Measuring Academic Capacity: Research in Relationship

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Successful, sustainable initiatives in communities are community-based, community-paced, and community-led. In addition, the unique culture of each community is a protective factor, contributing to that community’s physical, mental, spiritual, and emotional health. Academic researchers working with six First Nations and one Métis Settlement asked, “What is our role as academic partners in building capacity for community-based participatory research?” The goal was to understand changes in the researchers’ capacities and their roles in building the capacity of community members.

The Public Health Agency of Canada’s Community Capacity Building Tool (Public Health Agency of Canada, 2007) served as the framework for two focus groups. A thematic analysis of the focus group transcripts resulted in insights into researcher capacity and potential contributions to community capacity building. Focus group participants validated the interpretations and four themes that emerged from the data.

Theme 1. Language and measures. The language and tools for measuring capacity, as described in existing literature, define and explore capacity from a Western worldview. In consultation with community, the authors learned that measures of capacity building based on an Indigenous worldview can include cultural identity, life purpose, community engagement, transmission of traditional knowledge from elders to youth, and participation in cultural ceremonies. In response to time-sensitive pressures to measure and document capacity, researchers often overlook the importance of co-creating relevant and meaningful measures. It is in the act of co-creation, where worldviews overlap, that researchers and community members contribute to each other’s capacity for research, sustainability, and, ultimately, community health.

Theme 2. Community development. In 2011, Health Canada presented a community development continuum for First Nations and Métis people (Scones, 2011). This continuum portrays community development through four phases: paralysis, coping,
rebuilding, and collaborating. Communities in paralysis are characterized by ineffective or unavailable programs and services, lack of collaboration, financial management issues, little community consensus, risk of substance abuse and suicide, and small clusters of individuals healing from the intergenerational impacts of colonization. In contrast, collaborative communities are reflected in innovative programming, access to resources, excellent management, cross-sector collaboration, support to and mentorship of other communities, and stable public health services. These aspects highlight the importance of capacity building within the context of community development. Awareness of the stages of community development ensures that project goals and timelines are realistic and align with existing community capacity.

**Theme 3. Balancing capacity building.** In the desire to build community capacity, researchers often overlook the importance of building the capacity of academic team members. Researchers are also vulnerable to experiencing paralysis when overwhelmed with ongoing challenges. Individual and team resilience depends on building both academic and community capacity.

**Theme 4. Capacity building: A positive, non-linear trajectory.** Capacity building is a cyclical process that evolves through the establishment of long-term relationships. Each phase of the project may require building new relationships and continual re-establishment of trust between community and academic partners. Humility, integrity, introspection, and a respect for the unique perspectives of different worldviews are important ingredients of bi-directional capacity building. When faced with challenges and transitions, strengths and learned capacities determine the ability to respond in positive and creative ways.

**References**


**About the Authors**

**Fay Fletcher** is an associate professor of Faculty of Extension at the University of Alberta. Her research interests include First Nations and Métis health research, as well as adult continuing education in leadership and health promotion. Fletcher earned her bachelor’s of science in physical education and recreation, her master’s of science in human ecology, and her doctor of philosophy in education from the University of Alberta.
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Premise

Successful, sustainable initiatives in communities are community-centred, community-based, community-led, and community-tailored. Culture is perhaps the most important protective factor in community.

Research Question

What is our role as academic partners in building capacity for community-based participatory research (CBPR)?

Goal

To understand and build our capacity to contribute to community-based participatory research with First Nations and Metis people.

Objectives

1. To explore changes in our own capacity
2. To explore the role in community capacity building

Methodology

Academic researchers working with six First Nations and one Metis Settlement gathered on two occasions to reflect on their own capacity and their contributions to community capacity.

The Public Health Agency of Canada developed the Community Capacity Building Tool (CCBT), a planning tool to help build community capacity in health promotion projects. The tool consists of 9 features considered indicative of increased community capacity: Participation, Leadership, Community structures, Role of external support, Asking who, Obtaining resources, Skills, Knowledge, and Learning. Linking with others, and Sense of community. This tool provided the framework for focus group discussions.

Analysis

As a focus group participant, the lived experience and thematic analysis of the focus group transcript resulted in key insights into our own capacity and potential contributions to community capacity building in a number of areas. The interpretation and presentation of four key themes were validated through discussions with focus group participants.

Theme 1: Language and Measures

Existing literature and tools for measuring capacity (i.e., CCBT) continue to define and explore capacity from a Western worldview, making it difficult to co-create concepts and measures of individual and community capacity.

Theme 2: Aligning Capacity and Community Development

In 2011, Health Canada presented a community development continuum for First Nations and Metis people. This continuum proved valuable when considering community capacity in community-based participatory research.

Communities in paralysis, for example, are reflected by ineffective or unavailable programs/services, lack of collaboration, financial management issues, little to no community consensus, risk of substance abuse and suicidality, and small clusters of individuals healing.

Theme 3: Balancing Capacity Building

In our desire to live by the CBPR principle of building community capacity, we overlook the importance of co-creating, or building in parallel with the community. As researchers, we are vulnerable to experiencing chaos or paralysis when overwhelmed with ongoing challenges. Balancing our ability to respond requires increased capacity. Fortunately, our learning path follows a positive trajectory with 'ups' and 'downs'.

Theme 4: Capacity Building: a Positive, but not Linear Trajectory

Capacity building is a very cyclical process and, if you stay involved with community, the building of the relationships and phases of the project are powerful determinants of capacity. When faced with challenges and transitions (participation, leadership, funding priorities), our ability to respond requires increased capacity. Fortunately, our learning path follows a positive trajectory with ‘ups’ and ‘downs’.

References: