

Background

Immigrant and sexually-/gender-diverse women face inequities in access to and quality of care. Many seek health information from community agencies. We aimed to describe what agencies need to promote health to diverse women.

Study characteristics

- We included 19 studies published from 2017-2023 on many health promotion topics
- Most took place in the United States (15, 79%)
- Most involved African/Latin Americans (18, 95%)
- Few involved women only (8, 42%)
- None involved sexually-/gender-diverse women
- Most agencies were faith-based (14, 74%)

Program impact

Most studies successfully trained agency staff, and programs reached and helped participants

Studies that assessed different program impacts			
Reach	Effectiveness	Adoption	Implementation
Participants; enablers or barriers they faced	Impact on knowledge, actions or health	Agencies/staff; enablers or barriers they faced	Time, cost or other details needed to deliver programs
9 (47%)	13 (68%)	1 (5%)	0 (0%)

- Enablers: partnerships, leadership, motivated staff, offering information in various languages and in-person education sessions
- Barriers: limited funding and space, staff burnout, complexity of health information, and inconvenient days/times

Conclusions

This study confirms the benefits of community agency health promotion for persons of diverse race. However, few studies focused only on women, none on sexually or gender diverse women, and few described cultural tailoring of. Still, we learned what agencies need to deliver health promotion, information needed to develop and expand community-based health promotion.

Methods

We searched for research published in 2013 or later that offered community agency health promotion to at least 50% ethno-culturally, sexually or gender-diverse women, and described health promotion program design, cultural safety, implementation and impact.

Program characteristics

- Most studies trained agency staff to deliver health promotion education (15, 79%)
- Few studies assessed the benefits of health promotion education (7, 50%)
- Few studies described cultural tailoring of programs (5, 26%): first language, scheduled evenings after work/home duties

Health promotion capacity

Most studies focused on staffing; few explored what else agencies need to offer health promotion

Studies that assessed health promotion capacity			
Organizational development	Workforce development	Resource allocation	External partners
Policies Strategic directions Information systems	Workforce learning Education/training Supports for staff	Financial resources Human resources Physical resources	Shared goals Relationships Planning
5 (26%)	14 (74%)	5 (26%)	8 (42%)

Agencies were more likely to retain staff and offer health promotion programs if they had:

- Funding and space dedicated to health promotion
- Staff trained in health promotion
- Partnerships with researchers and clinicians

For more information

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