Measuring community empowerment: a fresh look at organizational domains

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SUMMARY
In 1986, the Ottawa Charter identified community empowerment as being a central theme of health promotion discourse. Community empowerment became a topical issue in the health promotion literature soon afterwards, though its roots also come from earlier literature in community psychology, community organizing and liberation education. Subsequent international conferences to address health promotion in Sundsvall, Adelaide and Jakarta have acted to reinforce this concept. It is as relevant today as it was more than a decade ago. The literature surrounding health promotion has since moved onto other overlapping theoretical perspectives, such as community capacity and social capital. And yet the critical issue of making community empowerment operational in a programme context remains thorny and elusive. Community empowerment is still difficult to measure and implement as a part of health promotion. This article offers a fresh look at key theoretical and practical questions in regard to the measurement of community empowerment. The theoretical questions help to unpack community empowerment in an attempt to clarify how the application of this concept can be best approached. The practical questions address the basic design characteristics for methodologies to measure community empowerment within the context of international health promotion programming. The purpose of this article is to allow researchers and practitioners to address again the important issue of making community empowerment operational.

Key words: community empowerment; health promotion; measurement

AN OLD PROBLEM
The many interpretations of community empowerment are based on understandings of this concept as either a process or as an outcome (Bernstein et al., 1994), and whether it exists as an inter-personal phenomenon (Torre, 1986; Rappaport, 1987; Swift and Levin, 1987), a broad socio-political context (Friedmann, 1992; Craig and Mayo, 1995) or an interaction of change at multiple levels (Wallerstein, 1992). The main discussion around this concept in relation to health promotion/education occurred at the beginning of the 1990s (Wallerstein, 1992; Israel et al., 1994; Rissel, 1994). What seems to have been largely ignored in this discussion was an analysis of the specific organizational domains of community empowerment and the way in which these influence the effectiveness and utilization of this concept in a programme context. This is significant because, as argued in this article, the organizational domains offer a straightforward way in which to view and measure community empowerment.

The importance of community empowerment as a central theme in health promotion has been overshadowed since the mid-1990s by discussions about community capacity (Goodman et al., 1998), community competence (Eng and Parker, 1994), community cohesiveness (Geyer, 1997) and social capital (Putnam, 1995; Modra, 1998). Whilst these concepts are increasingly becoming accepted as critical for promoting better standards of living and possibly for mediating the effects of poverty and inequities on health outcomes (Wilkinson, 1997), they often lack the
dimension of social influence and transforming power relations. It is only by being able to organize and mobilize oneself that individuals, groups and communities will achieve the social and political changes necessary to redress their powerlessness. This remains the domain of community empowerment as a political activity, which enables people to take control of their lives.

The old problem, therefore, is two-fold. The first is one of providing sufficient clarity to this complex concept so that the second, the difficulties involved in making it operational, can be addressed practically. Whilst the conceptual issues concerning measurement have been addressed previously in the literature (Wallerstein, 1992; Bernstein et al., 1994; Rissel, 1994), there have been few attempts to address the practical question of measurement, an exception to this being the work by Fetterman et al. (Fetterman et al., 1996).

A FRESH LOOK

The purpose of this article is to raise theoretical and practical questions for the assessment of community empowerment, with a focus on organizational issues, and to offer a fresh look at the ways in which to make this concept operational in the context of health promotion programming. The first questions consider key theoretical issues for empowerment approaches.

• Who is the community in a programme context?
• What factors influence community empowerment?
• Is community empowerment a process or an outcome?

The second set of questions considers key practical issues for empowerment approaches.

• How can we build capacity as a part of the programme approach?
• How can we promote empowerment beyond attempts to measure it?
• How does the approach influence stakeholder roles and responsibilities?

Before considering the practical aspects of the design of a methodology it is necessary to unpack community empowerment theoretically, in an attempt to clarify how the measurement of this concept can be best approached.

WHO IS THE COMMUNITY IN A PROGRAMME CONTEXT?

Ward, Israel et al., and Bell and Newby agree that communities consisting of heterogeneous individuals may collectively take action toward attaining shared and specific goals (Bell and Newby, 1978; Ward, 1987; Israel et al., 1994). However, as Zakus and Lysack point out, it is necessary to consider carefully who are the legitimate representatives of such ‘communities’ (Zakus and Lysack, 1998). Those individuals who have the energy, time and motivation to become involved in programme activities may, in fact, not be supported by its members and may instead be considered as elites. The dominant minority may dictate the community needs unless adequate precautions are taken to involve as many people as possible.

The importance of recognizing that community members can be heterogeneous and yet still have the ability to share needs and interests can be reflected by the difficulties experienced within Aboriginal health services in Australia. Aboriginal communities are often a collection of families, language groups or clans who can be in competition and who may be geographically isolated. Scrimgeour points out that the term ‘community’ was applied to such settlements by bureaucratic intellectuals because it provided a convenient label for the assimilation of different concepts and for a heterogeneous group of people (Scrimgeour, 1997). This assumption may have led to a lack of cooperation, direction and collective action between the members of Aboriginal groups.

Heterogeneous groups and individuals can actually become more of a ‘community’ through the process of programme planning, to the extent that programme aims and objectives reflect, at least in part, shared interests and needs of heterogeneous members. Individual, family or clan-based differences may then be set aside as programme participants begin to create a community identity around the more tightly focused programme aims. Involving programme participants in the identification of issues and concerns is therefore crucial to ensure that the aims and objectives are relevant and capable of working to overcome other divisions. This does not preclude problems of conflict arising during programme planning and implementation, but can help to reduce them. The members of the newly formed ‘community’ organize and mobilize themselves
around the programme aims, and this in turn facilitates the means by which they empower themselves.

**WHAT FACTORS INFLUENCE COMMUNITY EMPOWERMENT?**

To be able to measure community empowerment we must first address the question of what factors influence this concept. The recent research by Laverack provides clarification through the identification and interpretation of nine organizational areas of influence on community empowerment in a programme context: (i) participation; (ii) leadership; (iii) problem assessment; (iv) organizational structures; (v) resource mobilization; (vi) links to others; (vii) ‘asking why’; (viii) programme management; and (ix) the role of the outside agents (Laverack, 1999). These organizational aspects of community empowerment or ‘operational domains’ provide a link between the inter-personal elements, such as individual control (Everson, 1997), trust and community cohesiveness (Geyer, 1997), and the contextual elements such as the political (Asthana, 1994), socio-cultural (Gordon, 1995) and economic (Taylor, 1995) circumstances.

The operational domains represent those aspects of community empowerment that allow individuals and groups to organize and mobilize themselves towards commonly defined goals of social and political change. The organizational aspects in themselves may act as a proxy measure for social aspects of community empowerment identified by other researchers. For example, the existence of the domain of functional leadership, supported by established organizational structures with the participation of its members who have demonstrated the ability to mobilize resources, would indicate a community that already has strong social support elements.

Tonon describes the actions of a Guatemalan village in order to bring about improvements in sanitation (Tonon, 1980). Leadership was reputational from informal male opinion leaders in the village. These people formed a committee and held several meetings in collaboration with the outside agent and with other community members. The process took many months of socializing and meeting, and it was the cohesiveness of the individual members that allowed a functional organizational structure to be established in the community.

**IS COMMUNITY EMPOWERMENT A PROCESS OR AN OUTCOME?**

A further question is whether to view community empowerment as a process or as an outcome. Community empowerment has been commonly viewed in the literature as both. As an outcome, community empowerment is an interplay between individual and community change with a long time-frame, at least in terms of significant social and political change, typically taking 7 years or longer (Raeburn, 1993). An example of this type of outcome would be a change in government policy or legislation in favour of individuals and groups who have come together around programmes and community actions. Health promotion programmes typically have a shorter time-frame. Baistow points out that the community’s experience of being empowered may therefore not be felt until long after the intervention has been completed and it may not be possible to assess empowerment outcomes, as social and political change, during the programme period (Baistow, 1995).

At an individual level, people may experience a more immediate psychological empowerment, such as an increase in self-esteem or confidence which evolved from collective action (Labonte, 1998). Though partially measured as self-esteem or self-efficacy, psychological empowerment is a construct that incorporates the person’s perceptions and actions within their social context (Zimmerman, 1990). The measurement of outcome might not take into account the processes involved in community empowerment, such as capacity building and developing competencies, skills and critical awareness. The outcome gained can also mean different things to different people in the same programme, and it is likely to be incremental and often relative to the inter-personal relationships of the person concerned. Kieffer provides an example of a woman whose empowerment led her to come to appreciate that officialdom and title did not make any difference; her relationship with these people changed such that she then began to take control of her own life rather than relying upon officials (Kieffer, 1984).

Zimmerman argues that a universal measure may confuse our understanding of empowerment by construing its effects as static outcomes rather than as dynamic experiences: ‘the development of a universal and global measure for empowerment (outcome) is not an appropriate goal because
it may not mean the same thing for every person, organization, or community everywhere’ [(Zimmerman, 1995), p. 587]. Outcomes may also fluctuate and depend on circumstance, where people may experience empowerment in one setting but not another, and at one time but not another.

Community empowerment is most consistently viewed in the literature as a process in the form of a dynamic continuum, involving: (i) personal empowerment; (ii) the development of small mutual groups; (iii) community organizations; (iv) partnerships; and (v) social and political action (Jackson et al., 1989; Labonte, 1994; Rissel, 1994). The potential of community empowerment is gradually maximized as people progress from individual to collective action along this continuum.

The definition of community empowerment as both a process and an outcome has implications for the measurement of this concept. In a programme context, the definition as an outcome is limited by its long time-frame and contingent nature. However, by measuring community empowerment as a process, it is possible to monitor the interaction between capacities, skills and resources at the individual and organizational levels during the time-frame of a programme, as well as community-level changes in healthy conditions, policies and interpersonal structures. It is the definition of community empowerment as a process along a continuum that offers most insight into the ways in which people are enabled through the programme to maximize their potential and to progress from individual action to collective social and political change.

This complexity raises issues about the practical design of approaches for measuring community empowerment, addressed here in the second set of questions.

HOW CAN WE BUILD CAPACITY AS A PART OF THE PROGRAMME APPROACH?

A range of participatory and collaborative methodologies have been designed to undertake assessments and to empower individuals and communities: participatory rural appraisal (James, 1995), participatory research and action research (Eng and Parker, 1994). However, the key to the differentiation between participatory and empowering approaches lies in the agenda and purpose of these processes. Empowerment approaches have an explicit agenda to bring about social and political changes, and this is embodied in their sense of liberation, struggle and community activism. Participants gain power as a result of a change in control over decisions in the inter-personal relationships that influence their lives. It is the participants themselves who achieve these outcomes by seizing or gaining power through a process of identifying problems, finding solutions to these problems and then implementing actions to solve them. Participatory approaches do not necessarily seek emancipation or empowerment.

Participants are involved in and contribute to a programme which in turn may build their capacities, skills and competencies, but does not necessarily assist the community to gain or seize more power through collective social and political action. Participatory assessments motivate the stakeholders to identify and build on their strengths and to minimize their weaknesses through their own efforts, based on their own knowledge and experiences. Rifkin points out that stakeholders are more likely to be committed if they have a sense of ownership in regard to the problems and solutions being addressed by the programme (Rifkin, 1990). Programmes that do not address community concerns and that do not allow the stakeholders to participate in the process of assessment have been shown not to achieve their purpose (Rifkin, 1990). Capacity can therefore be built into the design of a methodology by allowing both a participatory and empowering approach.

Participation allows the different stakeholders of a programme to express their views, share their experiences and to challenge existing knowledge claims and paradigms. Different stakeholders may have different opinions and a methodology should allow individuals to participate in an equal relationship between all parties (Arnstein, 1969). The techniques employed should promote the involvement of each member through their discussion and interaction with the other participants.

Empowerment promotes capacity building of heterogeneous individuals who have shared interests and concerns, and strengthens their sense of struggle and community activism through the process of community empowerment. This is reflected in their ability to move toward small group activities, organizational structures and links with others outside the community, along
with an increased awareness of the broader social and political causes of their disempowerment.

**HOW CAN WE PROMOTE EMPOWERMENT BEYOND ATTEMPTS TO MEASURE IT?**

Measurement in itself is insufficient to empower the stakeholders of a programme, and it is the transformation of information, identified by the stakeholders, into social and political action and the ability to change inter-personal relationships that is characteristic of an empowering approach. This can be achieved through strategic planning assisted by the utilization of ‘tools’ such as the logical framework system of project planning. This is a matrix setting out a clear statement of objectives, identifying in advance suitable indicators of progress and the prior assessment of risks and assumptions toward programme success (Cracknell, 1996). Logic models allow community groups to identify clearly their own causal reasoning of an intended process and can enhance credibility through the evidence of change (Goodman, 2000).

The strength of using the logical framework system are that its design has validity, having already been widely employed as a ‘tool’ for programme management and evaluation, and provides a simple and systematic approach to strategic planning. However, the logical framework system is one example of a ‘tool’ that should be used appropriately to help stakeholders to recognize their potential for action and change.

**HOW DOES THE APPROACH INFLUENCE STAKEHOLDER ROLES AND RESPONSIBILITIES?**

Empowering and participatory approaches redefine the role relationship between the secondary and primary stakeholders. The role of the outside agent has been traditionally viewed as one of ‘expert’ or ‘professional’ or as an evaluator, one who judges merit or worth (Patton, 1997). This role is changed in an empowering approach to be one that facilitates, enables, or as Fetterman et al. describes, coaches and guides, the primary stakeholders (Fetterman et al., 1996). The role of the health promoter is to enable individuals and groups to gain or seize power through their own power-from-within. The evaluation itself can be an empowering experience by building capacity, competencies and the power-from-within of the primary stakeholders.

The experiences of using empowerment evaluation by Stevenson et al. demonstrates the importance of first clarifying the roles and responsibilities of all programme stakeholders (Stevenson et al., 1996). They used a detailed statement to define the expectations of the various stakeholders and this was communicated to all concerned in the programme. Once a consensus had been reached it was only then used as a reference document to guide the roles and responsibilities of the stakeholders.

**CONCLUSIONS**

In this paper we have argued that the design of a methodology for the measurement of empowerment must begin with a clear theoretical understanding of the concept, both as a process and as an outcome, its different levels of analysis (individual, organizational and community), and the domains or factors that influence its utilization and effectiveness. Next, the practical issues can be addressed. The key points for the future design of a methodology to measure community empowerment asserted in this article are summarized here.

- The concept of ‘community’ may be interpreted as heterogeneous individuals and groups who share common interests and needs, and who are able to mobilize and organize themselves toward social and political change.
- It is the interpretation of community empowerment as a process along a continuum that provides most insight into the measurement of the competencies and capacities developed toward social and political change within the timeframe of most programmes.
- The process of community empowerment is influenced by both social and organizational areas of influence. However, it is the organizational domains that present a straightforward way to define and measure this construct as a process.
- The design of a methodology should be participatory and have clear roles and responsibilities for all stakeholders.
- The methodology should be an empowering experience and provide a means to translate the information gained into action through strategic planning.
Empowerment has been theoretically well addressed in the literature, with this paper emphasizing the less-well understood organizational domains. It is the lack of practical methodologies, underpinned by this theory and thoroughly field-tested in different settings and cultural contexts, that has been the main obstacle to making this concept operational in health promotion programmes. This obstacle is not insurmountable, but without evidence of the empowerment of communities, funding will remain unavailable to support these approaches. It is our responsibility as researchers and practitioners to address this important issue properly.

ACKNOWLEDGEMENTS

Thanks to Drs Ron Labonte, Kevin Brown and Damien Ridge for their insights during the preparation of this manuscript.

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