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# Using Internet Technology for Capacity Development in Communities: The Case of the Community Tool Box

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### A VISION OF COMMUNITY CAPACITY FOR DEVELOPMENT

In all our communities—urban, rural, local, global—people come together to identify what matters to them, and to take action to make things better. We join in common purpose—to address the issues of healthy communities, decent jobs and housing, and better education for all. Our people—young and old, from the richest to the poorest—are engaged in setting goals and taking action. We are able to influence our communities and systems—in local places, and throughout the world.

According to ancient wisdom (Mitchell, 1998, p. 100), a monk once asked a Zen Master what is the essence of great teaching. Zen Master Yun-men said,

*When spring comes, the grass  
grows by itself.*

This is also the essence of capacity development: When outsiders are gone, community members continue to take action for community change and improvement.

The purpose of this chapter is to examine some issues and approaches in building capacity for community development. We outline the process of community development and related competencies to which capacity-building efforts can be directed. We illustrate with a case example of how electronic communications technologies, such as the Community Tool Box (<http://ctb.ku.edu>) can be used to enhance such efforts. Finally, we conclude with a brief summary and discussion of future opportunities for enhancing community development using Internet-based supports. We use the term community development in this discussion with special reference to developing capacity—the expertise and capabilities—for promoting community health and development.

### PROCESS OF COMMUNITY DEVELOPMENT

Community development is defined by the United Nations as a process to create economic and social progress with active par-

ticipation and reliance on the community's initiative. As a process, it seeks to engage people of the defined community, including those who share a common *place* (e.g., neighborhood, municipality), *experience* (e.g., having a particular ethnicity or gender), or *interest* (e.g., concern about violence or access to health care). It presumes that people of the community—those most affected—should have influence in identifying issues to be addressed, planning, and taking action (Fawcett, 1999).

The idea of community development, with a capacity development focus, is rooted in some core assumptions and values. Citizen participation is based on the premise that ordinary people can address and solve community problems, and that large groups of people are wiser than the elite few (Surowiecki, 2004). Empowerment envisions a process by which people work together to have influence over conditions and outcomes that matter to them (Fawcett, Paine-Andrews, et al., 1995). Social capital, or trust and social ties (Kawachi et al., 1997), and income inequality (Wilkinson, 1996), are recognized as key “social determinants” of community health outcomes. Collective efficacy—the capacity of groups of people to effect change in their communities—has also been associated with better health outcomes for the whole population (Marmot et al., 1997). Indeed, justice requires that—for there to be fairness in the circumstances under which people live—all people must have the power and opportunity to influence conditions in their communities (Fawcett, 1991).

The process of collaborative action to

address community-determined goals can be conceptualized as five interactive and iterative (repeating) phases (CDC, 2002; Fawcett, Francisco, et al., 2000; Institute of Medicine, 2003):

1. Assessment and collaborative planning—community members working together to use information to target issues of importance, such as neighborhood safety, to be the focus of planning and action,
2. Targeted action and intervention—seeking changes in communities and systems consistent with action plans,
3. Community and system change—transforming conditions (i.e., programs, policies, and practices) related to community-determined goals,
4. Widespread behavior change and improvement in population-level outcomes—for example, reduced drug use and associated indicators of crime,
5. Sustaining the effort—assuring that valued programs and policies, and the overall development effort, continues long enough to achieve the community's goals.

Table 1 outlines 16 core competencies that are associated with the five phases. The required capabilities for each phase—for instance, strategic planning or advocacy—define the work of capacity building. A fundamental assumption is that when par-

**Table 1**

**A Framework for Capacity Development in Communities  
16 Core Competencies and Related Sections in the Community Tool Box**

<i><b>PHASE (16 Core Competencies)</b></i>	<i><b>Some Illustrative Sections in the CTB</b></i>
<b>Assessment and Collaborative Planning</b> 1. Creating and Maintaining Coalitions 2. Assessing Community Needs and Resources 3. Analyzing Problems and Goals 4. Developing a Framework or Model of Change 5. Developing Strategic Action Plans 6. Building Leadership	<ul style="list-style-type: none"> <li>• Developing a plan for identifying local needs and resources</li> <li>• Collecting information about the problem</li> <li>• Defining and analyzing the problem</li> <li>• Analyzing root causes of problems: The “But why?” technique</li> <li>• Developing a logic model</li> <li>• VMOSA (Vision, Mission, Objectives, Strategies, Action Plans)</li> <li>• Proclaiming your dream: Developing vision and mission statements</li> <li>• Creating objectives</li> <li>• Developing an action plan</li> <li>• Developing multi-sector collaborations</li> <li>• Developing facilitation skills</li> <li>• Building and sustaining relationships</li> </ul>
<b>Targeted Action and Intervention</b> 7. Developing an Intervention 8. Increasing Participation and Membership 9. Enhancing Cultural Competence	<ul style="list-style-type: none"> <li>• Designing community interventions</li> <li>• Adapting community interventions for different cultures and communities</li> <li>• Using principles of persuasion</li> <li>• Involving people most affected by the problem</li> <li>• Building culturally competent organizations</li> </ul>
<b>Community and System Change</b> 10. Advocating for Change 11. Influencing Policy Development	<ul style="list-style-type: none"> <li>• Developing a plan for advocacy</li> <li>• Writing letters to elected officials</li> <li>• Reframing the debate</li> <li>• Registering voters</li> <li>• Seeking enforcement of existing laws or policies</li> </ul>
<b>Widespread Behavior Change and Population Level Outcomes</b> 12. Implementing a Social Marketing Effort 13. Evaluating the Initiative	<ul style="list-style-type: none"> <li>• Conducting a social marketing campaign</li> <li>• Promoting behavior changes to make it easier and more rewarding</li> <li>• Developing an evaluation plan</li> <li>• Documenting and monitoring community and systems change</li> <li>• Gathering and using community-level indicators</li> <li>• Providing feedback to improve the initiative</li> <li>• A framework for program evaluation</li> </ul>
<b>Sustaining the Effort</b> 14. Writing a Grant Application 15. Organizational Development 16. Sustaining the Initiative	<ul style="list-style-type: none"> <li>• Applying for a grant: The general approach</li> <li>• Designing a training program</li> <li>• Achieving and maintaining quality performance</li> <li>• Developing a plan for financial sustainability</li> <li>• Becoming a line item in an existing budget</li> <li>• Strategies for sustaining the initiative</li> </ul>

ticipants acquire these skills in one problem-solving project, they can carry them over and deepen them in subsequent work.

## CAPACITY DEVELOPMENT—THE IDEA, SOME CHALLENGES AND OPPORTUNITIES

Capacity building is distinguished from other approaches to community development by its focus on the abilities and resources of those most affected rather than those of outsiders. A strategy for improving change efforts (Eade and Williams, 1995), it aims to enhance the capabilities of people and to sustain efforts over time (Eade, 2003). Its focus may be on different: a) individuals (e.g., citizens, professionals), b) organizations (e.g., community-based organizations, health ministries), and c) networks (e.g., social networks among people who share a common experience, such as discrimination, or concern, such as assuring safe environments for children). Capacity building is strategic; it extends beyond immediate projects and goals to assure capabilities to address different issues—over time, and across generations.

There are many challenges to capacity development among communities of people who share a common place or interest.

**First**, there must be clarity about what competencies and skills, such as conducting public forums or policy advocacy, are critical to the work.

**Second**, it requires the development of resources, such as field-tested training materials, that are effective in enhancing these skills.

**Third**, the approaches must have generality with a variety of people (e.g., novices, experienced leaders), working in multiple sectors (e.g., health organizations, faith communities) and in diverse situations (e.g., communities with different assets and resources).

**Fourth**, there must be support for adapting capacity-building resources—for instance, through translation and cultural adaptation of materials—to fit the variety of people and contexts in which community development occurs.

**Fifth**, supports for developing competencies for community work—by universities or non-governmental organizations (NGOs), for example—are often limited. Even when available, such as through training or workshops in community-based organizations (CBOs), they may not be timed to when people in communities need them.

**Sixth**, capacity-building approaches must be practical and sustainable, using innovative approaches to efficiently reach large numbers of people over time.

The Internet, when combined with more personal guidance from local support organizations, offers promise in expanding the impact of community capacity-building efforts (Eade, 2003).

**First**, online sources can increase the availability of information about community intervention approaches; for instance, practical information on building leadership or evaluation can be a click away for those with Internet access.

**Second**, the Internet permits access to information on demand, not just when CBOs or NGOs happen to be offering training on, say, strategic planning.

**Third**, online systems allow for rapid and efficient transmission of information such as through file sharing and posting of resource information (e.g., printable or downloadable tips on how to encourage participation or lead a meeting).

**Fourth**, they can connect people at great distances—from Kansas to Kenya, from Beijing to Boston.

**Fifth**, Internet systems have the potential to enhance collaboration among thousands of individuals and organizations, such as through online forums and exchanges among those working in diverse communities throughout the world.

### DEVELOPMENT OF THE COMMUNITY TOOL BOX AS AN INTERNET-BASED RESOURCE FOR BUILDING CAPACITY

In 1994, researchers at the University of Kansas, along with partners throughout the country, began development of a massive and free capacity-building resource, the Community Tool Box <http://ctb.ku.edu/> (Fawcett, Francisco, Schultz, et al., 2000). Appreciating the significant role of capacity-building in local and global efforts, we asked what resources do communities need and how can we get them to those in need. With the advent of the World Wide Web, we saw prospects for a virtual “tool box” of capacity-building resources.

The *vision* guiding the Community Tool Box (CTB) is to:

- Bring community-based solutions to light,

- Connect community work across issues, sectors, and situations,
- Support action and co-learning within and between initiatives,
- Promote equity through access to resources and support,
- Build capacity for this work.

Its mission is to promote community health and development by connecting people, ideas, and resources. After 10 years of development, the CTB has over 6,000 pages of how-to information relevant to the 16 core competencies just discussed. Table 1 (right column) illustrates some of the approximately 300 how-to sections available in the Community Tool Box.

### Steps in Developing the Community Tool Box

The process used to develop the Community Tool Box as a capacity-building resource followed a framework for the design and development of social innovations (Fawcett, Suarez-Balcazar, et al., 1994; Rothman and Thomas, 1994). This development process included five discrete steps:

1. Problem/goal analysis and project planning,
2. Information gathering and synthesis,
3. Design,
4. Early development and evaluation,
5. Dissemination.

We will discuss these steps in turn.

### ***1. Problem/Goal Analysis and Project Planning***

To address the goal of connecting people to resources for capacity building, researchers and technical experts at the University of Kansas (Fawcett, Schultz, Francisco, and Wydeven Oliverius) began a long-term collaboration with community researchers and practitioners from around the country (Berkowitz, Wolff, Rabinowitz, and others).

*First*, the developers identified prospective end users of the CTB. The audiences or end users for the CTB include: a) those doing the day-to-day work of promoting community health and development (e.g., community leaders and members), b) those supporting it (e.g., staff of public agencies and intermediary organizations such as CBOs, NGOs, university-based centers), and c) those funding it (e.g., government institutions, foundations). Our aim was to have a cross-cutting set of tools of use to people (e.g., novices, experienced leaders, students) working in multiple sectors (government, health organizations, faith communities) and in different situations (communities with different assets and resources). Table 2 lists a sample, based on guest book entries and other communications, of the highly diverse group that has used the Community Tool Box during its initial ten years.

*Second*, we tried to identify what the intended users might need to know to be able to do this work; that is, what specific skills, such as conducting a meeting or filing a formal complaint, would be helpful. We reviewed the literature on competen-

cies related to community health and development, interviewed community members and practitioners, and examined our collective experience (over 100 years as a team). This resulted in an initial CTB Table of Contents with hundreds of prospective sections organized by: a) Parts or broad themes (e.g., Promoting Interest and Participation in Initiatives, Organizing for Effective Advocacy); b) Chapters (e.g., Encouraging Involvement in Community Work, Conducting a Direct Action Campaign); and c) Sections or discrete learning modules (e.g., Involving people most affected by the problem; Writing letters to elected officials). Table 2 (left column) lists the broad themes or parts and illustrative CTB sections.

*Third*, we reviewed the literature on behavioral instruction and effective skill training to identify a structure and key elements to promote learning and ease of use. Accordingly, each of the several hundred sections or learning units of the CTB includes: a) a clear description of what the skill involves (i.e., specific how-to steps), b) rationales for why the skill is important, c) examples of applications of the skill in different situations, and d) other learning supports (e.g., checklists, overheads, links to other resources).

*Fourth*, we identified attributes that would help serve the intended audience. These attributes included:

- The content is *comprehensive*, addressing 16 different core competencies, from creating and maintaining community partnerships to building leadership to sustaining the initiative.

**Table 2****A Sample of Community Tool Box Users from National and Global Contexts**

<b>Sector</b>	<b>Role, Setting / Interest, Location</b>
Child / Youth Health and Development	<ul style="list-style-type: none"> <li>• Coordinator for children, youth and families at risk initiative, Maryland, U.S.</li> <li>• Staff member of organization that mentors children with diabetes, Ohio, U.S.</li> <li>• Staff member of Project LEAN and Nutrition Network to deliver nutrition and physical activity education, California, U.S.</li> <li>• Social worker helping orphaned children, Hawaii, U.S.</li> <li>• Organizer, community forum on juvenile violence, Oregon, U.S.</li> </ul>
Community Development	<ul style="list-style-type: none"> <li>• Community development worker, Nairobi, Kenya</li> <li>• Rural development professional, Islamabad, Pakistan</li> <li>• Facilitator of Urban Poverty Project and Community Development student, Klaten, Indonesia</li> </ul>
Community-based Organizations / Non-Governmental Organizations	<ul style="list-style-type: none"> <li>• Community education coordinator, director of outreach for hospice care in tri-county area, South Carolina, U.S.</li> <li>• Volunteer, senior women's community-based organization, Cairns, Australia</li> <li>• Executive Director for nonprofit education and advocacy organization working on uninsured and health care financing, Connecticut, U.S.</li> <li>• Training consultant in monitoring and evaluating economic financing for regional NGO, Nairobi, Kenya</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Director of community intervention projects in manufacturing plants, Univ. of North Carolina Prevention Research Center, North Carolina, U.S.</li> <li>• Graduate student at the University of Michigan School of Public Health, Michigan, U.S.</li> <li>• Instructor/researcher at the Department of Health Sciences of the University of Balamand; doing research on illiteracy and health awareness, Balamand, Lebanon</li> </ul>
Faith-Based Organizations	<ul style="list-style-type: none"> <li>• Program Coordinator, Church-based healthy community program, Louisiana, U.S.</li> <li>• Episcopal Priest working in an inner-city parish, Maryland, U.S.</li> </ul>
Government	<ul style="list-style-type: none"> <li>• Director, National Institute of Mental Health Constituency Outreach and Education Program, Maryland, U.S.</li> <li>• Director, Urban Research Center, U.S. Centers for Disease Control and Prevention, Georgia, U.S.</li> <li>• Community &amp; Business Outreach Specialist, USDA Rural Development, Vermont, U.S.</li> </ul>
Health Care	<ul style="list-style-type: none"> <li>• Chair, 12-county community asthma coalition, Pennsylvania, U.S.</li> <li>• Mental health nurse for Washtenaw County, Michigan, U.S.</li> <li>• Community health worker for a medical center, Hawaii, U.S.</li> <li>• Health Promotion Specialist working to support an increase in breastfeeding rates, particularly in poorer communities, Flintshire, North Wales, United Kingdom</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>• Dentist with the USPHS at the Inscription House Clinic, located in the Dine Nation (Navajo), Arizona, U.S.</li> <li>• Member, national public health association sponsoring a leadership institute for maternal and child health, Washington, D.C., U.S.</li> <li>• Public health physician, working on advocacy, Vellore, India</li> </ul>

- The resources are *integrated* in a one-stop set of multiple supports for the work of community development—for example, assessing community needs and resources, solving a problem of opposition to the group’s efforts, or connecting with others about the work.
- The information is *easily available on demand*, providing a just-in-time response with the tools and links to resources a few clicks away on one web site.
- Supports are *useful*, providing help in building capacity for doing this work (and, when linked to customized CTB Workstations, in evaluating the impact of community development efforts, and learning and making adjustments).
- The recommended activity results in a *tangible product with benefits* to the community initiative or organization (e.g., a functional plan of action, a grant application with prospects for funding).
- Resources are *appropriate for diverse users and contexts*, including for different types of: a) users (e.g., both novices and those with extensive experience), b) issues (e.g., community and public health; child and youth development; community development), and c) contexts (e.g., urban, rural, tribal/indigenous, statewide, national).
- The CTB *promotes equity* by assuring more equal access to guidance for all those working in community development.

## 2. *Information Gathering and Synthesis*

The CTB team assembled a library of information on topics related to community development. During monthly conference calls over its ten-year collaboration, the team shaped the content and form of the CTB—setting priorities for writing sections and making decisions about which

of the hundreds of possible sections in the emerging CTB should be written next. The team also assembled resources for specific sections under development, gathering the best available information on strategic planning, for example, or advocacy, as well as the contributed writing of colleagues in the field who (with author credit) were willing to share their practical tools through the CTB.

Regardless of source, one of the key tasks was to provide a synthesis of available knowledge for a given topic (e.g., how to develop a community assessment; an evaluation plan; a sustainability plan). Communication among the writing team—and an internal editorial review process—helped to assure quality of the products, the new how-to section, that resulted from information gathering, and knowledge synthesis.

## 3. *Design*

In designing the structure for the Community Tool Box, we tried to make it easier and more rewarding for users to find capacity-building resources of interest to them. The format of the CTB home page was designed around the question: “What [community work] do you want to do?” This framing of the home page helped direct users to capacity-building resources through five featured gateways (each a click away):

1. *Learn a skill* to locate resources through the CTB Table of Contents (i.e., organized by 13 Parts broken out into 46 Chapters and approximately 300 distinct Sections);



2. *Plan the work* to connect to tools that help develop useful products (e.g., a strategic plan, an evaluation plan, and a plan for sustaining the effort);
3. *Solve a problem* to access a troubleshooting guide that presents common problems and dilemmas in doing this work (not enough participation, for example), questions to help clarify the issue (Do we know what the community is concerned about?), and links to related sections in the CTB (e.g., conducting public forums and listening sessions);
4. *Explore best processes and practices* to review the evidence base for key mechanisms for promoting community change (developing action plans; arranging for community mobilizers) and supports for implementing associated activities (i.e., links to related CTB sections);
5. *Connect with others* to reach others doing this work through online forums (on various themes, such as leadership or participation), asking an advisor (by posing a question to an outside expert) and links to other online resources and websites.

A couple of principles guided the development of the technical structure of the CTB to date. One is that end users should have an interface, or point of access, that allows them see and use all the available content. The other is that the system should allow for management by a development team that could span the entire globe. The technical architecture of the CTB uses Java script, Extensible Markup

Language (XML), Cascading Style Sheets (CSS) and Hypertext Markup Language (HTML) to interface with relational Structured Query Language (SQL) databases. End users see the public interface, which includes links, drop down menus, and search boxes that take the users to content generated from within the database infrastructure. The rest of the system is managed online, by incorporating online HTML and text editors with Java, XML, and CSS programming. This includes the provision for multiple language formats for all information rendered to end users of the system.

#### **4. Early Development and Evaluation**

Initial and ongoing development of the CTB focused on writing hundreds of how-to sections (e.g., Conducting listening session; Developing an action plan). Each section has multiple supports for learning and application:

1. A main section with how-to information, rationales, and action steps,
2. Examples from different situations,
3. Tools and checklists,
4. Print and Internet resources and links, and
5. Overheads to support training of others.

After 10 years of development, there were over 6,000 pages of support materials in the CTB, including approximately 300 unique sections or learning units. (See Table 1 for a sample.)

There have been several types of informal evaluation of the CTB.

*First*, to assist in early development and evaluation, representative users (e.g., members of community organizations in mid-South Chicago and rural Kansas) were asked to provide informal assessments of particular aspects of the embryonic CTB. They provided comments on key attributes of the CTB, including its completeness, clarity, usefulness, user-friendliness, helpfulness, and overall satisfaction. This qualitative information from informal focus groups, and feedback from national experts involved through the CTB Advisory Board, helped guide improvements in the early prototype.

*Second*, responses to periodic user surveys provided additional information about the use of the CTB. For instance, we sent a November 2001 e-mail survey to the 2,253 subscribers of the CTB newsletter (100 respondents, 4% return rate). Respondents indicated that they used the CTB to: a) "Teach myself or guide my work" (78.5%), b) "Support community initiatives" (60.2%), and c) "Train others doing community work" (57%). Other uses included teaching and learning as part of university courses or programs.

Users made suggestions for new and expanded content in some areas, including a number of topics, such as cultural competence, that were later written and added to the CTB. CTB users reported that they were in one of four major roles:

1. Professionals in community health and development (69%),
2. Grassroots activists (26%),
3. Trainers or consultants (15%),
4. Students and teachers (10%).

Skilled and frequent users reported using the CTB routinely to, for example, conduct a community assessment or prepare a grant application.

Finally, narrative comments from users provided additional evaluative information about the CTB. These comments about CTB users and uses were derived from Guest Book entries (from 2000 through 2005) and other written correspondence with the CTB team. Table 3 summarizes selective comments from CTB Users and the uses to which they put the CTB.

### *5. Dissemination*

Use of the Community Tool Box is growing nearly exponentially: over 100,000 hits in 1997; over 500,000 in 1998; over 1 million in 1999; over 2 million in 2000; over 5.5 million in 2003; and over 9.5 million in 2005. During 2005, there were 9,686,368 total hits and 573,065 individual user sessions, involving 127,762 unique users. (Note that this number is artificially low, as all users who access the web from a large gateway network, such as America On-Line, appear as one user.) Figures 1 and 2 depict the growth in visitor usage of the Community Tool Box over its 10-year history. (Figure 2 shows only the last six years, due to limited data.)

The average time spent on the site is substantial. Many user sessions often involve printing or downloading multiple skill-building sections that are later duplicated and distributed to others. As such, the CTB has become a very powerful engine for disseminating information to those involved in building healthier communities.

**Table 3**

**A Sample of Community Tool Box Users from National and Global Contexts**

Type of User and Location	Comments on their use of the CTB
<p>Training consultant regional NGO, specifically in monitoring and evaluation and economic financing</p> <p>Nairobi, Kenya</p>	<p>“The site is an incredible source of resource materials. In the next two weeks I will be the lead facilitator in a training course for senior managers in the water and health sector. They will come from five to six different countries. I intend to use relevant sections to supplement what we have used in the past. I will also let them know about the site. Thanks and keep up the good work.”</p>
<p>Instructor/researcher at the Faculty of Health Sciences of the University of Balamand; doing research on illiteracy and health awareness.</p> <p>Balamand, Lebanon</p>	<p>“CTB proved over and over again that it is a great resource for both teaching and conducting community-based programs. I refer my students to CTB as the first choice for resources relevant to our work.”</p>
<p>Social worker</p> <p>Islamabad, Pakistan</p>	<p>“... it is really a very helpful site for those who want to contribute in the development of community and society. Very good guidelines for people like me working in this field, particularly in Pakistan where there is no such training... a great job, continue serving humanity with your good ideas.”</p>
<p>Health educator with public health service who also works with community health boards</p> <p>Nova Scotia, Canada</p>	<p>“This is excellent material and I am using it to prepare for workshops and ongoing learning with community organizations.”</p>
<p>Community group facilitator contracted by the NZ government to work with not-for-profit organizations to build capacity.</p> <p>New Zealand</p>	<p>“The Community Tool Box is a tremendous resource and I have been using it for over three years. [It] is a particularly useful tool in that I can prepare manuals in a simple language for use by community groups and show them the site so that they can use it as a resource should they require. I have found the Community Tool Box to be excellent and congratulations to those who have and are still putting it together.”</p>

Figure 1

Community Tool Box User Sessions

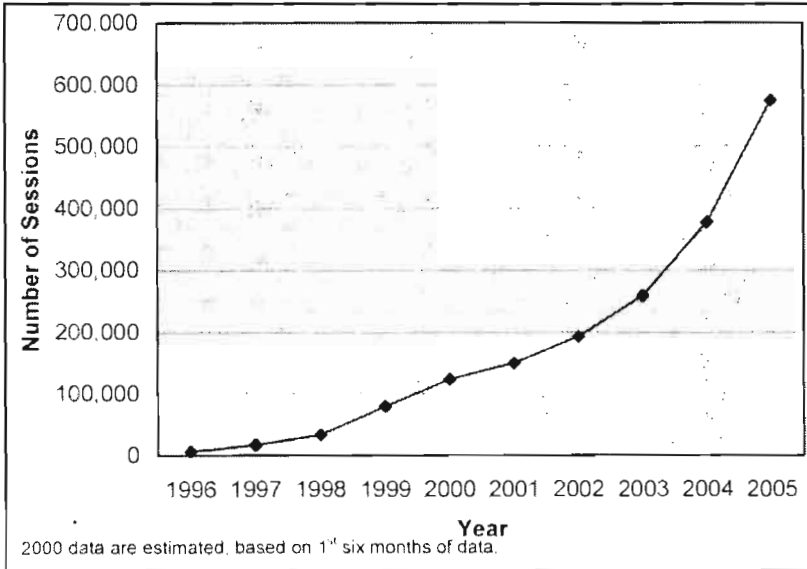
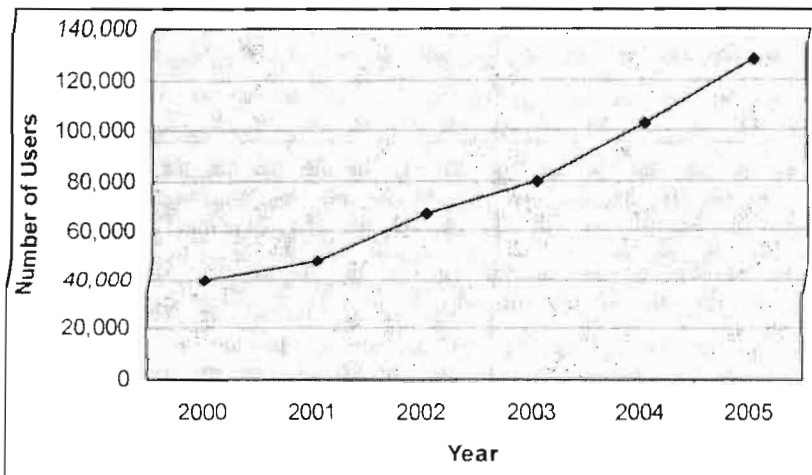


Figure 2

Community Tool Box Unique Users



As illustrated by Tables 2 and 3, guest book entries, web log reports and other communications confirm that CTB users represent a wide variety of:

- a) Sectors (e.g., public health, education, health care, faith-based, community-based organizations, non-governmental organizations),
- b) Settings (e.g., urban neighborhoods, rural communities; tribal communities),
- c) Issues (e.g., urban and rural development; public health; education; prevention of violence and drug use; child health and development; access to health care),
- d) Roles (e.g., as community members, professionals, students, professors, and elected and appointed officials),
- e) Places (e.g., from Maine to Hawaii in the U.S., and throughout the world).

The CTB team has used several strategies to promote widespread use of this capacity-building resource. These included:

- a) Brochures and promotional materials (sticky notes with the CTB logo, for example),
- b) Presentations and training on the CTB to professional associations and networks (e.g., American Public Health Association, Society for Community Research and

Action, grantees of the U.S. Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation),

- c) E-mail newsletter (i.e., updates to an e-mailing list of over 12,000 CTB users),
- d) Featured stories of CTB users (“tools in action” reports of uses on home page),
- e) Sponsored portals to CTB tools (for funding partners, such as the Robert Wood Johnson Foundation, tailored website section on “Resources for Grantees”),
- f) Customized Workstations developed for particular initiatives (tailored access to CTB tools and other evaluation supports for such clients as private foundations and federal, state, and local governmental agencies).

### **Some Current Uses and Further Development of the Tool Box**

This section outlines several ways that the Community Tool Box is used, and some further development related to this resource.

The capacity-building resources of the Community Tool Box are being used in several distinct ways. Some current uses of the CTB include:

#### ***Instantly Available Resource for Capacity-Builders Worldwide***

Many thousands of people working in communities come to the Community Tool Box for help in addressing a community issue, or struggling with a prob-

lem in their local work. CTB users report its benefits in providing just-in-time prompts or reminders for how to do a particular task. For instance, a community member might print the section and checklists on conducting a public forum or focus group to be reminded of particular steps to be implemented at that night's meeting.

### ***Training***

CTB materials—individual sections and the related CTB Curriculum—are used widely for training those engaged in the work of community health and development. For instance, the Montana Office of Community Service used CTB materials and the Community Tool Box Curriculum to train AmeriCorps Volunteers and community supervisors in its Community Building Institute held twice yearly. These CTB materials were also used to train advanced coalition leaders through the National Coalition Academy held annually by the Community Anti-Drug Coalitions of America (CADCA).

### ***Technical Assistance.***

The CTB has been used extensively as a resource for technical assistance; that is, in supporting implementation of key processes, such as community assessment or creating coalitions and partnerships, in diverse contexts. Staff of governmental organizations, such as ministries of health, and intermediary organizations, such as NGOs and university-based centers, have used CTB resources to support community efforts to promote health and human development. For example, in a

R.E.A.C.H. (Research, Education, and Access to Charitable Healthcare) Foundation's supported project in Allen County, Kansas, we used the CTB resources to build the skills of the local project manager who was responsible for implementing a concerns survey process and data gathering to support a community health assessment process.

### ***University Instruction***

Feedback from a variety of students and instructors suggests that the CTB is being used as a source of readings by a number of different colleges and universities. A quick perusal of the CTB Guest Book indicates that the CTB is being used as an online text for a variety of disciplines, including public health, social welfare, community psychology, anthropology, public administration, education, journalism, and medicine.

### ***Certification***

To enhance benefits for those learning core competencies related to this work, certificate programs can be developed. For example, the University of Kansas team uses the CTB curriculum and practicum opportunities as part of a Certificate in Community Health and Development that is awarded by the Graduate School.

### ***Building Capacity for Funded Initiatives***

The CTB resources have been used to enhance capabilities within community initiatives funded by a number of private foundations and governmental agencies. For instance, it has been used to support the work of Kansas Health Foundation's

initiatives to prevent adolescent substance abuse, prevent adolescent pregnancy, and promote caring adult-youth relationships, urban development initiatives of the John D. and Catherine T. MacArthur Foundation, and U.S. Centers for Disease Control and Prevention's initiatives to prevent child sexual abuse and intimate partner violence.

### **Further Development of the CTB**

In addition to ongoing writing of new content sections, there are three particularly prominent areas of CTB development.

#### **1. Curriculum Development**

In a related effort, the University of Kansas team ([www.communityhealth.ku.edu](http://www.communityhealth.ku.edu)) developed a 16-module CTB Curriculum that prepares learners in each of the core competencies (e.g., building coalitions, community assessment, planning, intervention, evaluation, planning for sustainability). Each module includes a Participant's Guide (e.g., key learnings, practical steps, experiential activities), a Facilitator's Guide and PowerPoint presentation, and a competence assessment or guided opportunity to put together a plan related to the particular skill (e.g., develop a strategic plan, develop an evaluation plan). Selected readings from the Community Tool Box (<http://ctb.ku.edu/>) serve as a supplemental textbook.

#### **2. Customized CTB Workstations**

Based on the infrastructure of the CTB, the University of Kansas team develops tailored online Workstations for particular national, state, and community efforts

(e.g., a multi-site effort to prevent substance abuse, address violence, or reduce risk for chronic diseases). Each unique Workstation (Fawcett, et al., 2003) has integrated capabilities to support: 1) *Building capacity*: by offering links to appropriate sections in the CTB, access to specialized materials and resources and illustrative stories and examples of success doing this work; 2) *Co-learning and adjustments*: by linking to other online resources for best practices in a particular area, arranging for opportunities to connect with others or to ask a question of an advisor, and seeing how this work fits together through logic models and customized links to CTB resources; and 3) *Documentation, evaluation, and analysis of the initiative's contribution*: by providing supports for: a) online documentation of community and system change and other important events; b) entering or seeing community-level indicators (e.g., rates of childhood immunizations); c) displaying trends and discontinuities in events to see what factors may be associated with increases/decreases in the pace of change; d) analysis of contribution of how the initiative is aiding population-level improvement (online pie charts, online time series graphs, etc.); and e) online and print reporting about the initiative and its impact.

#### **3. Building Capacity Globally through Translation and Cultural Adaptation of the CTB**

As part of its role as a designated World Health Organization (WHO) Collaborating Centre, the University of Kansas team

is building capacity globally using the CTB. As financial and human resources become available, we translate and culturally adapt CTB sections, and new sections are added to reflect the diverse approaches to community problem solving that have emerged throughout the world. Anticipated cultural and language adaptations of tools to be disseminated through the CTB include those for: the Americas (Spanish and Portuguese languages), Africa (French, English, native languages), Russia and its former Republics (Russian), the Middle East (Arabic), and East Asia (e.g., Mandarin Chinese). Eventually, we envision a constellation of "tool boxes" through which a global community can share its practical wisdom about how to create conditions that promote community health and development.

## CHALLENGES AND FUTURE DIRECTIONS

### Some Challenges

There are some challenges in using the CTB in capacity building for community development.

*First*, although the CTB has widespread use, there are still many practitioners who have limited web access, or are unaware of its existence.

*Second*, although some users may have heard about the CTB and been directed to its location on the web, they may not clearly understand what resources are available and how to readily access them within the CTB.

*Third*, implementing the skills in different contexts and domains, such as in a school or in a particular ethnic commu-

nity, may require some adjustments by those using it. Without support, users may lack experience and skills in adapting these tools and methods for the varied cultures and contexts found in their communities.

There are also some clear strengths in using this resource for community-capacity development. First, this is one of world's most comprehensive online sources of practical information about community development. Second, for those with Internet access, the resources are readily available on demand, and for free. Third, users report that its design makes it relatively easy to use—with gateways to toolkits for planning the work, or to a troubleshooting guide for solving a common problem. Fourth, feedback suggests that CTB resources are useful in different ways—particularly in learning and guiding the work, training others, and supporting community development efforts. Finally, the focus on community-building skills—not categorical content limited to preventing violence or promoting childhood immunizations—makes it more applicable to the array of issues addressed in communities.

Community capacity may be reflected in the demonstrated ability of people working together to effect change and improvement over time, across issues, and over generations (Fawcett, Paine-Andrews, et al., 1995; Goodman, et al., 1998). Multiple and interrelated factors affect attainment of this vision of community capacity. Skills for effective participation, such as the competencies of community assessment and strategic planning, may be enhanced through resources such



as described here. There must also be genuine opportunities for community involvement, including meaningful roles in decision-making. Barriers to participation, such as transportation and childcare, must be addressed. For community involvement to be maintained, there must be positive consequences, such as social approval and public recognition; and forms of punishment for civic engagement, such as social disapproval or retribution, must be minimized. A comprehensive approach to community-capacity building would enhance skills, opportunities to contribute, the consequences, and other aspects of a supportive environment for community development.

Although we believe the Community Tool Box and its electronic cousins are promising ways to develop community capacity, they are clearly not the only ways. It's also possible to build community capacity using just about any communication mode one can imagine. On the street. In the classroom. In small group settings. On the playing field. In face-to-face conversations. Over the phone. In print, through newspapers, brochures, or flyers. Through e-mail, over the web, and through blogs and podcasts, and whatever their successor modes may be over the next decades and generations. Our ancestors have built community capacity since the dawn of civilization; our descendants will be building it as long as civilization lasts. Capacity builders of the future may embrace multiple communication modes, weaving them within an intertwined, planned strategy.

There are advantages, however, to

focusing on electronic technology as a community development and capacity-building mode for our future. It is widely accessible now; it will become even more so. It is relatively easy to use. It is available around the clock. It is effective in reaching larger numbers of people at smaller unit cost. It can stimulate more personal forms of communication. And it comes more naturally and effortlessly to younger readers—including the next generation of community developers. These are built-in merits of electronic technology, ones that the wise capacity builder will use for community benefit.

### Some Future Directions

We hope to capitalize on those merits in our own future work. More specifically, we see the Community Tool Box headed in at least two primary directions.

*First*, we hope to expand the global reach of the Tool Box, bringing it into the homes and workplaces of millions more around the world. That is because the need for expertise in community work will not diminish. Should governments not respond adequately to the economic, health, and other problems that communities face, the primary remaining alternative will be to develop and strengthen local networks of community action, more cohesive and resilient and enduring than those we have now. Internet-based resources, such as the Community Tool Box, can help build capacity for this civic work. For instance, our World Health Organization colleagues from other regions, such as the Middle East and Russia, have noted the necessity and challenges of building a civil society

of engaged local people. Relevant instructional content for this civic work is already in place in the Community Tool Box, even though it will need translation and cultural adaptation. The major task is to disseminate it, adding innovations from other places, and to deliver it to where it will be most useful.

*Second*, we envision electronic communications becoming more interactive. There is still an important place for the delivery of one-way static content; but this must now be supplemented by a many-to-many platform, where users around the world can communicate about community problem solving with each other. Why can there not be a worldwide community development commons, a community of learners, asking questions of and getting answers from each other? The technology is now available to make this happen.

“When spring comes, the grass grows by itself.” That quote beginning this chapter suggests powerful forces of nature, honed over many millions of years, forces that energize the life cycle of living organisms, from blades of grass on down and on up. In capacity building, we want to align ourselves with those forces, abide by their teaching, harness their energy, and place them in the service of our community interests. Yet we must also recognize that nature unaided may fail us. Spring may come, but grass might not emerge. Or we may find wisps of grass, rather than the lush and varied garden we envision.

To develop the communities we seek, those reflecting our own values of community engagement and justice, the soil may need to be carefully prepared. And we may need to plant the right seeds, per-

haps electronic strains or newly-fashioned hybrids, that will take hold and grow. We must act, wisely and gently, but also decisively, as change agents of the community landscape, then teach others to do the same. When the landscape is reinvigorated, with plantings well rooted and caretakers nearby, at that point the outsiders—these latter-day Johnny Appleseeds—may properly depart, moving on to the next adventure in building healthier communities.

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