

Background

Given high rates of international migration, poor access to health care among immigrant women and the possible health promotion role of community agencies, we explored the health promotion capacity of community agencies.

Methods

We conducted telephone interviews with immigrant women and immigrant settlement agency staff (managers, coordinators) across Canada, and summarized what they viewed as current and needed health promotion capacity.

Participants

Women (n=24)

Ethno-cultural group	
African and Caribbean Black	14 (58.3)
South Asian	5 (20.8)
East Asian	3 (12.5)
Middle Eastern	2 (8.3)
Age (years)	
≤35	9 (37.5)
>35	15 (62.5)

Agency staff (n=22)

Position	
Manager	11 (50.0)
Coordinator	11 (50.0)
Self-reported gender	
Woman	17 (77.3)
Man	5 (22.7)
Career stage	
Middle	12 (54.5)
Late	6 (27.3)
Early	4 (18.2)

Agencies (n=20)

Type of agency	
Non-profit	15 (75.0)
Charity	5 (25.0)
Women-only	
Yes	13 (65.0)
No	7 (35.0)
Dedicated staff	
0	2 (10.0)
1 to 5	8 (40.0)
6 to 10	5 (25.0)
>10	5 (25.0)

Current capacity

Women and agency staff identified the following:

Workforce	Number, type and training of staff
Resources	Staff, space and funding dedicated to health promotion
Organization	Strategic planning, information systems
Partnerships	External experts assist in delivering programs/services
Leadership	Interpersonal skills, overseeing operations, networking, visioning

Women also valued:

- Women-only programs
- Use of diverse media to raise awareness
- Offer programs in-person and virtually
- Provide transit vouchers and onsite childcare
- Consult with women about topics of interest

Needed capacity

Women and agency staff prioritized the following:

Workforce	Hire staff with health promotion expertise, train staff in health promotion, hire staff that can speak or translate multiple languages, and educate staff on diverse cultures and trauma
Resources	Increase the number of staff dedicated to health promotion, renovate or acquire space for health promotion, acquire stable funding for health promotion
Organization	Develop policies and strategies for health promotion, enhance information systems, undertake regular program evaluation
Partnerships	Establish formal, ongoing partnerships with healthcare providers to lead or assist with health promotion programs or services
Leadership	Employ visionary leaders with health promotion expertise

Conclusions

Action is needed to integrate these results into policy that supports community-based health promotion. Future research should establish ideal community agency health promotion models that improve immigrant women's health and wellness

For more information

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