

# The Experience of Capacity Building Among Health Education Workers in the Yukon

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## ABSTRACT

**Background:** Capacity building has developed as a health promotion approach that enables people to address determinants of health and to improve health outcomes. Although capacity building has been much discussed, little is known about what it means to build capacity in northern communities. This study explores the meaning and experience of capacity building in the Yukon.

**Methods:** A qualitative study, using an interpretive descriptive analysis, was undertaken through individual and small-group interviews with 21 Yukon health education workers associated with the Yukon College Public Health and Safety unit as first aid instructors. Participants were randomly selected from four groupings of Yukon communities, based on size. Transcripts were analyzed and interpreted for the health education workers' understanding, experience and observations of the outcomes of capacity building.

**Results:** Findings about capacity building are reported in relation to meaning, process, role of the health education worker and capacity-building outcomes. Themes that emerged indicate the ways in which health educators build on strengths, their focus on achieving an end of immediate importance within the community, and how they live in relationship with the community while undertaking capacity-building activities.

**Conclusion:** In Yukon communities, the influence of relational practices of health education workers living and working in their communities on enhancing community capacity should not be underestimated. Further clarification of the concepts and appropriate measurement of capacity building and community capacity, particularly for rural and northern communities, may help support practice that contributes to redressing health inequities.

**Key words:** Health education; Yukon; health promotion; qualitative research

*La traduction du résumé se trouve à la fin de l'article.*

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In the Yukon, health inequities persist despite significant investments in health and social services. Evidence suggests that Yukon health inequities are related to social and economic factors, with rural residents more likely to be affected by poor health.<sup>1-5</sup> Capacity building has developed as an approach to working with people in communities to enable them to effectively address determinants of health and to improve health outcomes.<sup>6-8</sup> Although capacity building has been much discussed, little is known about what it means to build capacity in northern communities. The Yukon College Public Health and Safety (YCPHS) unit makes first aid instruction, food-safe and health promotion programs accessible to Yukon people.<sup>9</sup> The experiences of the YCPHS first aid instructors provide insight into how capacity building occurs in northern communities. The purpose of the study was to gain an understanding of capacity-building process and outcomes within the Yukon context. The research question was: what is the meaning and experience of capacity building for health education workers in the Yukon context?

The Yukon is a vast, sparsely populated land in northern Canada. Roughly three quarters of the 30,255 Yukon citizens live in the capital city of Whitehorse, with the rest living in 16 communities throughout the territory. Rural Yukon community populations range from 57 to over 1,800 people.<sup>10</sup> One community is accessible only by air or water; the others are within one to six hours drive of Whitehorse. First Nations people comprise roughly one quarter of the population.

## METHODS

The research was undertaken as a qualitative descriptive study,<sup>11</sup> with an interpretive description orientation that acknowledges the constructed and contextual nature of experience while allowing for shared realities.<sup>12</sup> The design was similar to Hawe et al.'s study of the meaning and experience of capacity building among Australian health promotion workers.<sup>13</sup> Like Hawe et al., the study explored the topics of meaning, process, outcomes and issues or dilemmas for workers, but collected data through individual and small-group interviews rather than focus groups.

Participants met the criteria of being first aid instructors, resident in the communities in which they taught, accessible to the researcher and willing to participate. The 15 female and 6 male participants were knowledgeable informants due to the perspectives gained from their personal experience and observations living and working in the Yukon and practicing as first aid instructors, a specific area of health education. The primary researcher is an embedded member of the Yukon community, with the potential risk for conflict of interest or bias arising from existing relationships, knowledge of individuals and communities, and employment in the Yukon Department of Health and Social Services, a body with a significant role in health programming and funding. The risks were minimized by selecting a group with which the primary researcher had no relationship through employment and by randomly selecting participants from the total group. The YCPHS unit, with its 86 instructors, was large enough to ensure that neither individuals nor communities could be identified in reporting the findings.

Whitehorse participants included 5 YCPHS employees who teach first aid among their other duties, and 10 of the 60 Whitehorse sessional instructors, the latter selected by random draw ( $n=15$ ). Outside Whitehorse, participants were selected by, first, randomly choosing one large (500-2000), two medium-sized (200-499) and one small ( $<200$ ) community, and second, seeking participation from all instructors in those four communities ( $n=6$ ).

Between June and August, 2004, 10 interviews were conducted with 21 participants. Five interviews were conducted with individuals and five with groups of two to five participants. Interviews were conducted in person where feasible ( $n=7$ ), by videoconference as a second choice ( $n=1$ ), and by telephone as necessary ( $n=2$ ). Interviews, lasting 26-74 minutes, were audiotaped, and transcribed verbatim. Transcriptions were checked for accuracy and corrected as necessary.

Participants were asked to describe their work, the process or steps in their work activity, the outcomes of their work, the facilitators and hindrances in this work and, finally, if and how they saw their work as capacity-building. In response to

feedback from the first interview, the order of topics was changed from that used by Hawe et al., moving the reflection on capacity building to the end of the interview. A brief explanation of capacity building was incorporated into each interview, in response to participant requests, for example, "I understand capacity building as being the impacts of your work that are beyond the particular focus of the education that you're doing".

Data analysis was undertaken in several stages. Initially, all data were surveyed thematically and incorporated within a framework of themes consistent with the study questions: process, outcomes and capacity-building observations.<sup>14</sup> Findings with respect to outcomes and capacity building were grouped into those that affect the individuals involved, those that affect others and those that affect the community. Subsequently, data were interpreted within themes articulated in capacity-building literature, including capacity-building activities, actors and their purposes and approaches.<sup>15-18</sup>

The final analytic stage involved a process of interpretive description,<sup>11,19</sup> moving more deeply into the data by asking "what is happening here?"<sup>11</sup> Interpretive description uses an analytic framework based on existing knowledge as a starting point, with the expectation that this structure will be challenged as the inductive analysis proceeds.<sup>19</sup> The data were re-examined to make sense of the most important ideas conveyed and to access their meaning in a new manner.<sup>11</sup> At this stage, critical examination led to understanding capacity building in relation to building on strengths, the relevance of achieving ends of immediate importance, and identifying the relational aspects of the role of the health education workers as important findings.

Rigour was assured by purposeful sampling from a number of different locations in the Yukon to ensure adequacy of data, by careful documentation of the evidence and by drawing on an earlier study for purposes of comparison and verification.<sup>20</sup> Steps were taken to balance the lead author's embedded perspective as a Yukon community health practitioner. Steps to ensure authenticity included critical self-reflection assisted by journal keeping, review of data and interpretation by partic-

ipants, incorporation of participants' comments or corrections, and iterative review of research findings by outside experts.

Ethical considerations were addressed through attention to study design, and addressing consent and relationship issues. Confidentiality was ensured, but as some interviews occurred in groups, anonymity could not be assured. Written consent was obtained from each participant at the time of the interview and prior to using quotations. The lead author sought to interpret and use the findings thoughtfully, confidentially, honestly and considerately, in order to sustain mutual trust in ongoing relationships with participants through work and community activities. Ethics approval was received from University of Northern British Columbia Research Ethics Board, which applies Tri-Council guidelines.<sup>21</sup>

## RESULTS

Data analysis led to findings with respect to meaning, process, role of the health education worker and capacity-building outcomes.

### Meaning of capacity building

Themes about meaning of capacity building included building on strengths and opportunities in the Yukon context, engaging in activities that were empowering, and engaging in relationships. These themes were often intertwined.

For participants, building on strengths meant helping people to develop their existing abilities and potential to achieve new knowledge and skills. One instructor assisted students to transfer knowledge arising from the experience of hunting into learning first aid.

"Most of the students have been hunting so they know from cutting the moose where the heart is; they know where the lungs are. This makes them relate to what is being taught and that makes them feel good because they know something. This is the teaching method that we like to apply by incorporating the practical skill and knowledge of the participants. Just because the student may have difficulty in reading or difficulty with math, he or she may have other knowledge, so let's just work on those strengths and steer in that direction."

The participants' approach comes from awareness of the lives of people in the community, and their attempt to acknowledge, build on and mobilize students' existing knowledge and strengths.

Participants indicated that capacity building included building on opportunities in order to achieve a vision for improvement in some aspect of community life. Building on opportunities may mean expanding the range of groups in a community to whom participants offer a learning or development experience, or using success in one area to achieve success in another, at both individual and community levels. For example, participants extended first aid classes to parents, even though they had planned only to offer them to ambulance members. In so doing, participants helped community members to become more able to cope on their own in emergencies, to become more self-reliant. In articulating the meaning of capacity building, participants spoke of "people expanding", understanding capacity as being "about skills and knowledge and how you use those things in the community".

Empowerment meant enabling people to increase independence by reducing their reliance on outside resources or by gaining the tools for better self-care.

"Students used to have to access [the advanced] course outside the Yukon or we had to bring instructors up from outside the Yukon. What I have heard since we've been teaching that course here is that there are students now that come back to take it or look forward to taking it in the Yukon with local instructors who can understand how things are in rural Yukon, what resources you have to respond to things."

Reducing dependency on resources from outside the Yukon means that there is increase in self-reliance within the Yukon and, at the same time, an increase in the relevance of the teaching because it is based on "how things are" in the Yukon.

### Process of building capacity

The capacity-building process included initiating, organizing and teaching activities. Participants talked about adapting teaching content and strategies to local knowledge, knowing and acting on community needs, such as "literacy issues within the community", or the realities of small

communities that are "very spontaneous about when they need things", and engaging in creative problem solving to extend educational offerings. The flexibility and sensitivity participants bring to preparing for and responding to situations that arise in the instructional setting and in the community allow them to create and act on opportunities for learning. Participants enable capacity building through their readiness to adapt to different learning needs and styles, and their ability to recognize and willingness to address issues important to the people they teach.

### Role of health education workers

In their roles as health educators, living and working in their communities, participants are able to initiate activity, enable achievement, understand what is important to their fellow community members, and build relationships that facilitate capacity building. In the Yukon, "First Aid is a very personal thing to these communities. They've had people hurt, they've had people drown, they've had people burn in fires." Participants use their first-hand knowledge of community experiences and community members to teach first aid skills, and in doing so, they act as a bridge to building capacity in the broader community.

### Capacity-building outcomes

In considering the effects of capacity building in the Yukon, participants identified both individual and community outcomes. The skills are important for their immediate practical application. As one person said, "You can see the after effect and how people use ideas you have taught them in their everyday life". However, participants observed that the effect of their work went beyond the specific skills gained by individuals, to healthier lifestyle choices, increased confidence and self-reliance, and prompting steps to future achievements. One participant recounted:

"We had one teenager who was kicked out of school, and (we) thought that he'll never do anything well. They put him in the Yukon Employment Strategy program, and in one of the first weeks he was to do this first aid course ... he was the best student I have ever had. He couldn't read well but somebody helped him read the book, he learned to do this stuff and he did bet-

ter bandaging than I did. And he was so proud. He is now a carpenter in town. And he's great. ... But this was the first certificate he'd got. He told me "It was the first thing I've ever done and finished", so (there is) that incredible sense of accomplishment that comes from doing the first aid course and getting through it successfully."

Participants observed people building on their strengths to better contribute to personal and community well-being: community-level actions ranged from caring for family and friends, to community service in areas such as ski patrol and volunteer fire and ambulance service. In the Yukon, where communities are small, individuals often wear many hats, and volunteers provide many essential services, capacity building begins with individuals, but may benefit the community as a whole.

## DISCUSSION

Participants understood and practiced capacity building in ways that built on strengths. Their practices reflected a belief that strengths exist; their actions prompted capacity to be enhanced. Although others have mentioned the need to build on strengths,<sup>22-25</sup> participants' explicit emphasis on this concept suggests the need to better address the roles and relationships necessary for mobilizing individual and community strengths in conceptualizing and implementing Yukon capacity-building initiatives.

Although capacity building may deliver gains on more than the health problem of interest,<sup>6,7</sup> this study indicates the importance of focussing on an immediate end – in this case, acquiring first aid skills. The immediate end engages participation within a community and becomes the entry point for longer-term ends to be achieved. The achievement of immediate ends enhances the capacity of the community while supporting the achievement of wider gains.

The role of the health education worker *living* in relationship with the community distinguishes capacity-building practice in this study. This stands in contrast to others who note only the importance of *working* in interactive relationships with community members.<sup>15,16,18,25</sup> The role of the Yukon health education worker appears to be

more complex than that of actors with specific purposes,<sup>16</sup> engaging in specific activities at different levels.<sup>15</sup> Living and working in relationship with their community lies at the heart of capacity building for Yukon health education workers. Their multifaceted relationships within Yukon communities enable participants to have and use knowledge to enhance capacity in those settings.

## CONCLUSION

In northern communities such as those in the Yukon, the influence on community capacity enhancement of relational practices of health education workers living and working in their communities should not be underestimated. The findings point to the spaces where organizational practices and policy can support communities in enhancing their capacity. Organizations can systematically develop the strengths of people within communities, while providing necessary organizational and practice supports. Although outcomes may be at levels too subtle to be revealed by capacity-building or community-capacity indicators, the findings point to potential for impact on determinants of health. Further clarification of the concepts and appropriate measurement of capacity building and community capacity, particularly for rural and northern communities, may help support practice that contributes to redressing health inequities.

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## RÉSUMÉ

**Contexte :** Le renforcement des capacités est une stratégie de promotion de la santé qui permet de tenir compte des déterminants de la santé et d'améliorer les résultats sanitaires. Bien que l'on parle beaucoup de cette approche, on en sait très peu sur son application dans les communautés nordiques. Notre étude a donc porté sur la signification et l'expérience du renforcement des capacités au Yukon.

**Méthode :** Dans le cadre d'une étude qualitative, nous avons effectué l'analyse interprétative et descriptive de données d'entrevues individuelles et en petits groupes menés auprès de 21 éducateurs et éducatrices sanitaires travaillant comme moniteurs de secourisme pour le service de santé publique et de sécurité du Yukon College. Les participants ont été sélectionnés au hasard à partir de quatre ensembles de communautés du Yukon classées selon leur taille. Les transcriptions des entretiens ont été analysées et interprétées en vue de déterminer les connaissances et l'expérience des éducateurs et éducatrices sanitaires et d'observer les résultats du renforcement des capacités.

**Résultats :** Les constats qui se rapportent au renforcement des capacités sont présentés selon la signification, le processus, le rôle de l'éducateur ou de l'éducatrice sanitaire et les résultats de l'intervention. Plusieurs thèmes se dégagent de l'analyse : les façons dont les éducateurs sanitaires misent sur les forces actuelles de la communauté, leurs efforts pour atteindre un objectif d'importance immédiate, et la vie des éducateurs dans la communauté pendant les activités de renforcement des capacités.

**Conclusion :** Dans les communautés du Yukon, les pratiques relationnelles des éducateurs et éducatrices sanitaires qui vivent et travaillent dans leur communauté exercent une influence non négligeable sur l'amélioration des capacités communautaires. Pour favoriser les pratiques qui contribuent à redresser les inégalités en santé, il serait bon de clarifier les notions de « renforcement des capacités » et de « capacités communautaires » et les mesures appropriées, surtout dans les communautés rurales et nordiques.

**Mots clés :** éducation sanitaire; Yukon; promotion de la santé; recherche qualitative