



Nova Scotia Department of Health, Primary Health Care

Program Planning & Evaluation Part II

Participant Materials

Building a Better Tomorrow Together:

Team Development for Primary Health Care Collaboration

2009

Acknowledgements

This education module is made available by the Nova Scotia Department of Health to enhance interprofessional collaboration within primary health care teams. The content and learning activities reflect the needs assessment (2004) and evaluation (2006) of the *Building a Better Tomorrow* Primary Health Care Atlantic Initiative. This work also reflects new knowledge related to interprofessional education for collaborative, patient-centred practice.

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Building a Better Tomorrow Together

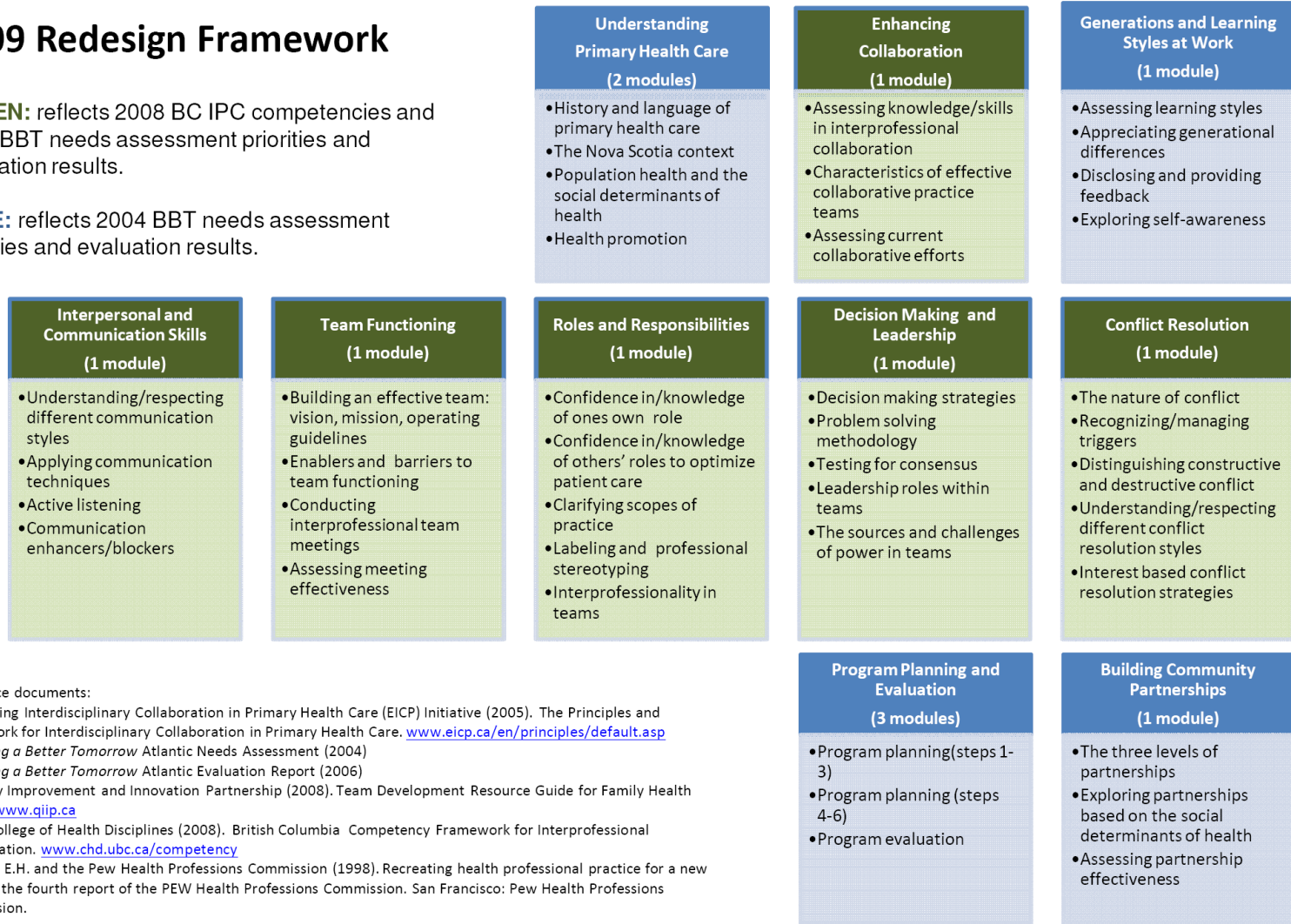
Team Development for Primary Health Care Collaboration



2009 Redesign Framework

GREEN: reflects 2008 BC IPC competencies and 2004 BBT needs assessment priorities and evaluation results.

BLUE: reflects 2004 BBT needs assessment priorities and evaluation results.



Reference documents:

- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative (2005). The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. www.eicp.ca/en/principles/default.asp
- *Building a Better Tomorrow* Atlantic Needs Assessment (2004)
- *Building a Better Tomorrow* Atlantic Evaluation Report (2006)
- Quality Improvement and Innovation Partnership (2008). Team Development Resource Guide for Family Health Teams. www.qiip.ca
- UBC College of Health Disciplines (2008). British Columbia Competency Framework for Interprofessional Collaboration. www.chd.ubc.ca/competency
- O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.

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Program Planning & Evaluation Part II

Agenda

Welcome and Introductions

Exploring Ways to Achieve Program Impacts

Introduction to Program Logic Models

Developing a Program Logic Model

Key Components of an Action Plan

Program Planning & Evaluation Part II

Learning Objectives

The overall purpose of the three Program Planning and Evaluation modules is to introduce participants to program planning and evaluation principles, processes and techniques that can be used in primary health care settings and organizations. These modules are designed using the fundamental principles of adult learning and the learning activities are intended to be interactive and relevant to program planning and evaluation in the primary health care setting.

The overall goal of the Program Planning and Evaluation modules is to enhance participants' knowledge, skills and confidence in leading and participating in program planning and evaluation in primary health care settings.

Upon completion of this session, participants will be able to:


- Identify the importance of program planning
- Describe the key steps in program planning
- Create a program profile
- Discuss strategies for determining appropriate program activities
- Create a program logic model
- Describe the key components of an action plan
- Identify the importance of evaluation
- Describe Steps 1 through 3 in the program evaluation process
- Describe the key evaluation approaches
- Create a basic evaluation matrix


Exploring Ways to Achieve Program Impacts

Presentation Slides:

Exploring Ways to Achieve Program Impacts

- Involve all key stakeholders in the process
- Brainstorm potential activities that could be carried out to achieve the program impacts
- Be creative and open-minded
 - Record all ideas
 - Do not evaluate or criticize




Health


Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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Exploring Ways to Achieve Program Impacts

- Examine all the ideas and identify the ones that are most appropriate and practical
 - Consider the pros and cons of each
 - Compare them to the program impacts
 - Review the program resources and timeframes
 - Consider the target population and their needs
 - Review potential barriers and challenges

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Exploring Ways to Achieve Program Impacts

- Categorize activities
 - Determine common themes among activities and group them together under key headings
- Elaborate on the chosen activities and think through the details
 - Break out the tasks
 - Outline how they will be carried out

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Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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Participant Exercises: Determining Activities

- a) In your small group, brainstorm potential activities that could be carried out to achieve the impacts you outlined in the program profile. Record your ideas on the flip chart paper provided.
- b) Examine, discuss and evaluate all the ideas. Use the criteria outlined in the presentation to prioritize the suggested activities and choose the most appropriate ones.
- c) Review the activities you've decided on and look for underlying themes. Where possible, collapse the activities under general headings/categories. For example, two activities like developing a brochure and creating a website to promote an up-coming conference could be collapsed under the general heading of 'Promotion'. Record your work on a piece of flip chart paper.
- d) Pick one group of key activities collapsed under a common theme and elaborate on them. Think through the details of how the activities will unfold and break out the key work tasks. Record your work on a piece of flip chart paper.

Program Planning


Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program outcomes	Step 5 Develop a program planning model	Step 6 Develop an action plan
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Introduction to Program Logic Models

Presentation Slides:

Developing a Program Logic Model

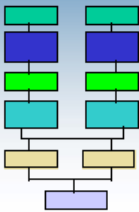

- **A Logic Model is an organizational tool that:**
 - Provides a picture of how a program theoretically works
 - Clarifies the cause and effect relationship among program activities, outputs, impacts and outcomes
 - Identifies any problems or gaps in the program design



Developing a Program Logic Model

Logic Model Components:

- Program Components
- Activities
- Target Populations
- Outputs
- Impacts
- Outcomes

Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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Developing a Program Logic Model

Program Components:

- Categories for the types of activities included in the program
- The number of components depends on the size of the program

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Developing a Program Logic Model

Activities:

- High-level activities that will be carried out to achieve the desired impacts
- Do not include administrative aspects

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Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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Developing a Program Logic Model

Target Populations:

- Key individuals, groups, organizations or communities at whom the key program activities are directed at or involve

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Developing a Program Logic Model

Outputs:

- Products and services generated by program activities
- Concrete/countable results
 - # of classes taught
 - # of people who accessed a service
 - training materials developed

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Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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Developing a Program Logic Model

Impacts:

- Changes that occur as a **direct** result of the program activities over the short-term
- Are developed from the program objectives

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Developing a Program Logic Model

Outcomes:

- Broader level changes that result in part from the program activities - the program is working toward and **hopes** to achieve/ contribute to over the long-term
- Developed from the program goals

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Program Planning

Step 1 Identify who should be involved	Step 2 Develop a program mission statement	Step 3 Develop a program profile	Step 4 Explore ways to achieve program impacts	Step 5 Develop a program logic model	Step 6 Develop an action plan
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What is a Program Logic Model?

A Program Logic Model is a communication and organization tool that provides a picture of how a program **theoretically** works to achieve desired impacts and outcomes.

- It is typically diagrammed on a flow chart.
- It summarizes the key elements of your program.
- It explains the rationale behind program activities.
- It clarifies the cause and effect relationship among program resources, activities, impacts and outcomes.
- It identifies problems and gaps in the program design.
- It provides an opportunity for key people involved to discuss the program and agree upon its description.
- It is a useful tool for communicating the program to external stakeholders.

Elements of a Program Logic Model

<p>Program Components</p>	<ul style="list-style-type: none"> ▪ Key themes or sets of activities ▪ The number of components depends on the size of your program and how you conceptualize/ administer it - a large program might have several components where as a small program might only have one 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Partnership development ▪ Treatment ▪ Promotion ▪ Communication ▪ Education ▪ Skill development ▪ Training
<p>Activities</p>	<ul style="list-style-type: none"> ▪ Specific tasks carried out to achieve the desired program impacts ▪ Do not include administration aspects of your program like payroll or performance appraisals ▪ Use action verbs 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Analyze ▪ Collect ▪ Consult ▪ Coordinate ▪ Deliver ▪ Develop ▪ Distribute ▪ Identify ▪ Organize ▪ Prepare ▪ Provide ▪ Teach
<p>Target Populations</p>	<ul style="list-style-type: none"> ▪ Individuals, groups, organizations or communities at whom the program activities are directed at or involve – the intended 'reach' of the program 	<p>Examples:</p> <ul style="list-style-type: none"> ▪ People living in rural areas ▪ At risk youth ▪ Parents with children between the ages of 2 and 4 years ▪ Seniors ▪ Smokers

Outputs	<ul style="list-style-type: none"> ▪ Are concrete/countable results of program activities – products or services generated by program activities 	Examples: <ul style="list-style-type: none"> ▪ Number of educational sessions offered ▪ Educational materials developed such as pamphlets or workbooks ▪ Number of people that attended a program ▪ Number of people that accessed educational materials ▪ Reports
Impacts	<ul style="list-style-type: none"> ▪ Changes that occur in the target populations' behavior, knowledge, skills, status or functions as a direct result of the program over the short-term ▪ 1-3 year timeframe ▪ Developed from program objectives 	Examples: <ul style="list-style-type: none"> ▪ Increase in the number of women between the ages of 40-55 in New Brunswick that undergo regular mammograms ▪ Development of healthy cooking practices among parents
Outcomes	<ul style="list-style-type: none"> ▪ Broader level changes in the target populations' behavior, knowledge, skills, status or functions that the program is working toward and hopes to achieve/ contribute to over the long-term ▪ 4-10 year timeframe ▪ Developed from program goals 	Examples: <ul style="list-style-type: none"> ▪ Decrease in the incidence of breast cancer among women in New Brunswick ▪ Healthier families and children

Participant Exercises: Distinguishing Between Impact and Output Measures

Read the following statements. Determine which statements are impacts and which are outputs.

	Impact	Output
12 participants attended the workshop	_____	_____
Increased awareness of learning opportunities among program participants	_____	_____
Reduction in the total number of cigarettes smoked by pregnant women involved in the Prenatal Program	_____	_____
3 learning groups held with parents	_____	_____
Brochure on heart disease	_____	_____
Increased the number of men in Annapolis Valley going for prostate check-ups from 21% to 25%	_____	_____
List of partners on the Advisory Committee	_____	_____
Press release printed in 3 newspapers	_____	_____
Increased the number of Diabetes Health newsletters released annually from two to three	_____	_____

Developing a Program Logic Model

Develop a Program Logic Model

As a group, use the information outlined in the program profile and from the 'exploring ways to achieve program impacts' exercise to develop a program logic model. Outline your program logic model using the worksheet provided. Have each person in the group fill in their own program logic model worksheet so that they will have their own copy for future reference.

Program Logic Model Worksheet

**Program
Components**

Activities

**Target
Population**

Outputs

Impacts

Outcomes

Key Components of an Action Plan

Presentation Slides:

Developing an Action Plan

- An action plan is a planning tool that helps guide the program implementation process
- It outlines:
 - The specific tasks of each activity that need to be carried out
 - The person/people responsible for each task
 - Deadlines for when each task will be completed
- A separate action plan is developed for each program component outlined in the program logic model

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Sample Action Plan

Poster Campaign

Tasks	Who's Responsible	Deadline
Develop a poster promoting the program	Program Coordinator	April 10/09
Review the poster for clarity and information	Advisory Committee	April 20/09
Revise the poster	Program Coordinator	April 30/09
Print 100 copies	Program Coordinator	May 15/09
Distribute the poster to key stakeholders to post in their organizations	Advisory Committee Partners	May 27/09

Health

Program Planning

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Appendix A: Samples

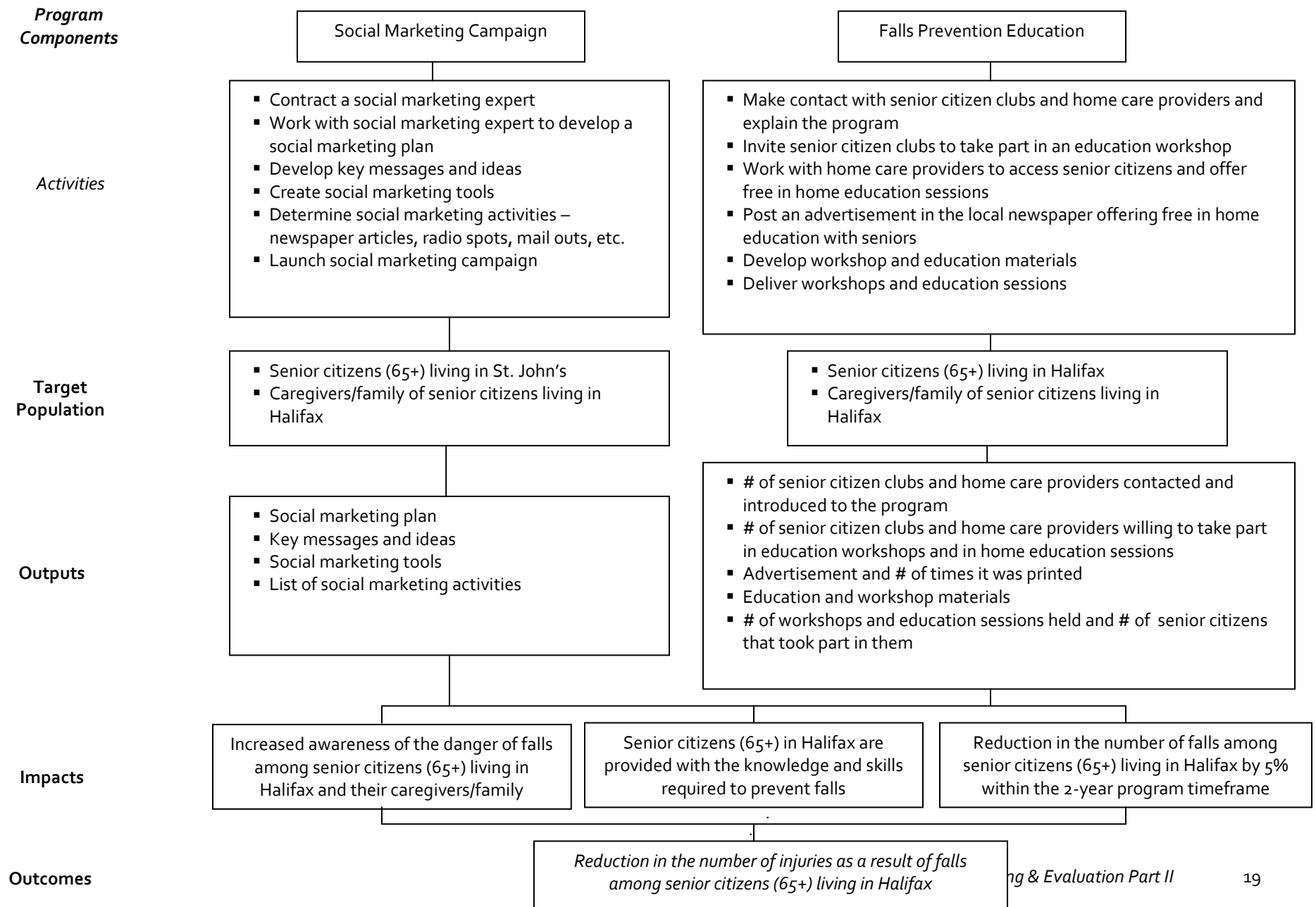
Sample Case Study

Your department has recently received funding from the federal government to develop and carry out a 2-year 'Falls Prevention' program aimed at reducing the number of injuries as a result of falls among senior citizens (65+) living in Halifax. The purpose of the program is to increase awareness of the danger of falls among seniors living in Halifax and their caregivers/family, provide seniors in Halifax with the knowledge and skills required to prevent falls, and reduce the number of falls among seniors living in Halifax by 5% within the 2 year program timeframe. Your manager has assigned you and two colleagues to work on the program. You have been provided with office space, meeting space, necessary office equipment, and a budget of \$150,000. You will be working with an Advisory Committee made up of key stakeholders who work with/support the target population. As part of the program planning process, you are required to plan for evaluation. The evaluation will focus on both process and outcomes.

Sample Program Profile

Program Goals	Program Objectives	Inputs/ Resources	Target Populations	Impacts	Outcomes	Barriers/ Challenges
To reduce the number injuries as a result of falls among senior citizens (65+) living in Halifax	<p>To increase awareness of the danger of falls among senior citizens (65+) living in Halifax and their caregivers/family</p> <p>To provide senior citizens (65+) with the knowledge and skills required to prevent falls</p> <p>To reduce the number of falls among seniors (65+) living in Halifax by 5% within the 2 year program timeframe</p>	<p>Three staff members</p> <p>2 years</p> <p>Office space</p> <p>Meeting space</p> <p>Necessary office equipment</p> <p>Budget of \$150,000</p> <p>Advisory Committee made up of key stakeholders who work with/ support the target population</p>	<p>Senior citizens (65+) in Halifax</p> <p>Caregivers/family of senior citizens (65+) in Halifax</p>	<p>Increased awareness of the danger of falls among senior citizens (65+) living in Halifax and their caregivers/ family</p> <p>Senior citizens (65+) in Halifax are provided with the knowledge and skills required to prevent falls</p> <p>Reduction in the number of falls among seniors (65+) living in Halifax by 5% within the 2-year program timeframe</p>	Reduction in the number of injuries as a result of falls among senior citizens (65+) living in Halifax	<p>Reaching/ engaging seniors</p> <p>Reaching caregivers/ family members</p> <p>Limited budget</p>

Sample Program Logic Model



Sample Action Plan

<i>Program Component: Social Marketing Campaign</i>		
<i>Task(s)</i>	<i>Who's Responsible</i>	<i>Deadline</i>
▪ Identify social marketing experts	▪ Program Staff	<i>Feb 17/09</i>
▪ Invite social marketing experts to submit a quote for the work	▪ Program Staff	<i>Feb 20/09</i>
▪ Review social marketing expert quotes and determine the best candidate	▪ Program Staff ▪ Advisory Committee	<i>Feb 28/09</i>
▪ Offer the best candidate the contract	▪ Program Staff	<i>March 5/09</i>
▪ Develop a contract and get the contract signed	▪ Program Staff	<i>March 10/09</i>
▪ Arrange a meeting with the social marketing expert and Advisory Committee to discuss the social marketing approach and develop a social marketing plan	▪ Program Staff	<i>March 15/09</i>
▪ Refine the social marketing plan	▪ Social Marketing Expert	<i>March 21/09</i>
▪ Arrange a meeting with the social marketing expert to discuss and draft key messages	▪ Program Staff	<i>March 30/09</i>
▪ Send draft key messages to Advisory Committee for review	▪ Program Staff	<i>April 5/09</i>
▪ Revise draft key messages based on feedback from the Advisory Committee	▪ Social Marketing Expert	<i>April 15/09</i>
▪ Arrange a meeting with social marketing expert and Advisory Committee to discuss social marketing activities	▪ Program Staff	<i>April 20/09</i>

Sample Evaluation Matrix

<i>Program Component: Social Marketing Campaign</i>			
Evaluation Questions	Indicators	Sources of Data	Data Collection Methods
1.1 Was a social marketing expert hired? Was a meeting held with the social marketing expert and Advisory Committee to develop a social marketing plan? How did the meeting unfold? Was a plan developed?	<ul style="list-style-type: none"> ▪ Social marketing expert is hired ▪ Meeting held with social marketing expert and Advisory Committee ▪ Program staff and Advisory Committee indicate satisfaction with how the meeting unfolded ▪ A social marketing plan is developed 	<ul style="list-style-type: none"> ▪ Program Staff ▪ Advisory Committee 	<ul style="list-style-type: none"> ▪ Interviews ▪ Focus Group
1.2 Are program staff and Advisory Committee members satisfied with the work done by the social marketing expert? Are program staff and Advisory Committee members satisfied with the marketing plan developed?	<ul style="list-style-type: none"> ▪ Program staff and Advisory Committee indicate satisfaction with the work done by the social marketing expert ▪ Program staff and Advisory Committee members indicate satisfaction with the marketing plan developed 	<ul style="list-style-type: none"> ▪ Program Staff ▪ Advisory Committee 	<ul style="list-style-type: none"> ▪ Interviews ▪ Focus Group
1.3 What key messages were developed? Are program staff and Advisory Committee members satisfied with the key messages developed?	<ul style="list-style-type: none"> ▪ Key messages are developed ▪ Program staff and Advisory Committee members indicate satisfaction with the key messages developed 	<ul style="list-style-type: none"> ▪ Program Staff ▪ Program Staff ▪ Advisory Committee 	<ul style="list-style-type: none"> ▪ Monitoring Tool ▪ Interviews ▪ Focus Group
1.4 What types of social marketing tools were developed? Are program staff and Advisory Committee members satisfied with the social marketing tools?	<ul style="list-style-type: none"> ▪ Social marketing tools are developed ▪ Program staff and Advisory Committee members indicate satisfaction with the social marketing tools developed 	<ul style="list-style-type: none"> ▪ Program Staff ▪ Program Staff ▪ Advisory Committee 	<ul style="list-style-type: none"> ▪ Monitoring Tool ▪ Interviews ▪ Focus Group
1.5 What types of social marketing activities were carried out as part of the social marketing launch – newspaper articles, radio spots, mail outs, etc.? Did the activities reach the desired target populations?	<ul style="list-style-type: none"> ▪ Social marketing activities are carried out ▪ Desired target populations are reached 	<ul style="list-style-type: none"> ▪ Program Staff 	<ul style="list-style-type: none"> ▪ Monitoring Tool

<p>1.6 Were seniors and their caregivers/families in Halifax aware of the social marketing campaign? Did they hear or see any of the social marketing activities? Did the social marketing campaign increase their level of awareness of the danger of falls among seniors? Did any seniors or their caregivers/families in Halifax contact the program staff to inquire about the program/receive more information?</p>	<ul style="list-style-type: none"> ▪ Seniors and their caregivers/families in Halifax indicate that they are aware of the social marketing campaign ▪ Seniors and their caregivers/families indicate that the social marketing campaign increased their level of awareness of the danger of falls ▪ Seniors or their caregivers/families in Halifax contacted program staff to inquire about the program/receive more information 	<ul style="list-style-type: none"> ▪ Seniors in Halifax ▪ Caregivers/families of seniors in Halifax 	<ul style="list-style-type: none"> ▪ Survey ▪ Survey
<p>1.7 Are program staff and Advisory Committee members satisfied with the social marketing activities carried out? Do they feel they were successful in increasing awareness of the danger of falls among seniors living in Halifax and their care givers/family? Did program staff receive any inquiries from seniors or their caregivers/families to learn more about the program or receive more information?</p>	<ul style="list-style-type: none"> ▪ Program staff and Advisory Committee members indicate satisfaction with social marketing activities carried out ▪ Program staff and Advisory Committee members indicate the social marketing campaign was successful in increasing awareness of the danger of falls among seniors living in Halifax and their caregivers/family ▪ Program staff receive inquires from seniors and caregivers/families to learn more about the program or receive more information 	<ul style="list-style-type: none"> ▪ Program Staff ▪ Advisory Committee ▪ Program Staff 	<ul style="list-style-type: none"> ▪ Interviews ▪ Focus Group ▪ Monitoring Tool

Appendix B: Templates

Program Profile

Program Goals	Program Objectives	Inputs/ Resources	Target Populations	Impacts	Outcomes	Barriers/ Challenges

Program Logic Model

**Program
Components**

Activities

**Target
Population**

Outputs

Impacts

Outcomes

Action Plan

Program Component: _____

Task(s)	Who's Responsible	Deadline

Evaluation Matrix

PROGRAM COMPONENT:			
EVALUATION QUESTIONS	INDICATORS	SOURCES OF DATA	DATA COLLECTION METHODS

Appendix C: Reference List

- *MAP for Nonprofits*
Free Management Library – Basic Guidelines for Successful Planning Process
http://www.managementhelp.org/plan_dec/gen_plan/gen_plan.htm

Provides an overview of the typical phases of program planning, some guidelines for successful planning and implementation, and a list of additional resources.

- *GrantWise Connecting Vision and Resources*
Program Planning Guidelines
<http://www.grantwise.com/resources/ProgramPlanningResources.pdf>

Provides an overview of the program planning process, including definitions/explanations of goals, objectives, activities, resources, and outcomes.

- *Planning and Evaluation Resource Centre*
Welcome to the Planning & Evaluation Resource Center
<http://www.evaluationtools.org/>

Provides a detailed overview of the program planning and evaluation cycle and lists additional resources and references.

- *Penn State Cooperative Extension*
Program Evaluation Tipsheet #10 Steps for Writing Program Objectives
<http://www.extension.psu.edu/evaluation/pdf/TS10.pdf>

Provides tips on how to write good program objectives.

- *Health Canada*
Guide to Program Evaluation: A Participatory Approach
<http://www.phac-aspc.gc.ca/ph-sp/phdd/resources/guide/>

Chapters One and Two of this guide provide a basic introduction to evaluation. The remainder of the guide provides useful advice for data collection, analysis, and reporting.

- *University of Wisconsin - Cooperative Extension
Program Development and Evaluation*
<http://www.uwex.edu/ces/pdande/index.html>

Provides information on a variety of program planning and evaluation topics as well as a list of additional resources and references.

- *W.K. Kellogg Foundation
Logic Model Development Guide*
<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf#search='logic%20models'>

This handbook provides an overview of how to use logic models to bring together planning, evaluation, and action.

- *Canadian Outcomes Research Institute*
<http://hmrp.net/canadianoutcomesinstitute/Resources.htm>

Offers general outcome measurement resources and a variety of resources related to logic models.

- *Canadian Evaluation Society
Unpublished Literature Bank*
http://www.evaluationcanada.ca/site.cgi?s=6&ss=8&_lang=en

This is a data base of unpublished literature on various evaluation topics.

Appendix D: Cultural Competence - Essential to Building a Better Tomorrow Together

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture...refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.¹

So begins the *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*, first endorsed by the Nova Scotia Department of Health in 2006. These guidelines originated as a response to identified needs and barriers of identified through consultation with Nova Scotia's diverse minority communities. The guidelines provide us with clear direction for enabling culturally competent care. They also serve to remind us that healthcare providers, health promotion staff, health systems and health organizations are accountable for the delivery of such care.

The complete list of *Guidelines* includes:

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations, including but not limited to: First Nations, African Canadians, Acadians, Francophones and Immigrant Communities, to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary

¹ Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*

health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.

5. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.

6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide cultural health interpretation services in languages provided by Nova Scotia's Community Health Information and Interpreting Service for any primary health care patient/consumer with English or French as a second language at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services in all of the languages provided by Nova Scotia's Community Health Information and Interpreting Service and when possible, cultural health interpretation in the Mi'kmaq language.

8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.

9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

10. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

11. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.

12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.

13. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, with patient/consumer agreement, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.

14. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

15. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.

Attention to cultural competence is essential for reducing health disparities, addressing inequitable access to care and respectfully responding to the diversity of Nova Scotians. We must thus integrate cultural competence considerations when designing and delivering health and health promotion services, working collaboratively with diverse populations.

But we must also strive for cultural competence by building inclusion and respect for diversity in the workplace. Diversity has been identified as one of five core values within *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants* (2009). This code supports creating work environments that are free of discrimination and where differences are valued and respected. Attention to diversity will enable our workplaces to be more representative of Nova Scotian society. It will also help us to ensure that the healthcare services promoted and delivered to Nova Scotians are themselves more culturally competent.

Considering diversity and inclusion in the workplace begins with you—understanding your own culture, your biases and beliefs, and continuing to learn about the culture of diverse Nova Scotians with whom you work. It means understanding and incorporating difference in your daily work. It means creating and fostering inclusive work environments for all staff during meetings and planning sessions. It means building relationships for appropriate and respectful community consultations and partnerships. It means paying explicit attention to culture, gender and diversity when planning, implementing and evaluating health and health promotion programs and services. Building a better tomorrow for all Nova Scotians means truly believing that “diversity fuels ideas and that ideas fuel progress.”²

² Province of Nova Scotia (2009). *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants*.

Building a Better Tomorrow Together Evaluation Questionnaire

Module Title: _____

Training Location: _____ **Date:** _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. This module addressed my learning needs in this area.	1	2	3	4	5
2. The information which was provided was applicable to my practice/work.	1	2	3	4	5
3. My participation in this module has enhanced my knowledge and skills in this area.	1	2	3	4	5
4. My participation in this module will influence my practice/work in the future.	1	2	3	4	5
5. The facilitator was knowledgeable of the subject matter being presented.	1	2	3	4	5
6. The facilitator presented the information in a clear and concise manner.	1	2	3	4	5
7. The facilitator was enthusiastic and responsive to participant's learning needs.	1	2	3	4	5
8. There was opportunity to interact with other participants.	1	2	3	4	5
9. There was opportunity to interact with the facilitator.	1	2	3	4	5
10. The facilities were comfortable and conducive for learning.	1	2	3	4	5
11. The module was well organized.	1	2	3	4	5
12. I would recommend this module to others.	1	2	3	4	5

13. What did you like about this module?

14. What changes or improvements could be made?

15. What aspects of your practice/work do you intend to change as a result of participating in this module?

Notes

Notes