

Evaluation
UNIITE Health Care and World Religions Phase C
February and March, 2007

Background

UNIITE's Health Care and World Religions series sought to improve the health and well-being of new immigrants to Minnesota by offering health care professionals and the larger community the opportunity to better serve this emerging population through training and participation in cultural exchanges that focus on culturally appropriate approaches to immigrant health. The series focused on five relatively new immigrant groups to the St. Cloud area: Hmong, Somali Muslims, Latino/a Christians, Lao Buddhists, and South Asian Hindus.

Phase A of the series oriented health care professionals to the socio-cultural and religious needs of the five immigrant groups. Phase A, conducted from September to November, 2006, concluded with a Cultural Healing Festival, which brought together series participants and the local community. Phase A was separately evaluated.

Phase B of the series followed up on Phase A with the development of talking circles in which interested participants developed diverse health-care related case stories on the five new immigrant groups. Phase B took place from November, 2006, to February, 2007.

Phase C brought the findings of Phase B before state- and national-level specialists in the five new immigrant groups. In these three panel presentations, the talking circles publicly presented selected case stories to the specialists for their expert comments on religious and cultural specifics. Each expert also delivered an address on health care and the specific immigrant group he or she represented. Phase C ended with a Cultural Healing Festival at which community members once again had the opportunity to experience and develop an understanding of the health care needs and practices of new immigrants.

Phase C Part One Evaluation

Demographics

One of the objectives of the Health Care and World Religions Series was to expose members of the predominant culture to the health care needs of emerging immigrants. To this end, participants were asked to provide demographic information, such as city of residence, gender, race or ethnicity, age, faith tradition, country of birth, and years in the United States and in the St. Cloud community. Unfortunately, while most of the participants in Part One of Phase C provided information on their current city of residence and gender, and a few provided information on race or ethnicity, fewer than half provided their age and only a handful provided information on their faith tradition, country of birth, and number of years in the United States or St. Cloud area. Due to the small number of respondents, it is not possible to differentiate responses by demographic group in any meaningful way.

Participants were primarily from St. Cloud and surrounding areas (Sauk Rapids, Sartell, St. Joseph, Waite Park). A few attended from cities like Little Falls, Bowlus, Rice, and Holdingford, and from the Twin Cities area (Minneapolis, Roseville, Vadnais Heights). Attendees were primarily female. Of those who provided information on race or ethnicity, most said they were white or Caucasian. Birth countries included the United States, Laos and Nepal.

Participants

The number of participants varied by session. Evaluations were collected from participants as follows:

- Hmong and Health Care – 5 evaluations
- Somali Muslims and Health Care – 12 evaluations
- Latino/a Christians and Health Care – 6 evaluations
- Lao Buddhists and Health Care – 5 evaluations
- South Asian Hindus and Health Care – 12 evaluations

Evaluation Composite

An evaluation composite showing the responses for each of the sessions is provided at the end of this document. As each composite shows, participants were asked to rate on a five point scale, with one being “Strongly Agree” and five being “Strongly Disagree,” their agreement with a number of statements designed to measure:

- Achievement of Program Goals
- Achievement of Learner Objectives
- Overall Program Effectiveness
- Rating of Speakers
- Setting
- Overall Program Rating

Achievement of Program Goals

Overall, respondents were clear that program goals were achieved. As the evaluation composite shows, with limited exceptions, respondents either Strongly Agreed or Agreed that they:

- Have a better understanding of how the religious and cultural traditions of the specified immigrant group affect how they perceive and access health care;
- Expanded their current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery;
- Believed the session provided a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.

Achievement of Learner Objectives

With limited exceptions, respondents either Strongly Agreed or Agreed that as a result of attending the specified event they:

- Can approach patients with confidence that “difference as a potential barrier” can be turned into a “stepping stone toward cultural competency” for the purpose of effective health care delivery;
- Can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area;
- Can articulate three to five key specifics of the religion and culture of the specified immigrant population as they relate to health care concerns;
- Got acquainted with a resource person from United States belonging to the specified immigrant community;
- Are more aware of cultural competency best practices for health care professionals based on what they learned about the specified immigrant community’s religion and culture.

Exceptions occurred in the evaluations of the Somali session, where one of the 12 respondents “Strongly Disagreed” with the above statements, three “Disagreed” or “Strongly Disagreed” that they got acquainted with a resource person belonging to the specified immigrant community. One person attending the Lao Buddhist session indicated they “Disagreed” they could articulate three to five key specifics of the religion and culture of Lao Buddhist immigrants as they relate to health care, and also “Disagreed” that he or she became acquainted with a Lao Buddhist resource person as a result of the session. Overall, however, at least 50 percent of the respondents “Strongly Agreed” or “Agreed” with the above statements.

Overall Program Effectiveness

Indicators of overall program effectiveness were:

- The information or activities helped the participant learn;
- The program was well-organized;
- The material was appropriate;
- The amount of information met the participant’s needs;
- Attendance at the program was beneficial to the participant;
- The participant will be able to implement the ideas he or she learned.

With the exception of a few participants in the Somali session, attendees “Strongly Agreed” or “Agreed” with the above statements. At least two-thirds of participants in the Somali session similarly “Strongly Agreed” or “Agreed” with the above statements. One person “Strongly Disagreed” with all of the statements, and two people “Disagreed” with the statement that the amount of information met their needs. Importantly, even in this group, three fourths of the respondents said they would be able to implement ideas they learned at the session.

Rating of Speakers

Nearly all respondents rated speakers highly on teaching effectiveness and knowledge of their subject matter.

Setting

Nearly all respondents “Strongly Agreed” or “Agreed” the room set-up was appropriate. One participant in the Somali session “Disagreed” and one indicated he or she “Neither Agreed nor Disagreed” the room set-up was appropriate.

Overall Program Rating

Nearly all respondents rated the overall program highly, giving it a “1” or “2” on a 5-point scale, where “1” indicated a high rating and “5” indicated a low rating.

Phase C Part Two Evaluation

The second part of Phase C of the Health Care and World Religions series was a Cultural Healing Festival. The objectives of the festival were to:

1. Increase local mainstream health care professionals’ knowledge of and sensitivity to effective integrative and complementary health care practices with a special emphasis on yoga.
2. Expand the current paradigm(s) of health care delivery, especially related to mental health, by presenting beliefs and practices, and health care concerns from diverse faiths and cultures.
3. Socially and professionally connect practitioners of mainstream and complementary healing professionals, and acquainting the former with the latter’s unique skills.
4. Provide immigrant healers an opportunity to share the richness of their healing traditions with others practicing from the biomedical paradigm.
5. Offer immigrants and others a whole spectrum of new and viable avenues to decrease cultural and economic barriers to health care.
6. Reduce myths and misconceptions among mainstream health care providers about the spiritually-based health-related beliefs and practices of peoples from diverse faiths and cultures.

Thirty-six attendees signed in and provided some demographic information. Fifty-four participants completed evaluations.

Demographics

Participants were primarily from St. Cloud and the surrounding area. A few were from the Twin Cities area and at least two were from outside the State of Minnesota. Attendees were evenly split between male and female. Races or ethnic groups represented were primarily Asian and Caucasian, with others indicating they were Dakota, Hispanic, Hindu, and Filipino. Ages ranged from 20 to 57, with nearly 60 percent being in their 20s. This may be because the Festival was held on the St. Cloud State University campus, and drew from the student population. Also, the Nepal Student Association assisted with the event, and many of them signed in. Eight respondents indicated their religion, and most of those were Christian. The predominant birth

country was Nepal (44%), followed by the United States (36%). Other countries of birth included Thailand, Canada, Peru, Philippines, India, and Laos. Number of years in the United States ranged from 1 to 35, and number of years in St. Cloud ranged from two to 35.

Of those who completed evaluations, 12 (30%) were presenters or exhibitors, and six (11%) were engaged in the delivery of health care. None of them indicated they practiced “Western” or “mainstream” health care delivery. Evaluation composites are provided for all participants, and then are broken out separately for presenters/exhibitors group and for non-presenters/exhibitors.

Overall Rating

Non-presenters rated the Festival slightly higher overall than those in the presenters/exhibitors group. Eighteen (38%) of all respondents rated the Festival “Excellent” or “Very Good,” 21 (44%) rated the Festival “Good” and 9 (19%) rated it “Fair.” Three of the presenters/exhibitors group (25%) rated the Festival “Excellent” or “Very Good” and six (50%) rated the Festival “Good.” Two rated it “Fair.” Of the non-presenter group, 15 (36%) rated the Festival “Excellent” or “Very Good,” 15 (36%) rated it “Fair” and seven (17%) rated it Poor.

Achievement of Program Objectives

- A significant number of respondents (approximately 45%) in all categories agreed that they have a better understanding of the role of complementary therapies in the delivery of health care. (Objectives 1, 2, 5, and 6).
- Over a third of the participants overall (35%) and in the non-presenter category (45%) agreed that as a result of attending the Festival they connected socially or professionally with at least two practitioners of health care from a healing tradition other than their own. Three (25%) of the presenters/exhibitors agreed with this statement. (Objective 3)
- One third of the presenters/exhibitors group said they had an opportunity to share their healing tradition with practitioners of another faith or healing tradition. Approximately 38 % of the non-presenters/exhibitors group “Strongly Agreed” or “Agreed” they had an opportunity to share their healing tradition as well, indicating some level of communication about faith and healing traditions occurred during the event, even in the non-presenter group. (Objective 4)
- Over half of all respondents and one third of presenters/exhibitors agreed they have a better understanding of the healing traditions of a faith tradition or culture other than their own as a result of attending the Festival. (Objectives 1, 2, 4, 5 and 6)
- Approximately half of presenters/exhibitors and non-presenters agreed they have a better understanding of the role of complementary therapies in the delivery of health care. (Objectives 1, 2, 5 and 6)

Health Care & World Religions Series
Hmong & Health Care, Phase C, Part I
 Tuesday, March 13, 2007 (8:00– 10:30 a.m.)

Evaluation Composite

Please complete the following by circling the number that most accurately reflects your perceptions of this session of the program:

Number of Evaluations: 5	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
ACHIEVEMENT OF PROGRAM GOALS	1	2	3	4	5
1. I have a better understanding of how the religious and cultural traditions of Hmong immigrants affect how they perceive and access health care.	5				
2. I have expanded my current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery.	3	1			
3. I believe the today's session provides a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.	4	1			
ACHIEVEMENT OF LEARNER OBJECTIVES	1	2	3	4	5
4. I can approach patients with confidence that "difference as a potential barrier" can be turned into a "stepping stone toward cultural competency" for the purpose of effective health care delivery.	1	2	2		
5. I can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area.	3	2			
6. I can articulate three to five key specifics of the religion and culture of Hmong immigrants as they relate to health care concerns.	5				
7. I got acquainted today with a resource person from United States belonging to the Hmong community.	4				
8. I am more aware of cultural competency best practices for health care professionals based on what I learned about the Hmong religion and culture.	2	2	1		
OVERALL PROGRAM EFFECTIVENESS	1	2	3	4	5
9. The information/activities helped me learn.	5				
10. The program was well organized.	5				
11. The material was appropriate.	5				
12. The amount of information met my needs.	5				
13. My attendance at this program was beneficial to me	5				
14. I will be able to implement the ideas I learned	4				
RATING OF SPEAKERS (Teaching effectiveness, knowledge of subject matter)	1	2	3	4	5
15. Linda Meehl, Coborn Cancer Center, CentraCare Health System, presenter of Hmong Case Story					
16. Dia Cha, PhD, medical anthropologist and professor of Ethnic Studies, St. Cloud State University	5				
SETTING	1	2	3	4	5
17. The room set-up was appropriate.	5				
OVERALL PROGRAM RATING	1	2	3	4	5
18. Overall rating of this session	5				

Comments/suggestions: (None)

Please indicate future topics/speakers that would be of interest to you: (None)

Health Care & World Religions Series Somali Muslims & Health Care, Phase C, Part I

Tuesday, March 19, 2007 (8:00 – 10:30 a.m.)

Evaluation Composite

Please complete the following by circling the number that most accurately reflects your perceptions of this session of the program:

Number of Evaluations: 12	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
ACHIEVEMENT OF PROGRAM GOALS	1	2	3	4	5
19. I have a better understanding of how the religious and cultural traditions of Somali immigrants affect how they perceive and access health care.	5	4	1		1
20. I have expanded my current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery.	5	3	1		1
21. I believe the today's session provides a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.	8	1	2		1
ACHIEVEMENT OF LEARNER OBJECTIVES	1	2	3	4	5
22. I can approach patients with confidence that "difference as a potential barrier" can be turned into a "stepping stone toward cultural competency" for the purpose of effective health care delivery.	3	3	3		1
23. I can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area.	3	4	2		1
24. I can articulate three to five key specifics of the religion and culture of Somali immigrants as they relate to health care concerns.	4	5	2		1
25. I got acquainted today with a resource person from United States belonging to the Somali community.	5	3	1	1	2
26. I am more aware of cultural competency best practices for health care professionals based on what I learned about the Somali religion and culture.	6	2	2	1	1
OVERALL PROGRAM EFFECTIVENESS	1	2	3	4	5
27. The information/activities helped me learn.	7	2	2		1
28. The program was well organized.	8	2	1		1
29. The material was appropriate.	7	1	3		1
30. The amount of information met my needs.	5	3	1	2	1
31. My attendance at this program was beneficial to me	6	4	1		1
32. I will be able to implement the ideas I learned	5	4	2		1
RATING OF SPEAKERS (Teaching effectiveness, knowledge of subject matter)	1	2	3	4	5
33. Linda Meehl, Coborn Cancer Center, CentraCare Health System, presenter of Somali (ER) Case Story					
34. Deb Thomalla, R.N., Arise Home Health Care, presenter of Somali (mental health) Case Story	5	5		1	
35. Mohamed Hassan, M.D., University of Minnesota	3				1
SETTING	1	2	3	4	5
36. The room set-up was appropriate.	5	5	1	1	
OVERALL PROGRAM RATING	1	2	3	4	5
37. Overall rating of this session	7	3	1		1

Comments/suggestions:

- *Thank you! Great organization!
- *Thanks! I learned a lot.

Please indicate future topics/speakers that would be of interest to you:

- *Overview of Somali culture; Overview of Somali supports in St. Cloud for the elderly.

Health Care & World Religions Series
Latino/a Christians & Health Care, Phase C, Part I
 Tuesday, March 19, 2007 (10:45 a.m.– 1:15 p.m.)

Evaluation Composite

Please complete the following by circling the number that most accurately reflects your perceptions of this session of the program:

Number of Evaluations: 6	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
ACHIEVEMENT OF PROGRAM GOALS	1	2	3	4	5
38. I have a better understanding of how the religious and cultural traditions of Latino/a immigrants affect how they perceive and access health care.	5	1			
39. I have expanded my current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery.	4	1			
40. I believe the today's session provides a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.	5	1			
ACHIEVEMENT OF LEARNER OBJECTIVES	1	2	3	4	5
41. I can approach patients with confidence that "difference as a potential barrier" can be turned into a "stepping stone toward cultural competency" for the purpose of effective health care delivery.	4				
42. I can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area.	5	1			
43. I can articulate three to five key specifics of the religion and culture of Latino/a immigrants as they relate to health care concerns.	4	2			
44. I got acquainted today with a resource person from United States belonging to the Latino/a community.	4		1		
45. I am more aware of cultural competency best practices for health care professionals based on what I learned about the Latino/a religion and culture.	5	1			
OVERALL PROGRAM EFFECTIVENESS	1	2	3	4	5
46. The information/activities helped me learn.	5	1			
47. The program was well organized.	5	1			
48. The material was appropriate.	5	1			
49. The amount of information met my needs.	5	1			
50. My attendance at this program was beneficial to me	5	1			
51. I will be able to implement the ideas I learned	6				
RATING OF SPEAKERS (Teaching effectiveness, knowledge of subject matter)	1	2	3	4	5
52. Nancy Evans, Recovery Plus, CentraCare Health System, presenter of Latino/a Case Story					
53. Napoleon (Lucho) Espejo, M.D., Moorhead, MN	6				
SETTING	1	2	3	4	5
54. The room set-up was appropriate.	5	1			
OVERALL PROGRAM RATING	1	2	3	4	5
55. Overall rating of this session	5	1			

Comments/suggestions:

- *Very good speaker. Maybe lay out (characteristics) slight differences of Hispanic/Latino groups.
- *Need more of this kind of seminar to change St. Cloud.

Please indicate future topics/speakers that would be of interest to you:

Health Care & World Religions Series
Lao Buddhists & Health Care, Phase C, Part I
Monday, March 26, 2007 (9:30 a.m. – 12:00 p.m.)

Evaluation Composite

Please complete the following by circling the number that most accurately reflects your perceptions of this session of the program:

Number of Evaluations: 5	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
ACHIEVEMENT OF PROGRAM GOALS	1	2	3	4	5
56. I have a better understanding of how the religious and cultural traditions of Hmong immigrants affect how they perceive and access health care.	3	1	1		
57. I have expanded my current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery.	2	2	1		
58. I believe the today's session provides a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.	2	2		1	
ACHIEVEMENT OF LEARNER OBJECTIVES	1	2	3	4	5
59. I can approach patients with confidence that "difference as a potential barrier" can be turned into a "stepping stone toward cultural competency" for the purpose of effective health care delivery.	3	1	1		
60. I can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area.	3		1		
61. I can articulate three to five key specifics of the religion and culture of Hmong immigrants as they relate to health care concerns.	2	2		1	
62. I got acquainted today with a resource person from United States belonging to the Hmong community.	4			1	
63. I am more aware of cultural competency best practices for health care professionals based on what I learned about the Hmong religion and culture.	1	3	1		
OVERALL PROGRAM EFFECTIVENESS	1	2	3	4	5
64. The information/activities helped me learn.	4	1			
65. The program was well organized.	4	1			
66. The material was appropriate.	3	2			
67. The amount of information met my needs.	2	2	1		
68. My attendance at this program was beneficial to me	4	1			
69. I will be able to implement the ideas I learned	2	1	2		
RATING OF SPEAKERS (Teaching effectiveness, knowledge of subject matter)	1	2	3	4	5
70. Malcolm Nazareth, coordinator of Phase B talking circles, UNIITE, presenter of Lao Buddhist Case Story					
71. Sombath Senethong, M.D., San Diego, CA	2	2			
SETTING	1	2	3	4	5
72. The room set-up was appropriate.	3	2			
OVERALL PROGRAM RATING	1	2	3	4	5
73. Overall rating of this session	3	2			

Comments/suggestions: (None)

Please indicate future topics/speakers that would be of interest to you: (None)

Health Care & World Religions Series
South Asian Hindus & Health Care, Phase C, Part I
 Saturday, March 31, 2007 (11:00 a.m. – 1:30 p.m.)

Evaluation Composite

Please complete the following by circling the number that most accurately reflects your perceptions of this session of the program:

Number of Evaluations: 12	Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
ACHIEVEMENT OF PROGRAM GOALS	1	2	3	4	5
74. I have a better understanding of how the religious and cultural traditions of Somali immigrants affect how they perceive and access health care.	9	2	1		
75. I have expanded my current biomedical paradigm(s) of health and healing, especially mental health, to include wellness and health beliefs and practices from diverse faiths into a holistic model of health care delivery.	10	1			1
76. I believe the today's session provides a useful educational model for introducing health care practitioners around the state to the gifts and challenges associated with religious and cultural diversity.	12				
ACHIEVEMENT OF LEARNER OBJECTIVES	1	2	3	4	5
77. I can approach patients with confidence that "difference as a potential barrier" can be turned into a "stepping stone toward cultural competency" for the purpose of effective health care delivery.	8	4			
78. I can approach patients of minority populations with greater understanding of their uniqueness as new immigrants in the St. Cloud area.	9	3			
79. I can articulate three to five key specifics of the religion and culture of Somali immigrants as they relate to health care concerns.	10	2			
80. I got acquainted today with a resource person from United States belonging to the Somali community.	9	3			
81. I am more aware of cultural competency best practices for health care professionals based on what I learned about the Somali religion and culture.	8	4			
OVERALL PROGRAM EFFECTIVENESS	1	2	3	4	5
82. The information/activities helped me learn.	12				
83. The program was well organized.	11	1			
84. The material was appropriate.	12				
85. The amount of information met my needs.	11	1			
86. My attendance at this program was beneficial to me	12				
87. I will be able to implement the ideas I learned	11	1			
RATING OF SPEAKERS (Teaching effectiveness, knowledge of subject matter)	1	2	3	4	5
88. Mariani Nazareth, R.N., presenter of South Asian Hindu Case Story	2				
89. Shashikant Sane, M.D., radiologist, Children's Hospital, Minneapolis, main presenter of "South Asian Hindus and Health Care"	10	1			
SETTING	1	2	3	4	5
90. The room set-up was appropriate.	8	3			
OVERALL PROGRAM RATING	1	2	3	4	5
91. Overall rating of this session	11	1			

Comments/suggestions:

*A great speaker! A must-have for future talks. Thank you.

*Very important

Please indicate future topics/speakers that would be of interest to you: (None)

Health Care & World Religions Series

Cultural Healing Festival 2007

Saturday, March 31, 2007 (10:45 a.m. – 6:00 p.m.)

Evaluation Composite - All Participants

Number of Evaluations: 54

Please answer these questions by checking “Yes” or “No”	Yes	No
1. Are you a presenter or exhibitor at today’s Festival?	12	38
2. Do you consider yourself a recent immigrant to the United States?	12	39
3. If you are a recent immigrant, in what year did you come to the U.S? 4 responses: 1996, 1998, 2002, 2004		
4. Are you engaged in the delivery of health care?	6	44
5. If yes, do you primarily practice “Western” or “mainstream” health care delivery?		5

Please circle the number that represents your view.	Excellent	Very Good	Good	Fair	Poor
6. What is your overall rating of this Festival?					

Please circle the number that represents your view.	Strongly Agree		Neither Agree nor Disagree		Strongly Agree
As a result of attending this Festival . . .	1	2	3	4	5
7. I have a better understanding of the role of complementary therapies in the delivery of health care.	14	10	25	2	
8. I have connected socially or professionally with at least two practitioners of health care from a healing tradition other than my own.	9	9	24	6	3
9. I had an opportunity to share my healing tradition with practitioners of another faith or healing tradition.	5	14	24	4	3
10. I have a better understanding of the healing traditions of a faith tradition or culture other than my own.	10	16	18	7	1
11. I plan to put into practice changes in my personal or professional life based on information I obtained today.	9	17	23	2	1

12. Please provide any comments or suggestions to strengthen future UNIITE programs.

*Keep it up!

*Perhaps TV Commercial advertisements -- flyers on residential doorsteps. Advertise more in West St. Cloud, St. Joseph, Waite Park. 1/4 page ad in Sunday St. Cloud Times. Try to get St. Cloud Times to write an article about a major event before the event occurs. I think in order to help the community UNIITE you may try to slightly increase Caucasian attendance to boost/encourage unity among races.

*Just keep on (with) the good job.

*Amazing Experience

*Very well conducted! Good Job! Loved the performances.

*Keep it up!

*More performers; speakers

*Enjoyed the different cultural songs and dances from countries.

*More publicity. I found out about this event from a friend.

*I enjoyed it while I was learning more about other cultures.

*As a Dakota Traditionalist, I thought the speaker was very informative and would suggest he come back at a later date.

*The sharing of the cultural groups here today and the food were a plus. Thank you.

*The SCSU website advertised this event different than it actually is.

*The food smells good

*Sorry. I came for the food...which was FABULOUS!! Due to personal time constraints I was unable to view all the available materials/booths. My apologies.

*Do this again. Very helpful.

*Good job!

Health Care & World Religions Series
Cultural Healing Festival 2007
 Saturday, March 31, 2007 (10:45 a.m. – 6:00 p.m.)

Evaluation Composite - Presenters

Number of Evaluations: 12

Please answer these questions by checking “Yes” or “No”	Yes	No
13. Are you a presenter or exhibitor at today’s Festival?	12	
14. Do you consider yourself a recent immigrant to the United States?	3	
15. If you are a recent immigrant, in what year did you come to the U.S? (No responses)		
16. Are you engaged in the delivery of health care?	1	
17. If yes, do you primarily practice “Western” or “mainstream” health care delivery?		

Please circle the number that represents your view.	Excellent	Very Good	Good	Fair	Poor
18. What is your overall rating of this Festival?	2	1	6	2	

Please circle the number that represents your view.	Strongly Agree		Neither Agree nor Disagree		Strongly Agree
As a result of attending this Festival . . .	1	2	3	4	5
19. I have a better understanding of the role of complementary therapies in the delivery of health care.	2	4	5		
20. I have connected socially or professionally with at least two practitioners of health care from a healing tradition other than my own.	2	1	5	2	1
21. I had an opportunity to share my healing tradition with practitioners of another faith or healing tradition.	1	3	6		1
22. I have a better understanding of the healing traditions of a faith tradition or culture other than my own.	1	3	6	1	
23. I plan to put into practice changes in my personal or professional life based on information I obtained today.	1	5	5		

24. Please provide any comments or suggestions to strengthen future UNITE programs.
 See Evaluation Composite for All Participants. One comment was provided by a presenter.

Health Care & World Religions Series
Cultural Healing Festival 2007
 Saturday, March 31, 2007 (10:45 a.m. – 6:00 p.m.)

Evaluation Composite - Non-Presenters

Number of Evaluations: 42

Please answer these questions by checking “Yes” or “No”	Yes	No
25. Are you a presenter or exhibitor at today’s Festival?		38
26. Do you consider yourself a recent immigrant to the United States?	9	30
27. If you are a recent immigrant, in what year did you come to the U.S? 1996, 1998, 2002, 2004		
28. Are you engaged in the delivery of health care?	5	33
29. If yes, do you primarily practice “Western” or “mainstream” health care delivery?	0	

Please circle the number that represents your view.	Excellent	Very Good	Good	Fair	Poor
30. What is your overall rating of this Festival?	9	6	15	7	0

Please circle the number that represents your view.	Strongly Agree		Neither Agree nor Disagree		Strongly Agree
As a result of attending this Festival . . .	1	2	3	4	5
31. I have a better understanding of the role of complementary therapies in the delivery of health care.	12	6	20	2	
32. I have connected socially or professionally with at least two practitioners of health care from a healing tradition other than my own.	7	9	19	4	2
33. I had an opportunity to share my healing tradition with practitioners of another faith or healing tradition.	4	11	18	4	2
34. I have a better understanding of the healing traditions of a faith tradition or culture other than my own.	9	13	12	6	1
35. I plan to put into practice changes in my personal or professional life based on information I obtained today.	8	12	18	2	1

36. Please provide any comments or suggestions to strengthen future UNITE programs.
 See Evaluation Composite for All Participants. All but one of the comments were from non-presenters.