Building Collaborative Capacity
for Research and Influencing Policy:
The Rural Communities Impacting Policy Project[1]

Lynn Langille
Atlantic Health Promotion Research Centre
Dalhousie University
lynn.langille@gov.ns.ca

Ishbel Munro
Executive Director
Coastal Communities Network
coastalnet@ns.sympatico.ca

Paula Romanow
Department of Education
Mount Saint Vincent University
paularomanow@ns.sympatico.ca

Renée Lyons
Atlantic Health Promotion Research Centre
Dalhousie University
Renee.Lyons@dal.ca

Arthur Bull
Executive Director
Saltwater Network
arthur@saltwaternetwork.org

Patricia Williams
Department of Applied Human Nutrition
Mount Saint Vincent University
patty.williams@msvu.ca

Abstract

Many rural communities in Canada face significant threats to health and sustainability; however, the people who live in rural communities are often excluded from policy decisions on key determinants of their communities' development and well-being. The goal of the Rural Communities Impacting Policy (RCIP) Project in Nova Scotia, Canada, was to increase the capacity of rural communities and organizations in Nova Scotia to access and use social science research in their efforts to influence and develop public policies relevant to health and sustainability in rural communities. "Capacity building" is a feature of government discourse related to rural communities in Canada, but it is not clear

---

[1]An early version of this article was presented at the 17th biannual conference of the International Union of Health Education and Research, Vancouver, British Columbia, in June 2007.

what the substance of capacity building is or how it might play out in terms of rural development. This article explores various dimensions of capacity building in the RCIP Project, with the intention of providing a preliminary framework for the analysis of capacity building in collaborative initiatives related to rural health and sustainability.

The framework focuses on building capacity for civic engagement in rural development, drawing on literature in the fields of health promotion and public health and an emerging framework for measuring capacity building in food security in Nova Scotia and Canada. Key dimensions of capacity building in the RCIP project included the creation of a cohesive internal environment where trusting relationships were developed, the development and strengthening of linkages between the RCIP coalition and other rural development stakeholders, the generation of research evidence, and the provision of opportunities for critical analysis and action planning on community-identified policy issues. The framework could be used by federal and provincial agencies and by other community-university-government collaborations seeking to improve citizen participation and increase individual, organizational, and collaborative capacity to support broad participation in rural policy development.

Résumé

Au Canada, de nombreuses collectivités rurales font face à des menaces importantes en terme de santé et de viabilité. Malgré cela, les résidants de ces collectivités sont souvent exclus de la prise de décision sur les politiques touchant des éléments clés de leur développement et de leur mieux-être. Le projet Rural Communities Impacting Policy (RCIP), mis en oeuvre en Nouvelle-Écosse, au Canada, avait pour but d'améliorer la capacité des collectivités et des organisations rurales en Nouvelle-Écosse de consulter et d'utiliser les résultats de recherches en sciences humaines pour influer sur les politiques qui contribuent à la santé et à la viabilité des collectivités ou pour élaborer de telles politiques. Le « renforcement des capacités » est un élément important du discours gouvernemental sur les communautés rurales, mais on ne sait pas exactement en quoi il consiste ni de quelle façon l'aborder dans un contexte de développement rural. Cet article étudie divers aspects du renforcement des capacités relativement au projet RCIP et vise à fournir un cadre préliminaire pour analyser le renforcement des capacités lors d'initiatives de collaboration touchant la santé et la viabilité dans les collectivités rurales.

Le cadre est axé sur le renforcement des capacités pour favoriser la participation de la société civile dans le développement rural et s'appuie sur des études existantes dans les domaines de la promotion de la santé et de la santé publique ainsi que sur un nouveau cadre servant à mesurer le renforcement des capacités dans le domaine de la sécurité alimentaire en Nouvelle-Écosse et au Canada. Le renforcement des capacités du projet RCIP comprenait les éléments clés suivants : la création d'un climat de cohésion au sein de l'environnement interne afin de permettre l'établissement de relations de confiance; la création et le renforcement de liens entre la « coalition » du RCIP et les autres intervenants en développement rural, et la possibilité de faire une analyse critique et d'agir sur certains aspects des politiques relevés par la collectivité elle-même. Les organismes fédéraux et provinciaux, ainsi que les groupes de collaboration réunissant les collectivités, les universités et les gouvernements, pourraient avoir recours à ce cadre pour accroître

la participation de la population et améliorer les capacités individuelles et organisationnelles, ainsi que la capacité de collaboration, pour encourager une participation massive dans l'élaboration de politiques rurales.

_____

1.0 Introduction

Many rural communities in Canada face substantive threats to health and sustainability. These threats can be primarily attributed to socioeconomic factors and policies such as globalization, the urbanization of labour, and the decline in natural resource economies (Atlantic Health Promotion Research Centre, 1999; Binkley, 1996, 2000; Leach & Winson, 1995; Paquette & Domon, 2003; Side & Keefe, 2004). The rapid pace of socioeconomic change in rural communities has not been matched by the pace of policy analysis and development to support community sustainability (Bryden, 2000; Reimer, 2006; Romanow & Bruce, 2006; Shortall, 2004), and people in rural communities are often excluded from policy decisions on key determinants of their communities' development and well-being (Bryden, 2000; Coastal Communities Network, 1998; Marsden, 2004; Shortall, 2004).

Despite a "climate of neglect" (RCIP Project, 2005), some rural communities in Nova Scotia and elsewhere in Canada have shown remarkable resilience and creativity in addressing issues related to community health and sustainability (Atlantic Health Promotion Research Centre, 1999; Colman, 2003; Kulig, 2000; Rural Development Institute, 2005; Vandergriff-Avery, Anderson, & Braun, 2004). Although forces such as globalization "are sometimes presented as inexorable forces acting on people and places, it is evident that human agency, both individual and collective, plays a key role in determining economic and social responses and outcomes" (Bryden, 2000, p. 35). Many rural communities collaborate with universities, governments, and other civil society organizations to strengthen their capacity to influence policy at all levels of governance (Romanow & Bruce, 2006; Shortall, 2004). The growing literature on community-university partnerships indicates that these collaborations, although sometimes challenging, can provide a means for addressing community health, environmental, and other problems (Buckeridge et al., 2002; El Ansari, 2005; Minkler, 2004; Suarez-Balcazar, Harper, & Lewis, 2005). At the same time as community-university partnerships are becoming more popular, community capacity building is being advanced as a way to facilitate rural development, although the substance and outcomes of these processes have not been clearly articulated. This article explores various dimensions of capacity building within the RCIP Project that took place in the Province of Nova Scotia, Canada, with the intent of providing a preliminary framework for the analysis of capacity building in collaborative initiatives related to rural health and sustainability.

2.0 Background to the Rural Communities Impacting Policy (RCIP) Project

Rural and small town residents make up 37%–50% of the population of Nova Scotia, compared to the whole of Canada, where approximately 20% of the total population lives in rural areas (Agriculture and Agri-Food Canada, 2002; Canadian Rural Partnership, 2005). Rural and small town Nova Scotians fare poorly when compared to their urban counterparts with respect to economic prosperity, social

well-being, educational attainment, access to health care, and health status (Canadian Institute for Health Information, 2006; Canadian Rural Partnership, 2005). Rural living has been advanced as a "determinant" of health in Canada (Ministerial Advisory Council on Rural Health, 2002; Ryan-Nicholls & Racher, 2004), and collaborative approaches to community and economic development have been suggested as a means to support the health and sustainability of rural communities (Halseth, Manson, Lax, & Buttar, 2006; Reimer, 2006).

In 1997 the Coastal Communities Network (CCN) carried out consultations with rural communities throughout Nova Scotia, involving 550 participants, eight community case studies, 13 regional workshops, and a provincial conference (Coastal Communities Network, 1998). The goal of the consultations was to promote networking and cooperation on community economic development and to develop common policy positions reflecting the needs and interests of coastal and rural communities in the province. The impacts of public policy emerged as a major issue in the consultations, e.g., loss of infrastructure for primary industries; impact of the knowledge-based economy on rural communities; loss of rural infrastructure (e.g., schools, hospitals); and, out-migration of youth. Leaders in rural communities had many ideas for solutions to problems in their communities, but they needed research and data, as well as opportunities to collaborate with researchers and others, to support their agendas (Brisbin & Hunter, 2003; Mulroy, 2004; Wolff, 2001).

Following the CCN consultations, a partnership between CCN and the Atlantic Health Promotion Research Centre (AHPRC) was established to use research and capacity building approaches to allow rural communities and organizations in Nova Scotia to influence and develop policies relevant to the challenges being faced by their communities. CCN is a nonprofit, provincewide organization of 220 rural community organizations with a mission to encourage dialogue, share information, and develop strategies to promote the survival and development of rural communities in Nova Scotia (www.coastalcommunities.ns.ca). AHPRC is a multidisciplinary, intersectoral research centre based at Dalhousie University, with a mission to conduct and facilitate research that supports the development of policies and practices that contribute to health and well-being in Atlantic Canada (www.ahprc.dal.ca). Together, CCN and AHPRC developed a proposal for a five-year project that was funded in 2000 by the Social Sciences and Humanities Research Council of Canada's Community-University Research Alliances Program.

The goal of the RCIP Project was to increase the capacity of rural communities and organizations in Nova Scotia to access and use social science research to influence and develop policies relevant to the health and sustainability of rural communities. The RCIP Project was based on the premise that rural health and sustainability are influenced by a range of individual, social, community, cultural, and macroeconomic factors, which include public policy (Whitehead et al., 2004). In this article, the phrase "rural health and sustainability" is considered roughly synonymous with "rural development," and the terms are used interchangeably.

2.1 The Rural Policy Landscape

Within Canada's federal system, the Canadian Rural Partnership, coordinated by Agriculture and Agri-Food Canada's Rural Secretariat, is "the key policy framework" supporting federal rural policy (Canadian Rural Partnership, 2001).

The Rural Secretariat's activities are led by an interdepartmental working group at the federal level and by rural teams in all provinces and territories (Canadian Rural Partnership, 2004). In Nova Scotia, the rural team has four strategic directions: rural dialogue, rural community capacity building, rural policy, and community partnering and collaboration (Canadian Rural Partnership, 2003, 2005). The Canadian Rural Partnership has developed the Rural Lens (Canadian Rural Partnership, 2000), a form of "policy-proofing" whereby rural contexts are considered in the development of new policy (Bryden, 2000), but the application of the lens is not evident in publicly accessible documents. Similarly, "community capacity building" is one of 11 priority areas identified by the Canadian Rural Partnership and one of four strategic directions for the Nova Scotia Rural Team, but the concept is not clearly defined, nor are its expected outcomes delineated by the partnership.

Other national initiatives related to rural development have included the appointment of a special advisor to the president of the Canadian Institutes of Health Research (1999–2001; Lyons & Gardner, 2001), Health Canada's Office of Rural Health (1998–2000), and Rural and Remote Health Innovations Initiative (1999–2001), and the formation of the "arms-length" Ministerial Advisory Council on Rural Health in 2001 (Ministerial Advisory Council on Rural Health, 2002). These federal initiatives were generally short-lived (1–3 years duration), reflecting the absence of a long-term vision for the sustainability of rural communities in federal policy.

Canadian research institutes and centres have made important contributions to increased knowledge about rural economies and communities and to local and regional community development efforts (e.g., the Centre for Rural and Northern Health Research at Lakehead University and the Rural Development Institute at Brandon University). The Canadian Rural Health Research Society has now held seven annual research conferences. The National Rural Research Network (NRRN), a three-year project funded by the Rural Secretariat, brought together researchers and research users through mechanisms such as the 2005 Think Tank on Exploring Rural Immigration (Canadian Rural Revitalization Foundation, 2005). The NRRN is an initiative of the Canadian Rural Revitalization Foundation (CRRF), a private foundation dedicated to revitalizing rural Canada and building mutually beneficial rural/urban relationships (CRRF, 2007). CCRF's programs include the New Rural Economy, a program of comparative research that examines the influence of contextual factors on local development (Reimer, 2006). Research is a critical component of rural development, particularly in the current era of "evidence-based decision making."

The need for new approaches to rural development and policy has been recognized in Canada (Bryden, 2000; Halseth & Halseth, 2004), in the United States (Drabenstott, Novak, & Weiler, 2004), and in Europe (Organization for Economic Co-operation and Development, 2006). Some observers have identified an emerging "rural paradigm," which focuses on comprehensive approaches to rural development, rather than investments in single sectors or industries (Cotter, 2004; Drabenstott et al., 2004; Organization for Economic Co-operation and Development, 2006). Trends in rural policy in Canada are similar to trends in other Western nations, which identify local development and capacity building as integral aspects of the policy context (Bryden, 2000). Despite the prevalence of "capacity building" as a feature of rural development discourse in Canada (e.g.,

Agriculture and Agri-Food Canada, 2004a, 2004b; Nicholls, 2005), it is not clear whether the rhetoric has played out in terms of sustainable change, particularly in the absence of a supportive vision and long-term goals (Bryden, 2000; Shortall, 2004; Simpson, Wood, & Daws, 2003). The importance of capacity building in these efforts is "mainly based on the positive and expectant assumptions surrounding it" and not on evidence supporting its effectiveness (Harrow, 2001, p. 210).

Research on federal programs in the United Kingdom (Gustafsson & Driver, 2005) has shown that the rhetoric of participation has been used to support the creation of populations who participate in their own governance according to federal goals, rather than creating improved processes that respond in more democratic ways to identified needs of program participants. In Canada an overall vision for participation in rural development has yet to be articulated. This vision should include the relationships between rural and urban communities (Gillis, 2004; Olfert & Partridge, 2005) and the change processes needed to secure the future of rural communities (Bryden, 2000; Hoggart & Paniagua, 2001). Rural dwellers must not simply participate in their own governance but actively participate in addressing the on-the-ground problems of rural development.

3.0 Guiding Concepts: Rural Communities, Public Policy, Civic Engagement, and Capacity Building

Four key concepts were used to guide our analysis of capacity building in collaborative initiatives related to rural health and sustainability. Each is defined in this section, with particular attention paid to the concept of capacity building. The section concludes with a conceptual framework for the analysis of three levels of capacity building in the RCIP Project.

Definitions of a rural community or rural area have been deliberated by a variety of organizations and authors (Dukeshire, Guernsey, & Dramowicz, 2002; du Plessis, Beshiri, Bollman, & Clemenson, 2002; Heath & Szpilfogel, 2002; Ministerial Advisory Council on Rural Health, 2002; Pong, Pitblado, & Irvine, 2002). The RCIP Project adopted the broad definition outlined by Statistics Canada, which defines communities of 10,000 or fewer people as rural (duPlessis et al., 2002). Using this definition, as many as 75% of Nova Scotians live in rural communities or areas (RCIP Project, 2003), with national estimates for Nova Scotia more in the area of 37%–50% (Agriculture and Agri-Food Canada, 2002; Canadian Rural Partnership, 2005).

The nongeographic boundaries of rural communities are also distinguishable, yet fluid, as community members and organizations work with others outside their communities to improve community health and sustainability (Kulig, 2000). Hawe (1994) suggested four broad approaches to defining a community: (1) community as a population (focusing on demographics); (2) community as a setting (focusing on various characteristics of a community; (3) community as a social system (including how the community addresses its problems); and (4) community in a psychological sense (including shared ties among community members). Aspects of each of these approaches were evident to some extent in the RCIP Project; however, "community as a social system" fits best with the research and knowledge translation processes in which the project engaged. The project adopted a problem-focused approach and facilitated collaboration within communities, between communities, and between communities and others in universities,

colleges, and governments at multiple levels (i.e., municipal, provincial, and federal) to address policy-related impediments to rural development.

"*Public policy* [emphasis added] is the broad framework of ideas and values within which decisions are taken and action, or inaction, is pursued by governments in relation to some issue or problem" (Brooks, 1989, p. 14). Public policies reflect values (Bowen & Zwi, 2005; Riches, 2002; Sanders, Labonte, Baum, & Chopra, 2004) and indicate the relative value that organizations and governments place on the various dimensions of economic and social development. In Canada, the *Social Union Framework Agreement* (1996) was an early moment in the movement toward increased public participation in federal policy processes, as evidenced by the subsequent development of new models and methods for public participation (e.g., Canadian Policy Research Networks, 2006a & 2006b; Rural Secretariat, 2004). New methods have increased the numbers of citizens participating in public dialogue, but these methods have also been criticized for managing public input and giving credibility to predetermined policy choices (Connelly, 2005; Cooke & Kothari, 2001; Kuruvilla, 2005). The movement toward civic engagement in policy processes has occurred concurrently with trends toward devolution and decentralization of federal programs in Canada and elsewhere (Alston, 2002; Felt, Rowe, & Curlew, 2004; Smith, Baugh Littlejohns, & Thompson, 2001).

New methods for public participation reflect the "growing appetite" for *civic engagement* in public policy making in Canada and internationally (Canadian Policy Research Networks, 2006c). Civic engagement emerges out of civil society, which is constituted by organizations and institutions, often volunteer based, which lie outside of the private and public sectors (Alston, 2002; Van der Plaat & Barrett, 2006). "Civil society lacks the coercive or regulatory power of the state and the economic power of the market, but provides the social power or influence of ordinary people" (World Health Organization, 2001, p. 3). Building capacity to develop evidence and engage in public processes contributes to "the broader social goal of creating a public able to engage in collective social action and political life, and the idea of active citizenship" (Smith et al., 2001, p. 37).

Civil society organizations often draw on external resources (e.g., government, foundations, research agencies) to build on the existing strengths, resources, and problem-solving abilities in communities (Crisp, Swerissen, & Duckett, 2000; Joffres et al., 2004b; Naylor, Wharf-Higgins, Blair, Green, & O'Connor, 2002; Poole, 1997; Rapkin et al., 2006). Using research funds to help address community problems is a form of addressing power and resource inequalities between partners in community-university partnerships (Chopyak & Levesque, 2002; Suarez-Balcazar et al., 2005) and in community-based participatory research (Minkler, 2004). Civil society organizations use research for advocacy purposes, and research collaborations help forge links between and within sectors, an important strategy for influencing policy (El Ansari, 2005; Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Nathan, Rotem, & Ritchie, 2002; Szeter & Woolcock, 2004).

The concept of *capacity building* is widely used in a variety of fields, but there is no consensus on its theoretical meaning or its application (Chaskin, 2001; Chaskin, Brown, Vankatesh, & Vidal, 2001; Harrow, 2001; Potter & Brough, 2004). The concept of "community capacity building" has been popularized in the health promotion and community development fields (e.g., Crisp et al., 2000; Laverack & Wallerstein, 2001; Smith et al., 2001), as well as in public health (e.g., Hawe,

2000; Potter & Brough, 2004; Raczynski et al., 2001). There are many challenges to the conceptualization and measurement of capacity building (Bowen, Martin, Mancini, & Nelson, 2000; Easterling, Gallager, Drisko, & Johnson, 1998; Labonte & Laverack, 2001b; NSW Health Department, 1999; Ritcher, Nathan, & Mehaffey, 2000), but it is still seen as having potential to contribute to thinking about, and acting on, the challenges of rural and community development (Bowen et al., 2000; Hartley, 2005; Hawe, 2000).

Three levels of capacity building are typically described in the health promotion and public health literature—individual, organizational, and community (Williams & the Nova Scotia Provincial Steering Committee, 2005). At the *individual* level, acquiring knowledge and developing skills for collaboration and leadership have been identified as outcomes of capacity building initiatives (Aspen Institute, 1996; Joffres et al., 2004a; Labonte & Laverack, 2001a; Ritcher et al., 2000; Rural Development Institute, 2005). Individual knowledge about local problems, and about policy processes, is needed to promote change at the level of systems (Dodd & Boyd, 2000; Hartley, 2005; Johnson, 2004; Nathan et al., 2002). Increased individual capacity often contributes to increased *organizational* capacity, when organizations gain better resourced and more confident employees and volunteers (El Ansari, 2005; Labonte & Laverack, 2001a; Yeatman & Nove, 2002). In health promotion programs, organizations are viewed as critical to community mobilization (Crisp et al., 2000; Hawe, Noort, King, & Jordens, 1997; Joffres et al., 2004a, 2004b) and to creating links both internal and external to communities (Laverack & Wallerstein, 2001; Ritcher et al., 2000; Smith et al., 2001).

Community capacity building initiatives typically focus on engaging a wide range of stakeholders in developing program goals, improving resource utilization, strengthening linkages between organizations, and building on a community history of collective action (Aspen Institute, 1996; Chaskin, 2001; Foster-Fishman et al., 2001; Joffres et al., 2004a; Labonte & Laverack, 2001a; NSW Health Department, 1999; Poole, 1997; Ritcher et al., 2000; Smith et al., 2001). Collaboration is widely recognized as a key factor in community capacity building initiatives (El Ansari, 2005; Foster-Fishman et al., 2001; Goodman et al., 1998; Gordon & Brown, 2005; Raeburn et al., 2006; NSW Health Department, 1999; Ontario Prevention Clearinghouse, 2002).

A further dimension of capacity building emerges in community coalitions through collaboration, as *relational capacity* is created—both between the stakeholders within the coalition, and between the coalition and stakeholders external to it (Foster-Fishman et al., 2001; Labonte & Laverack, 2001a). Effective work processes (Crisp et al., 2000; Foster-Fishman et al., 2001; Giachello et al., 2003; NSW Health Department, 1999) and continuous learning are attributes of collaboration that help strengthen relational capacity (Foster-Fishman et al., 2001; Joffres et al., 2004b; Laverack, 2005).

The idea of relationship building and collaboration has been explored in detail in the literature on social capital. Putnam was the first to popularize this term, which he defined as "social networks and the trust and reciprocity that arise from them" (Putnam, 2000, p. 19). A related concept is "social cohesion," which tends to focus more exclusively on economic performance within community development. While social capital and social cohesion have certain linkages, the literature suggests that they are not necessarily interchangeable. Part of the reason for this may lie in the plethora of definitions extant for both concepts. Beauvais & Jenson

(2002) stress that where one chooses to begin to look for a definition has immediate consequences for the lens through which one examines the concept and resulting policy. While social capital is a useful concept, the dimensions of power and resource sharing are ignored in most analyses based on the concept (Hawe & Shiell, 2000; Minkler & Wallerstein, 2006). Linking the concept of social capital to others such as capacity building could provide a "broader, cross-disciplinary history" (Hawe & Shiell, 2000, p. 872) and increase its applicability.

The application of capacity building as a measure of community and social development has been hampered by the complexity of defining and operationalizing the concept (Ebbesen, Heath, Naylor, & Anderson, 2004; Hawe et al., 1997; Labonte & Laverack, 2001b). Limited empirical research has emerged to date (Bowen et al., 2000; Hawe et al., 1997; Jackson, Cleverly, Poland, Burman, & Robertson, 2003; Potter & Brough, 2004; Raeburn et al., 2006), with most efforts focusing on conceptual development and field testing (Labonte & Laverack, 2001b; Johnson, 2004; NSW Health Department, 1999; Smith et al., 2001). An enduring challenge to measuring capacity building is that most health promotion and community development initiatives are short term, and major changes are not likely to be observed in their relatively short duration (Harrow, 2001). Other challenges include the invisibility of processes premised on shared ownership (Hawe, King, Noort, Gifford, & Lloyd, 1998; Joffres et al., 2004b) and the dynamic contexts of capacity building initiatives (Ebbeson et al., 2004).

3.1 Building Collaborative Capacity for Rural Development

Foster-Fishman et al. (2001) define *collaborative capacity* as "the conditions needed for coalitions to promote effective collaboration and build sustainable community change" (Foster-Fishman et al., 2001, p. 242). Their framework for examining collaborative capacity in community coalitions includes relational dimensions both internal and external to coalitions. The Canadian Heart Health Projects in Saskatchewan, Nova Scotia, and Ontario revealed that both internal factors (e.g., organizational) and external factors (e.g., systems, collaborations) influenced the level of success in heart health initiatives (Ebbesen et al., 2004; Joffres et al., 2004a, 2004b; Riley, Taylor, & Elliott, 2001). The projects used capacity building and partnership development as integral aspects of promoting heart health in these provinces (Ebbesen et al., 2004; McLean, Feather, & Butler-Jones, 2005; Riley et al., 2001).

"Communities collaborating together in community development processes can increase their capacity to improve quality of life, better manage change and sustain long-term well-being" (Rural Development Institute, 2006, p. 1). The Community Collaboration Project in Manitoba, Canada, developed tools and resources to provide opportunities for new forms of collaboration in rural and northern communities in Manitoba and Nunavut. Factors in the success of the regional round tables convened by the project included the commitment of participants and stakeholders, the emergence of leaders, and increased capacity within communities to identify and address community health issues, and building and maintaining trusting relationships between communities and governments (Rural Development Institute, 2006).

Foster-Fishman et al. (2001) identified four levels of collaborative capacity in community coalitions: member capacity, relational capacity (both internal and external to the coalition), organizational capacity, and program capacity. These

levels are highly interdependent and influenced by larger community and sociopolitical contexts (Chaskin, 2001; Foster-Fishman et al., 2001; Jackson et al., 2003). Our analysis of collaborative capacity in the RCIP Project was based on the idea that collaborative capacity "represents the emergent properties that develop in the context of interaction" (Bowen et al., 2000, p. 8) between group members, organizations, and systems. Theoretically, the analysis is grounded in a political economy perspective that sees the allocation of scarce resources for rural development as a function of power embedded in the "interaction of political, economic, and socio-cultural factors" (Minkler, 2006, p. 7). Methodologically, the analysis is grounded in a constructivist approach that seeks to illuminate the *what* and the *how* of capacity building in the RCIP Project (Labonte & Robertson, 1996).

4.0 Methods

The literature search spanned four databases: PubMed, Web of Science (Social Sciences Citation Index and Arts & Humanities Citation Index), Canadian Research Index (in ProQuest), and Google Scholar. The PubMed search ("public health" OR "health promotion" AND "capacity building" OR "building capacity" AND community) yielded 143 results, 9 of which were deemed relevant. When searching the Social Sciences Citation Index and Arts & Humanities Citation Index ("capacity building" AND "community," limited to English articles and reviews after 1996), 192 results were generated, 10 of them relevant. The search of the Canadian Research Index ("capacity building" AND "community") produced 57 results, 5 of which were relevant. Google Scholar ("capacity building" AND "community" AND "public health" OR "health promotion") bore 15,200 results. For this search, the first ten pages (100 hits) were surveyed and 22 hits were relevant. Articles were considered relevant if they described studies conducted after 1996 that involved rural communities or organizations working with health professionals and practitioners or researchers in the areas of health promotion or public health (research, education, training, or knowledge sharing) in Canada, the United States, Australia, Europe, or New Zealand.

At the conclusion of the RCIP Project, an external evaluation was conducted. Three primary methods of inquiry were utilized: focus groups, a web survey, and a review of project documentation. The latter included process evaluations conducted over the five years of the project (i.e., during the Research Internship Program and community training workshops). Forty-seven people (78.3% of potential participants) participated in six focus groups (held with the Management Committee, four working groups, and the CCN board of directors). The web survey was carried out by *iSurvey Canada* and was sent to all individuals who participated in any aspect of the project. The response rate for the web survey was 27.6%. Informed consent was sought and received from evaluation participants, following the institutional requirements of the university partner. Participants in the evaluation were informed about the challenges to maintaining anonymity when conducting research in rural communities, particularly in very small communities, and when using group processes such as focus groups (Cutcliffe & Ramcharan, 2002; Robinson et al., 2005). The main areas of inquiry for the RCIP evaluation were the effectiveness of RCIP activities, lessons learned, and impacts on policies affecting rural communities. Following an overview of the organizational structure of the project and a description of the limitations of the analysis, the capacity building outcomes of the RCIP Project are presented in the subsequent sections.

4.1 Organizational Structure of the RCIP Project

The organizational structure of the RCIP Project consisted of the Management Committee (with 2 members from each of the two key partner organizations) and three working groups with diverse membership of 8 to 12 members, who formulated and led the achievement of specific project objectives. The (university and community) codirectors, Management Committee, and working group co-chairs provided overall leadership for the project and guidance for project staff and students. The partners signed a *Collaborative Partnership Agreement*, which outlined a set of general principles that guided the development of the project structure and initiatives.

Three working groups were organized according to project objectives: Rural Indicators, Rural Policy, and Rural Training. Reflecting the evolutionary nature of the collaboration, the Rural Training Working Group evolved into two groups over time (Student Training and Community Training) and the Rural Indicators Working Group evolved into the Community Data Working Group, which focused on the integration of economic, social, and health indicators at the level of Nova Scotia communities, rather than at the level of the province. The Policy Working Group maintained its title over five years while engaging in a variety of policy initiatives. All working groups were composed of representatives from community organizations, university and college researchers from Nova Scotia and other institutions across Canada, students, and government representatives, with lesser representation from the private sector. A total of 49 different organizations were involved in the working groups, including economic development agencies, universities and community colleges, women's groups, libraries, community development organizations, and others, with 13 organizations involved in more than one group.

A project coordinator was responsible for day-to-day operations and supervision of project staff (including research assistants, community trainers, research interns, and an evaluation consultant), under the guidance of the Management Committee. Over five years, two project coordinators, 15 research assistants, 13 research interns, six community trainers, and two administrative assistants were employed by the project.

5.0 Limitations of the Analysis

The application of a conceptual framework to the evaluation of the RCIP Project presents at least four limitations for the results of the analysis. First, capacity-building activities and outcomes were just one aspect of the external evaluation of the RCIP Project and the framework for analysis of capacity building was developed after the evaluation; therefore, data on the indicators in the framework were not specifically collected. Second, one of the data collection methods, the online survey, had a fairly low response rate, although others (e.g., focus groups) had very good response rates. Third, the RCIP Project built on *existing* individual, organizational, and collaborative capacities, which were not measured at the outset of the project in order to document new and strengthened capacities resulting specifically from the project. Fourth, the analysis focused mainly on capacity building in the community partner organization and its member organizations. A greater focus on capacity building in the university research centre and among government collaborators in future research would shed more light on the "mutual

benefits" that accrue as a result of multisectoral partnerships (Bowen, Martens, & The Need to Know Team, 2005; Savan & Sider, 2003; Suarez-Balcazar et al., 2005).

6.0 Analysis of Capacity Building in the RCIP Project

The levels and dimensions of capacity building for civic engagement in rural development depicted in Figure 1 provided the framework for analysis of capacity building in the RCIP Project.[2] The arrows in the framework emphasize the interdependence of the levels of capacity building, including the sociopolitical contexts in which rural development takes place.

Figure 1: Building Capacity for Civic Engagement in Rural Development
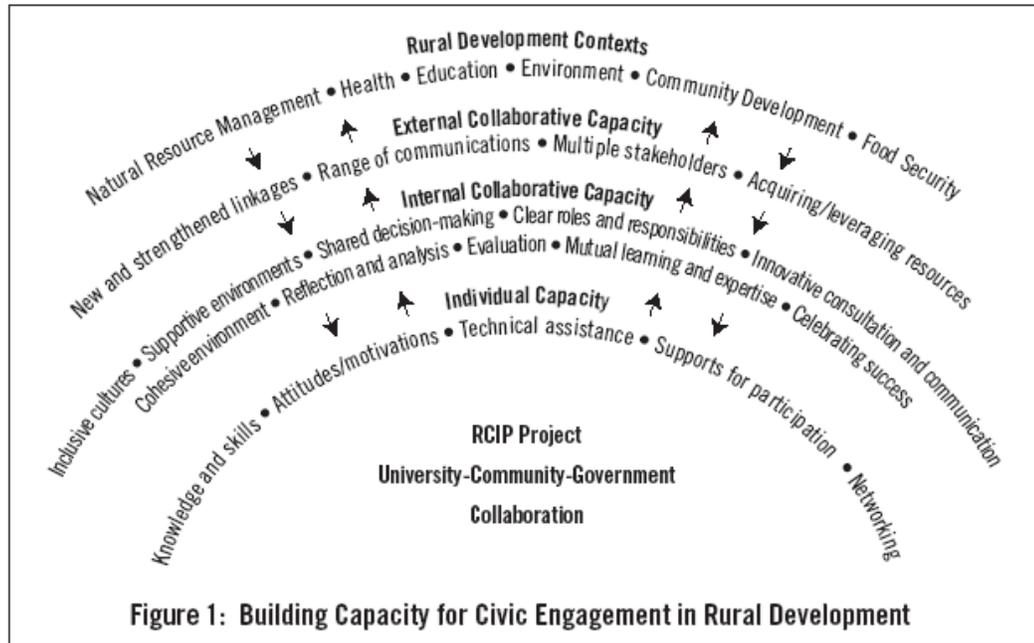
Recognizing that capacity building is a complex and dynamic process, two broad questions guided the analysis: What kinds of capacities were built in the RCIP Project? How was capacity built? Quotations from the evaluation are included to illustrate points in the narrative.

6.1 Individual Capacity

Knowledge and skills. Individual capacities for research and civic engagement are needed to participate in policy change processes (Dodd & Boyd, 2000; Johnson, 2004; Nathan et al., 2002). To promote rural development, people need knowledge about conducting and using research, and about policy change processes. Respondents in the RCIP evaluation increased their knowledge and awareness

related to the role and development of public policy, and the role of research in these processes, as a result of the project. The project provided a venue for communities to discuss policy issues and to make their discussions more evidence-based.

> The RCIP Project brought fishermen, academics, and government together to discuss the meaning of statistical information. Now, the fishermen feel more comfortable to argue and debate about statistics and indicators. Prior to the RCIP Project, the comfort level wasn't there. (Focus group participant)

Early in the project, the Policy Working Group produced three discussion papers on research, policy, and the relationships between them. These and other resources were made available on the project website (www.ruralnovascotia.ca), including a Rural Tackle Box of tools and resources for research, dialogue, and action on policy issues. The website was regularly visited by Nova Scotians, as well as Canadians from all provinces, and by others from a dozen countries around the world, averaging 11,364 hits per month between September 2006 and January 2007. At the conclusion of the project, the Rural Tackle Box was integrated into CCN's Rural Gateway (www.coastalcommunities.ns.ca/), described as "tips and tools on how to influence policy."

Web survey participants reported using the website to understand, develop, and influence policy. For example, website resources were used to support the development of the Nova Scotia Community Development Policy, to prepare ministerial and senior manager briefing materials, to educate community-based organizations and individuals about policy and their ability to impact policy, and "to better understand how policy is made and what the steps are to changing it—hard information that is otherwise difficult to obtain" (a Web survey respondent).

In the rural policy forums, many participants gained a more comprehensive understanding of the policy issues affecting their communities and new information about strategies for addressing these issues. The community training workshops helped rural community members to "break down the barriers" related to research and its use in policy processes. Participants gained confidence to offer their insights and contributions in meetings and public consultations, and carried what they learned in the workshops to others in their organizations and communities.

> [The community training workshops] increased civic awareness and understanding by teaching community groups and NGOs how to use research to affect policy change. It created a demystification of research and policy for groups and empowered them and increased their ownership of these ideas. (Web survey respondent)

In the community training workshops and rural policy forums, many participants learned the importance of 'doing their homework' before meeting with policy decision makers, of being in regular communication with key decision makers, of understanding steps that can be taken to influence policy, and of "combining community knowledge with research." The RCIP Project helped to change the climate for policy development in Nova Scotia through community engagement

and networking. One focus group participant noted, "Now the approach is to consult communities to create policies, rather than to simply approve a policy."

Attitudes/motivations. Positive attitudes toward collaboration and a strong commitment to a common goal are needed to support change processes (Dodd & Boyd, 2000; Foster-Fishman et al., 2001). The RCIP Project evaluation indicated that all partners in the project valued the organizational structure of a partnership between a university research centre and a community-based organization with equal representation and voice. Respondents acknowledged that it takes time to build a respectful and effective working relationship in which both partners feel a sense of ownership. The participatory approaches used in the project and the Research Internship Program helped ensure that the research was directly related to issues identified in communities, thus increasing community ownership of the project processes and outcomes.

Technical assistance, supports for participation and networking. Strategies for accessing the capacities existing within coalitions and partnerships include increasing attitudes and motivation toward collaboration, providing technical assistance, supporting participation in training activities, and providing opportunities for networking (Green et al., 1995; Foster-Fishman et al., 2004; Johnson, 2004; Minkler, Thompson, Bell, & Rose, 2001). Mechanisms for accessing individual capacity in the RCIP Project included: community training workshops; a student research internship program; development of community data systems; and the provision of opportunities for participation and networking.

Community training workshops were implemented by the project as the result of a need identified by rural organizations in Nova Scotia. An adult educator was contracted to design and field test materials for training community members in research and policy processes. The resultant workshop modules were organized under the title *Doing our Homework: Social Science as a Tool for Policy Change*. The workshops were based on the idea that rural community organizations must understand public policy processes and collect and/or develop evidence in order to influence the policies that affect their communities. Five community trainers employed by the project delivered 150 workshops to more than 1,800 people across Nova Scotia between September 2003 and November 2005. The workshop modules were flexible and the content of the workshops easily customized to meet the needs and schedules of the busy people involved in rural organizations. Workshops were held with a broad range of groups and organizations, including fishermen's organizations, women's groups, community development organizations, environmental organizations, and many others.

The Research Internship Program provided technical assistance and training to undergraduate and graduate students. The students participated in a training program on research methods and ethics, policy change processes, and group facilitation and were introduced to resources and tools related to healthy and sustainable communities. By linking the internship program to the outcomes of the rural policy forums, the RCIP Project provided technical assistance and training that responded to issues identified by community stakeholders involved in rural development and policy.

Project funds (e.g., a student intern position) were allocated to the development of Nova Scotia Community Counts, a provincial database created by the Nova Scotia Department of Finance (www.gov.ns.ca/finance/communitycounts), modeled on a

system developed by the Newfoundland and Labrador Statistics Agency (www.communityaccounts.ca). The RCIP Project provided ongoing support for the system by highlighting it at the annual rural policy forums and community training workshops and by providing input on the development of health and other indicators. A related project was designed by CCN and funded by Nova Scotia Economic Development (2008) to provide training to support the utilization of Community Counts as a planning tool for community organizations.

The RCIP Project supported engagement in the working groups and the Management Committee by providing travel and accommodations to attend meetings, employing research assistants and interns, and employing community trainers to conduct workshops across the province. Project funds were allocated to CCN to offset, to some degree, the substantial staff time required for CCN's participation in the project. Supports were provided to the community organizations that hosted community training workshops (e.g., transportation and refreshments). Supports were also provided to the community organizations that hosted research projects in the internship program (e.g., to attend a partnership session at the outset of the program each year and to attend meetings).

The RCIP Project directly contributed to networking among policy stakeholders (e.g., policy makers, researchers, community groups) in Nova Scotia and supported the integration of policy efforts, for example, the development of Community Counts and the 2006 Community Development Policy spearheaded by Nova Scotia Economic Development (2004). The value of the various networking opportunities provided by the project was consistently noted by participants in both internal and external evaluations. Many participants in the community workshops were highly positive about the opportunities to link with like-minded organizations, to learn from others, and to combine efforts to influence public policy.

6.2 Internal Collaborative Capacity

Building capacity for collaboration within the RCIP Project occurred through several interrelated processes: creation of inclusive cultures and supportive environments; shared decision making; definition of clear member and staff roles; use of innovative forms of communication and consultation; provision of opportunities for reflection and analysis; seeking and responding to feedback and evaluation data; developing a learning community and related expertise; and celebrating success.

Inclusive cultures and supportive environments. The working groups brought together university, community, and government stakeholders and provided them with opportunities to work on issues of common interest. Community perspectives were considered and community trust built within the working groups. One participant said, "As a community person, I felt welcome and included. I am always pleased when a meeting ends with an action plan."

A bottom-up approach was taken by the project to identify research questions to be addressed in the Research Internship Program. In the first year of the project, questions were chosen on the basis of an application process leading to the selection of community organizations as sponsors for the internships. In subsequent years, research topics were selected as a result of discussions at the annual rural policy forums.

Several respondents in the evaluation noted that there was a lack of formal recognition of the contribution of volunteers to the project, reminding university and government partners that while their participation is generally supported by their institutions and departments, community members are often participating on a voluntary basis.

Shared decision making. Within community-university partnerships, research and knowledge translation topics and approaches are negotiated on a continuous basis, and shared decision making is a critical factor in these processes (Green et al., 1995; Minkler, 2004; Suarez-Balcazar et al., 2005). Shared decision making was fostered in the RCIP Project through the development and implementation of a Collaborative Partnership Agreement setting out the values and principles guiding the collaboration and defining the partnership. Respondents in the evaluation described the project as "building an equitable relationship between university and community partners," with research, training, and knowledge translation agendas "jointly defined" by the partners. The position of chair in meetings of the Management Committee was alternated between the codirectors, and the working groups were chaired by both community and university representatives. Activities undertaken by the project were based on agreement within the working groups and the Management Committee. Over the life of the project, collective planning for the upcoming year was built into the program at the annual rural policy forums.

Clear roles and responsibilities. The working group structure was designed to allow the working groups to work together on complementary but discrete activities that contributed to the overall project goals. Terms of reference were established for each group, which included the specific goals of the working group, the roles of various members (e.g., the chair), and the frequency of meetings. When the project started, a structural error—the assignment of an academic chair to each working group—was identified by the community partner. The working groups were then reconfigured with co-chairs representing both community and university partners. Job descriptions were developed for RCIP Project staff and periodically revisited by the Management Committee to reflect the shifting priorities of the project. Project staff played an integral role in the success of the project.

Innovative consultation and communication. The RCIP Project supported as much face-to-face interaction as resources would allow, reflecting the importance of this communication method in building relationships and sharing knowledge (Romanow & Bruce, 2006). Working groups and forums were the key mechanisms for consultation in the project. Communication was facilitated by the use of a range of types of communications.

Two years after the initiation of the RCIP project, the partners released *Painting the Landscape of Rural Nova Scotia (The Rural Report)* (RCIP Project, 2003), which synthesized data from a variety of sources at national, provincial, regional, and county levels. The report contains five sections (Demographics, Economy, Education, Environment, and Health) and concludes with discussion questions to promote reflection and analysis on these aspects of life in rural Nova Scotia. The *Report* was released in November 2003 in print form, on CD-ROM, and as an online database. Evaluation responses indicated that the *Rural Report* was used by researchers, rural community members and organizations, and government departments to (a) develop community health plans and business plans; (b) demonstrate both needs and assets in the province; (c) prepare provincial profiles

and briefing materials for ministers and senior managers in municipal, provincial, and federal governments; (d) provide background information for funding proposals; (e) inform the development of public transportation policies and programs; and (f) seek funding to support rural organizations and development initiatives.

The RCIP Project website was a primary communication vehicle for the project. Regular project updates were posted on the website, as well as minutes from the working group meetings and proceedings from events hosted by the project (e.g., Partner Day in the Research Internship Program, the Community Data Forum) as a means of keeping partners and interested parties up to date on project activities.

A Community Data Forum was convened by the RCIP Project in November 2004 to bring together data providers and data users to exchange information and strategies related to data accessibility, integration, and use. Forum participants discussed the types of data needed by community organizations, ways of improving data access for communities, and approaches for integrating and linking data sources. In the brief survey that was used to evaluate the forum, participants indicated it was an effective vehicle for supporting community organizations to use research and other types of data in their policy change efforts.

A Community Training Roundtable was organized to bring together organizations that were providing training opportunities in rural communities in Nova Scotia (e.g., colleges, offices of regional and economic development, nonprofit organizations, and provincial libraries). The goal of the roundtable was to explore opportunities to integrate training efforts for the benefit of rural residents and organizations. The report from the roundtable was widely distributed and translated into French (with funding from the Canadian Volunteerism Initiative) for use in Francophone communities in the province.

In the last two years of the RCIP Project (2004 and 2005) rural policy forums brought together approximately 100 people annually from communities, universities, colleges, and governments who worked at various levels on issues affecting rural communities. National policy leaders in rural health (e.g., federal ministers) were invited speakers, and panels consisting of community, university, and government representatives were convened around specific policy areas. A position paper titled *The Rural Policy Challenge* was commissioned by the RCIP Policy Working Group to set the policy context for the 2005 Rural Policy Forum (RCIP Project, 2005). Activities such as "talking circles" were used to facilitate broad participation. Topics for policy change workshops at the forums included: the social and economic impacts of wharves and harbours on coastal communities; coastal zone planning and management; recruitment and retention of health professionals; healthy and sustainable community development; fisheries licensing policies; food security; and issues and opportunities for agriculture in Nova Scotia.

The practice of rural policy forums was sustained beyond the life of the RCIP Project. The 2007 Rural Policy Forum was hosted by CCN, with sponsorship from the NS Office of Economic Development, the federal Rural Secretariat, the NS Department of Environment and Labour, the Rural Centre at the NS Agricultural College, the NS Department of Education, and the NS Office of Acadian Affairs. Clearly, this type of collaborative forum has been successful in bringing together multiple stakeholders to improve rural development efforts in Nova Scotia.

Cohesive environment. A broad vision for the collaboration was developed by the partners early in the project and subsequently formalized in a Collaborative Partnership Agreement. Withstanding some initial distrust and exasperation on the part of both community and university participants, trust and respect grew over time and contributed to the partners' capacity to work across the many diverse organizations involved. At the first annual general meeting (before the idea of rural policy forums came to fruition), rural community members were uncomfortable with the academic tone of the event (i.e., insufficient interaction and sharing the floor). The meeting format was consequently reconfigured on the second day to reflect a more interactive and inclusive approach. Subsequent meetings and gatherings were based on collaborative planning and incorporated a variety of approaches that better reflected a community orientation to dialogue and co-learning. Responses in the evaluation indicated that some CCN members had changed their perceptions of working with universities—they were less naïve about negotiating with researchers and felt that a balance of power had been achieved in the RCIP Project (e.g., partners were sharing budgets, resources, and accomplishments).

Reflection and analysis. Taking time for reflection and analysis allows community coalitions to "critically assess the social, political, economic and other causes of inequalities" and plan strategically for action (Labonte & Laverack, 2001a, p. 120). Critical reflection helps strengthen the capacity for political advocacy (Nathan et al., 2002). Opportunities to reflect on problems and solutions to them were provided in the RCIP Project through the working groups, the community training workshops, the Community Data Forum, and the rural policy forums. One respondent reported on the evaluation: "The Working Group meetings provided good opportunities for thinking about issues—good grist for the mill." Another reported: "The activities [in the Community Training Workshop] took me out of my proverbial box and made me think."

Evaluation. Process evaluation was undertaken by the RCIP Project in relation to various programs and events, such as the Research Internship Program, community training workshops, and rural policy forums. Responses to written and verbal evaluation exercises were used to improve subsequent programs and events.

Mutual learning and expertise. Mutual learning occurred within the RCIP Project as collaborators participated in discussions, engaged as colleagues across formal and social boundaries, and developed expertise related to rural policy issues (Goodman et al., 1998; Green et al., 1995). Over time, the RCIP Project became known in a variety of circles (e.g., government, community) and was accepted as a player in rural policy change efforts. In 2005, the project was a finalist for the Award for Excellence in Collaboration at the provincial Celebrating Innovative Communities Conference, where CCN ultimately received the award. The RCIP Project partners were honoured at having been recognized and fully endorsed CCN's achievement.

Celebrating success. Foster-Fishman et al. (2006) have noted the importance of "small wins" in mobilizing community residents toward collective action. Similarly, "celebrating small successes" was identified as a key strategy used by coalitions and organizations seeking to influence policy related to food security in Canada (Nova Scotia Nutrition Council & Atlantic Health Promotion Research Centre, 2003). In the RCIP Project, progress in reaching project objectives was regularly acknowledged at meetings of the working groups and Management

Committee, as well as at the rural policy forums. Formal celebration of the project's success took place at the release of the *Rural Report* (formal media launch), through the presentation of certificates of accomplishment to interns at the conclusion of the Research Internship Program, and through a celebration event held near the conclusion of the project. The latter celebrated both the accomplishments of the project and the collaboration itself.

6.3 External Collaborative Capacity

New and strengthened linkages. Establishing and strengthening linkages with a broad range of individuals and organizations helps to create social capital and a sense of connectedness (Easterling et al., 1998; Woolcock, 2001). In addition, the prospects for sustainability of program outcomes are increased through the creation and strengthening of linkages with various individuals and institutions (Hawe et al., 1997; Ritcher et al., 2000). At the initiation of the RCIP Project, CCN already had substantial linkages with community organizations, with relevant government departments, and with postsecondary institutions. Through the project, existing linkages were strengthened and new linkages formed as the project supported policy-oriented actions conceived and/or initiated by CCN and its member organizations. CCN worked more closely with provincial and regional government departments and agencies, and the membership of the organization grew by 35 to 40 new members in the northern region of the province alone during the project.

Project evaluation responses indicated that the rural policy forums provided an "excellent venue to build networks, partnerships, and momentum with like-minded groups and individuals." The forums increased cross-sector awareness of policy issues (e.g., fishermen and farmers recognized similar issues) and increased working relationships between communities. For example, in Kings Harbour on Nova Scotia's northwest shore, a community network for harbour management was formed after the 2004 Rural Policy Forum.

Range of communications. Communication, both formal and informal, is central to the success of capacity-building initiatives (Romanow & Bruce, 2006). The RCIP Project used a wide range of communication mechanisms, intended for a variety of audiences, in order to share information about public policies and their impacts, about the role of research in policy development, and about public policy processes. The RCIP Project website provided broad access to reports from the community-based research project conducted through the Research Internship Program, all major reports from the project, and quarterly updates. Presentations on various aspects of the project were made at 10 national conferences, 9 provincial conferences, 5 regional conferences and 1 international conference throughout the lifespan of the project. Many formal and informal presentations were made at provincial and municipal meetings and events to share the work of the project, and establish further linkages. Community newspapers were used as vehicles to share information about the research conducted through the Research Internship Program; *CCNews* regularly updated readers on the project; and the Community Training Program materials were well distributed across the province.

Multiple stakeholders. The rural policy forums and community training workshops were particularly successful in engaging stakeholders from a broad range of groups and organizations concerned with rural development. Stakeholders attending the Rural Policy Forums included people from a wide range of organizations interested in rural health and sustainability—economic development, agriculture, harbour

authorities, environment, family resource centres, municipalities, public health, law enforcement, youth, fisheries, voluntary planning, universities, colleges, chambers of commerce, conservation societies, tourism, and others. Participants in the community training workshops included health-related organizations (e.g., addictions, public health, school health), women's organizations, primary sector organizations (fisheries, forestry), economic development associations, seniors organizations, literacy organizations, and other voluntary organizations. Development and implementation of the community training workshops also helped to establish a positive partnership with the public libraries in the province, where federally established Community Access Program (CAP) sites provide Internet access in rural communities.

Acquiring/leveraging resources. The ability to acquire and leverage resources is commonly identified as an indicator in organizational and community capacity-building initiatives (Chaskin et al., 2001; Labonte, Woodard, Chad, & Laverack, 2002). All resources required or leveraged by the RCIP Project are too numerous to mention, although all made important contributions to the broad goals of rural development in the province. Substantial new resources included funding from (a) the Atlantic Canada Opportunities Agency to research the critical roles wharves play in sustaining social and economic livelihoods in coastal communities (Coastal Communities Network, 2004); (b) Health Canada's Population Health Fund (two projects) to support women's economic development and to hire a "policy entrepreneur" to work on two issues highlighted at the 2004 Rural Policy Forum (comanagement of harbours and wharves, and the recruitment and retention of health professionals in rural communities); and (c) the Canadian Volunteerism Initiative to research the issue of volunteer burnout in harbour authorities (an issue raised at the 2004 Rural Policy Forum and subsequently researched through the Research Internship Program, resulting in the establishment of the Kings Harbours Community Network). Despite considerable effort, funds were not acquired to sustain the RCIP Project by the end of the five-year funding term. However, the project helped move forward on some policy fronts and the momentum created by the project has been carried on by CCN and other RCIP Project collaborators in a variety of initiatives.

7.0 Collaborative Processes, Tools/Products and Outcomes in the RCIP Project

The RCIP Project was strongly oriented toward creating processes, tools, and outcomes that were useful to rural community organizations (Gordon & Brown, 2005; Jackson et al., 2003). The collaborative processes, tools/products, and outcomes of the RCIP Project are summarized in Table 1. For ease of presentation, the outcomes are presented as specific to each of the project working groups. In reality, each of the working groups contributed to the overall outcomes of the project.

As depicted in Table 1, collaborative processes include new work processes and programs that were established by the RCIP Project to achieve project goals. Working groups and the activities undertaken by them were the primary mechanisms for collaboration in the project. The tools/products developed through the working groups supported the realization of project outcomes in the three broad areas of focus identified by the Community-University Research Alliance Program through which the project was funded: research, student training, and knowledge

Table 1. *Collaborative Processes, Tools/Products, and Outcomes in the RCIP Project*

Collaborative Processes	Tools/Products	Outcomes
Management Committee ▪ Communication ▪ Coordination ▪ Evaluation ▪ Celebration	Collaborative Partnership Agreement Displays, publications, presentations Final Evaluation Report	Development of a broad multisectoral alliance for research and knowledge exchange Evaluation of processes to support rural policy development Award Nomination for Excellence in Collaboration
Rural Policy Working Group ▪ Rural Policy Forums	RCIP website and Rural Tackle Box "The Rural Policy Challenge" (Policy Backgrounder)	Integration of the Rural Tackle Box into CCN's "Rural Gateway" www.coastalcommunities.ns.ca/ Increased knowledge and linkages, e.g., 100+ people attending annual rural policy forums Creation/augmentation of policy initiatives at local, provincial and national levels
Rural Indicators Working Group ▪ Community Data Forum ▪ Community Learning Roundtable	Painting the Landscape of Rural Nova Scotia (The Rural Report) Reports from Data Forum and Learning Roundtable	Contribution to data development initiatives (e.g., Nova Scotia Community Counts) Partnership development for future community learning initiatives
Community Training Working Group ▪ Community Training Workshops	"Doing Our Homework: Social Science as a Tool for Policy Change"	Increased skills and knowledge through 150 workshops with 1,800+ people over two years Increased intercommunity and intersectoral linkages through networking
Student Training Working Group ▪ Research Internship Program	13 research reports on community-identified policy issues "Guidebook for Successful Internships"	Participation of 15 research assistants and 13 research Interns in rural research and development Curriculum development for rural research

sharing. As well, the project included a fourth area of focus related to community training on research and civic engagement in policy processes. These areas were linked through the Management Committee, working groups, rural policy forums

and the research internship program. Outcomes included new and strengthened intersectoral linkages, development of tools and resources for research training and influencing policy, increased knowledge and skills for collaborative research and reflection, data development, and training of students and community members on using research to influence public policy.

Policy outcomes were realized in the areas of harbour management, recruitment and retention of health professionals, and community development. The capacity-building outcomes in the RCIP Project are consistent with intermediate outcomes identified in other community-university partnerships, including partnership development, the generation of research and data, increased intersectoral action, and establishing the foundation for future collaboration or action (Green & Mercer, 2001; Koelen, Vaandrager, & Colomer, 2001; Minkler et al., 2001).

8.0 Discussion

The analysis of capacity-building outcomes in the RCIP Project provides ideas and indicators that could help to close the gap between the rhetoric and reality of rural development policy in Canada. Using a combination of methods involving community-based research, training, and policy change strategies, the project partners made progress on influencing policies that affect rural communities in Nova Scotia. Participants in the evaluation of the RCIP Project reported that the project was effective in supporting community groups' efforts to better understand research and policy processes, to use research and data to influence policy, and to impact specific policies related to rural health and sustainability (e.g., fisheries, coastal management, community development). The RCIP Project brought together both horizontal stakeholders (e.g., focusing on local needs and interests) and vertical stakeholders (focusing on specific sectors such as agriculture or fisheries) to collaborate on rural development issues. Strengthening linkages "across explicit, formal or institutional power or authority gradients in society" (Szeter & Woolcock, 2004, p. 654) can facilitate the kinds of change that cannot be achieved by any one sector alone.

Increased capacity to access, use, and influence social science research and policy was described in the project evaluation as a fundamental accomplishment with direct benefits for community organizations in rural Nova Scotia. Key factors in the success of the RCIP Project were the creation of a cohesive internal environment engendering trust, development and strengthening of linkages between the RCIP alliance and other stakeholders, provision of opportunities for critical analysis, and acquisition of external resources (Foster-Fishman et al., 2001; Green et al., 1995; Minkler & Wallerstein, 2006; Simpson et al., 2003). Frequent communication and direct support for community participation were critical to sharing ownership of project processes and outcomes. As well, keeping a focus on public policy within the project objectives helped to avoid "an ultimately inconsequential and disempowering localism" (Labonte & Laverack, 2001b, p. 137). Flexibility in approaches to research and collaboration was essential, often resulting in greater participation of a range of collaborators and application of research results (Gordon & Brown, 2005).

The analysis revealed the importance of including a broad range of collaborators that go beyond the boundaries of a community-university research alliance if changing public policy is a desired outcome of collaboration. Policy decision makers involved in the RCIP Project were integral to project planning and

outcomes, and relationships were strengthened between rural community organizations and policy actors through the project. Similarly, the Community Collaboration Project in Manitoba noted "building and maintaining relationship between communities and governments" as an indicator of project success (Rural Development Institute, 2006).

The RCIP Project helped to establish the conditions needed to promote health and sustainability in rural Nova Scotia through the development of evidence, tools and processes to promote learning, and action related to the use of research in public policy development. The knowledge about collaboration gained through the project can be combined with emerging knowledge relating to partnerships and coalitions (Labonte, 2006; Wandersman, Goodman, & Butterfoss, 2006), and to both quantitative and qualitative approaches to the evaluation of collaborative processes (Minkler & Wallerstein, 2006).

Fundamental changes are needed in how policies affecting rural communities are developed and implemented, including drawing knowledge and expertise from a wide range of stakeholders (Bryden, 2000). Collaborative capacity is an essential aspect of multisectoral approaches to rural development. The framework and analysis presented in this article could be used by federal and provincial agencies or other community-university partnerships that seek to improve citizen participation and increase individual, organizational, and collaborative capacity to support broad participation in rural development.

9.0 Acknowledgments

10.0 References

Agriculture and Agri-Food Canada. (2002, June). *Rural research note: Canadian rural population trends* (Agriculture and Agri-Food Canada Publication Number 2138/E). Ottawa: ON: Rural Research and Analysis Unit, Rural Secretariat, Agriculture and Agri-Food Canada.

Agriculture and Agri-Food Canada. (2004a). Conference report (Catalogue No. A114-11/2004). *Third National Rural Conference, Taking Action for Sustainable Rural Communities.* Retrieved April 17, 2007, from http://www.rural.gc.ca/conference/04/report_e.pdf

Agriculture and Agri-Food Canada. (2004b). Conference Workbook (Catalogue No. A114-3/2004E). *Third National Rural Conference, Taking Action for Sustainable Rural Communities.* Retrieved April 17, 2007, from http://rural.gc.ca/conference/04/workbook_e.pdf

Alston, M. (2002). From local to global: Making social policy more effective for rural community capacity building. *Australian Social Work, 55*(3), 214–226.

Aspen Institute/Rural Economic Policy Program. (1996). *Tools for practice: Measuring community capacity building—A workbook-in-progress for rural communities* (Version 3–96). Washington, DC: The Aspen Institute. Retrieved March 19, 2006, from http://www.aspeninstitute.org/atf/cf/%7BDEB6F227-659B-4EC8-8F84-8DF23CA704F5%7D/Measuring%20Community%20Capactiy%20Building.pdf

Atlantic Health Promotion Research Centre. (1999). *A study of resiliency in communities* (Cat. No. H39-470/199E). Ottawa, ON: Health Canada. Retrieved February 15, 2007, from http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/resiliency-enquete/index-eng.php

Beauvais, C., & Jenson, J. (2002). *Social cohesion: Updating the state of the research* (CPRN Discussion paper No. F|22). Ottawa, ON: Canadian Policy Research Networks.

Binkley, M. (1996). Nova Scotia fishing families coping with the fisheries crisis. *Anthropologica*, *2,* 197–218.

Binkley, M. (2000). "Getting by" in tough times: Coping with the fisheries crisis. *Women's Studies International Forum, 12,* 323–332.

Bowen, G., Martin, J., Mancini, J., & Nelson, J. (2000). Community capacity: Antecedents and consequences. *Journal of Community Practice, 8*(2), 1–21.

Bowen, S., Martens, P., & The Need to Know Team. (2005). Demystifying knowledge translation: Learning from the community. *Journal of Health Services Research & Policy*, *10*(4), 203–211.

Bowen, S., & Zwi, A. B. (2005). Pathways to "evidence-informed" policy and practice: A framework for action. Retrieved Sept 13, 2005, from http://www.plosmedicine.org

Brisbin, R. A., & Hunter, S. (2003). Community leader's perceptions of university and college efforts to encourage civic engagement. *The Review of Higher Education, 26*(4), 467–486.

Brooks, S. (1989). *Public policy in Canada: An introduction.* Toronto, ON: McClelland and Stewart Inc.

Bryden, J. (2000). Is there a "new rural policy" in OECD countries?, In Issues affecting rural communities II. Proceedings from the International Conference [on] Rural Communities & Identities in the Global Millennium. Nanaimo, BC.

Buckeridge, D. L., Mason, R., Robertson, A., Frank, J., Glazier, R., Purdon, L., et al. (2002). Making health data maps: A case study of community/university collaboration. *Social Science & Medicine*, *55*(7), 1189–1206.

Canadian Institute for Health Information. (2006). *How healthy are rural Canadians? An assessment of their health status and health determinants* (Summary Report). Available at http://www.torc.on.ca/documents/Summary_ Report_How_Healthy_Are_Rural_Canadians_2006.pdf

Canadian Policy Research Networks. (2006a). *Fostering Canadians' role in public policy: A strategy for institutionalizing public involvement in policy* (Research Report P/07, Public Involvement Network). Ottawa, ON: L. Turnbull & P. Aucoin. Retrieved March 11, 2006, from http://www.cprn.org/documents/42670_en.pdf

Canadian Policy Research Networks. (2006b). *Assessing the impacts of public participation: Concepts, evidence and policy implications* (Research Report P/06, Public Involvement Network). Ottawa, ON: J. Abelson & F.-P. Gauvin. Retrieved March 11, 2006, from http://www.cprn.org/documents/42669_en.pdf

Canadian Policy Research Networks. (2006c). *A growing appetite for citizen engagement in Canada and abroad* (Public Involvement Network). Ottawa, ON: J. Watling. Retrieved December 15, 2006, from http://www.cprn.org/en/doc.cfm?doc=1591

Canadian Rural Partnership. (2000). *The rural lens.* Government of Canada. Retrieved March 17, 2006, from http://www.rural.gc.ca/lens_e.phtml

Canadian Rural Partnership. (2001). Responding to rural Canadians: Federal framework for action in rural Canada. Retrieved March 17, 2006, from http://www.rural.gc.ca/framework_e.phtml

Canadian Rural Partnership. (2003). Nova Scotia Rural Team Charter. Retrieved Jan 10, 2006, from http://www.rural.gc.ac/team/charter_e.phtml

Canadian Rural Partnership. (2004). Interdepartmental Working Group on Rural and Regional Rural Teams. Retrieved March 24, 2006, from http://www.rural.gc.ca/commit_e.phtml

Canadian Rural Partnership. (2005). *Rural Nova Scotia profile: A ten-year census analysis (1991–2001)* (Catalogue No. AA114-13/8-2001E-PDF). Ottawa, ON: Government of Canada. Retrieved July 7, 2006, from http://www.rural.gc.ca/research/profile/ns_e.phtml

Canadian Rural Revitalization Foundation. (2005). *Exploring rural immigration at National Rural Think Tank 2005.* Retrieved September 1, 2006, from http://www.crrf.ca/NRRN/documents.htm

Canadian Rural Revitalization Foundation. (2007). *What is the Canadian Rural Revitalization Foundation?* Retrieved August 19, 2007, from http://www.crrf.ca/about/index.html

Chaskin, R. (2001). Building community capacity: A definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review, 36*(3), 291–323.

Chaskin, R., Brown, P., Vankatesh, S., & Vidal, A. (2001). *Building Community Capacity.* New York: Aldine Gruyter.

Chopyak, J., & Levesque, P. (2002). Public participation in science and technology decision making: Trends for the future. *Technology in Society, 24,* 155–166.

Coastal Communities Network. (1998). *Building our future: Respecting our past, conference report.* Nova Scotia; Coastal Communities Network.

Coastal Communities Network. (2004). Between the land and the sea: The social and economic importance wharves and harbours in Nova Scotia. Retrieved February 22, 2007, from http://www.coastalcommunities.ns.ca/documents/Between_the_land_and_sea_Final_Version_January_2005.pdf

Colman, R. (2003). *The economic value of civic and voluntary work in Atlantic Canada.* Halifax: GPI Atlantic.

Connelly, S. (2005). Looking inside public involvement: How it is made so ineffective and can we change this? *Community Development Journal, 41*(1), 13–24.

Cooke, B., & Kothari, U. (Eds.). (2001). *Participation: The new tyranny*. London: Zed Books.

Cotter, D. A. (2004). Communities of work: Rural restructuring in local and global contexts. *Rural Sociology, 69,* 581–584.

Crisp, B., Swerissen, H., & Duckett, S. J. (2000). Four approaches to capacity building in health: Consequences for measurement and accountability. *Health Promotion International, 15*, 99–107.

Cutcliffe, J. R., & Ramcharan, P. (2002). Leveling the playing field? Exploring the merits of the ethics-as-process approach for judging qualitative research proposals. *Qualitative Health Research, 12*(7), 1000–1010.

Dodd, J. D., & Boyd, M. H. (2000). *Capacity building: Linking community experience to public policy.* Halifax, NS: Health Canada, Population and Public Health Branch, Atlantic Regional Office.

Drabenstott, M., Novack, N., & Weiler, S. (2004, June). New approaches to rural policy: Lessons from around the world. The Main Street Economist: Commentary on the rural economy. Retrieved August 9, 2006, from http://www.kansascityfed.org/RegionalAffairs/Mainstreet/MSE_0604.pdf

Dukeshire, S., Guernsey, J., & Dramowicz, K. (2002). *How different definitions of rurality impact our perception and understanding of rural Canada.* Paper presented at Health Research in Rural and Remote Canada: Meeting Challenges, Creating Opportunities, 3rd Annual Conference of the Canadian Rural Health Research Society, Halifax, NS.

du Plessis, V., Beshiri, R., Bollman, R. D., & Clemenson, H. (2002). *Definitions of "rural"* (Working Paper No. 611, Catalogue no. 21-601-MIE). Statistics Canada, Agriculture Division, Agriculture and Rural Working Paper Series. Ottawa, ON: Statistics Canada.

Easterling, D., Gallager, K., Drisko, J., & Johnson, T. (1998). *Promoting health by building community capacity.* The Colorado Trust: Denver, CO.

Ebbesen, L., Heath, S., Naylor, P., & Anderson, D. (2004). Issues in measuring health promotion capacity in Canada: A multi-province perspective. *Health Promotion International, 19,* 85–94.

El Ansari, W. (2005). Collaborative research partnerships with disadvantaged communities: Challenges and potential solutions. *Public Health, 119*, 758–770.

Felt, L. F., Rowe, P. M., & Curlew, K. (2004). *Teaching academic dogs and cats new tricks: Re-tooling senior academic researchers for collaborative community-based research.* Paper presented at the Researching the Voluntary Sector Conference, Sheffield, England. Retrieved January 14, 2006, from http://envision.ca/pdf/cura/DogsCats.pdf

Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*(2), 241–261.

Foster-Fishman, P. G., Fitzgerald, K., Brandell, C., Nowell, B., Chavis, D., & Van Egeren, L. A. (2006). Mobilizing residents for action: The role of small wins and strategic supports. *American Journal of Community Psychology, 38*(3–4), 143–152.

Giachello, A. L., Arrom, J. O., Davis, M., Sayad, J. V., Ramirez, D., Nandi, C., et al. (2003). Reducing diabetes disparities through community public health infrastructure assessment. *Public Health Reports, 118*(4), 309–323

Gillis, C. (2004, November 29). The war between town and country. *MacLean's*, *117*(48), p. 50, 6 pp.

Goodman, R. M., Speers, M. A., McLeroy, K., Fawcett, S., Kegler, M., Parker, E., et al. (1998). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Education & Behaviour*, *35*(3), 258–278.

Gordon, W. A., & Brown, M. (2005). Building research capacity: The role of partnerships. *American Journal of Physical Medicine & Rehabilitation, 84*(12), 999–1004.

Green, L. S., George, M. A., Daniel, M., Frankish, C. J., Herbert, C. P., Bowie, W. R., et al. (1995). *The study of participatory research in health promotion: Review and recommendations for the development of participatory research in health promotion in Canada.* Ontario: Royal Society of Canada.

Green, L., & Mercer, S. L. (2001). Can public health researchers and agencies reconcile the push from funding bodies and the pull from communities? *American Journal of Public Health*, *91*(12), 1926–1929.

Gustafsson, U., & Driver, S. (2005). Parents, power and public participation: Sure Start, an experiment in New Labour governance. *Social Policy & Administration, 39*(5), 528–543.

Halseth, G., & Halseth, R. (Eds). (2004). *Building for success: Explorations of rural community and rural development.* Brandon University, Brandon, MB: Rural Development Institute & Canadian Rural Revitalization Foundation.

Halseth, G., Manson, D., Markey, S., Lax, L., & Buttar, O. (2006). The connected north: Findings from the northern BC economic vision and strategy project. *Journal of Rural and Community Development, 2*(1), 1–27.

Harrow, J. (2001). 'Capacity building' as a public management tool: Myth, magic or the main chance? *Public Management Review, 3*(2), 209–230.

Hartley, D. (2005). Rural health research: Building capacity and influencing policy in the United States and Canada. *Canadian Journal of Nursing Research, 37*(1), 7–13.

Hawe, P. (1994). Capturing the meaning of "community" in community intervention evaluation. *Health Promotion International, 9*(3), 199–210.

Hawe, P. (2000). Capacity building: For what? *NSW Public Health Bulletin, 11*(3), 22–24.

Hawe, P., King, L., Noort, M., Gifford, S. M., & Lloyd, B. (1998). Working invisibly: Health workers talk about capacity-building in health promotion. *Health Promotion International*, *13*(4), 285–294.

Hawe, P., Noort, M., King, L., & Jordens, C. (1997). Multiplying health gains: The capital role of capacity building within health promotion programs. *Health Policy, 39*, 29–42.

Hawe, P., & Shiell, A. (2000). Social capital and health promotion: A review. *Social Science and Medicine, 51,* 871–885.

Heath, S., & Szpilfogel, C. (2002). Defining 'rural' and 'rurality' for health and health services research. In F. Racher & J. Guernsey (Eds.), *Workshop report.* Rural Development Institute, Brandon University and Dept. of Community Health and Epidemiology, Dalhousie University. Retrieved July 17, 2006, from http://www.brandonu.ca/rdi/Publications/Health/Defining_Rural_and_RuralityReport.pdf

Hoggart , K., & Paniagua, A. (2001). What rural restructuring? *Journal of Rural Studies, 17*, 41–62.

Jackson, S. F., Cleverly, S., Poland, B., Burman, E. R., & Robertson, A. (2003). Working with Toronto neighbourhoods toward developing indicators of community capacity. *Health Promotion International, 18*(4): 339–350.

Joffres, C., Heath, S., Farquharson, J., Barkhouse, K., Hood, R., Latter, C., et al. (2004a). Defining and operationalizing capacity for heart health promotion in Nova Scotia, Canada. *Health Promotion International, 19*(1), 39–49.

Joffres, C., Heath, S., Farquharson, J., Barkhouse, K., Latter, C., & MacLean, D. (2004b). Facilitators and challenges to organizational capacity building in heart health promotion. *Qualitative Health Research, 14*(1), 39–60.

Johnson, C. P. (2004). *Evaluating capacity building for food security: An assessment of a participatory food costing project*. Unpublished master's thesis, Mount Saint Vincent University, Halifax, Nova Scotia, Canada.

Koelen, M. A., Vaandrager, L., & Colomer, C. (2001). Health promotion research: Dilemmas and challenges. *Journal of Epidemiology and Community Health, 55,* 257–262.

Kulig, J. C. (2000). Community resiliency: The potential for community health nursing theory development. *Public Health Nursing, 17*(5), 374–385.

Kuruvilla, S. (2005). *Civil society participation in health research and policy: A review of models mechanisms and measures* (Working Paper 251). London: Overseas Development Institute, Civil Society Partnership Program. Retrieved March 20, 2006, from www.odi.uk/cspp/Publications/Index.html

Labonte, R. (2006). Community, community development, and the forming of authentic partnerships: Some critical reflections. In M. Minkler (Ed.), *Community organizing and community building for health* (2nd ed., pp. 82–96). Rutgers University Press: London.

Labonte, R., & Laverack, G. (2001a). Capacity building in health promotion, Part I: For whom? And for what purpose? *Critical Public Health, 11*(2), 111–127.

Labonte, R., & Laverack, G. (2001b). Capacity building in health promotion, Part 2: Whose use? And with what measurement? *Critical Public Health, 11*(2), 129–138.

Labonte, R., & Robertson, A. (1996). Delivering the goods, showing our stuff: The case for a constructivist paradigm for health promotion research and practice. *Health Education Quarterly, 23*(4), 431–447.

Labonte, R., Woodard, G. B., Chad, K. & Laverack, G. (2002). Community capacity building: A parallel track for health promotion programs. *Canadian Journal of Public Health*, *93*(3), 181–183.

Laverack, G. (2005). Using a 'domains' approach to build community empowerment. *Community Development Journal, 41*(1), 4–12.

Laverack, G., & Wallerstein, N. (2001). Measuring community empowerment: A fresh look at organizational domains. *Health Promotion International, 16*(2), 179–185.

Leach, B., & Winson, A. (1995). Bringing 'globalization' down to earth: Restructuring and labor in rural communities. *The Canadian Review of Sociology and Anthropology, 32,* 341–364.

Lyons, R., & Gardner, P. (2001). *CIHR Menu of Rural Health Research Themes*. Ottawa, ON: Canadian Institutes of Health Research. Retrieved February 2, 2007, from www.irsc.gc.ca/e/documents/rural_menu_e.pdf

Marsden, T. (2004). The quest for ecological modernization: Re-spacing rural development and agri-food studies. *Sociologia Ruralis, 44*(2), 129–146.

McLean, S., Feather, J., & Butler-Jones, D. (2005). *Building health promotion capacity; action for learning, learning from action.* Vancouver, BC: UBC Press.

Ministerial Advisory Council on Rural Health. (2002). Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Retrieved February 25, 2007, from http://www.srpc.ca/librarydocs/rural_handsbr.pdf

Minkler, M. (2004). Ethical challenges for the "outside" researcher in community-based participatory research. *Health Education & Behavior, 31*(6), 684–697.

Minkler, M. (2006). Introduction to community organizing and community building. In M. Minkler (Ed.), *Community organizing and community building for health* (2nd ed.). Rutgers University Press: London.

Minkler, M., Thompson, M., Bell, J., & Rose, K. (2001). Contributions of community involvement to organizational-level empowerment: The Federal Healthy Start experience. *Health Education and Behavior, 28*(6), 783–807.

Minkler, M., & Wallerstein, N. (2006). Improving health through community organization and community building: A health education perspective. In M. Minkler (Ed.), *Community organizing and community building for health* (2nd ed., pp. 26–50). Rutgers University Press: London.

Mulroy, E. A. (2004). University civic engagement with community-based organizations: Dispersed or coordinated models? *Journal of Community Practice, 12*(3/4), 35–52.

Nathan, S., Rotem, A., & Ritchie, J. (2002). Closing the gap: Building the capacity of non-government organizations as advocates for health inequity. *Health Promotion International, 17*(1), 69–78.

Naylor, P-J. Wharf-Higgins, J., Blair, L., Green, L., & O'Connor, B. (2002). Evaluating the participatory process in a community-based heart health project. *Social Science and Medicine, 55*(7), 1173–1187.

Nicholls, C. (2005). *Promising practices in community partnerships: Lessons learned from the Canadian Rural Partnership* (Agriculture and Agri-Food Canada Publication No. 10113E). Retrieved October 24, 2006, from http://rural.gc.ca/programs/practices_e.phtml

Nova Scotia Economic Development. (2004). Nova Scotia Community Development Policy. Retrieved April 6, 2007, from http://www.gov.ns.ca/econ/cdpolicy/docs/NovaScotiaCommunityDevelopment Policy.pdf

Nova Scotia Economic Development. (2008). About Nova Scotia Economic Development. Retrieved March 23, 2008, from http://www.gov.ns.ca/econ/overview/default.asp

Nova Scotia Nutrition Council & Atlantic Health Promotion Research Centre. (2003). A national environmental scan of strategies for influencing policy to build food security: Highlights report. Retrieved July 19, 2007, from http://www.nsnc.ca/Research.htm

NSW Health Department. (1999). *Indicators to help with capacity building in health promotion* (State Health Publication No. 990099). North Sydney, New South Wales, Australia: NSW Health Department and the Australian Centre for Health Promotion.

Olfert, R., & Partridge, M. (2005). Urban sprawl shows rural-urban dependence: New governance needed to break rural-urban divide. Canada Rural Economy Research Lab, University of Saskatchewan. Retrieved August 11, 2005, from http://nre.concordia.ca/__ftp2004/reports/CRRF%20comment%20on%20Urba n%20Sprawl.pdf

Ontario Prevention Clearinghouse. (2002, Spring). Capacity building for health promotion: More than brick and mortar. Retrieved April 10, 2006, from http://www.opc.on.ca

Organization for Economic Co-operation and Development. (2006). *Reinventing rural policy* (Policy Brief). Retrieved May 23, 2007, from www.oecd.org/publications/Policybriefs

Paquette, S., & Domon, G. (2003). Changing ruralities, changing landscapes: Exploring social recomposition using a multi-scale approach. *Journal of Rural Studies, 19,* 425–444.

Pong, R. W., Pitblado, J. R., & Irvine, A. (2002). A strategy for developing environmental health indicators for rural Canada. *Canadian Journal of Public Health, 93*(S1), S52–S56.

Poole, D. L. (1997). Building community capacity to promote social and public health: Challenges for universities. *Health & Social Work, 22*(3), 163–170.

Potter, C., & Brough, R. (2004). Systemic capacity building: A hierarchy of needs. *Health Policy and Planning, 19*(5), 336–345.

Putnam, R. (2000). *Bowling alone: The collapse and revival of American community.* New York: Simon & Shuster.

Raczynski, J. M., Cornell, C. E., Stalker, V., Phillips, M., Dignan, M., Pulley, L., et al. (2001). A multi-project systems approach to developing community trust and building capacity. *Journal of Public Health Management Practice, 7*(2), 10–20.

Raeburn, J., Akernman, M., Raeburn, J., Akerman, M., Chuengsatiansup, K., Mejia, F., et al. (2006). Community capacity building and health promotion in a globalized world**.** *Health Promotion International, 21,* Suppl.1, 84–90.

Rapkin, B. D., Massie, M. J., Jansky, E. J., Lounsbury, D. W., Murphy, P. D., & Powell, S. (2006). Developing a partnership model for cancer screening and community-based organizations: The ACCESS breast cancer education and outreach project. *American Journal of Community Psychology, 38*(3–4), 153–164.

Reimer, B. (2006). The rural context of community development in Canada. *Journal of Rural and Community Development, 1,* 155–175.

Riches, G. (2002). Food banks and food security: Welfare reform, human rights and social policy. Lessons from Canada? *Social Policy and Administration, 36*(6), 648–663.

Riley, B. L., Taylor, S. M., & Elliot, S. J. (2001). Determinants of implementing heart health promotion activities in Ontario public health units: A social ecological perspective. *Health Education Research, 16*(4), 425–441.

Ritcher, J., Nathan, S., & Mehaffey, A. (2000, March). Capacity building for international health gains. *NSW Public Health Bulletin, 11*(3), 22–24.

Robinson, A., Burley, M., McGrail, M. R., Drysdale, M., Jones, R., & Rickard, C. M. (2005). The conducting and reporting of rural health research: Rurality and rural populations. *The International Journal of Rural and Remote Health Research, Education Practice and Policy.* Retrieved July 17, 2006, from http://rrh.deakin.edu.ca

Romanow, P., & Bruce, D. (2006). Community & capacity building: Exploring clues from the literature for rural community development. *Journal of Rural and Community Development*, *1,* 131–154.

Rural Communities Impacting Policy (RCIP) Project. (2003). *Painting the Landscape of Rural Nova Scotia*. Halifax, Nova Scotia. Retrieved December 11, 2004, from http://www.ruralnovascotia.ca

Rural Communities Impacting Policy (RCIP) Project. (2005). *The Rural Policy Challenge*. Prepared by R. Williams in consultation with the RCIP Policy Working Group. Retrieved January 24, 2007, from www.ruralnovascotia.ca

Rural Development Institute. (2005). *Community Collaboration Project (CCP): Empowering Communities and Building Capacity*. Annual Meeting Report, Prepared by R. C. Annis. Retrieved November 27, 2006, from www.brandonu.ca/rdi

Rural Development Institute. (2006). *Community Collaboration Project: Empowering Communities and Building Capacity*, 2000–2008, Factsheet. Retrieved November 27, 2006, from www.brandonu.ca/rdi

Rural Secretariat. (2004). *Background Paper on Engaged Populations and Institutions*. Commissioned by Rural Secretariat, Agriculture and Agri-Food Canada. Ottawa, ON: Government of Canada.

Ryan-Nicholls, K. D., & Racher, F. E. (2004). Investigating the health of rural communities, toward framework development. *Rural and Remote Health, 4,* 244. Retrieved November 26, 2006, from http://rrh.deakin.edu.au

Sanders, D., Labonte, R., Baum, F., & Chopra, M. (2004). Making research matter: A civil society perspective on health research. *Bulletin of the World Health Organization, 82*(10), 757–763.

Savan, B., & Sider, D. (2003). Contrasting approaches to community-based research and a case study of community sustainability in Toronto, Canada. *Local Environment, 8*(3), 303–316.

Shortall, S. (2004). Social or economic goals, civic inclusion or exclusion? An analysis of rural development theory and practice. *Sociologia Ruralis*, *44*(1), 109–123.

Side, K., & Keefe, J. (2004, Fall/Winter). Health regionalization and rurality in Nova Scotia. *Canadian Review of Social Policy, 54,* 108–116.

Simpson, L., Wood, L., & Daws, L. (2003) Community capacity building: Starting with people not projects. *Community Development Journal*, *38*(4), 277–286.

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.

Social Union Framework Agreement. (1996). Retrieved June 27, 2006, from http://socialunion.gc.ca/menu_e.html

Suarez-Balcazar, Y., Harper, G. W., & Lewis, R. (2005). An interactive and contextual model of community-university collaborations for research and action. *Health Education and Behavior, 32*(1), 84–101.

Szeter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory and the political economy of public health. *International Journal of Epidemiology, 33,* 650–667.

Vandergriff-Avery, M., Anderson, E. A., & Braun, B. (2004). Resiliency capacities among rural and low-income families. *Families in Society: The Journal of Contemporary Social Services*, *85,* 562–570.

Van der Plaat, M., & Barrett, G. (2006). Building community capacity in governance and decision-making. *Community Development Journal, 41*(1), 25–36.

Wandersman, A., Goodman, R. M., & Butterfoss, F. D. (2006). Understanding coalitions and how they operate as organizations. In M. Minkler (Ed.), *Community Organizing & Community Building for Health* (2nd ed., pp. 292–314). Rutgers University Press: London.

Whitehead, M., Petticrew, M., Graham H., Macintyre, S. J., Bambra, C., & Egan, M. (2004). Evidence for public health policy on inequalities–2: Assembling the evidence jigsaw. *Journal of Epidemiology and Community Health, 58*, 817–821.

Williams, P., & the Nova Scotia Provincial Steering Committee. (2005). *Enhancing the capacity of community groups to build food security through healthy public policy.* Final evaluation report submitted to the Canadian Diabetes Strategy, Ottawa, ON: Health Canada.

Wolff, T. (2001). Community coalition building—Contemporary practice and research: Introduction. *American Journal of Community Psychology, 29*(2), 165–172.

Woolcock, M. (2001, spring). The place of social capital in understanding social and economic Outcomes. *ISUMA*, 11017.

World Health Organization. (2001). *Strategic alliances: The role of civil society in health, civil society initiative* (Discussion Paper No. 1 CSI/2001/DP1). Social Society Initiative, External Relations and Governing Bodies. Retrieved May 23, 2006, from www.who.int/entity/civilsociety/documents/en/alliances_en.pdf

Yeatman, H. R., & Nove, T. (2002). Reorienting health services with capacity building: A case study of the Core Skills in Health Promotion Project. *Health Promotion International, 17*(4), 341–350.