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# Changing Policy is Key: The Ottawa Charter and Community Capacity

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# This Presentation

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- ❖ Two Parts:
  - ❖ Review of Ottawa Charter Health Promotion Strategies
  - ❖ Community Capacity indicators



# Effectiveness of HP Strategies

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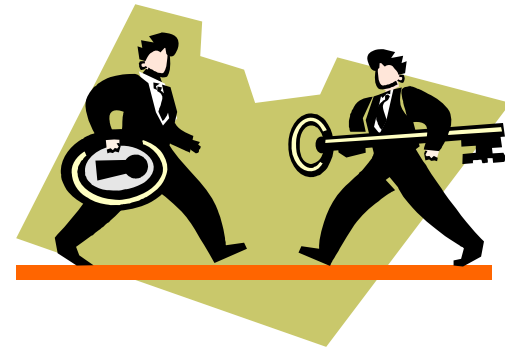
- ❖ This work is drawn from a background paper prepared for Bangkok Conference, 2005
- ❖ Focused on 4 Ottawa Charter Action Areas
- ❖ Analyzed 8 reviews from last 6 years for
  - ❖ Effectiveness & Cost effectiveness
- ❖ 8 Key Lessons



# 1. Build Healthy Public Policy

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- ❖ Investing in government and social policy
- ❖ Creating legislation and regulations
- ❖ Inter-sectoral and inter-organizational partnerships and collaboration.



- ❖ Evidence suggested that HPP has most evidence of effectiveness.



## 2. Create Supportive Environments at all Levels

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- ❖ Essential in order to ensure that other strategies are effective
  - ❖ includes implementing a variety of actions
  - ❖ at 3 levels - structural, social & personal.



# 3. Effectiveness of Community Action is Unclear

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- ❖ Community action has **mixed results**
- ❖ **More success** in terms of **community and system change** than individual behaviour
- ❖ **Further investigation** needed



# 4. Personal Skills Development must be combined with other strategies

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- ❖ Ineffective if in isolation from other strategies especially with disadvantaged and those of low socioeconomic status
- ❖ **Key** - first create structural level conditions to address material needs, quality of life, or access to products and services



# 5. Partnership Development and cross-sectoral action is key

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- ❖ Effective interventions work **across** a range of sectors, and address **multiple determinants** of health and risk factors
- ❖ **Coalitions and partnerships** that work across sectors are key to successfully addressing multiple determinants of health



# 6. Use Multiple Strategies at Multiple Levels

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- ❖ Most effective strategies employ multiple health promotion strategies
- ❖ operate at multiple levels,
- ❖ work in partnership across sectors, and
- ❖ include a combination of integrated actions to support each strategy.



# 7. Certain Actions are Essential

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- ❖ Inter-sectoral collaboration and inter-organizational partnerships at all levels
- ❖ Community participation and engagement in planning and decision-making
- ❖ Creating healthy settings
- ❖ Political commitment, funding and infrastructure for social policies



# 8. Context is Relevant

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- ❖ Includes awareness of social, cultural, economic and political context
- ❖ The capacity and development of infrastructures and systems in key sectors
- ❖ Life realities of target populations
- ❖ Particularly important in applying HP ideas in developing countries



# Conclusions

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- ❖ Four Ottawa Charter strategies reviewed are still relevant and effective tools
- ❖ Strengthening Community Action is a key strategy yet more investigation is needed
  - ❖ What are the indicators linked to community development, community action, community capacity and other related terms?



# Issues in Measuring Community Capacity

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- ❖ Need definition, theory
- ❖ Communities and cultures differ so we need indicators that can be flexible
- ❖ Typical difficulties in measuring long-term and intermediate outcomes
- ❖ Process is important (e.g. participation is a strong ethic)
- ❖ Need to understand the whole community and not just an aggregation of individuals
- ❖ Measurement for whom? Or for what?



# Definitions - I

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- ❖ The characteristics of communities that affect their ability to identify, mobilize and address social and public health issues of concern.

Frankish et al, IHPR, UBC, 2003



# Definitions - II

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- ❖ An approach to the development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.

New South Wales Dept. 2001, Australia



# Definition III

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- ❖ The potential of a community to build on its strengths in order to work towards and achieve its goals and dreams given both facilitating and barrier conditions coming from inside and outside the community.

Jackson et al, 2003



# Common Features of Definitions

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- ❖ Some sense of working towards goals together in community
- ❖ Characteristics, strengths, organizational structures and resources are important
- ❖ Combination of individual skills and contexts or structures



# Differences in Definitions

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1. Change is required at level of conditions and policies – need to change facilitating and barrier conditions beyond individual inside & outside communities – Jackson et al
2. Change is required at level of individuals – need to build skills via education
3. Potential – Jackson et al



# My Community Capacity Research in Toronto

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- ❖ Sites were 4 areas labelled as “worst” in city
- ❖ We used an action research process
- ❖ Qualitative Research over 3 years
- ❖ Started with model or hypothesis



# Preliminary Model of Community Capacity

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**Community capacity = skills & abilities + facilitating conditions - barriers**



# Sites

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- ❖ Firgrove (6 interv, 5 focus grps, 33 total)
- ❖ Tobermory (5 interv, 5 foc grps, 14 total)
- ❖ Parkdale (22 interv, 6 focus grps, 54 total)
- ❖ Regent Park (15 interv, 9 focus grps, 60 total)
- ❖ 161 in all -- 89% residents, 11% non-resident agency workers



# Question Guide

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- ❖ Describe your community
- ❖ Describe the talents, strengths, skills, abilities of people in your communities
- ❖ identify events & activities community has done together
- ❖ what helped or hindered you in working together?

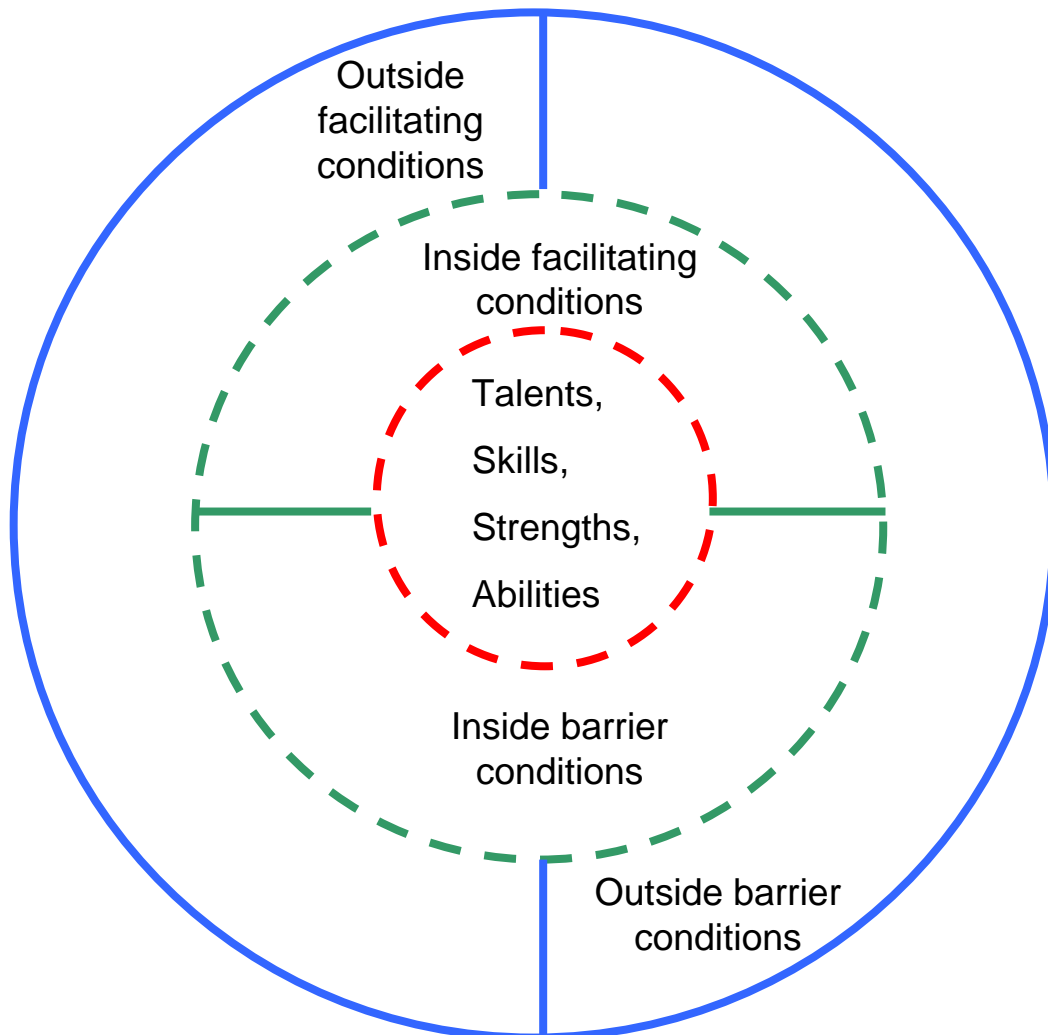


# Results

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- ❖ Lots of talents were listed in each site
- ❖ Positive & negative descriptions were given of each community
- ❖ Factors were identified inside & outside the community
- ❖ Role for policies as facilitators & barriers
- ❖ We had to revise our original conceptual model





## Community Capacity Model



# Community Capacity in Toronto

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## ❖ Key Features:

- ❖ Series of key areas of capacity identified
- ❖ Lots of abilities present
- ❖ Some overall markers of capacity of community described
- ❖ The indicators are around the facilitators and barriers inside and outside the community that enable the abilities present in the community to be expressed



# Major Overall Indicator Areas in Toronto Study

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- ❖ Community is welcoming and supportive of all of its diverse members
- ❖ Residents have positive perceptions of their community
- ❖ Residents celebrate together
- ❖ People participate actively in community life



# Major Indicator Areas in Toronto Study (cont'd)

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- ❖ Residents work together towards common goals
- ❖ All parts of community are involved in activities
- ❖ Residents have a sense of control & ownership around planning & implementing local programs



# Talents, Skills & Strengths

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- ❖ **Organizing skills** (organizing community events and lobbying)
- ❖ **Hospitality and human relations skills**
- ❖ **Technical skills** (e.g. catering, artists, musicians, tradespersons, tailors, child care workers, sports)
- ❖ **Professional & academic skills** (e.g. business, teaching, engineers, doctors)



# Factors which Help or Hinder Community Action

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- ❖ Diversity
- ❖ Positive or negative social environments
- ❖ Community image
- ❖ Individual stress
- ❖ Agencies
- ❖ Physical and built environment
- ❖ Community infrastructure
- ❖ Policies and regulations



# Inside Facilitators

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- ❖ Residents support one another
- ❖ Recognition for community involvement & volunteering
- ❖ Residents, agencies, organizations, businesses & politicians are well-linked and work together
- ❖ Agencies play enabling role & have long stable relationships with community
- ❖ Mechanisms to facilitate participation exist



# Inside Barriers

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- ❖ Residents are isolated from each other, or factions actively exclude others
- ❖ People don't feel thanked for their contributions
- ❖ Residents, agencies, organizations, businesses & politicians work on their own in uncoordinated ways
- ❖ Agencies have alienating characteristics
- ❖ No mechanisms to facilitate participation



# Outside Barriers

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- ❖ Non-residents have a negative image of the community
- ❖ Agencies or programs have short timeframes, previous history is ignored
- ❖ Access to parks, stores, schools is difficult
- ❖ Residents are chronically underemployed
- ❖ Policies increase challenges of daily living



# Outside Facilitators

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- ❖ Non-residents have a positive image of the community
- ❖ Convenient access to amenities (e.g. parks, stores, schools)
- ❖ Residents are employed in good conditions
- ❖ Policies decrease the challenge of daily living



# Conclusions

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- ❖ Changes in infrastructure will give biggest boost to community capacity
- ❖ Indicators around community level barriers and facilitators will give an indication of the capacity of the community to work together and reach community development goals



# Revisit Bangkok Paper

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- ❖ **Policy level** change is most effective
- ❖ Supportive environments are at **structural**, social and personal levels
- ❖ Personal behaviours must be combined with other strategies, especially policy level changes
- ❖ Community participation and engagement in planning and decision-making is essential



# Revisit Bangkok Paper - 2

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- ❖ Political commitment, funding and infrastructure for social policies is key
- ❖ The social, cultural, economic and political context is critical to effective action
- ❖ The development of infrastructures and systems in key sectors is important

