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Original Research

Long-term evaluation of community health promotion: using capacity building as an intermediate outcome measure

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ABSTRACT

Objectives: Between 2001 and 2012, the health authority of Hamburg-Eimsbüttel carried out a health promotion programme for children and their parents in a disadvantaged neighbourhood called Lenzsiedlung. The programme consisted of different action fields aiming at sustainable establishment of community capacities.

Study design: The research goal was the long-term assessment of community capacities with a newly developed instrument 'KEQ' (KEQ = Kapazitätsentwicklung im Quartier/capacity building in small areas/neighbourhoods). Practitioners and researchers wanted to know whether community capacities could be increased, which changes occurred during the programme and whether processes of capacity building could be maintained. Research results were also used for the continuous adjustment of the programme to community needs.

Methods: Three surveys on community capacities were conducted (t1: June 2006 [including a retrospective measurement of t0: 2001]; t2: June 2008; and t3: November 2011), each directed to 40–60 stakeholders of the Lenzsiedlung. The instrument consists of five domains (participation, local leadership, available resources, networking and cooperation and health care) with a total of 51 items.

Results: For the community capacities, we found a positive trend from 2001 to 2006 supported by data from a documentary analysis over the same period of time. Then, 2006–2011 was a phase of consolidation with only slight improvements (e.g. in the particularly important domain 'health care').

Conclusions: The results show the feasibility of a community health promotion programme and its maintenance over a period of 10 years. However, Lenzgesund was not the sole programme in the neighbourhood during the period of observation, so that not all improvements in capacities are directly assignable to the interventions. The instrument mainly reflects the possibly one-sided perspective of the interviewed experts from the community.

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Introduction

Capacity building: state of policy and research at the start

In the Jakarta Declaration of 1997, capacity building is described as one of the five priorities for leading health promotion into the 21st century: 'increase community capacity and empower the individual'.[1] We defined community capacity as "the ability of people and communities to do the work needed to address the determinants of health for those people in that place".[2]

Community capacities are regarded as a most important intermediate outcome measure for health promotion activities on the local level.[3,4] The basic idea behind this is a chain of interrelated factors ultimately leading to (more) healthy communities. This chain has been described in the OHPRS Framework (Ontario Health Promotion Resource System). A decisive factor is whether health promoting interventions really are adopted by community actors and can be sustained over time.

When we started, there was no instrument in Germany for the long-term evaluation of health promotion programmes in disadvantaged areas.[5] Thus, as a prerequisite for our evaluative research, we had to develop an instrument and explore its applicability. Our operationalisation of 'capacity building' was based on the dimensions identified by Labonte and Laverack.[4,6] The development of the instrument called KEQ (Kapazitätsentwicklung im Quartier [capacity building in small areas/neighbourhoods]) is dealt with in more detail in Nickel et al.,[7] and will not be the focus of this paper.

Evaluation of health promotion capacity

In a systematic review, Liberato et al.[8] identified 17 eligible studies assessing capacity building. In reviewing these studies, the focus was found to be much more on the development of relevant domains and a description of the process of capacity building rather than on the specific measurement of community capacities as an intermediate outcome measure. Up to now, there is a lack of capacity building being measured longitudinally.[10] The article mentions that the limitation of the review to published studies available in English may have led to the potential exclusion of articles from other countries.

Research questions

Our article is based on the concept of community capacities as intermediary outcome for health promotion activities in a deprived neighbourhood. The programme and evaluation were developed in close collaboration with a local health authority and other practitioners in the community. In this article, we solely focus on the core-element of research: the repeated measurement of community capacity. The test of the instrument is the topic of another article.[7] Our questions are: Did our collaborative approach lead to an increase in community capacities? Which changes in community capacities occurred during the intervention programme? Was it possible to maintain the health promoting community capacities for more than 10 years?

Research setting

The studies took place in a densely populated tower block complex in Hamburg known as Lenzsiedlung in one of nine districts of the administrative unit Hamburg-Eimsbüttel. According to the latest data, approximately 3000 people live there in total. Almost 60 per cent of the residents have an immigrant background, and one of three residents receives unemployment benefits.

In 2000, the neighbourhood had been included in the Hamburg Senate programme for 'Social Urban Development' (since 2005 known as 'Active Urban Development') and remained so until the end of February 2007. The activities of the social urban development programmes were an important driver of the overall community development.

Health promotion programme 'Lenzgesund' ['Lenzhealth']

The programme was called a 'prevention programme' though it was mainly a health promotion action programme. During the whole realisation phase (2005–2012), the round table Lenzgesund was the coordinating and steering committee under the guidance of the local health authority.

The programme consisted of seven fields of action and two cross-sectional assignments, which had to be integrated in all fields of action:

1. pregnancy/advice during that time
2. pregnancy/underage parents (services for adolescents)
3. postnatal support and help in the first year
4. vaccination
5. early childhood care/language training
6. dental health care
7. diet, exercise and addiction

Moreover, the following cross-sectional assignments were addressed:

- health literacy of parents,
- prevention of violence.

In all fields of action, the stakeholders had started activities and projects on the neighbourhood level directed at the target groups (see detailed table for aims, target groups and first actions in Mossakowski et al.[9] and a timeline of measures from 2000 until 2007 in Kohler et al.[10]) The leading principle in all these activities was the building of sustainable capacities in parents and all community actors involved in the work with parents and their children.

Methods

Type of study design

We conducted a longitudinal study with repeated pre–post measurements (but without a control group); solely the t0-measurement had to be carried out retrospectively at t1 because the research project started 4 years after the