BEST PRACTICES IN DIVERSITY LIAISON SERVICES

Literature Review and Environmental Scan

Healthy Diverse Populations
Alberta Health Services - Calgary Health Region
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GLOSSARY OF TERMS

Best practice: A process or methodology that has been proven to work well and produce good results, and is therefore recommended as a model.

Culture: An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group; the ability to transmit the above to succeeding generations; is dynamic in nature (NCCC, 2004: vii).

Cultural Awareness: Being cognizant, observant and conscious of similarities and differences among cultural groups (NCCC, 2004: vii).

Cultural / Diversity Brokering: The act of bridging, linking or mediating between groups or persons of differing cultural backgrounds, for the purpose of reducing conflict or producing change; acts as a go-between, one who advocates on behalf of another individual or group; a health care intervention through which the professional increasingly uses cultural and health science knowledge and skills to negotiate with the client and the health care system for an effective, beneficial health care plan (NCCC, 2004: vii).

Cultural Liaison: An individual who acts as a communicator, connecting patients / consumers with providers in the health care agency (NCCC, 2004). This term has been used interchangeably with "cultural broker."

Diversity: All the ways people are unique and different from each other. Dimensions of diversity include, but are not limited to, such aspects as race, religion and spiritual beliefs, cultural orientation, colour, physical appearance, gender, sexual orientation, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic circumstance, profession, language, health status, geographic location, group history, upbringing and life experiences. (Calgary Health Region, 2008: 1).

Diversity Competency: The ability of individuals and systems to respond respectfully and effectively to individuals, families and communities of all diverse backgrounds in a manner that protects and preserves their dignity and recognizes, affirms, and values differences, similarities and worth (Calgary Health Region, 2008: 2).

Patient Navigator: Patient navigators act as "personal advocates facilitating patients' movement through the standard care process" (Steinberg et al., 2006: 2670). The U.S. Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 identifies six duties of the patient navigator: to act as a contact for the patient, including helping to coordinate services and referrals; to facilitate involvement of community organizations to assist patients at risk; to notify patients of clinical trials and upon request facilitate their enrolment; to anticipate, identify and overcome barriers in the health care system; to coordinate with health insurance ombudsman

programs to provide information; and to conduct outreach to health disparity populations (Darnell, 2007).

Promotora: An outreach worker in a Hispanic community who is responsible for raising awareness of health and educational issues (Ingram et al., 2007).

EXECUTIVE SUMMARY

The Calgary Health Region strives to be a proficient diversity competent health care organization that is a model for other health organizations. In response to the increasing cultural and linguistic diversity of the population served by the Region, the Region commissioned a review of the literature and environmental scan to identify best or leading practices in the use of diversity liaisons (including diversity brokers, guides and patient navigators). This review is intended to provide an evidence base for the Region's existing liaison program, and to provide direction as the roles of liaisons in the Region expand. The literature review focused on scholarly articles published since 2001 and the environmental scan included a survey of grey literature and interviews with diversity liaison representatives in the Calgary Health Region.

Diversity liaison services are emerging in health care organizations in response to growing awareness of the diversity in health-related beliefs, values and preferences, diversity in help-seeking behaviours and attitudes toward health care and health care systems, and diversity in the use of indigenous or traditional health practices. Diversity liaison services have the potential to reduce barriers to health care by facilitating relationships among diverse populations and the health care system, by encouraging the mutual exchange of information, and by helping negotiate mutually acceptable solutions that accommodate multiple diverse perspectives. Improved health outcomes have also been attributed to diversity liaison services, including increased cancer screening rates, improved management of diabetes, and greater accuracy in psychiatric diagnoses.

Diversity liaisons are knowledgeable on two fronts: they have a sound understanding of and appreciation for the target population's beliefs, values and practices as they pertain to health and health care, and they are also equipped with a good understanding of the mainstream health care system. Liaisons are therefore well positioned to facilitate the use of health care services among populations that may otherwise be under-served and at the same time, their knowledge also enables liaisons to provide health care systems with a better understanding of how to serve diverse populations, including an understanding of barriers to health care, and to help guide the development of diversity-competent health care practices more generally. Liaisons further act as mediators, facilitating communication and understanding between patients, their families and health care providers, which helps foster and maintain relationships of trust. Finally, liaisons serve as catalysts of change by enhancing communication and understanding and initiating change within the health care system and the community at large.

Best Practices in Diversity Liaison Services

While the literature on diversity liaison services is scant, this review was able to identify a number of practices that have proven or are proving to contribute to the development and implementation of diversity liaison services in health care environments. As diversity competence of health care systems continues to become a priority, the articulation of best or leading practices in diversity liaising is likely to increase as well.

This report identifies seven areas where best practices in diversity liaison services have been identified: the core competencies required of liaisons, the ability of staff to work effectively with liaisons, organizational support, community involvement, knowledge exchange, holistic perspectives, and quality assurance/assessment.

In terms of core competencies, the literature suggests that diversity liaisons should have close ties to the communities served, a good understanding of cultural beliefs, values and preferences related to health and health care, and have the interpersonal, linguistic, and cultural skills necessary to develop relationships of trust and rapport with diverse communities and their members. Liaisons should also have intimate knowledge of and be well-connected to the local health care system. Additional competencies identified through interviews with representatives of liaison services include the ability to build capacity within communities, to multitask and to work independently.

The effectiveness of diversity liaison services further depends on the ability of health care staff to understand why diversity liaising may be necessary, to identify clients and communities likely to benefit from diversity liaisons, and to know how to access and work with liaisons. There are few established training materials for health care staff, leaving this training up to individual health care organizations.

Organizational support is cited in the literature as a critical component of successful liaison services. Support includes valuing diversity at the organizational level, achieving 'buy-in' from key personnel, and formalizing liaison programs through the development of a framework or logic model for the delivery of services. Organizational support also includes the allocation of organizational resources to liaison services development, implementation and evaluation, as well as acceptance of the diversity liaison as part of the health care team and the development of practices that enable the liaison to assist clients in navigating the health care system.

Liaison services should be community driven, tailored to the unique needs of the community and delivered in ways that are most accessible to the individuals served. Involving diverse community representatives in the development and implementation of liaison services is recommended, as this provides a means of gaining insight into the values, beliefs and practices of clients and a means of identifying potential barriers to care. Developing community-driven programs can also enhance the legitimacy and credibility of diversity liaising (and of the health care organization) within the communities served.

Knowledge exchange is further identified as a best practice; to be effective, liaisons and health care organizations must recognize the resources, knowledge and skills of diverse communities that can be utilized to support health care service delivery, and must strive to cultivate collaborative, reciprocal relationships for the exchange or transfer of those assets. The role of the liaison, then, is not to simply transmit knowledge of mainstream health systems to clients, but to garner and communicate to health care providers an understanding of the health beliefs, values and practices of the communities served.

Liaison services are found to be most effective when premised on a holistic approach, wherein the liaison understands and responds to the many facets of an individual's or community's experience and circumstances that may influence their ability and willingness to seek appropriate health care, including social, financial, and psychological factors. This view, in turn, often requires liaisons to adopt a 'case management' approach to service delivery, wherein the liaison is called upon to perform a wide range of duties to help the client overcome the often complex barriers to health care service utilization.

Finally, it is recommended in the literature that diversity liaison services develop and implement processes for quality assurance / assessment.

The report concludes with recommendations for consideration by the Calgary Health Region, intended to help the Region become a model diversity competent organization. These include skills and knowledge development among diversity liaisons with respect to working with non-ethnocultural diverse populations, strengthening relationships with non-ethnocultural diverse populations, contributing to the body of knowledge around diversity liaison services, monitoring best practices through periodic scans of the literature and continuing to actively seek feedback about diversity liaison services.

1.0 INTRODUCTION

The Calgary Health Region strives to be a proficient diversity competent health care organization that is a model for other health organizations. To this end, the Region has commissioned a review of the literature and environmental scan to identify best practices in diversity liaisons (including diversity/cultural brokers, guides, advocates and patient navigators[1]). This report is intended to provide an evidence base for the work currently performed by diversity liaisons in the Region, and to provide direction as their roles continue to evolve.

In the first section of this report we present the rationale for diversity liaising, discuss the philosophical premises of diversity liaison services, and outline the scope of duties of diversity liaisons. In the second section we present the methods used in the literature review and environmental scan, and turn, in the third section, to a discussion of best or leading practices. We conclude with a series of recommendations for the Calgary Health Region.

1.1 Rationale for Diversity Liaisons

The use of the terms 'diversity liaison,' cultural broker,' 'cultural guide,' 'diversity advocate' and 'patient navigator' is relatively new in Canada.[2] Diversity competence in health care has largely centered on the provision of language services, but as the scope of what it means to provide diversity competent care broadens, interest has grown in the potential for brokers, liaisons, advocates and patient navigators to reduce health disparities among diverse populations. Diversity liaison services are necessitated by increasing population diversity, growing awareness of the benefits of liaison services to patients/consumers, practitioners, and health care organizations, and evidence of improved health outcomes. Each rationale is discussed below.

> Diversity liaisons act as the middle person between the Calgary Health Region and diverse groups.
>
> *Diversity Liaison*
> *Calgary Health Region*

Population Diversity

Statistics Canada's 2006 Census data show that 19.8% of the national population is comprised of foreign-born people, the highest proportion in 75 years; moreover, while the Canadian-born population increased by 3.3% between 2001 and 2006, Canada's foreign-born population increased by 13.6% during the same period (Statistics Canada, 2007a). The majority of newcomers to Canada are of Asian descent (58.3%) and of European descent (16.1%). Nearly three-quarters of newcomers report a first language other than English or French (70.2%), with 18.6% reporting Chinese languages; 6.6% Italian; 5.9% Punjabi; 5.8% Spanish; 5.4% German; 4.8% Tagalog; and 4.7% Arabic (Ibid.).

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[1] With some exceptions, the term 'diversity liaison' is used in this report to refer also to diversity/cultural brokers, guides, cultural advocates, and patient navigators.
[2] While the literature refers mainly to 'cultural brokers,' the Calgary Health Region uses the term 'diversity liaison' to reflect the broader scope of diverse populations served by liaisons in the Region.

The 2006 Census also indicates that a growing proportion of newcomers to Canada are settling in smaller metropolitan areas (16.5% settled in Calgary, Ottawa-Gatineau, Edmonton, Winnipeg, Hamilton and London, compared to 14.3% in 2001), and in 2006, 5.2% and 2.9% of newcomers made their home in Calgary and Edmonton, respectively (Ibid.).

The population served by the Calgary Health Region (currently exceeding 1.2 million) is increasingly culturally and linguistically diverse. In 2006, 22.1% of the population was of landed immigrant status, and 5.0% of the Region's population had immigrated to Canada within the previous five years (Statistics Canada, 2007). Nearly one-quarter of residents served by the Calgary Health Region reported having a first language other than English or French (22.6%), and 12.3% indicated that they spoke a non-official language (neither English nor French) most often at home (Ibid.).

Increased immigration from non-European countries (such as China, India, Philippines, Pakistan and Korea) and the high proportion of non-English speaking immigrants increases the likelihood that clients of the Calgary Health Region will require language-related services. Moreover, with increased population diversity the Calgary Health Region is likely to encounter greater diversity in the beliefs, values and preferences of clientele as they relate to health and wellness, greater diversity in help-seeking behaviours and attitudes toward health care providers, and greater preference for the use of indigenous or traditional health practices. Together, these factors provide a solid rationale for the Calgary Health Region to continue to identify and, where possible and relevant, implement best or leading practices in diversity competence, including the use of diversity liaisons.

Benefits to Patients/Consumers, Practitioners, and Health Care Organizations

Diversity liaison services have the potential to increase access to health care among vulnerable or underserved populations, enhance the effectiveness of care, and lead to the more effective use of resources (NCCC, 2004). Liaisons can help patients/consumers experience the health care system as understanding, respectful, and dedicated to meeting their needs in culturally-sensitive and -appropriate ways, which in turn may lead to increased and more appropriate service utilization. Patients/consumers' relationship with the diversity liaison can also lead to increased self-esteem and feelings of worth, resulting in greater empowerment and increased utilization of preventive health services (Fisher et al., 2007).

Diversity liaisons enhance the experience of health care providers as well. Liaisons assist in eliciting information that will assist in diagnosis and treatment, facilitate the communication of health information and treatment options, increase providers' effectiveness in helping patients to self-manage chronic diseases and conditions, and enhance providers' satisfaction in their job performance (NCCC, 2004).

Benefits of diversity liaisons to health care organizations include increased use of preventive services; increased cost effectiveness of service delivery by decreasing return visits of patients who did not understand treatment protocols; reduced liability through better communication; and by engendering mutual respect and trust (NCCC, 2004).

Improved Health Outcomes

Diversity liaison services are associated with improved health outcomes. For example, a Patient Navigator program targeting low income and medically underserved cancer patients, sponsored by the American Cancer Society and implemented in Harlem Hospital Center in New York in 1990, significantly reduced wait times for follow-up services[3], increased cancer screening rates, improved cancer diagnoses, and improved five-year survival rates (Freeman, 2006). Patient navigation has also been shown to effectively decrease broken appointment rates for screening colonoscopy (from 67% to 5%; Nash et al., 2006), improve timeliness of diagnostic follow-up after abnormal breast screening (Battaglia et al., 2007; Cancer Care Nova Scotia, 2001), and increase use of cancer genetic counseling services (Rahm et al., 2007). A list of patient navigator toolkits can be found in Appendix A.

Engaging community health workers as liaisons also holds promise for improving health outcomes for vulnerable populations. An evaluation study of the Campsinos Diabetes Management Program (CDMP)[4] found that the social support[5] provided by community support workers or 'promotoras' empowered participants to more openly discuss diabetes-related concerns with physicians and to confide in family and friends about the impact of diabetes on their emotional well-being (Ingram et al., 2007).

The use of cultural consultants in psychiatric evaluations has shown to result in more accurate diagnoses; cultural consultation services offered at the psychiatry department of Jewish General Hospital in Montreal, for example, enable psychiatric professionals to garner a better understanding of patients' cultural context, resulting in fewer improper evaluations (Lehmann, 2002). Similarly, Aboriginal Mental Health Workers (AMHW) employed by Top End Mental Health Services in Australia enhance mental health services by providing a cultural link between patient, family and professionals, and by interpreting Aboriginal terms of reference, assisting with assessment, and acting as liaisons with other service organizations. Since the program began using AMHWs, the proportion of indigenous clients appointed a case manager at discharge has increased from 30% to 90%, and differences in health outcomes between indigenous and non-indigenous patients have been significantly reduced (Nagel and Thompson, 2006).

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[3] 85.7% of patients who received navigation services after a suspicious finding from a breast examination / mammogram received the recommended biopsies, compared to 56.6% of non-navigated patients (Institute for Alternative Futures, 2007).

[4] A community-based intervention meant to enhance self-management of diabetes among Mexican Americans.

[5] For example through home visits, advocacy and encouragement to participate in peer-based support groups in which a regular theme was 'taking control of one's clinical care.'

In the Calgary Health Region, diversity liaisons are seeing increasing numbers of people without health coverage who, because of the cost of health care for uninsured people, are making decisions that compromise their mental and physical health, e.g., foreign workers who are not being given medical coverage, pregnant women who are sponsored by their husbands to immigrate to Canada but arrive without medical coverage.

> According to one interview participant, a liaison assisted an immigrant woman who was a high risk pregnancy could not find an obstetrician to deliver her baby. The liaison connected her with a women's clinic that agreed to deliver the baby in a safe environment.
>
> Diversity Liaison
> Calgary Health Region

To summarize, diversity liaison services represent an appropriate response to an increasingly diverse Canadian population, and the literature is beginning to document the benefits of diversity liaison services to patients, practitioners and health care systems, including increased access to health care and improved health outcomes, enhanced service delivery, and increased cost-effectiveness. Before turning to best practices in diversity liaison services, it is useful to summarize the values or philosophical assumptions on which diversity liaison services are premised, and outline the scope of duties of diversity liaisons in health care environments.

1.2 Philosophical Presuppositions

Diversity liaison practices and programs recognize that the health beliefs and practices of diverse populations are culturally embedded, and view the health care system as a site of convergence of the beliefs, values, and practices (or 'worldviews') of individuals (patients/consumers, families, health care providers, administrators) which are equally acknowledged, understood, and accepted. As part of this philosophy, diversity liaisons strive to create linkages between patients, their families, their communities and the health care system by building relationships, encouraging the mutual exchange of information, and helping negotiate mutually acceptable solutions that accommodate multiple diverse perspectives (Fisher et al., 2007).

1.3 Scope of Duties

Broadly, diversity liaisons assist health care organizations in the delivery of diversity competent care, and assist patients / consumers, their families and their communities in adapting to and navigating the health care system. Liaisons can be nurses, physicians and other health care providers, health educators, interpreters, social workers, administrative leaders, program managers, peer mentors, or lay community members. Liaisons work in community health and mental health centres, community-based organizations, government offices, churches, mosques, temples and other places of worship, schools, universities, hospitals, faith-based organizations, and migrant communities (NCCC, 2004). Liaisons are "knowledgeable about the complexities of the health care system" and "provide sensitivity to

> Diversity Liaisons enhance capacity in diverse population groups and help people from diverse populations navigate the health system.
>
> Diversity Liaison
> Calgary Health Region

patients' specific needs, including age, ethnicity, and cultural issues, overcoming barriers and advocating for effective care through a variety of actions" (Decker, 2007: 29).

Cultural brokers, and by extension diversity liaisons, generally serve, according to the literature, a four-fold function, acting as liaisons, guides, mediators and advocates or catalysts for change (NCCC, 2004):

1. Because they have insight into the health values, beliefs and practices of the diverse communities they represent, as well as knowledge of the health care system, brokers can effectively *liaise* between patients, their families and communities, and health care providers and the broader health care system.
2. Brokers' intimate familiarity with the communities they serve also enable them to serve the health care system as cultural *guides*, communicating the needs of diverse populations, assisting in the development of diversity competent practices, and helping practitioners cultivate cultural knowledge that can enhance the provision of care to persons of diverse backgrounds. Brokers also serve as cultural guides to clients by providing one-on-one assistance to overcome real and perceived barriers to health care; in this role, brokers may help clients schedule appointments, arrange child care and transportation, provide emotional support and patient education, and serve as an interpreter (Battaglia et al., 2007; Fischer et al., 2007; Fowler et al., 2006; Freeman, 2006).
3. As *mediators*, cultural brokers facilitate communication and understanding between patients, their families and health care providers, but also help foster and maintain relationships of trust, which can be crucial for the resolution of conflict and the provision of diversity competent care (Institute for Alternative Futures, 2007; NCCC, 2004).
4. Finally, cultural brokers serve as *catalysts for change* by enhancing communication and understanding and initiating change within the health care system and the community at large (Fischer et al., 2007; NCCC, 2004).

The best practices in diversity liaison services identified through this literature review and environmental scan reflect the philosophical presuppositions identified above, and speak to the range of roles or duties undertaken by diversity liaisons in health care environments. Before presenting best practices, however, we discuss, in the next section, the methods used in this study, as well as the criteria employed in determining best practices.

2.0 METHODS

2.1 Literature Review

The literature review was prepared with computer-assisted database searches (EBM Reviews (Cochrane), EMBASE Review, CINAHL, Ovid Medline, Health Source, Health STAR, PubMed Restricted, Web of Science, Scopus, Academic Search Premier, IBSS, Social Services Abstracts, Social Works Abstracts Plus, SocINDEX, Sociological Collection) with key words "cultural liaison, cultural broker, interpreter, cultural mediator, cultural mediation, cultural translation, cultural translator, cultural navigator, navigator, consumer advocacy, consumer advocate." These terms were combined with "family practice, delivery of health care, health services, evidence based, best practice" using wild card and MeSH headings. Articles were also identified through Internet search engines (Google and Google Scholar). The research included a review of grey literature identified online with a particular focus on organizations exemplifying best or leading practices in diversity/cultural liaisons/brokers/advocates.

2.2 Environmental Scan

The environmental scan included a survey of grey literature and interviews with five individuals working as diversity/community liaisons with Healthy Diverse Populations and the Refugee Health and Wellbeing Project in the Calgary Health Region.

2.3 Criteria for Determining Best/Leading Practices

Because diversity liaising as a formalized practice is relatively new, and because programs and practices are generally tailored to meet the unique needs of individual communities and organizations, there is little aggregate data in the literature that would provide evidence in support of best or leading practices (Steinberg et al., 2006; Dohan and Schrag, 2005). Practices were selected for inclusion in this review, therefore, when evaluation research led investigators to conclude that the liaison practices under investigation were promising or were determined to have led to improved health outcomes or increased patient/consumer satisfaction in individual contexts. Practices were also included in this review if they embodied one or more of the guiding principles, identified by the National Center for Cultural Competency (2004), of cultural broker programs, including:

- Cultural brokering honours and respects cultural differences within communities;
- Cultural brokering is community driven;
- Cultural brokering is provided in a safe, non-judgemental and confidential manner;
- Cultural brokering involves delivering services in settings that are accessible and tailored to the unique needs of the communities served; and
- Cultural brokering acknowledges the reciprocity and transfer of assets between the community and health care setting (10-13).

3.0 BEST/LEADING PRACTICES IN DIVERSITY LIAISON SERVICES

The review of the literature and environmental scan provided an opportunity to identify a number of best or leading practices in the development, implementation and delivery of diversity liaison services. These practices were organized around key themes, including: core competencies of diversity liaisons; cultivating competencies of health care professionals and staff; organizational support; community-driven programs; knowledge exchange; holistic approach; and quality assurance/assessment. Best practices in each of these thematic areas are discussed below, and are followed, in the next section, by a series of recommendations, originating from the best practices identified in this review, for the Calgary Health Region.

3.1 Core Competencies of Diversity Liaisons

While there are no national standards articulating core competencies required of persons acting as liaisons or brokers in health care settings, there is general consensus in the literature on the competencies required of liaisons to be fully effective in their role. Specifically, diversity liaisons should develop and continuously strengthen their understanding of the identities of the individuals and communities they serve, including their values, beliefs and practices, as well as their social, political and economic contexts (NCCC, 2004). Liaisons do not need to be members of the diverse communities they serve to be effective, but should have close ties to those communities and should have the linguistic and cultural skills necessary to develop relationships of trust and rapport with the communities and their members (Institute for Alternative Futures, 2007). Employing community members as liaisons or brokers is advantageous, however, as they may be better able to identify subtle barriers to health care, and may be more effective in building community partnerships (Steinberg et al., 2006).

Likewise, diversity liaisons do not require health care credentials,[6] but should have intimate knowledge of and be well-connected to the local health care system, and should be familiar with traditional or indigenous health care beliefs, traditions and practices of the communities they serve (Battaglia et al., 2007; NCCC, 2004). Diversity liaison programs often seek candidates with strong connections to and knowledge of community resources (HANYS Breast Cancer Demonstration Project, 2002) and experience in caring, in some capacity, for persons of diverse communities (Battaglia et al., 2007).

Further, diversity liaisons are considered most effective when they have strong communication and interpersonal skills, including advocacy, negotiation, mediation, problem-solving and conflict resolution abilities (NCCC, 2004; HANYS Breast Cancer Demonstration Project, 2002).

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[6] Notably, lay persons are often preferred to health care professionals for the role of diversity liaison because the cost-savings renders liaison programs more sustainable; the reduced cost of lay persons also enables many programs to employ a greater number of liaisons, thereby reducing case loads and enhancing quality of care (Steinberg et al., 2006).

Additional core competencies include flexibility, persistence, patience, strong public speaking skills, and a desire to participate in continuing education (e.g. in cultural competence; Battaglia et al., 2007).

Diversity liaisons with the Calgary Health Region who were interviewed by the consultant emphasized the importance of an open attitude, strong listening skills and a thorough knowledge of the communities within which they are operating. They noted it was not necessary to speak the language of the cultural community, although the ability to speak a language other than English helps to establish trust and open doors to some communities.

> The focus is on building community capacity rather than on the needs and barriers of individual members of diverse communities
>
> Diversity Liaison
> Calgary Health Region

In addition to the ability to connect with diverse communities and to facilitate community access to services, a core competency identified in the interviews with diversity liaisons in the Calgary Health Region is the ability of the liaison to develop community capacity. Rather than focus on the needs and barriers of individual members of diverse communities, liaisons in the Region require the ability to identify "what the community needs to know" in order to overcome barriers to health care; in short, "investigative skills need to be a passion." In particular, a liaison in the refugee community said an important aspect of her role was to acknowledge and encourage those who were already doing work within the community so that they may strengthen the support they are able to provide refugees.

The literature review did not identify any publications on the training or continuing education of diversity liaisons. However, an interview with a representative of diversity liaising services in Calgary Health Region revealed that diversity liaisons receive ongoing training from a broad perspective, including community development and health system access and services. They also attend conferences sponsored by the Region as well as those in the community. Some liaisons are part of community groups that meet on a regular basis to share information.

3.2 Cultivating Competencies of Health Care Professionals and Staff

The success of diversity liaison services depends in large part on the extent to which health care personnel develop an understanding of and respect for the idea of diversity liaising, the ability to identify communities and community members for whom diversity liaison services may be beneficial, and how to work effectively with diversity liaisons (Kirmayer et al., 2003).

> Even the agencies don't know what's available to help the people in their communities.
>
> Diversity Liaison
> Calgary Health Region

Though professional development / continuing education opportunities would appear to be a logical vehicle for enhancing the competencies of members of the health care team, very little literature on the substance and outcomes of specific training materials was identified. One initiative that appears to hold promise is a workshop developed by the U.S. Center for International Rehabilitation Research Information

and Exchange (CIRRIE), entitled "Cultural Brokering: Bridging the Gap between Foreign-born Consumers and Rehabilitation Services." This workshop was designed for rehabilitation service providers who find themselves in a position to act as cultural brokers for foreign-born consumers of rehabilitation services. The workshop provides information on cultural characteristics of foreign-born clients and the influence of culture on access to and use of rehabilitation services, and educates participants in the concept and process of cultural brokering, including methods of utilizing community, health, and disability resources in cultural brokering[7].

It may be the case that educating the health care team in the concepts and practices of diversity liaising falls, in most organizations, within broader educational initiatives focusing on cultural and diversity competency.

3.3 Organizational Support

Organizational support is identified in the literature as a cornerstone of effective diversity liaison services (NCCC, 2004). This support includes the commitment of the organization to the idea of diversity competency generally and to the practice of diversity liaising specifically, expressed through the organization's vision and mission as well as through 'buy-in' on behalf of the organization's leadership. It also includes the provision of resources for educating all members of the health care team in the concepts of diversity and diversity liaising (Kirmayer et al., 2003). Support must also be demonstrated for the development and implementation of a formalized framework or logic model for the provision of liaison services (Ibid.).

Organizational support also refers to the capacity of the organization to provide adequate support to persons providing liaison services. This may include initial training and continuing education opportunities and adequate supervision, as well as avenues for addressing job-related stress. Because diversity liaisons fulfill multiple and often conflicting roles, often serving as mediators between diverse communities and mainstream health care systems, liaisons may benefit from opportunities for skill enhancement, but may also benefit when members of the health care team become better aware of the roles and functions of liaisons (NCCC, 2004). It may be necessary for example to more clearly define the roles and scope of duties of the liaison, ensuring that liaisons and health care providers are aware of role expectations and boundaries (Fowler et al., 2006; Steinberg et al., 2006).

Finally, organizational support is required to cultivate acceptance of the diversity liaison as part of the health care team, and in turn, to develop practices and procedures that enable the liaison to fulfill their role in the health care system. For example, protocols that enable liaisons to have access to appointment scheduling systems facilitate the role of the liaison, by enabling them to identify clients who have missed appointments and intervene, e.g., by helping the client overcome barriers to attending appointments (Lemak et al., 2004).

[7] Additional information is available at www.communityinclusion.org or http://cirrie.buffalo.edu/culture.html

Nova Scotia Cancer Care has found it useful to employ a community liaison to facilitate relationships between patient navigators, community members and the health care system. The liaison introduces the patient navigator and their role to patients and their families, educates navigators about the unique needs of diverse populations, and promotes understanding and acceptance of the patient navigator role within the health care team.[8]

3.4 Community-Driven Programs

NCCC (2004) recommends liaison programs be community driven, or tailored to the unique needs of the community and delivered in ways that are most accessible to the individuals served. To this end, the NCCC recommends involving community representatives in the design and implementation of liaison programs. Fischer et al. (2007) also recommend community involvement as a means of gaining insight into the values, beliefs and practices of clients and as a means of identifying potential barriers to care. Involving members of target populations in the development of patient navigation programs for palliative care, for example, lead the authors to realize that Spanish-speaking persons were likely to avoid using hospice care because the term ‘hospice’ translates into Spanish as ‘hospicio,’ meaning orphanage, nursing home, or mental institution. Patient navigation, developed with input from the Spanish-speaking community, was proposed as an effective means of educating clients about palliative care.

The Urban Latino African American Cancer Disparities Project in South Los Angeles (ULAAC) developed a patient navigator program with input from a community advisory board (comprised of non-medical health activists and volunteers) and a community-based medical advisory board, and found that involving the community provided insight on patient needs and community-based barriers to care (Steinberg et al., 2006).

> Through their community work, diversity liaisons with the Calgary Health Region identified the need for reliable interpretation service at an emergency shelter for women. As a result, arrangements were made for the Region's interpreters to provide services as required.
> Diversity Liaison
> Calgary Health Region

Developing community-driven programs can also enhance the legitimacy and credibility of diversity liaising within the community. Steinberg et al. (2006) conclude that involving the community in the development of the ULAAC patient navigator program enhanced the legitimacy of the program within the Latino and African American communities. Similarly, Project Early Awareness, a breast health education program for teenage girls offered by the Howard University Cancer Center in Washington, D.C., finds that program participants more readily ‘buy-in’ to the program because they can easily identify with and relate to the spokesperson, who is a young cancer survivor: “They know I'm only a little bit older than them… It makes my experience more real to them” (NCCC, 2004: 7).

The Calgary Health Region has recently embarked on more intentional strategies to hear the voices of diverse communities when new programs and services are developed. Healthy

[8] Contact information for the Cancer Care Nova Scotia Patient Navigation Community Liaison: Donna Smith (902) 473-7268 or email donnam2.smith@ccns.nshealth.ca

Diverse Populations now facilitates the input of diverse communities into programs and advises other programs in the Region on how to reach diverse communities. Diversity liaisons conduct an assessment of organizational needs and assets in diverse communities using tools developed and refined over a number of years (see Appendix B). The purpose of the assessment is to:

- gather information about agencies and organizations that work to meet the needs of the target populations of the Calgary Health Region;
- obtain a picture of the barriers and challenges faced by the target population in relation to accessing health services from the perspective of the agency;
- explore ways in which to address the needs of the target population;
- meet the agency's/organization's clients to complete a community needs assessment regarding their barriers in accessing health services;
- validate the health messaging plan;
- establish and maintain collaborative working relationships with community organizations that represent diverse populations; and
- communicate information about services and resources for interpretation and translation services, promote health services presentations, distribute information on mental health resources and telephone health information services, recruit potential interpreters, identify community leaders to be the first contact point, identify potential venues to hold workshops or training and promote upcoming educational opportunities.

> An assessment of organizational needs and assets in one diverse community led the liaisons to develop a presentation section on women's health services and to collaborate with a partner agency to provide further information.
> Diversity Liaison
> Calgary Health Region

The results of the needs assessments help to guide the work of the liaisons, e.g., they may tailor the health services presentation to focus on the areas where community members are lacking information, they may develop new presentations in response to community or organizational needs, or they may tailor existing presentations to accommodate the characteristic of the audience such as differences in attention spans, English language abilities and literacy.

Much of the work of the diversity liaisons in Calgary involves partnerships, both internal and external. Often they are invited to participate on committees established by groups within the Calgary Health Region to bring a diversity perspective, e.g., seniors and family violence. As well, community-based cultural committees have requested participation from the diversity liaisons. Challenges exist, however, in meeting the needs of diverse populations that are not organized and structured as are some cultural groups. As one diversity liaison said, "Not everyone looks at themselves as a community." These may be populations that share common issues but not necessarily a common culture, e.g., persons with disabilities, gender and sexually diverse persons and persons living in poverty. In these situations, the diversity liaisons respond to requests from individuals or small groups as needed. They also connect with a variety of agencies that provide services to these populations.

The Calgary Health Region exemplifies the principle of building community-driven programs and has gone further to design diversity liaison services around the goal of building capacity within communities. By working through groups, rather than individuals, diversity liaisons in the Region are better able to generate referrals, meet more needs, and identify common barriers.

> Diversity Liaisons in the Calgary Health Region worked with perinatal instructors to identify ways to recruit pregnant women from diverse populations.
>
> Diversity Liaison
> Calgary Health Region

At the Calgary Health Region, diversity services has evolved over the years from its initial beginnings in a few specific cultural communities to have a broader focus that includes numerous cultural communities as well as other diverse populations. Recently, the Region commissioned research reports on reducing barriers for gender and sexually diverse people and people with disabilities, the recommendations from which will help guide the work of the diversity liaisons as well as other diversity initiatives within the Region.

3.5 Knowledge Exchange

Diversity liaising is premised on a commitment to the mutual exchange of knowledge and skills between the communities served and the health care system (NCCC, 2004). To be effective, liaisons and health care organizations must recognize the resources, knowledge and skills of diverse communities that can be utilized to support health care service delivery, and must strive to cultivate collaborative, reciprocal relationships for the exchange or transfer of those assets. The role of the liaison, then, is not to simply transmit knowledge of mainstream health systems to clients, but to garner and communicate to health care providers an understanding of the health beliefs, values and practices of the communities served. For example, local Hmong shamans in Merced County, California act as cultural brokers to inform local physicians of traditional Hmong healing practices; through this program, “physicians have become more aware and understanding of the kinds of healing interventions their Hmong patients have sought before seeking the help of Western medicine” (NCCC, 2004: 8).

Knowledge exchange as a best practice in diversity liaising is further demonstrated by a cultural consultation service provided in the psychiatry department at Jewish General Hospital in Montreal (Kirmayer et al., 2003; Lehmann, 2002). In this program, clients are matched with a cultural consultant with a similar cultural background (the consultant may be a social worker, psychiatric nurse, professional interpreter, or international medical student), who identifies social and cultural factors that might influence the diagnosis, prognosis and treatment, and draws up a treatment plan for discussion with the referring clinician. The service was identified as particularly useful for refugees seeking mental health treatment; many were seeking political asylum in Canada, having been persecuted and tortured because of their political views, ethnicity or religion. Because the cultural consultants were familiar with this background, they were able to help validate the clients’ stories; this was particularly important in cases where the referring clinician suspected the ‘stories’ were fabricated as a means of gaining entry to Canada. The cultural consultant also helped the referring clinician understand the impact of

migration (loss of extended family and community supports, changes in social status and gender roles, intergenerational conflicts), and helped bridge the gap between the treatment expectations held by the clinician and those held by the patient.

Diversity liaisons put a face on the Calgary Health Region in the broader community. Currently, the Region is developing a health messaging strategy for getting critical and non critical health messages to diverse communities, e.g., how to get vaccinated for mumps during the recent mumps outbreak. The communications to diverse communities often involves different means, e.g., ethnic media, community leaders and word of mouth; the liaisons help the Region tap into there different means of communications. The health messaging strategy will be available in the form of a database that staff can access to guide them when they want to get health information out to diverse communities.

Other examples of the work done by Diversity Liaisons to ensure health information reaching diverse communities include:

- Monthly publication of translated health promotion articles in several local ethno cultural newspapers; and
- Participation in monthly multilingual radio programs which focus on health.

In the past, a large part of the liaisons' role was to do plain language presentations about accessing health services for diverse communities, e.g., English as a second language classes through immigrant serving agencies or the community. After assessing this service, the Region decided to develop a DVD, guidebook and handouts that can be distributed upon request, thereby enabling them to reach more people than before.

3.6 Holistic Approach

There is consensus in the literature that diversity liaising is most effective when premised on a holistic approach, wherein the liaison understands and responds to the many facets of an individual's or community's experience and circumstances that may influence the ability and willingness to seek appropriate health care, including social, financial, and psychological factors (Battaglia et al., 2007; Seek and Hogle, 2007; Read, 2006; Henry and Stanton, 2005; Harrison et al., 2003; Long, 2002). This view, in turn, often requires liaisons to adopt a 'case management' approach to service delivery. While the role of the diversity liaison varies across program and organization, often the liaison is called upon to perform a wide range of duties to help the client overcome the often complex barriers to health care service utilization.

To illustrate, Jackson-Carroll et al. (1998) evaluated the use of Interpreter Cultural Mediators (ICMs) in a medical centre in Seattle, Washington, and found the most effective practice of ICMs to be the combining of cultural mediation with case management in 'high risk / high need' families. In addition to providing medical interpretation, cultural mediation, advocacy, coordination of patient care, health education and home visits, ICMs followed up with clients for

a period of time to identify and respond to any additional needs or challenges that arose, and to ensure that the clients had ongoing access to the resources they required. ICMs responded to such challenges as poor housing, lack of child care or support for new parents, depression, isolation, and mental health issues. Multicultural health brokers practicing in Edmonton, Alberta similarly provide one-on-one support to assist clients in navigating the health care system, but also work with clients to address underlying conditions and circumstances, such as social isolation, which may influence clients' health and health care practices (Ortiz, 2003).

Ferrante et al. (2007) evaluated a patient navigator program meant to increase timeliness of diagnosis after an abnormal mammogram, reduce anxiety and increase satisfaction of minority women in the U.S. The patient navigator

> *…focused on specific needs of the women and guided those patients through the healthcare system. For example, the patient navigator provided patients with emotional and social support; helped patients make appointments and arrive at scheduled appointments on time and prepared; facilitated applications for financial assistance; connected patients with resources and support systems; and facilitated interaction and communication with healthcare staff and providers (117).*

Compared to a control group, clients receiving patient navigation services had shorter diagnostic times, lower anxiety and higher satisfaction with the care they received. Similarly, Ell et al. (2007) conducted a study of the Screening Adherence Follow-up (SAFe) program, a patient navigation program meant to increase follow-up appointments of low-income, ethnic minority women after an abnormal mammogram in Los Angeles. The program used a team of bilingual, culturally competent social workers to make telephone calls to remind participants of their appointments, to provide health counselling and to provide system-navigation intervention. The study found the intervention group significantly more likely to attend a follow-up appointment than the control group (90% compared to 66%). Satisfaction with the services received was rated highly, and participants cited a lack of understanding of mammography results and the fear of finding cancer as the main barriers overcome through the use of patient navigators.

The use of a holistic approach is further exemplified by the Personal Coach Program piloted in Princess Margaret Hospital in Toronto. An evaluation of the program found that coaches helped underserved cancer patients overcome barriers to cancer care imposed by poverty, language, literacy, and social isolation (Hohenadel et al., 2007). Specifically, coaches helped address clients' needs for support in daily living and for emotional support and help in resolving conflicts with family and friends, and provided cancer information and support in their interactions with their health care team. Coaches provided information on available health and community services, obtained cancer information in the patients' language and at the appropriate literacy level, helped arrange and

> Diversity liaisons discovered that people experiencing homelessness often did not receive the medical care they required because they could not always find transportation to medical clinics. The liaisons researched the situation and discovered a mobile health service unit sponsored by a community agency would provide such transportation. The liaisons provided that information to homeless shelters and inform homeless individuals as needed.
>
> Diversity Liaison
> Calgary Health Region

accompanied patients to appointments, helped complete required paperwork, and arranged support for their children.

The Calgary Health Region uses a holistic approach in that diversity liaisons address determinants of health, often through referrals to appropriate resources. Part of their training and credentials is that they need to have a broad understanding of determinants of health and how they impact health, e.g., they talk about how to get dental care for children using particular programs or they might help clients find out how to access housing assistance.

3.7 Quality Assurance / Assessment

A final best practice in diversity liaison services concerns the development and implementation of processes for quality assurance / assessment. There is a lack of literature on assessing liaison programs in health care, though Steinberg et al. (2006) examined assessment practices used in the patient navigation program of the Urban Latino African American Cancer Disparities Project in South Los Angeles and found the most promising assessment and quality assurance practice to be the systematic collection of data on patient progress and navigator function. Specifically, patient navigators and staff use standardized templates to record key information, including the barriers to care and methods used to address those barriers. Navigator charts and records are audited routinely for any barriers identified but not addressed, and staff follow up to address any deficiencies. The program also uses patient surveys and telephone interviews, staff interviews, and patient navigator focus groups to solicit feedback on the strengths and limitations of the program.

In the Calgary Health Region, evaluations are gathered at health services presentations; occasionally with the assistance of an interpreter because of language barriers (see Appendix B). On a broader level, the Calgary Health Region has developed a logic model for diversity liaisons and will be developing an evaluation plan.

3.8 Summary and Conclusions

At present there is very little published literature on best or leading practices in the delivery of diversity liaison services. As health care organizations become more cognizant of the requirements of providing diversity competent care, and as more organizations develop and evaluate liaison-type programs, we may expect an increase in publications, particularly as organizations begin to share the findings of program assessments and evaluations. In the meantime, however, though the findings of this research are limited, we believe some essential features of diversity liaison services have been identified.

Employing community members as liaisons or brokers is advantageous, however, as they may be better able to identify subtle barriers to health care, and may be more effective in building community. It may also cause problems by privileging some members of the community, or inadvertently empowering one faction of the community- worth researching.

I think this might be a good place to discuss training in community development principles and practices. It might be useful to talk with the Learning Village cooperative people. Training in community development principles wasn't discussed in the literature reviewed. Might be a topic for further investigation down the road.

The literature review and environmental scan revealed a solid rationale for the development and implementation of diversity liaison services. Specifically, diversity liaisons services are necessary because of the increasing diversity of the population served by the Calgary Health Region, and because of the positive outcomes associated with diversity liaising (including enhanced service utilization and improved health outcomes among diverse and often underserved populations, improvements in the job satisfaction of health care providers, and the more effective use of resources).

This research provides insight as well to the philosophical presuppositions of diversity liaising, including the premise that the health practices of diverse populations are culturally embedded. From this basis, diversity liaisons serve to create linkages between diverse communities and mainstream health care organizations by building relationships, fostering trust and understanding, and helping negotiate mutually acceptable approaches to health and health care.

Best practices in diversity liaison services were identified as they pertain to the core competency requirements of diversity liaison, the most salient of which include: the ability to establish relations of trust and rapport with diverse communities; the ability to assist diverse communities in capacity-building; a good understanding of the beliefs, values and practices of diverse communities; and thorough knowledge of the health care system. Cultivating diversity competency among health care providers and staff members was also identified as a best practice, as the success of liaison services depends in large on the extent to which members of the health care team are sensitive to diversity and accepting of the role of the diversity liaison. Organizational support, including the organization's commitment to the value of diversity liaising, the provision of adequate resources, and the ability of the organization to provide adequate support to persons providing liaison services, was also identified as influential in the success of diversity liaison services. One possible area of future research would be to look at the benefits and challenges of training staff from community outreach programs about community development principles and practices.

Developing diversity liaison services in consultation with and in response to the unique needs of diverse communities is cited in the literature as a best practice. Specifically, it is recommended that liaison services be developed and implemented in consultation with community representatives; not only does community involvement help legitimize the role of the diversity liaison in the community, but it also provides liaison services with an opportunity to better understand the community itself. Similarly, commitment to the mutual exchange of knowledge is a cornerstone of effective diversity liaison services. A best practice of the diversity liaison is not simply to transmit knowledge of the health care system to diverse populations, but to garner and

communicate to health care providers an understanding of the health beliefs, values and practices of communities served. One possible area of research for the future would be to look at whether there is a negative side to diversity liaison services, such as causing problems by privileging some members of the community, or inadvertently empowering one faction of the community.

In addition, there is consensus in the literature that diversity liaising is most effective when premised on a holistic approach, wherein the liaison understands and responds to the many facets of an individual's or community's experiences and circumstances that may influence the ability and willingness to seek appropriate health care, including social, financial, and psychological factors. With this perspective, liaisons often adopt a 'case management' approach, performing a wide range of duties to help clients and communities overcome the often complex barriers to health care service utilization.

Finally, routine assessments or evaluations of diversity liaison services are a recommended best practice. Evaluations should be systematic, standardized, and employ multiple methods of garnering feedback on the strengths and limitations of the diversity liaison service or program.

4.0 RECOMMENDATIONS FOR THE CALGARY HEALTH REGION

The Calgary Health Region is an exemplar of many best practices in diversity liaison services and it is recommended that the Region continue to work on strengthening these practices:

- Maintaining close ties to the communities served and having a good understanding of cultural beliefs and values and preferences related to health and health care.
- Using the interpersonal, linguistic and cultural skills necessary to develop relationships of trust and rapport with diverse communities.
- Identifying clients and communities likely to benefit from diversity liaisons.
- Providing organizational support to the liaison service, e.g., evidence that the organization values diversity; formalization of the liaison program through a logic model for the delivery of services
- Providing services that are community driven, tailored to the unique needs of the community and delivered in ways that are most accessible to the individuals served.
- Involving diverse community representatives in the development and implementation of liaison services.
- Recognizing the resources, knowledge and skills of diverse communities that can be utilized to support health care service delivery and striving to cultivate collaborative, reciprocal relationships for the exchange or transfer of those assets between providers and the communities served.
- Using a holistic approach in understanding and responding to the many facets of an individual's or community's experience and circumstances that may influence their ability and willingness to seek appropriate health care, including social, financial, and psychological factors.
- Developing processes for quality assurance and assessment.

In addition, the following recommendations about diversity liaison services can be made:

- Continue to develop skills and knowledge among diversity liaisons with respect to working with non-ethnocultural diverse populations as they are, at present, unsure of how to best support these groups, e.g., persons with disabilities, gender and sexually diverse persons, persons living in poverty, persons experiencing homelessness and persons with low literacy skills.
- Examine existing relationships with non-ethnocultural diverse populations utilizing, and under-utilizing, liaison services and consider how these relationships might be better used to reduce barriers to health services for people in these populations, as diversity liaison services are most effective when developed and implemented in consultation with representatives of the population served.

- Contribute to the limited body of knowledge around diversity liaison services, as the current literature tends to focus on ethno-cultural populations. The Region could also make presentations at professional conferences, publish articles in journals, upload reports to the Calgary Health Region website and share information with other health organizations on an informal basis.
- While networking is an effective method of keeping up-to-date on advances in diversity liaison services standards of practice, it is also recommended that the Region consider monitoring best practices through periodic scans of the literature. A brief scan every two years, for example, would serve to keep the present literature review up-to-date, thereby ensuring its continued usefulness.
- Continue providing in-services for diversity liaisons and keep abreast of developments in continuing education in related to diversity liaison services (e.g. by networking with other organizations and scanning websites related to interpretation for new issues/topics/courses), and solicit and respond to the learning needs of liaisons employed by the Region.
- Finally, it is recommended that the Region actively seek feedback about diversity liaison services on an ongoing basis, both internal and external, to continue to strengthen the delivery of liaison services.

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APPENDIX A: Patient Navigation Toolkits

- A multimedia toolkit (Cancer Care: Guiding Patients to Quality Outcomes) for patient navigators has been produced by Pfizer in cooperation with the Healthcare Association of New York and prominent navigation experts. The toolkit is designed for those who want to initiate and support programs as well as for navigators themselves. It includes manuals and reference to The Patient Navigation in Cancer Care website which includes a directory of patient navigators, expert commentary and a resource library (http://www.patientnavigation.com/public/home/index.asp).

- C-Change (www.c-changetogether.org) is an American group comprised of key cancer leaders from government, business and nonprofit sectors, which is promotes patient navigator programs in collaboration with the Patient Advocate Foundation, and provides regional patient navigator training programs (Decker, 2007).

- The Patient Advocate Foundation (www.patientadvocate.org) coordinates health services and provider referrals, helps patients overcome barriers to health care, and conducts outreach to health-disparity communities (Decker, 2007).

APPENDIX B: Calgary Health Region Diversity Liaison Tools

Organizational Needs and Asset Assessment
Agency Information

Date: ______________________________

Name of Agency: ____

Agency Address: ____

Agency Key Contact Name: ____

Key Contact Position/Job Title: ____

Key Contact Phone Number/Email: ____

Interview Questions

1. What specific diverse groups does your agency/organization work with? Are there any specific workers that work with these groups?
2. What are the programs, services and supports does your agency/organization offer to these groups?
3. What are some of the identified Health needs of the population you work with? (ex: need to know more information on where and how to access services, etc)
4. What are some of the barriers in meeting Health needs and accessing health services that this population has identified? (ex: language, terminology, transportation, childcare, etc)
5. In what way could the Calgary Health Region address these barriers to health service? (ie. provision of information, programs, workshops, etc)
6. Are there any special needs (i.e. language, transportation, child care…etc) that should be considered?
7. Are there any group or cultural dynamics that we need to be aware of?
8. Are there any activities/programs that are being facilitated that we can step in?
9. Who is the contact person?
10. What is/are the most effective channels of communication that we can use to pass along to important health information to clients?

Calgary Health Region Diversity Liaisons

Health Services Presentation **Participant Evaluation Form**

Health Services in Calgary

1. Tick one (✓)

	Helpful	Fair	Not Helpful
Did you find the Information on Health Services helpful?			

2. What other things would you like to learn about health?

____

____

____

3. Did you enjoy the presentation? *Tick one* (✓)

Good ☐ Fair ☐ Poor ☐

4. Any other comments?

____

____

____

Calgary Health Region Diversity Liaisons

Health Services Presentation Requester Evaluation Form

Your feedback is critical to ensure we are meeting your group's learning needs.
Please fax this form to ________________ at 736 0514 two days following the presentation. Thank you.

Date: ________________________________ Presenter/s: ________________________________

Please circle or check box where appropriate	**strongly disagree**				**strongly agree**
1. The presentation improved my group's understanding on health services	1	2	3	4	5
2. The presenter/s communicated well	1	2	3	4	5
3. The presentation provided useful resources for self-help	1	2	3	4	5
4. The presenter/s was/were knowledgeable on the topic	1	2	3	4	5
5. The presentation format was appropriate	1	2	3	4	5
6. I will recommend this presentation to other staff	1	2	3	4	5
7. Overall, the presentation met my expectations	1	2	3	4	5

8. Given the topic, this presentation was □ too short □ right length □ too long

9. How could this presentation be improved?

____

10. Other comments ____

<u>Future Needs</u>

Please describe the top two topics that your group would like to receive training on in the next 6 months:

Topic 1: ____

Preferred format: □ Workshop/Presentation
□ Health Education Materials
□ Other: ____

Topic 2: ____

Preferred format: □ Workshop/Presentation
□ Health Education materials
□ Other: ____

Please Note:

If you have difficulties reading this document, it is available in alternative formats by contacting:

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