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# **Evaluation Report for the Community Capacity Building Strategy**

Submitted to:

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## Executive Summary

In September 2007, the BC Healthy Living Alliance (BCHLA) approved a grant of \$5.1 million to the Canadian Cancer Society for an initial period of 26 months (October 2007 to December 2009) to implement the Community Capacity Building Strategy (CCBS). CCBS has been extended with some of its components continuing to fall of 2010. The original intention was that this strategy would operate alongside the other BCHLA-funded initiatives to provide community development support. There were, however, delays in finalizing the community capacity strategy, and as a result the other initiatives of the BCHLA program were operational before CCBS.

The CCBS team, together with the BCHLA, recognized that given the relatively short implementation timeframe, there were unlikely to be health-related outcomes attributable to this initiative. It was therefore agreed to limit the evaluation activities to formative research to explore the initial phase of this strategy. Five case studies were conducted to highlight lessons for policy and practice. The focus of the case studies was to be the role of partnerships in this initiative, including whether they were established and maintained, their role in identifying health issues, and the actions arising from the partnerships to tackle these issues.

The case study projects all achieved their main goals:

- Case Study One: Nananiqsu hahuupa Youth Development Leadership Workshop developed and delivered the workshops for First Nation youth and formed a youth council. The young people grew in confidence and developed improved self-esteem.
- Case Study Two: Healthy People in Healthy Communities: Sunshine Coast Leadership Initiative (SCLI) delivered the workshops and developed a toolkit for newly elected officials.
- Case Study Three: Community Activities Recreation Liaison — Karen Sports Project enabled youth from this community to play ice hockey. Through their participation in the project, the youth grew in confidence, felt proud to belong to the Karen community and began to enjoy being Canadian. The project provided them with an attachment to Canadian culture and gave them some common ground with other students in schools. Performance and behaviour in school were reported to have improved for some of the youth.
- Case Study Four: Shanis (Haisla for Water Grizzly) — Traditional Canoe Project in Kitaamaat sourced and brought a traditional canoe back to the Haisla community. The canoe was important in traditional and cultural events. The canoe was seen as part of a process to reconnect youth to their cultural heritage and to provide the community with opportunities to get together to exercise in dragon boat racing.
- Case Study Five: Tsilhqot'in Outdoor Rink Project — Toosey Indian Band. The project built an outdoor ice rink in the Toosey community, which was to be used by young people for hockey to provide a meeting place for elders and community members.

In addition to these outcomes, the CCBS increased the capacity of communities to address issues they identified as important; however, the communities needed ongoing financial and practical supports to achieve these outcomes. The role of the community development leaders (CDLs) was vital in all five case studies.

The CCBS initiative demonstrated that a community development approach can be operationalized in at-risk communities if it is properly resourced. Funding support is only one such support required to facilitate community action to address health needs.

All the projects experienced challenges, which they managed to overcome. One of the main lessons is that working with communities takes time — more time than had been anticipated. This was true for all aspects of all the projects, from the beginning of the community consultation process through to the delivering of the project goals.

Communities welcomed the case study projects for two reasons: they helped address needs identified by the community, but also they left something tangible within each community — something those involved felt proud and pleased to say they had been involved with. The communities' buy-in, whether it was at an individual or organizational level, was crucial to the success of these projects. It was this enthusiasm and passion that helped projects overcome the challenges they encountered and take advantage of the opportunities presented to them.

Across the CCBS projects, one or two individuals (including the CDLs) took responsibility for the arranging meetings, taking minutes and following up on actions. These individuals were busy people who somehow managed to do more. The danger is that relying on one or two people may result in them burning out and if others are not able to support them, similar projects might not be implemented.

A number of the case study projects resulted in substantial changes at the individual level. For example, young people were transformed through their involvement in these projects. It is interesting to note that if the success of these projects were measured in numbers of people who attended or in purely traditional health outcomes, their measure of success would be overlooked. Those involved in these projects, however, stressed that they were the beginning of a process to address wider health and social needs. For many of the communities, the projects represented the first steps of a longer journey towards better health in its widest sense.