

## **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

- Public Health Agency of Canada. (2007). *Community Capacity Building Tool*. Retrieved from <http://www.phac-aspc.gc.ca/canada/regions/ab-nwt-tno/downloads-eng.php>
- Scones, R. (2011, March). *Community development approach: Building health capacity in communities*. Presented at the First Annual International Health Conference, Saskatoon, Saskatchewan, Canada.

## 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-centre, community-led. Culture is perhaps the most important protective factor in community.

**Research Question**  
What are the key elements 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 Métis people.

**Objectives**  

- To explore changes in our own capacity
- To explore our role in community capacity building

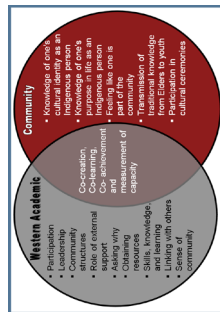
**Methodology**  
Academic researchers working with six First Nations and one Métis Settlement gathered on two occasions to reflect on their own capacity and their contributions to community capacity.

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 community capacity: Role of external support, Asking why, Obtaining resource, Skills, Knowledge, and Learning, Working 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 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

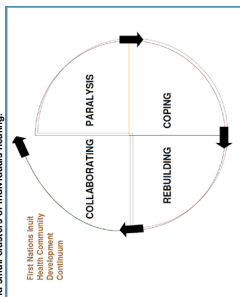
Existing literature and tools for measuring capacity (ie: CCBT) continue to define and explore capacity from a Western worldview, making it difficult to co-create concepts and measures of individual and community capacity.



## Theme 2: Aligning Capacity and Community Development

In 2011, Health Canada presented a community development model that provided a framework for community capacity in community based participatory research.

Communities in parallel, for example, are reflected by ineffective or unavailable program/services, lack of collaboration, financial management issues, lack of community consensus, risk of substance abuse and suicidality, and small clusters of individual health.

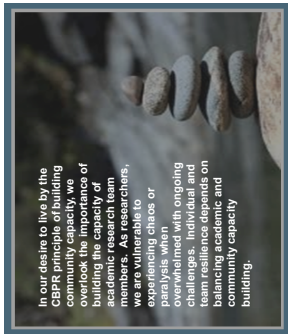


In contrast, as communities progress through the community development continuum, community capacity is reflected in management, cross-sector collaboration, support to and ownership of other communities, potential national leaders, and stability in public health services.

These scenarios highlight the importance of considering community capacity in the development of community capacity building in light of community development. Knowing the stage of community development, we are more able to anticipate and address capacity needs, and set realistic goals and timelines.

References:  
 1. Public Health Agency of Canada. (2007). Community Capacity Building Tool. Retrieved from <http://www.phac-aspc.gc.ca/accas/accasmain/whowebdownload.asp>  
 2. Stones, R. Community Development and Community Capacity Building. First Nations and Inuit Health Research Grants (2012 March). Community Development and Community Capacity Building. Conference Proceedings Presented at the First Annual International Health Conference, Saskatoon, Saskatchewan.

## Theme 3: Balancing Capacity Building



In our desire to live by the CSPR principle of building capacity, we are overlooking the capacity of academic research team members. As researchers, we are vulnerable to experiencing chaos or overwhelmed with ongoing challenges. Individual and team resilience depends on balancing academic and community capacity building.

## 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 phase of the project are powerful determinants of capacity. When faced with challenges and setbacks, we are able to respond, increase capacity, and follow a positive trajectory with "ups" and "downs".



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