

# *Culture Counts:*

## *Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities*



Presented by:

Marianne Kobus-Matthews  
Senior Health Promotion Consultant  
Centre for Addiction and Mental  
Health (CAMH)

Branka Agic, MHS  
Community Health & Education Specialist  
Centre for Addiction and Mental Health  
(CAMH)

## *Learning Objectives:*


- Brief overview of the Best Practices Project
- Cultural differences in norms, beliefs and patterns of alcohol use across 7 ethnocultural communities in Ontario
- Cultural adaptation and translation of the Low-Risk Drinking Guidelines (LRDG)

# *Pijenje Alkohola: Koliko Je Zdravo?*

Poimovi o zdravlju i alkoholu mogu se lako poremetiti. Nekada čujemo da je alkohol štetan a nekad da je koristan. Međutim, mada neka istraživanja ukazuju da je mala količina alkohola dobra za zdravlje, to se odnosi samo na nekoliko pića tjedno – a ne nekoliko pića svaki dan.

(Source: NSW Health, 1999)

## *Jargon-ridden*



- Most refractory coatings to date exhibit a lack of reliability when subject to the impingement of entrained particulate matter in the propellant stream under extended firing durations.

## *Jargon-free*



- The exhaust gas eventually chews the coating of existing ceramics

## *Purpose of the Project*



- To identify and develop a best practices model for community education in mental health and addiction with ethnoracial/ethnocultural communities to ensure that programs effectively address the needs of people from different cultural and linguistic backgrounds

# *Best Practices Project Description*

- The project is a **partnership** between CAMH and
  - Polycultural Immigrant Services
  - Portuguese Mental Health and Addiction Services, Toronto Western Hospital
  - Punjabi Community Health Centre
  - Society for the Aid of Ceylon (Sri Lanka) Minorities - SACEM
  - The Multicultural Council of Windsor-Essex County
  - The Somali Centre for Family Services in Ottawa
  - Vasantham - A Tamil Seniors Wellness Centre,
- The partnership is based on **equity principles**

# *Project Description* Con't

- Intended audience: **Tamil, Polish, Russian** and **Portuguese** communities in Toronto, **Punjabi** community in Peel Region, **Somali** community in Ottawa and **Serbian** community in Windsor.
- First phase used the **Low-Risk Drinking Guidelines (LRDG)** as the vehicle to test the best practices approach
- Second phase includes translation, pilot testing, production and dissemination of the culturally appropriate materials.

# *Low-Risk Drinking Guidelines*

- LRDG are based on general health promotion/ population health principles
- Offer advice to healthy adults on low-risk drinking
- Based on comprehensive review of international research that examined long- and short-term effects of alcohol
- Application of best practice approaches that will permit the cultural adaptation of the LRDG and opportunities to collaborate with diverse communities toward further dissemination and adoption of the guidelines



Low-Risk  
Drinking Guidelines  
*maximize life, minimize risk*



0  
2  
9  
14

*One Standard Drink =  
13.6 grams of alcohol*

- ☀️ 0 : Zero drinks = lowest risk of an alcohol-related problem
- ☀️ 2 : No more than 2 standard drinks on any one day
- ☀️ 9 : Women: up to 9 standard drinks a week
- ☀️ 14 : Men: up to 14 standard drinks a week

***BUT I ONLY HAD ONE DRINK...***



# Project Outcomes



- Culturally adapted LRDG and/or other culturally appropriate health education information addressing alcohol use
- A model for best practices in community education and knowledge exchange in mental health and addiction with ethnocultural communities
- A best practices manual

# *Phase One Activities*

- 18 focus groups conducted with key informants and community members
- Focus groups organized and facilitated by the partnering agencies in the native language of the respective community
- Community partners provided input on appropriate approaches to culturally adapt and disseminate the LRDG

# *Focus Groups Findings Con't*

## *Differences:*

- Cultural characteristics and religions
- Degrees of alcohol acceptance
- Patterns of alcohol use
- Level of community readiness
- Perceptions of normal, low-risk and excessive drinking
- The type and sizes of alcohol beverages
- Preferred and effective ways of communicating messages

# *Focus Groups Findings*

## *Similarities:*

- Male alcohol use is generally socially accepted
- Alcohol most frequently used for socializing and entertaining purposes and as a coping mechanism
- Belief that alcohol is good for your health
- Alcohol use viewed as a predominantly male activity
- Counting and measuring drinks is not common
- Stigma attached to alcohol-related problems
- Most effective messages stress the consequences of alcohol use on the family
- Visual information more effective than written information
- Ethnic mass media most effective communication channel
- The concept of a “standard drink” confusing




# *What is a Standard Drink?*



# LRDG: Standard drink

The concept of “standard drink” has been a central feature in alcohol education campaigns, mainly in English-speaking countries

**1 standard drink = 13.6 grams of alcohol =**

wine	spirits	beer
	or 	or 
5 oz/142 mL of wine (12% alcohol)	1.5 oz/43 mL of spirits (40% alcohol)	12 oz/341 mL of regular strength beer (5% alcohol)

Higher alcohol beers and coolers have more alcohol than one standard drink.

# *Focus Groups Results*

- The **Polish, Portuguese, Punjabi, Russian and Tamil** communities supported the idea of translating the LRDG into their native languages
- Recommendations with regard to the Guidelines graphics, layout and content to make them culturally appropriate and relevant

## *Focus Groups Results Con't*

- **Serbian** Focus Groups: information about the ways to reduce the risks associated with drinking not relevant
- **Somali** Focus Groups: LRDG are culturally inappropriate.
- Poster was identified as a more effective communication channel

*Phase Two of the Project*



Translation in the Concept of Culture

# *Guiding Principles*

## *for Translation/Cultural Adaptation of LRDG*



- Cultural adaptation
- Translation
- Cultural validation

# *Cultural Adaptation*



- Process of adjusting health messages to the intended audience using terminology, graphics and pictures that reflect cultural values and social norms of the intended audience, including identifying most appropriate channels and settings



Low-Risk  
Drinking Guidelines  
*maximize life, minimize risk*



0  
2  
9  
14

# Recommendations for Adaptation of LRDG

- Use a picture with no ice in the glass
- Picture of glass containing spirits should be proportional
- Beside the numbers “0-2-9-14”, add symbols of men and women
- Emphasize message that drinking affects the family
- Add: “Talk to your kids about alcohol and be a good role model for them.”
- Define “legal drinking age”
- Add information on culturally specific beverages
- Simplify language
- Clarify/explain some health risks

# *Posters*



- Serbian community:
  - Messages about the risks of drinking and driving
  - Design based on the Focus Group recommendations
- Somali community:
  - Messages about health issues related to alcohol consumption
  - Design by Somali artist based on the Focus Group recommendations

# Somali

# ALCOHOL

## DO YOU KNOW...

Alcohol is a depressant drug, which means it slows down the parts of your brain that affect your thinking and behavior, as well as your breathing and heart rate.

Alcohol is involved in more regrettable moments, crimes and traffic fatalities than all other drugs of abuse combined.

Alcohol use increases the risk of liver, throat, breast and other cancers

Chronic use of alcohol can damage the brain, which can lead to dementia, difficulties with co-ordination and motor control, and loss of feeling or painful burning in feet.

For more information please call The R. Samuel McLaughlin Addiction and Mental Health Information Centre Ontario Toll-free Information and Support Line at 1 800 463 6273 or visit our website at [www.camh.net/about\\_addiction\\_mental\\_health/multilingualresources.html](http://www.camh.net/about_addiction_mental_health/multilingualresources.html)



# Serbian

## NONE FOR THE ROAD

Driving while impaired  
increases the risk of a  
crash causing injury  
or even death.

If you drink, don't drive.  
If you drive, don't drink.

And, don't serve alcohol  
to someone who will  
be driving.

Responsible drinking  
means putting safety  
and your family first.



Centre for Addiction and Mental Health  
Centru de studii i terapije ovisnosti i zdravlje mentalno

A Pan American Health Organization /  
World Health Organization  
Collaborating Centre

Affiliated with the University of Toronto

# *Project Limitations/Challenges*



- Low-Risk Drinking Guidelines Memorandum of Understanding outlines
  - what can or cannot be modified in LRDG pamphlet
  - conditions of approval for translation
- Focus group findings should not be generalized

# *Translation Model*

- Pre-translation
- Forward translation
- Review
- Back-translation



# *Guidelines for Translators*



- Review Project Information Sheet
- No word-to-word translation
- Meaning, not the form, is retained
- Use the words and grammatical forms that are understandable to target audience
- Produce a reliable version of the original health document

# *Guidelines for Reviewers*



- Check that the meaning is clear and understandable to target audience
- Check that the translation uses natural grammar and style of the receptor language
- Check for the accuracy of translation

## *Translation Process*

- Forward translation by professional translators
- Review by both primary and secondary audiences
- Modifications
- Back translation of final version
- Review by a CAMH health scientist
- Proofreading by independent translators

# Challenges

- Professional translators vs. bilingual service providers/health professionals
- Concepts in the English-language version which are not easily translated into other languages:
  - “Low-Risk Drinking Guidelines”,
  - “Maximize Life, Minimize Risk”
  - A little goes a long way
- Cultural differences in word usage
- Doubts about back translation
- Translated versions 1/3 longer

# *Feedback on “Professionally” Translated LRDG*

- Language too formal
- Language level too high
- Word-to-word translation
- Confusing and misleading messages
- Distorted meaning of a word or phrase
- Dialect issues

# *Lost in Translation*

- “Guidelines for healthy drinking”
- “Guidelines that assist with drinking at low risk”
- Drinking problems in your family
- No more than 2 standard drinks (*on any one day*)
- But even at this age you should not have more than one drink of alcohol and not every day (*A little goes a long way. In most cases, one drink of beer, wine or liquor every other day is enough*)

# *Cultural Experience with Concepts*

- Tamil: “Drinking Guidelines to reduce the risk caused by taking Alcohol” ;
- Russian: “Recommendations to lower the risk associated with use of alcohol”
- Punjabi: “Enhance life, Reduce risk”
- Russian: “Live longer and better”

# *Focus Group Testing*



- To evaluate the translated material for
  - Clearness/ Clarity of meaning
  - Comprehensiveness

# *Recommendations*

- Specify legal drinking age
- When preparing the font, have an elderly population in mind
- Simplify language
- Provide explanation
- Change wording
- Shorten sentences

# *Project Highlights*



- Programs developed for general population are often not relevant to ethnocultural groups
- Cultural and religious traditions shape perceived reasons for alcohol use
- Concepts that reflect the dominant culture are not directly transferable to culturally diverse communities

# *Project Recommendations*

- Don't make assumptions
- Understand cultural norms, values and health beliefs of the community
- Understand diversity within the community
- Determine the need and level of cultural adaptation
- Use translators familiar with health terminology
- Emphasize conceptual translations
- Use natural and acceptable language for the broadest audience
- Bilingual reviewers/ expert panel – native speakers of receptor language

## *References*

- Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities Report  
[http://www.camh.net/education/culture\\_counts\\_report.html](http://www.camh.net/education/culture_counts_report.html)

## *Contact Information*

- **Marianne Kobus-Matthews**  
Senior Health Promotion  
Consultant  
Centre for Addiction and Mental  
Health (CAMH)  
Tel: 416.535.8501 Ext. 4552  
e-mail: [marianne\\_kobusmatthe@camh.net](mailto:marianne_kobusmatthe@camh.net)
- **Branka Agic, MHSc**  
Community Health & Education  
Specialist  
Centre for Addiction and Mental  
Health  
(CAMH)  
Tel: 416.535.8501 Ext. 4526  
e-mail: [branka\\_agic@camh.net](mailto:branka_agic@camh.net)

# *Discussion Questions*

- What are the key messages related to low-risk drinking practices that you want to deliver?
- What are the ways of effectively delivering them to your communities?
- What are the opportunities and barriers in your community for delivering these messages?