

Refereed Article:

Lori Baugh Littlejohns, Neale Smith

Contact Information

Lori Baugh Littlejohns, School of Public Health, Centre for Health Promotion Studies, University of Alberta, Edmonton, Alberta, Canada, lkb2@ualberta.ca, +1.403.318.2318
Neale Smith, Faculty of Health and Social Development, University of British Columbia – Okanagan, Kelowna, British Columbia, Canada, neale.smith@ubc.ca, +1.250.807.9103

What is success in a healthy communities initiative? Insights into community capacity

Abstract:

Healthy communities approaches have been advocated in the literature as promising practice in community health development. Many endorse the theory of healthy communities initiatives (HCI) however definitive measures of success remain elusive. Community capacity (CC) building approaches also inspire interest among health promotion professionals and researchers. In one HCI in Alberta, Canada CC was seen as a valuable concept and outcome of the HCI. This paper reports on how community members descriptions of success align well with a seven domain template for CC: participation; critical learning; shared vision; sense of community; leadership; knowledge, skill and resources; and communication. This paper adds to the growing literature on CC building as an important outcome of community health development initiatives and is particularly important because community members reported that these outcomes were indicators of success in their efforts. Future research to continue developing CC, as a unifying forum for evaluating community development initiatives, is needed. This would aid in closing the gap between theory and practice and would enrich the experiences of community members in building capacity to take action on health.

Acknowledgement:

This research was supported by a Health Research Fund grant from the Alberta Heritage Foundation for Medical Research. The authors gratefully acknowledge the contributions of Dr. Penny Hawe and Lisa Sutherland in their roles as research team members.

Introduction

Healthy communities or healthy cities approaches have been advocated as a community building strategy since at least the 1984 World Health Organization conference in Toronto. They are generally promoted on the basis of their adherence to a strong set of principles, including citizen participation and empowerment and attention to measuring progress and outcomes (Norris & Pittman, 2000; Hancock & Duhl, 1988).

The authors of this article have worked together since 1996 exploring pathways to healthy communities and writing about their experiences as both health promotion professionals and researchers. They have worked with numerous community-based initiatives and have found the activities and processes undertaken in one community are very different from those pursued in another. A key learning has been that if the principles of participation and community ownership are respected, then such divergences are inevitable. The very diversity of approach that is the strength of the healthy communities model also makes it most challenging to determine and demonstrate success. The earliest efforts to develop generalized indicators of success for healthy communities processes foundered on just such an obstacle (Feather & Mathur, 1990; Hayes & Manson Willms, 1990).

The health promotion literature increasingly advocates community capacity (CC) building as an activity of prime importance (Easterling, Gallagher, Drisko, & Johnson, 1998; Parker, Eng, Schultz, & Israel, 1999; Kegler, Twiss, & Look, 2000; Norton, McLeroy, Burdine, Felix, & Dorsey, 2002). The authors have devoted much of their time and interest to CC and developed a definition in the health promotion context



with colleagues as follows: “the ability of people and communities to do the work needed in order to address the determinants of health for those people in that place” (Bopp, GermAnn, Bopp, Baugh Littlejohns, & Smith, 2000, p14).

The authors see CC as an important means to an end (e.g., strengthening relationships in order to take collective action) and also an end in and of itself (e.g., enhanced sense of community is health promoting) (Smith, Baugh Littlejohns, & Thompson, 2001). Furthermore, CC building can be a possible ‘common ground’ for assessing the impact and worth of healthy communities processes. That is, it is a valued outcome regardless of the determinant of health targeted, the various sectors committing resources to partnerships, or even which of the different “communities movements” – healthy communities, safe communities, liveable communities, vibrant communities, etc. -- is carrying the banner (Kesler & O'Connor, 2001).

The Healthy Communities Initiative

A Healthy Communities Initiative (HCI) was planned, implemented and evaluated in one health region in Alberta, Canada. Key elements of the model were:

- A community planning process (i.e., visioning, needs and capacity assessment, selection of key priority areas, action planning),
- With inputs and support from the health region (facilitators, research/evaluation staff, seed funding), would lead to,
- Projects or actions that addressed local priorities.

Improved CC was anticipated to be the most immediate outcome.

In keeping with the principles of the healthy communities movement, monitoring and tracking of progress in the HCI was a valued and expected component. Therefore, community participants were asked to participate in evaluation workshops to identify measures that would help show progress towards their visions for a healthier community. The workshops were designed to develop measures that were based upon each community’s own unique action plans to address key priority areas (e.g., youth development or environmental protection). The workshops followed a process for logic model development suggested by the United Way of America (Hatry, vanHouten, Plantz and Greenway, 1996).

The authors found that the measures or indicators that were developed were uninspiring as community participants had little if any interest in collecting and reporting on data (Smith, Baugh Littlejohns, Hawe & Sutherland, 2008). It was surmised that this was because the indicators did not capture what really mattered to people. Workshop methods based upon action plans proved to be very limiting and there appeared to be no opportunity for CC to emerge as measures or indicators of success. This paper reports how community members participating in the HCI described success of their local efforts.



Research Methods

Semi-structured interviews were conducted with 19 participants from three different HCI communities. In each community, the sample consisted of a (stratified) random selection ranging from those in leadership positions to those who had minimal involvement in the HCI.

Community participants were asked to identify in their own words what they considered to be evidence of success in the HCI and to discuss their experience in indicator development. All interviews were audio-recorded, transcribed and summaries were prepared.

For this paper, transcripts and summaries were read by the first author, who extracted all interview data that described success. The data was then analyzed through a CC lens using template analysis. In such analyses, the researchers typically begin with a set of pre-existing codes that are expected to represent and encompass relevant features of the data. These are normally broad categories, which can contain more specific or narrow themes within them. Where possible and appropriate, data is then matched to the template (Crabtree & Miller, 1999; King 1998; Miles & Huberman, 1994).

Verbatim quotes from transcript summaries were compared to seven domains of CC developed previously (Bopp et al. 2000): sense of community; shared vision; leadership; participation; communication; ongoing learning; and knowledge, skills, and resources (see Table 1 for definitions). Following this, the content of community participants' descriptions of success assigned to each domain was then analyzed for themes. The analysis was reviewed by the second author and differences of opinion resolved by discussion

Table 1. Definitions of community capacity domains

DOMAIN	DEFINITION
Communication	When there is effective communication: a) efforts are made to ensure that everyone in the community is informed about community concerns and activities; b) people take responsibility for sharing accurate information, and for seeking the information they need, rather than wait for someone to tell them; c) many avenues for communication are used; and d) everyone gets a chance to say what they want to say without retaliation or censure.
Critical Learning	This domain is about a process to reflect upon what is happening in a project or community in order to learn how to be more effective or to enhance people's ability to analyze and understand its circumstances. Critical learning leads to greater self-awareness and community understanding. Critical learning involves: a) holding yourself accountable to the vision, principles, and goals; b) asking the questions: What worked? What didn't? What have we learned from this experience? What should we do differently next time? and; c) reflecting on community dynamics and the impact of these on the community's ability to work effectively.



Knowledge, Skills and Resources	The use of knowledge, skills, and resources (KSR) opens the community's ability to: a) identify the bank of KSR that are present within a community, b) identify what KSR are needed in order to take actions that will help achieve the vision, and c) identify gaps and develop learning plans to fill these gaps. This domain is also about locating and accessing needed KSR that exist outside of the community.
Leadership	Leadership is the process of engaging the community in learning and action for health. It is developed from within the community. Leaders can be either formal or informal. Leaders who are able to mobilise communities towards health are those that: a) recognise that all community members need to be heard, b) acknowledge community and individual achievement, c) facilitate community consensus building and collaboration, d) take risks and forge a path for others to follow and are role models who make the path by walking it, e) understand and can articulate the community development process and keep the big picture in mind, and f) foster the development and emergence of new leaders.
Participation	In order for people to participate in community life there must be opportunities for meaningful participation. It must be possible for people to become involved in local decision making, actually influence the course of events, and shape the future. A variety of avenues for participation need to be present and community members need to find their own ways of participating. Barriers to participation must be recognized, and efforts made to remove them. The appropriate level of participation needs to be negotiated.
Sense of Community	This domain refers to the quality of human relationships that make it possible for people to live together in a healthy and sustainable way. When there is a strong sense of community: a) there is a sense of place, belonging, and history where people do things together such as decision-making, celebrating, and grieving, which helps give the community a shared identity; b) relationships among people are built on trust, cooperation, shared values, and a shared sense of commitment to, and responsibility for, improving the community; and c) the community embraces diversity, believing that each person is unique and there is collective sense of fairness and justice.
Shared Vision	A shared vision is a picture of the community at some time in the future, painted in enough detail that people can imagine it. A vision is not complete unless it is a) realistic enough that people believe it is possible to reach and presents a tension between the desired future and the current situation; b) shared because it is created through true dialogue and consensus with people from all walks of life; c) built upon individuals' needs, experiences, and aspirations; and d) able to inspire and motivate community members to participate.

Results

Community members' perception of success supported the relevance of these seven CC domains to the local context, as reported below. The domains are presented in alphabetical order, as there is presently no evidence from this research or the literature generally to ascertain whether one domain was more important than another if there is any hierarchy or structure among CC domains. Therefore, there was no



hierarchy established. The data reported for each domain demonstrate how the general concepts were understood and applied by community members in their own context.

Communication

Communication was often discussed in terms of valuable outcomes of the HCI. Specific activities included reporting on accomplishments of the HCI through traditional channels (e.g., newsletters, professional presentations, community meetings, and media articles). Some respondents suggested that planning and implementing communication strategies was the main role of HCI committees. These roles included getting people together at meetings to discuss issues, encouraging collaboration, encouraging feedback and input from diverse groups, and promoting the idea that “the vision belongs to the citizens and that it is their privilege and responsibility to participate in making it happen.”

There was a desire on the part of respondents to have an energetic two-way communication with community residents and the most frequently discussed outcome of effective communication was increased participation. There was a constant tension as to whether these strategies would ever be successful. *“Listen to the people. Communicate to the people. I mean that’s the number one, but do people want to listen ...do the people want to get involved?”* This tension was heightened when people spoke about trying to communicate with people who have not participated because it was important to have a variety of perspectives and opinions considered in different community issues. The strong link between communication and participation was revealed in the following quote:

“I don’t know if [HCI] gave us new ways of doing it or just made us aware that we should be doing it, that we should be informing everybody in the community of everything, rather than just going ahead and doing it because ‘you guys weren’t at the meeting, and who’s ever at the meeting makes the decision for everybody in the community’, and lots of times we’re not getting proper feedback from the people it affects the most.”

People talked about the need to inform decision-makers and community residents about current realities, community priorities, and accomplishments in order to influence perceptions and decisions. One example of identifying and then communicating current realities comes from a community that was popularly perceived of as being a high crime area: *“The statistics on the crime per capita for our area is less than some of the other [communities], and I think if the media was more informed about those stats, that would change some of the perception.”*

Critical Learning

Personal learning and development was identified as a clear and welcome outcome of the HCI. Respondents perceived a transformation in understanding that had occurred not just in themselves, but among many people involved in the HCI. It seems that people transformed from ‘naysayers’ to ‘champions’ and learned that the process was as valuable as the outcomes.



Another learning that participants reported was how 'doers' and 'process' people came to better appreciate each other's perspective. For example, "It helps both [doers and process people] grow when they can be open to the different parts, the different types of people that there are, and the way different people do things, and why they do things. . . ."

Often learning and success in the HCI were discussed in relation to how people perceived progress toward the community vision. Some people talked about the HCI as providing a foundation for critical reflection through encouraging awareness of the linkages between the big picture (community vision) and specific action (priority areas). The opportunity to regularly revisit and discuss such linkages was seen as particularly helpful.

There was an overall sense among respondents that reflecting on success is important. No one addressed how they would actually measure success; however, they were readily able to talk about their own feelings.

"I think it is important to know how you're making success . . . How much success do you have, and whether you're getting there. To me that's, I kind of feel like we've been successful, and right now the group, the community association is really stronger because of that."

Another interviewee commented, *"The bottom line is how do you feel in the community?"*

Some people talked about evaluation as an important component of the HCI and related this to learning.

One person relates

"...to sort of keep us on track, to focus on what we were doing, and to provide some kind of an evaluation ... For our group, and probably for [health region] too. You know, it seems they are supporting us financially. I'm sure they want to know what we're doing. We're not just sitting around discussing things and not accomplishing anything."

The next quote further explains how people discussed learning and its links to formal evaluation.

Specifically it speaks to the tension between valuing evaluation on one hand and expressing frustration as to how to adequately and appropriately measure and reflect upon benefits of the HCI on the other hand.

"How do you show your funders that their dollars are making a difference? And when you're in a soft field, in a service field, how do you actually do that? And we know that there's a benefit for programs that are happening, but how do you actually measure that in a way that makes sense? How do you measure social change?"

Knowledge, skills and resources

Several respondents raised the importance of identifying and filling gaps in knowledge, skills and resources (KSR). One person suggested that the HCI resulted in new information being gathered and presented to the municipal government:



“We identified and inventoried all the natural spaces, all the habitat in those natural spaces ... and have made a recommendation as to policies and procedures in regarding to trying to regain some of that and keep it natural. So that was one success I think that’s come out of it [HCI] is that we’ve done this report.”

Another respondent from the same community described how HCI committee members sought out and found an award winning environmental planning process from a neighbouring community. This coupled with securing seed money *“certainly persuaded [municipal government] to buy-into the process”*. They were able to use this process because *“here is something that has been done, has been successful. Here is something that makes a huge amount of sense, and it was doable.”*

Another area where people felt that the HCI had succeeded was in providing communities with access to new resources. Seed money was provided to implement action plans in priority areas and this was welcomed by all respondents: *“You’ve got to have some mechanism by which you can follow through and ensure that it’s some kind of funding is going to be there.”*

One person articulated how leveraging HCI seed money to utilize existing KSR was effective. A key priority area was community-wide communication and a newsletter had been tried in the past. It was not successful because of problems in securing ongoing funding; however, after receiving HCI seed funding to coordinate structures and processes, the current newsletter is completed 3-4 times per year with community members contributing articles. Financial costs are covered by purchased advertisements by local businesses. The existing human and financial resources made the newsletter a viable and sustainable initiative.

Leadership

The HCI committees lead and championed the planning process and people reported that success in doing so was one of the positive outcomes. Many terms were used to explain the leadership roles of the HCI committee: “fostering role”, “mother hen”, “umbrella group”, “secretariat”, and “watch dog”. Although each term has a different connotation, all are suggestive of an oversight function. The way in which people talked about leadership was pervasive throughout all the interviews: it was the success in the process or “doing the steps.”

Leadership roles were seen as success outcomes because the roles appeared to change as the process unfolded:

“In this youth initiative, an HCI group got that moving. It set it up, um, it facilitated getting it going. It doesn’t have to accept responsibility for keeping it going, or maintaining the way it is forever, but there was a concern raised, it was high enough profile and they acted on it.”

Leadership activities were described in terms of a) facilitating communication, b) preserving and promoting the vision, c) identifying action initiated by others in the community and linking that action to the



vision, and d) sustaining participation. Respondents saw leaders as custodians of the community's vision and this largely involved communicating the vision in order to give people a basis for working together. HCI committees would *"promote the vision and the different parts of the vision"* and *"keep people, decision-makers, and everybody else informed about how people in this community think."* These descriptions offer insight into what people consider to be good leadership in the HCI.

Participation

Many respondents talked about engaging more people in the HCI as a sign of success. More people involved represented greater participation in identifying community issues and addressing needs. Greater participation was seen as increasing the understanding of priority issues and helping community members see issues as beyond those experienced at a personal level.

The HCI was valued as a forum where people could participate in community discussion. One respondent stated it this way:

"I don't believe the common person in the community gets all that well represented normally...the economic activity and things that generate business profits, tax base, etc, tend to be high profile things . . . but I think also there are maybe quite a few people in the community that don't have exactly the same priorities, and those people are less likely to be heard, and I think I saw this activity [HCI] as one that could help those people be heard."

Increased feelings of having more control or influence over decision-making in communities were evident in many interviews. For example,

"People do want to have a say, and a lot of times they're not just quite sure how they can have a say ... but when you have a process like this ... I think that really does help people to feel empowered, that they are listened to, and this is the way that they can effect change."

Sense of Community

Many people felt that the success of the HCI was how it connected people: *"It's beyond just you know, eating well and exercising and you know, it's connecting of the people."* One person referred to *"build[ing] those intimate human relationships, which are so essential to a human community, bridge building we call it."* Respondents talked further about success in terms of being better able to work together. One person reported that in the past no one person or organization was responsible for helping people come together and that the *"HCI was the beginning of really pulling a lot of people together, getting them used to working with one another, hearing the different perspectives about things."* Working together was described in one interview as, *"really the essence of what's happened here."*

All respondents from one community talked about how the community's identity was influenced by the HCI. Respondents from the other communities did not explicitly talk about identity and this highlights the importance of local context in CC building initiatives. People talked about "defining" the community from within, that is, citizens being central to creating sense of community.



“That identity is here. A lot of people who have got involved had lived here for years and years and years, and that was the way they saw their community, was it’s a good community with lots of potential, so they didn’t really redefine it, in their own minds and hearts. What they did was redefine it for the [community].”

All respondents in this one community discussed how being recognized as a changing community with a new strong identity increased pride.

Shared Vision

Respondents stated that having a shared vision was one of the most readily identifiable and tangible outcomes; by this they did not mean simply the concrete product of a vision statement, but something that was endorsed and living:

“We can have a vision that sits on the wall, and that’s about all it does. It sits on the wall. We have a vision that we did in whatever year that was, you know, or we can have a vision that people feel very much a part of, and they know that they are making a difference in their community.”

Vision statements were considered integral to success of the HCI. One striking example of this was where the vision statement appeared to have an active role in influencing decision-making: *“we use the vision a lot ... like a lot of times there’s a project or something that’s happening we’ll say ok, does that fit the vision?”*

The visioning process appeared to help community participants think in terms of the broad determinants of health and become more aware of different things in the community. One person stated it this way: *“we would have missed important things like safety”*. Before safety was an identified part of the vision, s/he had never noticed the number of heavy trucks that drove through the community. Another respondent said, *“ [now] when I walk through the [community] I see things differently.”*

Respondents used terms such as having choices and power when they spoke about developing their vision statements. These terms seem to indicate measures of success or desired states to be accomplished. For example, *“We had choices about what we wanted where. That we had choices what could be 20 years down the road”*, and *“that visioning process really did open up people’s minds and give them a sense of some, well motivating them really, to at least take some power, if they had some. You know, to kind of empower them.”*

Discussion

These findings illustrate that this interpretation of interview data of community members’ perceptions of success in a HCI correspond with the concept of CC. The template or categories used for analysis and reporting on CC in this paper appears to be defensible. Other schema have been developed (e.g., Easterling et al., 1998; Goodman et al., 1998; Markey & Vodden, 2000; Chaskin, 2001; Laverack, 2001; Jackson et al., 2003), however, none of the literature makes a compelling case that one categorization is



demonstrably superior and furthermore there is substantial overlap among them. As Labonte & Laverack (2001) note, “there is no definitive set of characteristics that describe a capable community; but neither do such capabilities vary infinitely by each community or situation” (p117).

This research confirms that the 7 domains are relevant aspects of success in CC building for these communities. It is with confidence that this template is used as an organizing framework for this study as it appears to be useful and had a good fit with research data. CC is undoubtedly multi-faceted and the work of listening to community members descriptions may well require attention to nuances in the interpretation of the domains. It would be expected that each domain, its exact local meaning, and key components will vary in importance from community to community.

A common concern with template analysis is that there may be a “blinkering effect” – the researchers “go looking for X and find X.” Another risk is that one might attempt to force data into an inflexible typology thereby ignoring potential non-conforming data. It appears that the CC domains utilized here were broad enough and comprehensive enough to capture the essence of what people were saying about CC and success in the HCI.

The findings presented in this paper also add strength to the utility of CC (and the domains) as a framework for assessing and measuring success across many community development initiatives. Each community identified locally relevant and unique priorities, focused on quite different determinants of health, (e.g., increasing health promoting opportunities for youth; enhancing the quality of the physical environment). This suggests that alliances between sectors can be built where their work overlaps in explicit CC building goals and outcomes.

Both the health promotion literature reviewed here and these original research results demonstrate that CC building is an important, relevant and desirable outcome for health promotion professionals, researchers AND community participants. Regardless of the priority area, every interviewee described some aspect(s) of success in terms of changes in CC domains. It would thus be worthwhile for future community health development initiatives to explicitly integrate this. In other words, CC “works” as a pragmatic basis for program planning and evaluation.

Education, training and coaching will be needed so that community development workers are able to help communities prepare appropriate project plans and evaluations. Part of this education and training will need to concentrate on the critically important role of facilitator.

The report Measuring Community Capacity (Smith, Baugh Littlejohns, & Roy, 2003) offers more detailed direction for future research. Key recommendations were that a) interdisciplinary research partnerships



are needed to develop complementary and mixed methods for measuring community capacity and b) the research needs to be embedded in community change processes. Further to this, evaluation research projects were recommended to “further understanding of increased community capacity as an outcome of community health development initiatives” (p7).

Finally, more CC building success stories need to be shared, particularly those that provide evidence or examples of how increasing CC contributes subsequently to positive community change. While success stories would inform and support future research as well as education and training efforts, they would also aid in creating a groundswell of pressure on sometimes reluctant decision-makers to include in their policy and program development deliberations the need to explicitly build and measure community capacity.

References

- (1) Bopp, M., GermAnn, K., Bopp, J., Baugh Littlejohns, L., & Smith, N. (2000). Assessing community capacity for change. Red Deer/Cochrane, AB: David Thompson Health Region and Four Worlds Centre for Development Learning.
- (2) Chaskin, R. J. (2001). Building community capacity: A definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review*, 36(3), 291-323.
- (3) Crabtree, B.F. & Miller, W.L. (1999). 'Using codes and code manuals: a template organizing style of interpretation', in B.F. Crabtree and W.L. Miller, (eds.), *Doing Qualitative Research*, 2nd edition. Newbury Park, California: Sage
- (4) Easterling, D., Gallagher, K., Drisko, J., & Johnson, T. (1998). Promoting health by building community capacity: Evidence and implications for grantmakers. Denver, CO: The Colorado Trust.
- (5) Feather, J., & Mathur, B. (1990). Indicators for healthy communities. Invitational Workshop organized by the Prairie Regional Network on Health Promotion Knowledge Development, Winnipeg, MB.
- (6) Goodman, R. M., Speers, M. A., McLeroy, K., Fawcett, S., Kegler, M., Parker, E., Smith, S. R., Sterling, T. D., & Wallerstein, N. (1998). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Education & Behavior*, 25(3), 258-78.
- (7) Hancock, T. & Duhl, L. (1988). A guide to assessing healthy cities, Healthy Cities Papers No. 3. Copenhagen, Denmark: WHO Healthy Cities Project Office.
- (8) Hatry, H., vanHouten, T., Plantz, M. & Greenway, M. (1996). Measuring program outcomes: A practical approach. Alexandria, VA: United Way of America.
- (9) Hayes, M. V., & Manson Willms, S. (1990). Healthy community indicators: The perils of the search and paucity of the find. *Health Promotion International*, 5(2), 161-166.
- (10) Jackson, S. F., Cleverly, S., Poland, B., Burman, D., Edwards, R., & Robertson, A. (2003). Working with Toronto neighbourhoods toward developing indicators of community capacity. *Health Promotion International*, 18(4), 339-350.
- (11) Kegler, M. C., Twiss, J. M., & Look, V. (2000). Assessing community change at multiple levels: The genesis of an evaluation framework for the California Healthy Cities Project. *Health Education & Behavior*, 27(6), 760-779.
- (12) Kesler, J. T., & O'Connor, D. (2001). The American communities movement. *National Civic Review*, 90(4), 295-305.
- (13) King, N. (1998). 'Template analysis', in G.Symon & C.Cassell (eds.) *Qualitative Methods and Analysis in Organizational Research*. London: Sage.
- (14) Labonte, R., & Laverack, G. (2001). Capacity building in health promotion, Part 1: For whom? And for what purpose? *Critical Public Health*, 11(2), 111-127.
- (15) Laverack, G. (2001). An identification and interpretation of the organizational aspects of community empowerment. *Community Development Journal*, 36(2), 40-52.



- (16) Markey, S., & Vodden, K. (2000). Success factors in community economic development: Indicators of community capacity. Burnaby, BC: Simon Fraser University, Community Economic Development Centre.
- (17) Miles, M.B. & Huberman, A.M. (1994). Qualitative Data Analysis: An Expanded Sourcebook. Beverly Hills, CA: Sage.
- (18) Norris, T., & Pittman, M. (2000). The healthy communities movement and the coalition for healthier cities and communities. Public Health Reports, 115(2-3), 118-124.
- (19) Norton, B. L., McLeroy, K. R., Burdine, J. N., Felix, M. R. J., & Dorsey, A. M. (2002). Community capacity: Concept, theory, and methods. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Editors), Emerging theories in health promotion practice and research: Strategies for improving public health (pp. 194-227). San Francisco, CA: Jossey-Bass.
- (20) Parker, E. A., Eng, E., Schultz, A. J., & Israel, B. A. (1999). Evaluating community-based health programs that seek to increase community capacity. New Directions for Evaluation, 83, 37-54.
- (21) Smith, N., Baugh Littlejohns, L., & Thompson, D. (2001). Shaking out the cobwebs: insights into community capacity and its relation to health outcomes. Community Development Journal 36(1). 30-41.
- (22) Smith, N., Baugh Littlejohns, L. & Roy, D. (2003). Measuring community capacity: State of the field review and recommendations for future research. Health Policy Research Program, Health Canada.
- (23) Smith, N., Baugh Littlejohns, L. Hawe, P. & Sutherland, L. (2008). Great expectations and hard times: Developing community indicators in a Healthy Communities Initiative. Health Promotion International, Vol. 23 Issue 2, p119, 8p.

