidence suggests that building the capacity of the system enables it to prolong and multiply health outcomes from public health programs.^{1,2,3,5,6,7} The Health Promotion Branch, NSW Department of Health, in collaboration with many other partners in NSW, has been working to increase the understanding of capacity building within the health system. Tools have been developed to assist with strategy development, and for the measurement of a concept that is not new, but which is further developed.

Within their work to map the domains of capacity building and develop indicators to guide practice, Hawe et al. identify three conceptual approaches to capacity building. These are health infrastructure and service development; program maintenance and sustainability; and problem solving capability of organisations and communities (Figure 1).² Their work provides a major step forward for

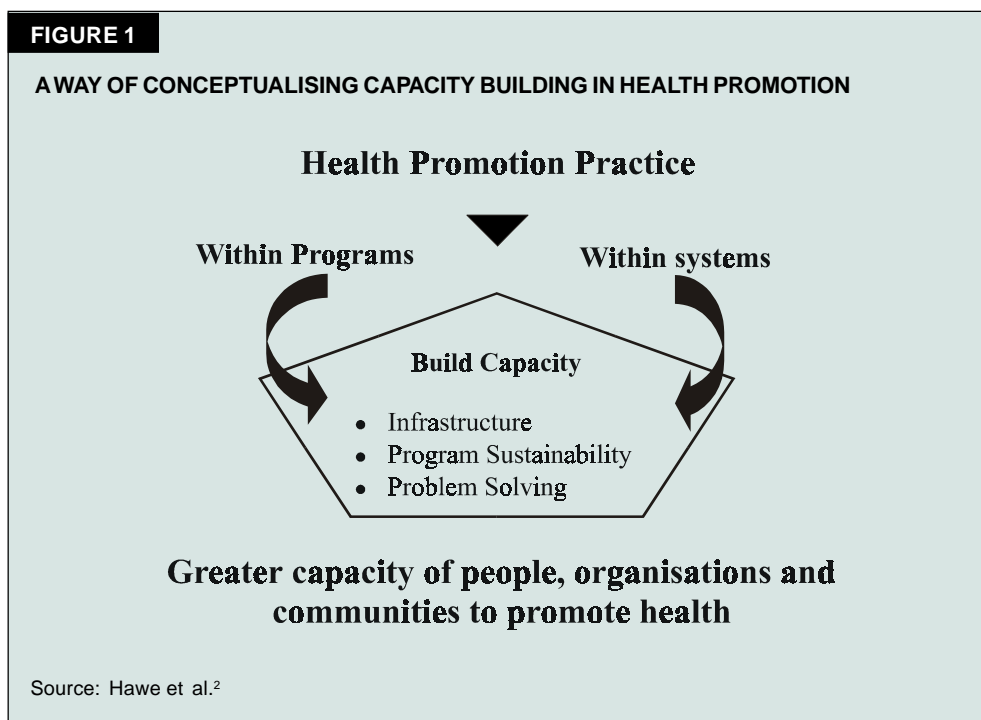
health promotion practitioners by clearly articulating the intent of capacity building efforts.

Capacity building is of particular importance to health promotion because it provides clearer definition, and attempts to measure, what is sometimes described as the 'invisible work' of health promotion.² It is the 'behind the scenes' effort by practitioners that increases the likelihood that effective health promotion programs will be sustained.

In addition, capacity building strengthens evaluation by emphasising the importance of measuring context: it considers sustainability, provides tools to measure the capacity we have against the capacity we need to reach an outcome; and provides a framework for thinking about, not only the capacity within programs, but the capacity of systems—organisations to respond to changing health needs.

The Health Promotion Branch is particularly interested in the application of capacity building strategies and indicators to programs that focus on approaches across settings, priority populations and health issues. Tools that help with the development of strategies and measurement when building capacity are being applied in a number of program areas such as: safe communities, women's health outcomes, tobacco control, Aboriginal health promotion, better practice, health promotion with schools, primary health care transition and youth suicide.^{2,7}

The focus of the Health Promotion Branch so far has been on:



Source: Hawe et al.²

- defining capacity building;
- articulating capacity building strategy (existing and new);
- engaging people in debate about the place and value of capacity building in public health practice;
- investing in research to develop resources to guide the measurement of our previously invisible capacity building effort;
- supporting the transition of capacity building research into practice.

This has been achieved by supporting:

- the publication of indicators to help with capacity building in health promotion that have been developed by the Department of Public Health and Community Medicine at the University of Sydney;²
- the development of a strategic framework by NSW Health, *Capacity building to improve health*;⁷
- the development of the Community Capacity Health Development Index by the University of Queensland;⁴
- the capacity building grant incentive scheme, *Putting the latest capacity building indicators research into practice*;
- the NSW Health Capacity Building Forum, *Achievements, experiences and opportunities for the future—capacity building and public health* held at Sydney University in October 1999;³
- a colloquium in March 2000: *Capacity Building: Mastering the art of the invisible*.

Our challenge now is to encourage the systemic application of these tools by health and other systems; build research

into practice; and continue with judicious investment in research, measurement and sustainability of our capacity building effort.

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