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Evidence for Building Organizational Capacity in Health Promotion

Background

The World Health Organization (WHO) defines capacity building as "the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion."[1] Building capacity involves action to improve health at three levels:

1. Advancement of knowledge and skills among practitioners
2. Expansion of support and infrastructure for health promotion in organizations
3. Development of cohesiveness and partnerships for health in communities[1]

Two systematic reviews conducted by Public Health Ontario (PHO) found that the majority of capacity building efforts focused at the individual practitioner level, with few aimed at the organizational level.[2,3] We conducted a synthesis of recent, good-quality reviews to gain a sense of the current state of the literature on building capacity at the organizational level. We wanted to identify specifically: a) theories, models and frameworks used for organizational capacity building (OCB); b) intervention types for building capacity at the organizational level; and c) the impact of OCB interventions. This resource, which summarizes the

findings of the synthesis, is intended for health promotion and public health practitioners with an interest in building the health promotion capacity of organizations in their communities.

Methods

A PHO librarian assisted search was run in November 2018. Four databases were searched: MEDLINE, CINAHL, PsycINFO and Scopus, using the search terms 'build/increase/develop/enhance/strengthen' + 'capacity/competency/skill' + 'prevention capacity/health promotion/public health.' The search was limited by: region (countries within the Organization for Economic Co-operation and Development (OECD)); by publication type (review articles only); by date (2008-2018); and by language (English only). The search yielded 544 results. A search of grey literature yielded two results.

In consultation with the Senior Product Developer (KW), it was decided to limit the search to reviews published between 2016 and 2018. This approach allowed us to identify recent, good quality systematic reviews and answer the question in a timely manner. The author (AB) reviewed all titles/abstracts for this time frame (n=178). Reviews were included if they addressed OCB in a health promotion context. Reviews were excluded if they addressed capacity building at the individual, community or systems level or focused on workforce development. Seven reviews were selected for full text screening. Following full text screening, four reviews met the inclusion criteria; however, one was excluded due to lack of detail on methodology. KW and a Research Coordinator (TO) completed quality assessment on the three remaining articles using the Health Evidence Quality Assessment Tool.[4] One review, Katz and Wandersmen 2016,[5] was weak in quality and therefore excluded. Two articles were rated as strong in quality and were included: McFarlane et al., 2016[6] and van Herwerden et al., 2018.[7] Author (AB) completed data extraction.

OVERVIEW OF INCLUDED REVIEWS

Re-orientation of health services: enablers and barriers faced by organizations when increasing health promotion capacity. McFarlane et al., 2016[6]

This systematic review of peer-reviewed literature identified common enablers and barriers that organizations, in particular Aboriginal organizations, experienced when increasing their health promotion capacity. Enablers include: management support, skilled staff, provision of external support to the organization, committed staffing and financial resources, leadership and the availability of external partners to work with. Barriers include: lack of management support, lack of dedicated health promotion staff, staff lacking skills and confidence, competing priorities, lack of time allocated to health promotion activities and lack of resources allocated to health promotion activities.

Capacity assessment in public health community interventions: a systematic review, van Herwerden et al. 2018[7]

This review aimed to describe how the capacity of community interventions can be assessed. Twelve (12) unique capacity assessment frameworks and tools are described in the review. A total of nine capacity domains across these 12 frameworks were identified: leadership, partnerships, resources, intelligence, workforce development, community development, community participation and quality project management. While these domains were listed in the review, they were not defined or explained in any detail.

Main Findings

No definitions for OCB were cited in the included reviews. The review by van Herwerden et al. included a definition of capacity building, which is similar to the WHO definition.

The Framework for Building Capacity to Improve Health, New South Wales (NSW) Health 2001,[8] was the framework most frequently cited in the included reviews. This model (Appendix A) contains five action areas: organizational development, workforce development, resource allocation, leadership and partnerships.[8] The model includes examples of strategies for each action area.

The barriers and enablers from McFarlane et al. and the domains from vanHerwerden are consistent with the five action areas in the NSW model (Table 1).

> "At the organizational level, organizational capacity building can include training staff, providing resources, designing policies and procedures to institutionalize health promotion, and developing structures for health promotion program planning and evaluation." Smith and Nutbeam, 2006.[1]

The two reviews also included additional elements of external specialist support[6] and community development and participation.[7] Table 1 lists each of these and provides more detailed descriptions. For simplicity, the labels of action areas, barriers, enablers and domains will be referred to as 'factors.'

Table 1. Elements of Building Organizational Capacity

Key Action Areas from the NSW Framework[8]	Enablers from McFarlane et al.[6]	Barriers from McFarlane et al. [6]	Domains from van Herwerden et al.[7]
Organizational development	Management Support Quality improvement	Lack of management support	Organizational development Quality project management
Workforce development	Skilled and knowledgeable workforce	Staff lack skills and confidence in health promotion	Workforce development
Resource allocation	Committed staffing and financial resources	Lack of dedicated staff Time allocated to health promotion Resources allocated to health promotion Competing priorities	Resources
Leadership	Leadership		Leadership
Partnership	Access to external partners		Partnership
Additional elements not included in the NSW Framework	External specialist assistance		Community development Community participation

Organizational development refers to processes which ensure that the structures, systems, policies, procedures and practices of an organization reflect its purpose, roles and values.[8] Organizational development strategies include elements like policies and strategic plans, management structures and commitment and organizational culture.[8] Both McFarlane and the NSW framework reference the role that quality improvement plays in building organizational capacity. van Herwerden et al. also includes a factor related to quality project mangement.[7]

Workforce development aims to ensure that people working within an organization — whether paid or volunteer — have the ability and commitment to contribute to the organization's goals.[8] Strategies for workforce development include providing training and learning opportunities, incorporating employee development into performance management systems and professional support/supervision.[8] Having the health promotion knowledge and skills required to effectively deliver health promotion approaches facilitated organizational capacity.[6] McFarlane noted that the sheer number of times that this factor was identified in the literature highlights its importance.[6] Note that while workforce development as a separate capacity building strategy was excluded from this synthesis, its inclusion within the included reviews indicates its importance within an organizaitonal capacity buildling strategy.

> "The strength of an organization's commitment to health promotion can be measured through its allocation of resources." McFarlane et al., 2016.[6]

Resource allocation refers to what organizations need in order to develop, deliver and evaluate programs.[8] These resources include staffing,[7,8] physical space,[8] administrative support,[8] planning tools[8] and budget.[6,8] Barriers related to resource allocation include lack of dedicated staff and lack of time and resources allocated to health promotion.[6] Competing priorities are also a barrier to resource allocation. McFarlane noted that many health organizations provide both treatment and health promotion programming, which brings the risk that if other priorities are seen to be more important, their prevention and promotion focus can be lost.[6]

Leadership Communication skills, creative collaboration, visioning for the future and political and social change strategies are elements within the factor of leadership.[8] Management support is the most commonly cited facilitator and barrier in McFarlane's review. Managers are crucial for providing leadership for health promotion practice within the organization.[6] Staff who model good health promotion practice can also lead practice change throughout the organization. This demonstrates that leadership influence is not solely the responsibility of managers: staff have a role to play in modelling and leading good health promotion practice.[6]

Partnerships are important in health promotion, as many of the determinants of health that programs address lay outside the health sector.[8] Partnerships can also achieve greater impact than a single organization can do on its own.[6] Practitioners' skills in partnering with external stakeholders increase the organization's own health promotion capacity;[6] however, the opportunity to work collaboratively can be missed when organizations do not have the capacity to initiate and sustain partnerships.[8] Building capacity involves action from within organizations and communities, as well as among organizations and communities.[8] The NSW framework identifies two types of partnerships:

1. Strategic partnerships, in which systems engage with systems
2. Local and community partnerships that focus on people[8]

External specialist support was identified as an enabler by McFarlane et al.[6] Several of their included studies cited the value of external specialists. Access to external expertise during, as well as after the

change process was important; according to McFarlane, one-off, short-term assistance (such as training), would not embed the skills or systems necessary to build organizational capacity. McFarlane concludes that organizations require external support to change practice.

Community involvement The review conducted by van Herwerden et al.[7] includes two factors related to the role of community in building organizational capacity: community development and community participation. The presence of these factors increased the likelihood of a community to sustain the benefits and to continue to develop the life of an intervention.[7] While the role of community was not explicitly mentioned by McFarlane et. al, community members are listed as key stakeholders within external partnerships.[6]

"Building capacity to improve health is an important element of effective health promotion practice. It increases the range of people, organizations and communities who are able to address health problems, and in particular, problems that arise out of social inequity and social exclusion." New South Wales Health Department, 2001.[8]

Limitations

No definitions for OCB and no evidence on the impact or outcomes of OCB were found in the health promotion literature available at the time of this synthesis. While this could be a reflection of the limited search strategy, a comprehensive review with a broader search conducted in 2016 also noted that, at that time, few studies were available on building health promotion capacity in organizations.[6] This may point to a gap in the literature regarding building the health promotion capacity of organizations.

Discussion

The NSW Framework is nearly 20 years old, yet its five action areas (Table 1) endure, as seen in the more recent reviews included in this synthesis. With the addition of external specialist support, as well as community development and participation, these action areas provide a framework for public health units working to build the health promotion capacity of external organizations.

Incorporating the barriers and enablers identified in this resource in the design of OCB interventions would be beneficial. As barriers and enablers are context specific and interdependent,[6] the assessment tools found in Van Herwerden et al.[7] might be useful for identifying the barriers/enablers relevant for each organization that public health supports. McFarlane found that management support (often referred to as the line manager's role) was an integral piece in health promotion capacity since it was cited as both an enabler and a barrier to success.[6]

Van Herwerden et al. noted that capacity building is a process, not an outcome. Therefore, process indicators that reflect capacity building progress should be selected, rather than trying to measure capacity itself as an outcome.[7] Given the absence of evidence on the impact of organizational capacity building approaches in health promotion, thorough evaluations of OCB strategies and publication of results would contribute to the literature.

Conclusion

This document was developed to guide health promoters and public health practitioners in building the health promotion capacity of external organizations. The synthesis that informed this resource was not a comprehensive systematic review; however, two high quality reviews were found. Eight factors — five consistent and highly-cited factors from the NSW Framework and three additional factors from the two included reviews were identified: organizational development; workforce development; resource allocation; leadership; partnerships; external specialist support, community development and participation.

These factors provide a framework for consideration by public health units working to build the health promotion capacity of external organizations.

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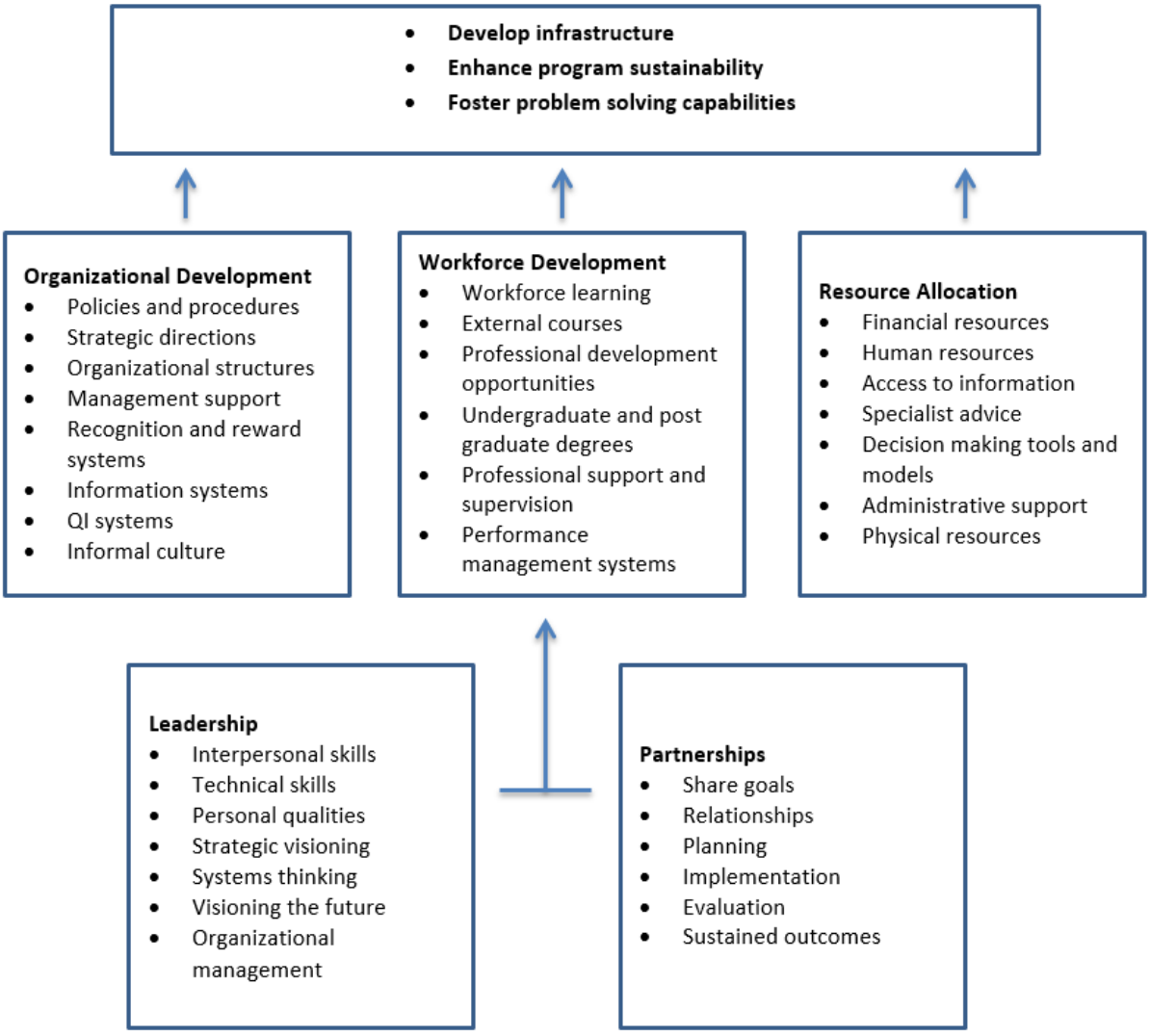
Appendix A: Capacity Building Framework Key Action Areas



New South Wales Health Department. A framework for building capacity to improve health. Gladesville, NSW: NSW Health Department; 2001. Available from: https://yeah.org.au/wp-content/uploads/2014/07/A-Framework-for-Building-Capacity-to-Improve-Health.pdf. Used with permission.

Authors

Andrea Bodkin, Senior Program Specialist, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario

Reviewers

Nancy Ramuscak, Program Manager, Education and Research, Office of the Medical Officer of Health, Region of Peel – Public Health

Rebecca Haskell-Thomas, Planning & Evaluation Specialist, Foundational Standard, CK Public Health

Cassie Ogunniyi, Strategic and Health Equity Initiatives Coordinator, Niagara Region Public Health

Clare Mak, Public Health Nurse, KFL&A Public Health

Kara Watson, Senior Product Develpoment Advisor, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario

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