

# CASEBOOK

## Community-based health promotion capacity for diverse equity-seeking women

A compilation of accounts from 19 community agency managers and staff across Canada about current and needed capacity for community-based health promotion

Final report: December 16, 2024

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# **Introduction**

## **Purpose**

This casebook offers real-world accounts shared by managers and staff of select community agencies about current and needed organizational capacity for health promotion to immigrant women.

## **Content**

This casebook includes 19 cases organized primarily by whether or not the community agency has a policy and/or strategic plan for health promotion that describes goals, programs, or services. For agencies within each group (i.e. with/without health promotion policy or strategy), we described a key health promotion program/topic they offer to immigrant women including disease prevention, gender-based violence prevention, mental health support, healthy-lifestyle behaviours, health system navigation, immunization, pregnancy-related support, parenting skills, and dental care.

Each case offers details on:

- Community agency name
- Community agency type
- Characteristics of one key health promotion program or service the agency offers including content, format, delivery, personnel, and timing
- Other health promotion programs or services the agency offers
- Current health promotion capacity including funding, partnerships, staffing, and space
- Barriers the agency faces in offering health promotion
- Capacity needed by agencies to plan, improve, and sustain health promotion

Cases are preceded by a comprehensive summary that highlights key findings across all cases. This includes the characteristics of community agency health promotion programs, current capacity for health promotion among community agencies, and capacity required by agencies to plan, improve, and sustain health promotion specific to the needs of ethno-culturally diverse immigrant women.

## **How to use this casebook**

### **Review content**

- Refer to the overall summary of key findings rather than specific cases
- Identify cases by characteristics that match your interests
- Scan all cases to learn about community-based health promotion programs and services

### **Apply content**

- Integrate into the planning and implementation of health promotion programs or services
- Use as a basis for developing and supporting health promotion programs or services

We hope that you find this casebook useful in planning and improving community agency capacity for health promotion

## Background

### Immigrant women lack access to health promotion in Canada

Women in Canada face inequities in access to and quality of care for many health issues.<sup>1-6</sup> These disparities are heightened among ethno-culturally diverse immigrant women.<sup>7-21</sup> Such disparities are an important problem in Canada where nearly 50% of the population will be immigrants and their Canadian-born children by 2035.<sup>22</sup> Action is urgently needed to implement approaches that enhance access to health promotion for these equity-seeking women.

### Community agencies are well-placed to offer health promotion

As a result, immigrant women seek health promotion programs and services from community agencies (e.g. immigrant settlement agencies) that are local, familiar, and culturally safe.<sup>17,21,23</sup> Research involving immigrants underscored the value of community-based health promotion, which appears to be more impactful than mass media or the Internet at prompting healthy lifestyle behaviours.<sup>24</sup> Some research in Canada with East and South Asian immigrant women showed that culturally-safe health promotion constituted information or services offered in familiar community settings, included women only, and addressed cultural and economic barriers.<sup>25,26,27</sup>

### Our foundational research supports community-based health promotion

In prior research,<sup>28</sup> clinical guidelines,<sup>29</sup> and Canadian government policies,<sup>30</sup> we found little guidance on how to tailor care for ethno-culturally diverse immigrant women. Interviews with 33 women aged 18 to 87 years and 23 newcomer (<10 years in Canada) immigrant women aged 25 to 78 years from 10 countries revealed common challenges in access to health promotion.<sup>31,32</sup> Women said that physicians did not address their health concerns, and as a result, they avoided asking questions or even seeking help. Interviews with 43 physicians of different specialties from across Canada revealed that they had little training in women's health or culturally-safe care.<sup>26</sup> Analysis of curriculum at Canada's medical schools confirmed this.<sup>33</sup> Consultation with immigrant women and healthcare professionals generated support for community-based health promotion.<sup>34,35</sup> With immigrant women and community agency managers, we developed an education strategy to be delivered by community agencies on the importance of physical activity in reducing cancer risk.<sup>36</sup> Delivered by six agencies to 54 immigrant women, the education strategy improved physical activity knowledge, confidence and behaviour, demonstrating the potentially profound reach and impact of community-based health promotion.<sup>37</sup>

### Study rationale and purpose

Developing and supporting community agency health promotion capacity could address gaps in our current over-burdened, under-resourced healthcare system with more accessible and acceptable options, and help equity-deserving women across Canada to: prevent and manage disease; build social support networks; interface and self-advocate with the mainstream healthcare system; and optimize health and wellness. However, we found little guidance in prior research on how to optimize the design of community-based health promotion.<sup>38</sup> The **AIM** of the study that informed this casebook was to understand what constitutes community agency capacity for health promotion for equity-seeking ethno-culturally diverse immigrant women. The **OBJECTIVE** was to interview community agency managers to learn about current and required capacity for health promotion.

## Casebook approach

### Rationale for a casebook

Casebooks are compilations of narrative accounts that detail real-world experiences and related tacit knowledge. Our scoping review of casebooks on health care topics found that the development of casebooks generally involved a multistep, iterative and interdisciplinary process that engaged stakeholders in the identification, creation and review of content.<sup>1</sup> While the topics, levels of application and scope of casebooks in the review varied, they commonly reported the setting or context, details of the healthcare program or service and impact of the program or service.

### Casebook development

We used an iterative approach to ensure that case descriptions accurately and fully captured details shared by participating community agency managers and staff who we interviewed about health promotion capacity. At the outset of the interviews, all participants agreed to subsequently assist in reviewing their case description. ***NOTE: We included a single case per agency, and purposefully chose cases to reflect a range of health promotion topics as highlighted by the agency manager or staff person that we interviewed.*** Based on interview transcripts, we created a preliminary case description reflecting topics discussed during interviews. After creating the first few cases, we refined the case template to make it more comprehensive and easier to read. Within two weeks of receiving an interview transcript, we created a case description and shared it with the agency manager or staff who was interviewed, then incorporated their feedback. Once all cases were finalized, we analyzed their content to generate a summary of current and required health promotion capacity.

## References

1. Women's Health Surveillance Report. Ottawa: Canadian Institute for Health Information, 2003.
2. Bierman AS, Johns A, Hyndman B, Mitchell C, Degani N, Shack AR, Creatore MI, Lofters AK, Urquia ML, Ahmad F, Khanlou N, & Parlette V. (2012). Social Determinants of Health and Populations at Risk. In: Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto.
3. Colella TJ, Gravely S, Marzolini S, et al. Sex bias in referral of women to outpatient cardiac rehabilitation? A meta-analysis. *Eur J Prev Cardiol* 2015;22:423-41.
4. Bennett AL, Lavie CJ, Grace SL. Cardiac rehabilitation following acute coronary syndrome in women. *Curr Treat Options Cardiovasc Med* 2017;19:57.
5. Marshall DA, Liu X, Barnabe C, et al. Existing comorbidities in people with osteoarthritis: a retrospective analysis of a population-based cohort in Alberta, Canada. *BMJ Open* 2019;9:e033334.
6. Gagne S, Vasiliadis HM, Preville M. Gender differences in general and specialty outpatient mental health service use for depression. *BMC Psychiatry* 2014;14:135.
7. Dehlendorf C, Anderson N, Vittinghoff et al. Quality and content of patient-provider communication about contraception: differences by race/ethnicity and socioeconomic status. *Womens Health Issues* 2017;27:530-8.
8. Bak JCG, Serne EH, de Valk HW, et al. Gender gaps in type 1 diabetes care. *Acta Diabetologica* 2023; doi.org/10.1007/s00592-022-02023-6.
9. Cavanaugh AM, Rauh MJ, Thompson CA, et al. Racial and ethnic disparities in utilization of total knee arthroplasty among older women. *Osteoarthritis Cartilage* 2019;27:1746-54.
10. Schwartzberg HG, Roy R, Wilson K, et al. Patient characteristics independently associated with knee osteoarthritis symptom severity at initial orthopedic consultation. *J Clin Rheumatol* 2021; doi: 10.1097/RHU.0000000000001726.
11. Khanlou , Haque N, Skinner A, et al. Scoping review on maternal health among immigrant and refugee women in Canada: prenatal, intrapartum and postnatal care. *J Pregnancy* 2017; 2017:8783294.
12. Higginbottom G, Bell AS, Arsenault J, Pillay J. An integrative review of experiences of maternity services for immigrant women in Canada. *Diversity Equality Health Care* 2012;9:253-66.
13. Abramovich A, de Oliveira C, Kiran T. Assessment of health conditions and health service use among transgender patients in Canada. *JAMA Netw Open* 2020;3: e2015036.
14. Colpitts E, Gahagan J. "I feel like I am surviving the health care system": understanding LGBTQ health in Nova Scotia, Canada. *BMC Public Health* 2016;16:1005.
15. Ziegler E, Valaitis R, Carter N, et al. Primary care for transgender individuals: a review of the literature reflecting a Canadian perspective. *SAGE Open* 2021;doi: 10.1177/2158244020962824.
16. Scheim AI, Coleman T, Lachowsky N, Bauer GR. Health care access among transgender and nonbinary people in Canada, 2019: a cross-sectional survey. *CMAJ Open* 2021;9: E1213-E1222.
17. Khanlou N, Haque N, Skinner A, et al. Scoping review on maternal health among immigrant and refugee women in Canada: prenatal, intrapartum and postnatal care. *J Pregnancy* 2017;2017: 8783294.
18. Vahabi M. Correlates of non-adherence to breast, cervical, and colorectal cancer screening among screen-eligible women: a population-based cohort study in Ontario, Canada. *Cancer Causes Control* 2021;32:147-55.
19. Pandey M. Identifying barriers to healthcare access for new immigrants: A qualitative study in Regina, Saskatchewan, Canada. *J Immigr Minor Health* 2022;24:188-98.
20. Ravichandiran N, Mathews M, Ryan BL. Utilization of healthcare by immigrants in Canada: a cross-sectional analysis of the Canadian Community Health Survey. *BMC Primary Care* 2022;23:69.
21. Filler T, Jameel B, Gagliardi AR. Barriers and facilitators of patient centered care for immigrant and refugee women: a scoping review. *BMC Public Health* 2020;20:1013.
22. Morency JD, Caron Malenfant E, MacIsaac S. Immigrant and diversity: Population projections for Canada and its regions, 2011 to 2036. Ottawa ON: Statistics Canada, 2017.

23. Steele LS, Daley A, Curling D, et al. LGBT identity, untreated Depression, and unmet need for mental health services by sexual minority women and trans-identified people. *J Womens Health* 2017;26:116-27.
24. Sagbakken M, Spilker RS, Nielsen TR. Dementia and immigrant groups: a qualitative study of challenges related to identifying, assessing, and diagnosing dementia. *BMC Health Serv Res* 2018;18:910.
25. Rathanaswami K. Physical activity in first generation South Asian women living in Canada: Barriers and facilitators to participation. MA thesis, McGill University, 2016
26. Frisby W. Promising physical activity inclusion practices for Chinese immigrant women in Vancouver, Canada. *Quest* 2011;63:135-47.
27. Banerjee AT, Landry M, Zawi M et al. A pilot examination of a mosque-based physical activity Intervention for South Asian Muslim Women in Ontario, Canada. *J Immigr Minor Health* 2017;19:349-57.
28. Ramlakhan J, Foster AM, Grace SL, Green CR, Stewart DE, Gagliardi AR. What constitutes patient-centred care for women: a theoretical rapid review. *Int J Equity Health* 2019;18:182 AND Gagliardi AR, Dunn S, Foster A, et al. How is patient-centred care addressed in women's health? A theoretical rapid review. *BMJ Open* 2019;9: e026121.
29. Gagliardi AR, Green C, Dunn S, et al. How do and could clinical guidelines support patient-centred care for women: Content analysis of guidelines. *PLOS One* 2019;14:e0224507.
30. Gagliardi AR, Dunn S, Foster AM, et al. Is patient-centred care for women a priority for policy-makers? Content analysis of government policies. *Health Res Policy Syst* 2020;18:23.
31. Nyhof BB, Jameel B...Gagliardi AR. Identifying strategies to implement patient-centred care for women: Qualitative interviews with women. *Patient Educ Counsel* 2020;103:1422-7.
32. Gagliardi AR, Kim C, Jameel B. Physician behaviours that optimize patient-centred care: Focus groups with migrant women. *Health Expect* 2020;23:1280-8.
33. Anderson NN, Gagliardi AR. Medical student exposure to women's health concepts and practices: a content analysis of curriculum at Canadian medical schools. *BMC Med Educ* 2021;21:435 AND Anderson NN, Gagliardi AR. Unclear if future physicians are learning about patient-centred care: Content analysis of curriculum at 16 medical schools. *Med Teach* 2021;43:9.
34. Filler T, Foster AM, Grace SL...Gagliardi AR. Patient-centered care for women: Delphi consensus on evidence-derived recommendations. *Value Health* 2020;23:1012-19.
35. Iziduh S, Abbaticchio A, Theodorlis M... Gagliardi AR. Priority strategies to reduce socio-gendered inequities in access to person-centred osteoarthritis care: Delphi survey. *BMJ Open* 2024;14:e080301.
36. Iziduh S, Dhakal S, Sihota R... Gagliardi AR. Raising awareness about physical activity's role in reducing cancer risk: qualitative interviews with immigrant women and community agency managers. *BMC Public Health*. 2024 Jul 31;24(1):2072.
37. Iziduh S, Lee J, Umutoni B...Gagliardi AR. A physical activity promotion intervention improved physical activity knowledge, confidence, and behaviour among diverse immigrant women: Pre-post multiple methods feasibility study. *BMC Open* 2024 (under review)
38. Nelson E, Susmita S, Allana S...Gagliardi AR. Culturally-safe community agency health promotion capacity for diverse equity-seeking women: rapid theoretical review. *BMJ Pub Health* 2024;2:e001023.



## Case representatives

We included 19 cases (Table 1). Representatives who informed those cases included 11 managers and 8 staff of participating community agencies across Canada. Cases were organized primarily by whether the community agency has a policy and/or strategic plan that describes goals or activities specific to programs or services related to health promotion (n=13) or not (n=6). We included both categories of agencies because those with a health promotion policy or strategic plan can offer experiential guidance, and those without can identify what agencies need to offer health promotion.

**Table 1. Characteristics of included cases**

Agency name (province)	Health promotion program	Agency type	Interviewee	Case	Page
<b>With a health promotion policy or strategic plan</b>					
Windsor Women Working With Immigrant Women (ON)	Healthy lifestyle behaviours	Non-profit	Manager	1	14
London Cross-Cultural Learner Centre (ON)	Healthy lifestyle behaviours	Non-profit	Staff	2	15
Calgary Catholic Immigration Society (AB)	Healthy lifestyle behaviours	Non-profit	Manager	3	16
South Asian Women's Centre (ON)	Gender-based violence	Charity	Manager	4	17
YMCA Center for Immigrant Programs in Halifax (NS)	Gender-based violence	Non-profit	Staff	5	18
New Canadians Centre Peterborough (ON)	Health system navigation	Non-profit	Manager	6	19
Community Family Services of Ontario (ON)	Health system navigation	Non-profit	Manager	7	20
Central Alberta Immigrant Women's Association (AB)	Parenting skills	Non-profit	Manager	8	21
Woodgreen Charity (ON)	Parenting skills	Charity	Manager	9	22
Dixie Bloor Neighbourhood Centre (ON)	Chronic disease prevention	Non-profit	Staff	10	23
DIVERSEcity Community Resources Society (BC)	Dental care	Non-profit	Staff	11	24
Neepawa Settlement Services (MB)	Immunization	Non-profit	Manager	12	25
Punjabi Community Health Services (ON)	Mental health support	Non-profit	Staff	13	26
<b>Without a health promotion policy or strategic plan</b>					
Peel Multicultural Council (ON)	Dental care	Non-profit	Staff	14	27
Centre for Immigrant and Community Services (ON)	Parenting skills	Non-profit	Manager	15	28
Immigration & Settlement Catholic Social Services (ON)	Immunization	Non-profit	Staff	16	29

Edmonton Newcomer Centre (AB)	Mental health support	Charity	Manager	17	30
Central Vancouver Island Multicultural Society (BC)	Women's sexual and reproductive health	Charity	Staff	18	31
Moose Jaw Multicultural Council (SK)	Women's sexual and reproductive health	Charity	Manager	19	32

## Summary of key findings

### Health promotion mandate

Of the included agencies, most (14, 73.7%) were non-profit organizations. Around two thirds (68.4%) of included agencies had a policy or strategic plan to guide health promotion. Type of agency did not influence whether agencies had a policy or strategic plan.

Health promotion policy or strategy	Agency type (n, %)		Total (n, % of 19)
	Non-profit (n=14)	Charity (n=5)	
Yes	11 (84.6)	2 (40.0)	13 (68.4)
No	3 (21.4)	3 (60.0)	6 (31.6)

### Health promotion topics

Overall, the most common health promotion programs or services offered by agencies were health system navigation (89.5%), mental health support (68.4%) and immunization information or clinics (42.1%). While agencies with a policy or strategy to guide health promotion offered a greater variety of health promotion topics overall, this did not differ greatly from agencies without a health promotion policy or strategy.

Topic	Health promotion policy or strategy (n, %)		Total (n, % of 19)
	Yes (n=13)	No (n=6)	
Health system navigation	11 (84.6)	6 (100.0)	17 (89.5)
Mental health support	8 (61.5)	5 (83.3)	13 (68.4)
Immunization	6 (46.2)	2 (33.3)	8 (42.1)
Healthy lifestyle behaviours	5 (38.5)	---	5 (26.3)
Gender-based violence	5 (38.5)	1 (16.7)	6 (31.6)
Parenting skills	4 (30.8)	1 (16.7)	5 (26.3)
Women's sexual/reproductive health	4 (30.8)	2 (33.3)	6 (31.6)
Chronic disease prevention	2 (15.4)	3 (50.0)	5 (26.3)
Diabetes support	1 (7.7)	---	1 (5.3)
Dental care	1 (7.7)	3 (50.0)	4 (21.1)
Geriatric support	1 (7.7)	---	1 (5.3)
Disability support	1 (7.7)	---	1 (5.3)

### Health promotion program/service features

All agencies offered health promotion in various formats including workshops, printed materials, counselling, health fairs and clinics. Those programs and services were provided to individuals and groups in-person, and in some agencies, virtually. Programs and services were offered by agency staff and healthcare professionals. Agencies held programs and services regularly and on a periodic basis.

Program/service features were similar for agencies with and without a health promotion policy or strategy.

Feature	Options	Health promotion policy or strategy (n, %)		Total (n, % of 19)
		Yes (n=13)	No (n=6)	
Format	Multiple components	13 (100.0)	6 (100.0)	19 (100.0)
Delivery	In-person	13 (100.0)	6 (100.0)	19 (100.0)
	Virtual	10 (76.9)	5 (83.3)	15 (78.9)
	Individual	13 (100.0)	6 (100.0)	19 (100.0)
	Group	13 (100.0)	6 (100.0)	19 (100.0)
Personnel	Agency staff	13 (100.0)	6 (100.0)	19 (100.0)
	Healthcare professional	11 (84.6)	6 (100.0)	17 (89.5)
	Other agency staff	2 (15.4)	---	2 (10.5)
Timing	Weekly or bi-weekly	8 (61.5)	2 (33.4)	10 (52.6)
	As needed	8 (61.5)	4 (66.7)	12 (63.2)

### Human resources

Overall, the number of paid staff ranged widely from less than 25 staff in 3 agencies to greater than 100 staff in 9 agencies. Most agencies had far fewer additional paid staff dedicated to health promotion: less than 10 staff in 68.4% of agencies. More agencies with a health promotion policy or strategy had paid staff dedicated to health promotion. Instead, all agencies relied on volunteers to help deliver health promotion programs and services. All agencies provided and encouraged professional development for staff.

Type	Number	Health promotion policy or strategy (n, %)		Total (n, % of 19)
		Yes (n=13)	No (n=6)	
Paid staff	<25	3 (23.1)	---	3 (15.8)
	25 to 50	2 (15.4)	4 (28.6)	6 (31.6)
	51 to 75	1 (7.7)	---	1 (5.3)
	76 to 100	---	---	---
	>100	7 (53.8)	2 (14.3)	9 (47.4)
Additional paid staff dedicated to health promotion	<10	8 (61.5)	5 (35.7)	13 (68.4)
	10 to 20	2 (15.4)	1 (7.1)	3 (15.8)
	21 to 30	1 (7.7)	---	1 (5.3)
	31 to 40	---	---	---
	41 to 50	1 (7.7)	---	1 (5.3)
Volunteers to help with health promotion	>50	1 (7.7)	---	1 (5.3)
	<25	6 (46.2)	4 (28.6)	10 (52.6)
	25 to 50	3 (23.1)	1 (7.1)	4 (21.1)
	51 to 75	2 (15.4)	---	2 (10.5)
	76 to 100	---	1 (7.1)	1 (5.3)
>100	2 (15.4)	---	2 (10.5)	

## Space

Most agencies had few offices, private rooms and meetings rooms for health promotion programs or services, and this was true of agencies both with and without a health promotion policy or strategy.

Offices for managers and staff	Number	Health promotion policy or strategy (n, %)		Total (n, % of 10)
		Yes (n=6, 7 not provided)	No (n=4, 2 not provided)	
	<5	4 (66.7)	3 (75.0)	7 (70.0)
	6 to 10	0 (0.0)	1 (25.0)	1 (10.0)
	11 to 15	1 (16.7)	0 (0.0)	1 (10.0)
	16 to 20	0 (0.0)	0 (0.0)	0 (0.0)
	>20	1 (16.7)	0 (0.0)	1 (10.0)

Private rooms for one-on-one counseling	Number	Health promotion policy or strategy (n, %)		Total (n, % of 14)
		Yes (8, 5 not provided)	No (n=6)	
	<5	4 (50.0)	3 (50.0)	7 (50.0)
	6 to 10	3 (37.5)	1 (16.7)	4 (28.6)
	11 to 15	1 (12.5)	0 (0.0)	1 (7.1)
	16 to 20	0 (0.0)	1 (16.7)	1 (7.1)
	>20	0 (0.0)	1 (16.7)	1 (7.1)

Meeting rooms for group workshops	Number	Health promotion policy or strategy (n, %)		Total (n, % of 14)
		Yes (9, 4 not provided)	No (5, 1 not provided)	
	<5	7 (77.8)	3 (60.0)	10 (71.4)
	5 to 10	0 (0.0)	1 (20.0)	1 (7.1)
	11 to 15	0 (0.0)	0 (0.0)	0 (0.0)
	15 to 20	1 (11.1)	1 (20.0)	2 (14.3)
	>20	1 (11.1)	0 (0.0)	1 (7.1)

## Funding dedicated to health promotion

Overall, most agencies were funded by multiple levels of government and grants from charitable organizations. However, most had no health promotion budget or operated on <\$5000 yearly.

Funding source	Health promotion policy or strategy (n, %)		Total (n, % of 19)
	Yes (n=13)	No (n=6)	
Federal government	13 (100.0)	6 (100.0)	19 (100.0)
Provincial government	8 (61.5)	4 (66.7)	12 (63.2)
Grants from charities	8 (61.5)	3 (50.0)	11 (57.9)
Municipal government	3 (23.1)	2 (33.3)	5 (26.3)

Budget, annual	Health promotion policy or strategy (n, %)		Total (n, % of 11)
	Yes (n=8, 5 not provided)	No (n=3, 3 not provided)	
None	3 (37.5)	2 (66.7)	5 (45.5)
<\$5000	4 (50.0)	0 (0.0)	4 (36.4)
>\$5000 to \$10,000	0 (0.0)	0 (0.0)	0 (0.0)
>\$10,000 to \$50,000	0 (0.0)	0 (0.0)	0 (0.0)
>\$50,000 to \$100,000	0 (0.0)	0 (0.0)	0 (0.0)
>\$100,000	1 (12.5)	1 (33.3)	2 (18.2)

## Partnerships for health promotion

Overall, most agencies collaborated with multiple types of partners to offer health promotion including local or regional public health units, individual healthcare professionals, universities and colleges, community health centres, local hospitals and other community agencies.

Type	Health promotion policy or strategy (n, %)		Total (n, % of 19)
	Yes (n=13)	No (n=6)	
Public health unit	7 (53.8)	3 (50.0)	10 (52.6)
Healthcare professional	7 (53.8)	4 (66.7)	11 (57.9)
University or college	7 (53.8)	0 (0.0)	7 (36.8)
Community health centre	5 (38.5)	4 (66.7)	9 (47.4)
Hospital	5 (38.5)	0 (0.0)	5 (26.3)
Other community agency	5 (38.5)	4 (66.7)	9 (47.4)

## Barriers to / Capacity needed for health promotion

Overall, agencies similarly faced multiple barriers to health promotion. The key barrier was lack of consistent funding dedicated to health promotion. In part, this was due to funding guidelines that restricted the use of funds for health promotion. Other common barriers were related to staffing: insufficient number of staff with training in health promotion and/or that could speak the first language of clients. Agencies similarly prioritized the capacity needed for health promotion including multilingual staff with health promotion training and expertise, foster external partnerships, acquire funding dedicated to health promotion, and strengthen health promotion policies and strategies.

Barrier	Health promotion policy or strategy (n, %)		Total (n, % of 19)
	Yes (n=13)	No (n=6)	
Insufficient funds for health promotion	10 (76.9)	6 (100.0)	16 (84.2)
Insufficient staff to meet growing population needs	8 (61.5)	1 (16.7)	9 (47.4)
Lack of multilingual staff or translators	4 (30.8)	4 (66.7)	8 (42.1)
No/few staff trained in health promotion	3 (23.1)	3 (50.0)	6 (31.6)
Inadequate information system (computers, network)	2 (15.4)	0 (0.0)	2 (10.5)
Lack of health promotion handouts for clients	2 (15.4)	0 (0.0)	2 (10.5)
Time constraints for health promotion activities	1 (7.7)	0 (0.0)	1 (5.3)
Limited space dedicated to health promotion	1 (7.7)	0 (0.0)	1 (5.3)
Inconsistent partnerships with external people/agencies	1 (7.7)	1 (16.7)	2 (10.5)
Few women staff to offer gender-concordant services	1 (7.7)	0 (0.0)	1 (5.3)

Capacity needed	Health promotion policy or strategy (n, %)		Total (n, % of 19)
	Yes (n=13)	No (n=6)	
Hire more staff with/train staff in health promotion	13 (100.0)	6 (100.0)	19 (100.0)
Establish/develop partnerships with range of people/agencies	12 (92.3)	3 (50.0)	15 (78.9)
Actively pursue funding for health promotion	7 (53.8)	3 (50.0)	10 (52.6)
Hire multilingual staff/translators	5 (38.5)	2 (33.3)	7 (36.8)
Establish/update health promotion policies/strategies	4 (30.8)	3 (50.0)	7 (36.8)
Secure space and information system for health promotion	4 (30.8)	1 (16.7)	5 (26.3)
Regularly evaluate health promotion programs/services	1 (7.7)	0 (0.0)	1 (5.3)

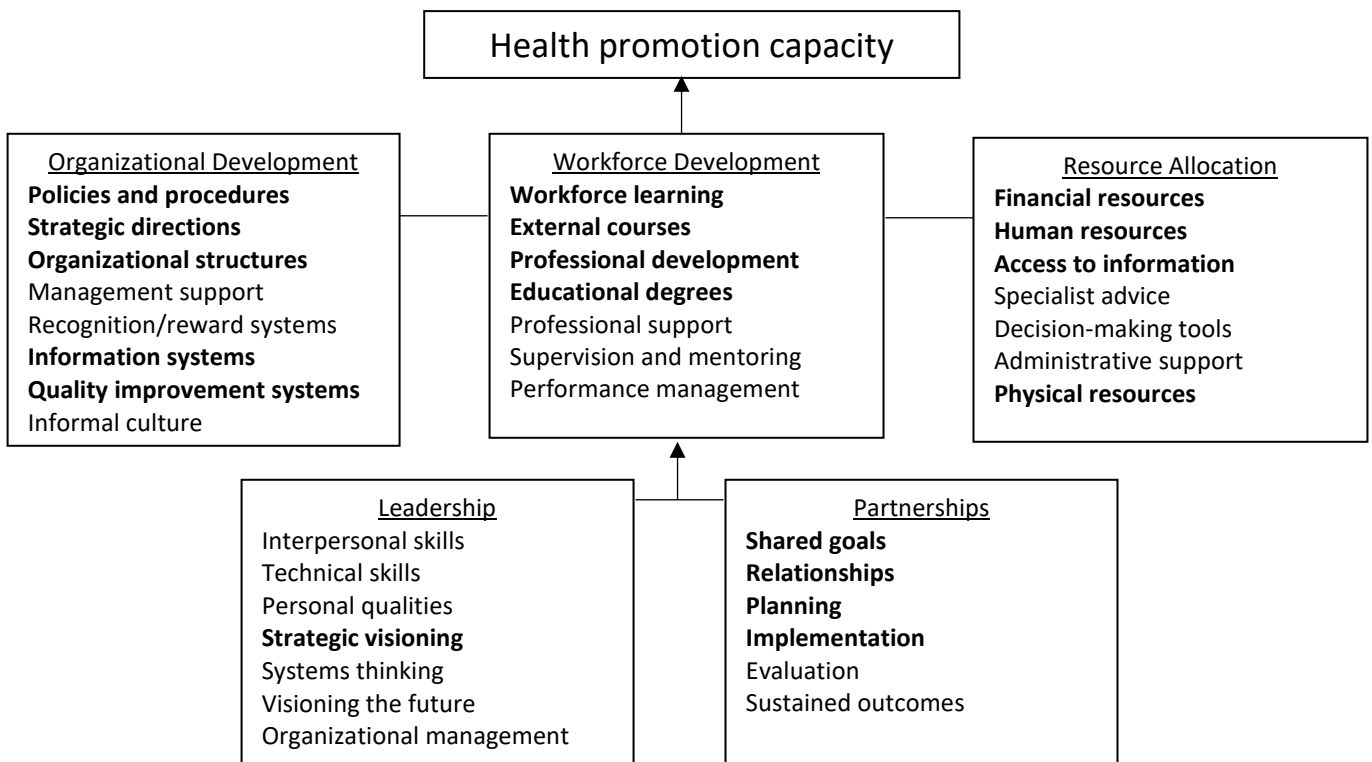
# Overall Summary

## Key findings

According to 11 managers and 8 staff of non-profit or charitable community agencies across Canada that provide immigrant settlement services, all offer a wide range of health promotion programs or services regardless of whether health promotion is formally recognized in an agency policy or strategic plan, and all face similar constraints. Most reported little (less than \$5,000 yearly) or no funding, space or staffing dedicated to health promotion. As a result, all relied on partnerships with local or regional public health units, healthcare professionals, researchers, universities and colleges, community health centres, local hospitals and other community agencies to be able to offer health promotion. To build capacity for more sustainable health promotion programs and services, agency managers and staff said they needed multilingual staff with health promotion training and expertise, formal agreements with external partners for ongoing collaboration, policies or strategies focused on health promotion, and funding dedicated to health promotion.

## Health promotion capacity

The New South Wales (NSW) Framework for Building Capacity to Improve Health specifies five action areas to achieve health promotion capacity: organizational development, workforce development, resource allocation, leadership and partnerships. The following figure depicts the NSW Framework. Bold type refers to the capacity needed by community agencies to deliver health promotion, as identified by this work. This information can be used by healthcare system leaders to inform national and provincial government plans to enhance population-level health promotion.



## Healthy lifestyle behaviours

Agency name: Windsor Women Working With Immigrant Women

Agency type: Non-profit

### Healthy lifestyle behaviours program features

Content Preventing disease, managing weight, eating healthy  
 Format Workshops, multimedia, printed materials  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held weekly

### Other health promotion programs offered

- Health system navigation
- Pregnancy-related support
- Mental health support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government, and grants from charities</li> <li>- Annual budget for health promotion: \$2,000 per year</li> </ul>	<ul style="list-style-type: none"> <li>- Regional health unit, women's shelters, agencies or providers offering youth, family counselling, or mental health support, hospitals, colleges, and universities</li> <li>- Health unit staff and healthcare professionals are occasionally invited as guest speakers to workshops</li> <li>- Community partners (either alone or in groups) organize health fairs to promote services and provide handouts</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 70 paid staff (4 dedicated to health promotion), no volunteers</li> <li>- Staff acquire professional development (e.g. in-house training or webinars)</li> </ul>	<ul style="list-style-type: none"> <li>- 2 offices for staff</li> <li>- 2 private rooms for one-on-one counselling</li> <li>- 1 classroom and 1 boardroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Few staff with training in health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- Lack of health promotion-related resources and materials to share with clients</li> </ul>	<ul style="list-style-type: none"> <li>- Prioritize health promotion in organizational policies</li> <li>- Train staff in health promotion</li> <li>- Have multilingual staff/translators</li> <li>- Promote collaboration among different agencies</li> <li>- Actively pursue funding for health promotion</li> </ul>

## Healthy lifestyle behaviours

Agency name: London Cross-Cultural Learner Centre

Agency type: Non-profit

### Healthy lifestyle behaviours program features

Content: Variety of health promotion topics, physical activities  
 Format: Workshops, counselling, fitness or dance classes  
 Delivery: In-person and virtual (individual and group), telephone, social media  
 Personnel: Agency staff, healthcare professional  
 Timing: Workshops of varying duration held weekly

### Other health promotion programs offered

- Health system navigation
- Immunization
- Pregnancy-related support
- Parenting skills

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government, and grants from charities</li> <li>- Annual budget for health promotion: Details not provided</li> </ul>	<ul style="list-style-type: none"> <li>- Regional health units, women's shelters, agencies or providers offering youth, family counselling, or mental health support, hospitals, colleges, and universities</li> <li>- Health unit staff and healthcare professionals are occasionally invited as guest speakers to workshops</li> <li>- Community partners (either alone or in groups) organize health fairs to promote services and provide handouts</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 150 paid staff (30 dedicated to health promotion), over 600 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, online courses)</li> </ul>	<ul style="list-style-type: none"> <li>- 4 offices for staff</li> <li>- 7 private rooms for one-on-one counselling</li> <li>- 3 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing population needs</li> <li>- Strict funding guidelines limiting the use of funds for health promotion</li> <li>- Time constraints in planning and implementing health promotion activities</li> </ul>	<ul style="list-style-type: none"> <li>- Secure multilingual staff/translators</li> <li>- Promote collaboration among different agencies</li> <li>- Actively pursue funding for health promotion</li> </ul>



## Healthy lifestyle behaviours

Agency name: Calgary Catholic Immigration Society

Agency type: Non-profit

### Healthy lifestyle behaviours program features

Content Personal hygiene  
 Format Workshops  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held weekly

### Other health promotion programs offered

- Women's sexual and reproductive health
- Health system navigation

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government, and grants from charities</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Healthcare professionals from community health centres offer health intake services</li> <li>- Local providers offer dental and vision services</li> <li>- Other community services provide incentives to clients (e.g. gift cards, bus passes)</li> <li>- Universities are a source of students who volunteer to support health promotion programs and services</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 450 to 500 paid staff (8 dedicated to health promotion), 40 to 60 volunteers</li> <li>- Staff acquire professional development (e.g. in-house and external training)</li> </ul>	<ul style="list-style-type: none"> <li>- No offices for health promotion staff</li> <li>- No private rooms for one-on-one counselling</li> <li>- 1 boardroom for orientation and workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing client needs</li> <li>- Lack of multilingual staff/translators</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> </ul>	<ul style="list-style-type: none"> <li>- Hire staff with clinical or health promotion expertise</li> <li>- Train existing staff in health promotion</li> <li>- Hire multilingual staff/translators</li> <li>- Establish long-term formalized partnerships with healthcare organizations or providers</li> <li>- Acquire funding to expand health promotion programs and services, and secure space</li> </ul>

## Gender-based violence

Agency name: South Asian Women's Centre

Agency type: Charity

### Gender-based violence program features

Content	Creating safety plans, accessing law enforcement agencies, applying for housing, sources of financial and other supports
Format	Workshops, counselling
Delivery	In-person (individual and group)
Personnel	Agency staff, healthcare professionals
Timing	Workshops of varying duration held weekly, counselling sessions of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Mental health support
- Healthy lifestyle behaviors
- Immunization
- Diabetes support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from municipal, provincial, and federal government, and grants from charities</li> <li>- Annual budget for health promotion: \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>- Universities, public health agencies, and other community agencies for staff training, research, and disease screening</li> <li>- Health unit staff and healthcare professionals are usually invited to facilitate workshops</li> <li>- Clinics for referral of clients for disease screening</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 11 paid staff (2 dedicated to health promotion), 50 to 60 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, mentorship, and on-the-job shadowing)</li> </ul>	<ul style="list-style-type: none"> <li>- Office spaces available for staff</li> <li>- Private rooms for one-on-one counselling</li> <li>- 1 classroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Few staff with training in health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- Lack of health promotion-related resources and materials to share with clients</li> </ul>	<ul style="list-style-type: none"> <li>- Establish policies with health promotion strategies</li> <li>- Hire/train staff in health promotion</li> <li>- Improve partnerships with healthcare providers</li> <li>- Secure funding and space for health promotion</li> <li>- Regularly monitor and evaluate programs</li> </ul>

## Gender-based violence

Agency name: YMCA Centre for Immigrant Programs in Halifax

Agency type: Non-profit

### Gender-based violence program features

Content Creating safety plans, sources of financial and other supports, forms and impact of gender-based violence, identifying warning signs  
 Format Workshops, multimedia, printed materials  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held weekly

### Other health promotion programs offered

- Health system navigation
- Parenting skills
- Mental health support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government</li> <li>- Annual budget for health promotion: Not provided</li> </ul>	<ul style="list-style-type: none"> <li>- Staff of regional health units and community health centres provide information and deliver workshops</li> <li>- Acupuncture and massage providers provide service to the clients</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 140 paid staff (all dedicated to health promotion), 50 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, onboarding training)</li> </ul>	<ul style="list-style-type: none"> <li>- Workstations for all staff</li> <li>- Private rooms for one-on-one counselling</li> <li>- 20+ classrooms for workshops across sites</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> </ul>	<ul style="list-style-type: none"> <li>- Hire more staff</li> <li>- Partner with the provincial health authority to provide health promotion services</li> <li>- Acquire funding for health promotion</li> </ul>

## Health system navigation

Agency name: New Canadians Centre Peterborough

Agency type: Non-profit

### Health system navigation program features

Content Finding a doctor, finding specific health services  
 Format Workshops, counselling, printed materials  
 Delivery In-person (individual and group), telephone  
 Personnel Agency staff  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

None

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government and grants from charities</li> <li>- No budget dedicated to health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- Refer clients to local community health centres and hospitals for various services (e.g. prenatal classes)</li> <li>- Link clients to local public health unit for vaccinations and women's health support</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 40 paid staff (12 dedicated to health promotion), no volunteers</li> <li>- No health promotion training opportunities available to staff</li> </ul>	<ul style="list-style-type: none"> <li>- No dedicated space for health promotion</li> <li>- One boardroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet the growing need</li> <li>- No staff trained in health promotion</li> <li>- Lack of multilingual staff/translators</li> <li>- Insufficient funds for health promotion</li> <li>- No dedicated space for health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- Increase the number of staff</li> <li>- Hire staff with clinical or health promotion expertise</li> <li>- Promote collaboration with different agencies</li> <li>- Acquire funding for health promotion</li> <li>- Establish or find space for health promotion</li> </ul>

## Health system navigation

Agency name: Community Family Services of Ontario

Agency type: Non-profit

### Health system navigation program features

Content Finding a doctor, acquiring health insurance cards, preparing for healthcare appointments  
 Format Workshops  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professional  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

- Immunization
- Mental health support
- Support for disability

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from municipal, provincial, and federal government; and grants from charities</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Community center hosts workshops in their space</li> <li>- Local libraries also host presentations/workshops</li> <li>- Collaboration with other settlement agencies to reach a wider audience</li> <li>- Healthcare professionals are invited to workshops as guest speakers</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 35 paid staff (20 staff dedicated to health promotion), 4 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, onboarding training, continuing education workshops)</li> </ul>	<ul style="list-style-type: none"> <li>- 3 classrooms and 1 boardroom for workshops</li> <li>- Multiple social media channels that reach 1.6 million followers daily</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- Insufficient staff to meet growing client needs</li> <li>- Inadequate information system (no computers for staff)</li> <li>- Inconsistent partnerships with other agencies and universities</li> </ul>	<ul style="list-style-type: none"> <li>- Hire staff with clinical or health promotion expertise</li> <li>- Acquire multilingual staff/translators</li> <li>- Acquire funding for health promotion staffing</li> <li>- Partner with community agencies to address client needs</li> <li>- Visionary and proactive leaders who can develop health promotion capacity</li> </ul>

## Parenting skills

Agency name: Central Alberta Immigrant Women's Association

Agency type: Non-profit

### Parenting skills program features

Content: Preparing children for school, supporting isolated mothers, guidance for childcare  
 Format: Workshops, printed materials  
 Delivery: In-person and virtual (individual and group), telephone, email  
 Personnel: Agency staff, service organization representatives, child advocates, health educators  
 Timing: Workshops of varying duration held as needed

### Other health promotion programs offered

- Domestic violence prevention
- Health system navigation
- Mental health support
- Disease prevention

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government</li> <li>- Annual budget for health promotion: none</li> </ul>	<ul style="list-style-type: none"> <li>- Hospitals provide mental health support to clients</li> <li>- Representatives of colleges, provincial and federal governments, domestic violence service providers, RCMP, immigrant-serving organizations, legal and court services, and religious leaders on committees to plan and execute health promotion projects and research</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 22 paid staff (1 dedicated to health promotion), no volunteers</li> <li>- Staff acquire professional development (e.g. in-house training)</li> </ul>	<ul style="list-style-type: none"> <li>- 14 offices for staff</li> <li>- 1 private room for one-on-one counselling</li> <li>- 4 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient funds for health promotion</li> <li>- Insufficient staff to meet growing client needs</li> <li>- No multilingual staff or translators</li> </ul>	<ul style="list-style-type: none"> <li>- Acquire funding for health promotion</li> <li>- Hire more staff for health promotion</li> </ul>

## Parenting skills

Agency name: Woodgreen Charity

Agency type: Charity

### Parenting skills program features

Content Guidance for childcare, helping parents to support children’s cultural adaptation  
 Format Workshops, health fairs  
 Delivery In-person (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held weekly, health fairs of varying duration held as needed

### Other health promotion programs offered

- Gender-based violence prevention

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Hospitals offer health fairs where different healthcare professionals (e.g. dentists, mental health counselors) offer information</li> <li>- Academic staff at universities periodically provide resources, strategic planning advice and volunteers to support health promotion activities</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 900 paid staff (2 dedicated to health promotion), 10 to 20 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, continuing education workshops)</li> </ul>	<ul style="list-style-type: none"> <li>- 20 individual and shared office spaces</li> <li>- 6 private rooms for one-on-one counselling</li> <li>- 20 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- No staff dedicated to health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> </ul>	<ul style="list-style-type: none"> <li>- Hire staff with clinical or health promotion expertise</li> <li>- Develop partnerships with healthcare professionals to provide specific health services</li> </ul>

## Chronic disease prevention

Agency name: Dixie Bloor Neighbourhood Centre

Agency type: Non-profit

### Chronic disease prevention program features

Content Preventing and managing chronic diseases  
 Format Workshops, support groups  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff and healthcare professionals  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Parenting skills
- Mental health support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from municipal, provincial and federal government</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Sexual health clinics, family clinics and local health units organize breast cancer clinics</li> <li>- Local health unit trains agency staff and hosts vaccine clinics</li> <li>- Health unit staff and healthcare professionals are invited to workshops as guest speakers</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 185 paid staff (8 dedicated to health promotion), 62 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training or webinars)</li> </ul>	<ul style="list-style-type: none"> <li>- No details provided</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- No staff with training in health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- Inadequate information system (no computers for staff)</li> </ul>	<ul style="list-style-type: none"> <li>- Hire staff with clinical or health promotion expertise</li> <li>- Hire more staff dedicated to health promotion</li> <li>- Update policies to prioritize health promotion topics</li> <li>- Acquire computers for all staff</li> </ul>



## Dental care

Agency name: DIVERSEcity Community Resources Society

Agency type: Non-profit

### Dental care program features

Content: Dental check-up and cleaning, oral hygiene practices  
 Format: Workshops, videos  
 Delivery: In-person (individual and group)  
 Personnel: Agency staff  
 Timing: Workshops of varying duration held weekly

### Other health promotion programs offered

- Health system navigation
- Immunization

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Local health units, community health centres and universities host workshops</li> <li>- Health unit staff and healthcare professionals are invited to workshops as guest speakers</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 310 staff (2 staff dedicated to health promotion), 381 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training or webinars)</li> </ul>	<ul style="list-style-type: none"> <li>- Several offices for staff</li> <li>- 11 private rooms for one-on-one counselling</li> <li>- 1 classroom and 1 boardroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing client needs</li> <li>- Insufficient women staff to accommodate individuals from cultures that prefer gender-concordant services</li> </ul>	<ul style="list-style-type: none"> <li>- Develop and expand partnerships with community agencies and health service providers to broaden health promotion services and impact</li> <li>- Acquire more multilingual staff/translators</li> </ul>

## Immunization

Agency name: Neepawa Settlement Services

Agency type: Non-profit

### Immunization program features

Content Vaccine purpose, type, timing and access  
 Format Workshops  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Pregnancy-related support
- Mental health support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government and grants from charities</li> <li>- Annual budget for health promotion: \$1500 to \$2000</li> </ul>	<ul style="list-style-type: none"> <li>- Local public health unit offers vaccine clinics</li> <li>- Local health unit staff are sometimes invited as workshop facilitators or guest speakers</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 15 paid staff (1 dedicated to health promotion), no volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, continuing education workshops)</li> </ul>	<ul style="list-style-type: none"> <li>- 1 office space shared by staff</li> <li>- 3 private rooms for one-on-one counselling</li> <li>- 1 classroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing client needs</li> <li>- Lack of volunteers to assist with health promotion activities</li> </ul>	<ul style="list-style-type: none"> <li>- Acquire more staff for health promotion</li> <li>- Establish long-term partnerships with healthcare organizations and professionals</li> <li>- Seek and involve volunteers with health promotion expertise or experience to offer workshops</li> </ul>

## Mental health support

Agency name: Punjabi Community Health Services

Agency type: Non-profit

### Mental health support program features

Content: Addiction and substance use recovery, mental health education  
 Format: Workshops, counselling  
 Delivery: In-person and virtual (individual and group)  
 Personnel: Agency staff, healthcare professionals  
 Timing: Workshops of varying duration held weekly, Counselling sessions of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Immunization
- Geriatric support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government</li> <li>- Annual budget for health promotion: \$300,000</li> </ul>	<ul style="list-style-type: none"> <li>- Hospitals and other community agencies provide various health promotion services to clients</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 100 to 150 paid staff (70 to 80 dedicated to health promotion), 20 to 30 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training or webinars)</li> </ul>	<ul style="list-style-type: none"> <li>- Several offices for staff</li> <li>- 10 private rooms for one-on-one counselling</li> <li>- 2 boardrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing client needs</li> <li>- Lack of multilingual staff/translators</li> </ul>	<ul style="list-style-type: none"> <li>- Establish policies with health promotion priorities</li> <li>- Collaborate with healthcare policymakers and organizations to address systemic barriers</li> <li>- Hire more staff dedicated to health promotion</li> <li>- Develop partnerships with other community agencies to expand outreach and share resources</li> <li>- Acquire funding and space for health promotion</li> </ul>

## Dental Care

Agency name: Peel Multicultural Council

Agency type: Non-profit

### Dental care program features

Content Dental check-up and cleaning, oral hygiene practices  
 Format Health fairs, mobile clinics, printed materials  
 Delivery In-person (individual and group)  
 Personnel Agency staff and healthcare professionals  
 Timing Mobile clinics held every 2 weeks

### Other health promotion programs offered

- Health system navigation
- Mental health support

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from federal government</li> <li>- Annual budget for health promotion: None</li> </ul>	<ul style="list-style-type: none"> <li>- Local public health unit offers dental care and mental health support</li> <li>- Other community agencies offer a range of health promotion programs and services</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 50 paid staff (3 dedicated to health promotion), 30 to 40 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training and orientation)</li> </ul>	<ul style="list-style-type: none"> <li>- 2 offices for staff</li> <li>- 6 private rooms for one-on-one counselling</li> <li>- 1 classroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Strict funding guidelines restrict use for health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- No staff with training in health promotion</li> <li>- Difficulty in establishing connections with healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>- Establish policies with health promotion priorities</li> <li>- Seek funding dedicated to health promotion</li> <li>- Train staff in health promotion</li> <li>- Acquire multilingual staff/translators</li> </ul>

## Parenting skills

Agency name: Centre for Immigrant and Community Services

Agency type: Non-profit

### Parenting skills program features

Content Helping parents to support children’s cultural adaptation  
 Format Workshops, health fairs, support groups  
 Delivery In-person and virtual (individual and group), printed materials  
 Personnel Agency staff, healthcare professionals  
 Timing Workshops of varying duration held weekly, counselling sessions of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Mental health support
- Disease prevention

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from municipal, provincial and federal government; and grants from charities</li> <li>- Annual budget for health promotion: \$150,000 to \$200,000</li> </ul>	<ul style="list-style-type: none"> <li>- Local library provides space for workshops</li> <li>- Other community agencies assist in broadening reach</li> <li>- Healthcare professionals are invited to workshops as guest speakers</li> <li>- Healthcare professionals provide primary care services</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 150 paid staff (5 dedicated to health promotion), 20 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training and funded external training)</li> </ul>	<ul style="list-style-type: none"> <li>- 3 shared offices for staff</li> <li>- 2 private rooms for one-on-one counselling</li> <li>- 3 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Few staff with training in health promotion</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- No multilingual staff/translators</li> <li>- Lack of policy to guide health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- Train staff in health promotion</li> <li>- Provide mental health support for staff who are exposed to details of clients’ trauma</li> <li>- Acquire multilingual staff/translators</li> <li>- Develop partnerships with various community agencies and healthcare organizations</li> </ul>

## Immunization

Agency name: Immigration and Settlement Catholic Social Services

Agency type: Non-profit

### Immunization program features

Content Vaccine purpose, type, timing and access  
 Format Workshops, printed materials  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professionals  
 Timing Immunization clinics held as needed

### Other health promotion programs offered

- Disease prevention
- Health system navigation
- Mental health
- Dental care

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government; and revenue generated by the agency</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Community health centres provide health promotion programs and services to clients</li> <li>- Healthcare professionals offer immunization and tuberculosis screening, and promote healthy lifestyle behaviours</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 42 paid staff (2 dedicated to health promotion), no volunteers</li> <li>- Staff acquire professional development (e.g. in-house training, training by agency partners)</li> </ul>	<ul style="list-style-type: none"> <li>- 1 shared office for staff</li> <li>- 22 private rooms for one-on-one counselling</li> <li>- 2 board rooms for immunization clinics and workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient staff to meet growing client needs</li> <li>- No multilingual staff/translators</li> </ul>	<ul style="list-style-type: none"> <li>- Establish policies with health promotion priorities</li> <li>- Hire staff with clinical and health promotion expertise</li> <li>- Develop partnerships with healthcare professionals and other agencies to provide specific health services</li> <li>- Acquire funding for health promotion</li> <li>- Establish a clinic within the agency</li> </ul>

## Mental health support

Agency name: Edmonton Newcomer Centre

Agency type: Non-profit

### Mental health support program features

Content: Mental health education, trauma-informed mental health support  
 Format: One-on-one counselling, workshops  
 Delivery: In-person and virtual (individual and group)  
 Personnel: Agency staff, healthcare professionals  
 Timing: Counselling and workshops of varying duration held as needed

### Other health promotion programs offered

- Health system navigation

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from municipal, provincial and federal government, and grants from charities</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	---
Staffing	Space
<ul style="list-style-type: none"> <li>- 230 paid staff (15 full- and part-time dedicated to mental health support), 100 volunteers</li> <li>- Staff acquire professional development (e.g. in-house training and short courses)</li> </ul>	<ul style="list-style-type: none"> <li>- Office spaces for staff</li> <li>- Private rooms for one-on-one counselling</li> <li>- 2 board rooms and 20 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- Lack of multilingual staff/translators</li> </ul>	<ul style="list-style-type: none"> <li>- Train staff in health promotion</li> <li>- Acquire multilingual staff/translators</li> <li>- Hire staff with clinical and health promotion expertise</li> <li>- Establish partnerships with healthcare organizations and professionals to offer programs and services</li> </ul>

## Women’s sexual and reproductive health

Agency name: Central Vancouver Island Multicultural Society

Agency type: Charity

### Women’s sexual and reproductive health program features

Content Family planning, gender-based violence prevention, menstruation support  
 Format Workshops, printed materials  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff, healthcare professional  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Mental health support
- Disease prevention

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from the federal government and grants from charities</li> <li>- Annual budget for health promotion: None</li> </ul>	<ul style="list-style-type: none"> <li>- Local public health units and community health centres</li> <li>- Healthcare professionals are sometimes invited to workshops as guest speakers</li> <li>- Community health centres provide sexual health information, and testing/treatment for HIV/hepatitis</li> <li>- Community agencies offer programs and services to children, youth and families</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 50 paid staff (9 dedicated to health promotion), 15 volunteers</li> <li>- Staff acquire professional development (e.g. orientation, in-house training, webinars)</li> </ul>	<ul style="list-style-type: none"> <li>- 6 shared offices</li> <li>- 16 private offices for one-on-one consultations</li> <li>- 5 classrooms for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> <li>- No staff dedicated to health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- Hire staff for health promotion</li> <li>- Establish partnerships with healthcare organizations</li> <li>- Acquire staff with clinical and health promotion expertise</li> <li>- Seek funding and space for health promotion</li> </ul>



## Women’s sexual and reproductive health

Agency name: Moose Jaw Multicultural Council

Agency type: Charity

### Women’s sexual and reproductive health program features

Content Pre- and post-natal care, referral to sexual and reproductive health services  
 Format Workshops, support groups  
 Delivery In-person and virtual (individual and group)  
 Personnel Agency staff and healthcare professionals  
 Timing Workshops of varying duration held as needed

### Other health promotion programs offered

- Health system navigation
- Gender-based violence prevention
- Mental health support
- Immunization

### Current health promotion capacity

Funding	Partnerships
<ul style="list-style-type: none"> <li>- Funding from provincial and federal government</li> <li>- Annual budget for health promotion: No details provided</li> </ul>	<ul style="list-style-type: none"> <li>- Provincial and local public health units, local community health centres and healthcare professionals offer workshops on women’s health topics and immunization clinics</li> <li>- Other community agencies offer counselling services and host support groups for women and girls</li> </ul>
Staffing	Space
<ul style="list-style-type: none"> <li>- 42 paid staff (9 dedicated to health promotion), 20 to 30 volunteers</li> <li>- Staff acquire professional development (in-house and external training)</li> </ul>	<ul style="list-style-type: none"> <li>- Offices spaces for staff</li> <li>- 2 private rooms for one-on-one counselling</li> <li>- 1 classroom for workshops</li> </ul>

### Desired health promotion capacity

Barriers to health promotion	Capacity needed for health promotion
<ul style="list-style-type: none"> <li>- Lack of staff with health promotion training</li> <li>- No multilingual staff/translators</li> <li>- Insufficient funds to consistently offer a range of health promotion programs</li> </ul>	<ul style="list-style-type: none"> <li>- Establish policies with health promotion priorities</li> <li>- Hire staff, including leaders, with clinical and health promotion expertise</li> <li>- Develop partnerships to expand health promotion programs and services</li> <li>- Seek funding for health promotion staff and space</li> </ul>