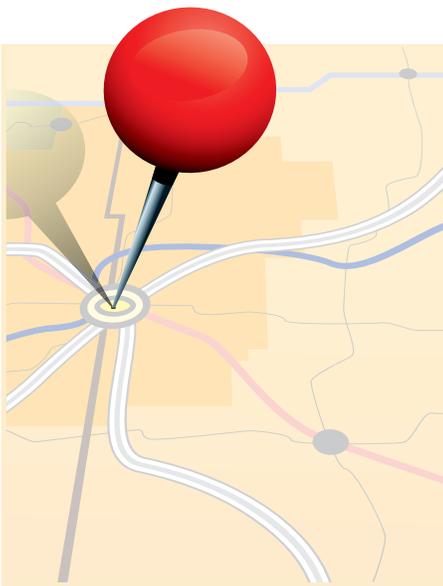# culture counts

A Roadmap to Health Promotion

Best Practices for Developing
Health Promotion Initiatives
in Mental Health and Substance Use
with Ethnocultural Communities

September 2007

Centre for Addiction and Mental Health
Policy, Education and Health Promotion

Acknowledgments

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- o The Multicultural Council of Windsor-Essex County, Ontario
- o Polycultural Immigrant and Community Services, Toronto, Ontario
- o Portuguese Mental Health and Addiction Services, Toronto Western Hospital, Ontario
- o Punjabi Community Health Centre, Mississauga, Ontario
- o Society for the Aid of Ceylon (Sri Lanka) Minorities (SACEM), Scarborough, Ontario
- o The Somali Centre for Family Services, Ottawa, Ontario
- o Vasantham – A Tamil Seniors Wellness Centre, Toronto, Ontario.

In particular, we wish to thank the following individuals for their invaluable contributions to the Culture Counts projects:

- o Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Services
- o Harpreet Dhaliwal, Programs Coordinator–Punjabi Community Health Centre
- o Elizabeth Gajewski, Polycultural Immigrant and Community Services
- o Mira Gordic, Multicultural Council of Windsor-Essex County
- o Farah Aw-Osman, Somali Centre for Family Services
- o Baldev Mutta, Punjabi Community Health Centre
- o Naga Ramalingam, Society for the Aid of Ceylon (Sri Lanka) Minorities (SACEM)
- o Dr. Krishanthy Shu, Vasantham – A Tamil Seniors Wellness Centre
- o Nadia Sokhan, Polycultural Immigrant and Community Services.

We are grateful to the following people who took time from their busy schedules to review drafts of the Culture Counts guide and provide valuable feedback and suggestions:

- o Fernanda Almeida, FOCUS Co-ordinator–St. Christopher House, Toronto, Ontario

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A Roadmap to Health Promotion

Best Practices for Developing
Health Promotion Initiatives
in Mental Health and Substance Use
with Ethnocultural Communities

Read this important health information:

mlFi+ld so~kdjO Gop^^law Soij[oij Jdil^^^.

Having trouble? Here is a translation into English:

Do not drink Gop^^law before aviating your starship.

Still confused? Don't worry—unless you are from the planet Orbl^k, this message will not mean much to you.

As this exercise shows, when it comes to effective health promotion, **culture counts**.

Canada now has over 200 ethnic groups, yet many in those groups are missing out on the benefits of health promotion. This guide aims to change that by helping you to create effective health promotion initiatives in mental health and substance use with ethnocultural communities that move towards the goal of ensuring that everyone has an equal opportunity to enjoy good health.
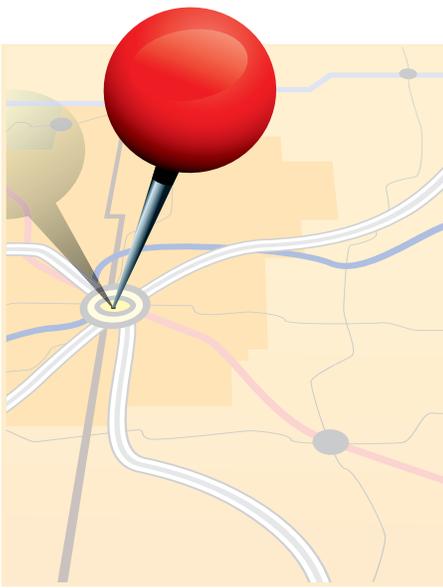
About this guide

How this guide was developed

This guide is the outcome of the Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities Project, a partnership among eight organizations:

- o The Centre for Addiction and Mental Health, Toronto, Ontario

- o The Multicultural Council of Windsor-Essex County, Ontario

- o Polycultural Immigrant and Community Services, Toronto, Ontario

- o Portuguese Mental Health and Addiction Services, Toronto Western Hospital, Ontario

- o Punjabi Community Health Centre, Mississauga, Ontario

- o Society for the Aid of Ceylon (Sri Lanka) Minorities (SACEM), Scarborough, Ontario

- o The Somali Centre for Family Services, Ottawa, Ontario

- o Vasantham – A Tamil Seniors Wellness Centre, Toronto, Ontario.

The first phase of the project focused on low-risk alcohol use, and used the Low-Risk Drinking Guidelines (LRDG) to test a best practices approach. Seven ethnocultural communities (Portuguese, Tamil, Somali, Russian, Polish, Serbian and Punjabi) were consulted to determine whether the LRDG could be adapted to their needs.

The second phase of the project involved either adapting and translating the LRDG or developing a new product for each community.

A literature review and the LRDG project led to the general conclusion that health promotion initiatives designed for the mainstream population are not generally effective for ethnocultural communities.

The literature review also showed a lack of information about developing health promotion initiatives with ethnocultural communities. This guide represents the third phase of the project, which is intended as a step in filling that gap by providing comprehensive, effective and culturally appropriate approaches to meet the health promotion needs of ethnocultural communities.

What is "health promotion"?

The World Health Organization defines health promotion as "the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

"Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion goes beyond healthy life-styles to well-being." (WHO, 1986).
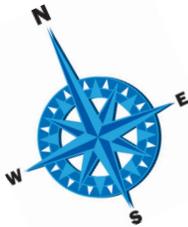
To learn more about health promotion:
- Centre for Addiction and Mental Health (CAMH) "Health Promotion Resources"
  http://www.camh.net/About_CAMH/Health_Promotion/Health_Promotion_Resources/index.html

What are "ethnocultural" communities?

For the purposes of this guide, "ethnocultural" communities are defined as those communities whose members have ethnic origins that are not French, British or Aboriginal.

While ethnocultural communities often include newcomers, it is important to remember they also include people whose roots in Canada go back more than one generation.

To learn more about defining ethnocultural communities:
- Statistics Canada: "Ethnicity: Concept"
  http://www.statcan.ca/english/concepts/definitions/ethnicity.htm

What are "best practices"?

In the Interactive Domain Model (IDM) of health promotion, best practices in health promotion are defined as "those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation."*

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* Source: Michael Goodstadt and Barbara Kahan, "Best Practices in Health Promotion: The Interactive Domain Model," http://www.bestpractices-healthpromotion.com/id12.html

The practices described in this guide are those that were found to work effectively in the Low-Risk Drinking Guidelines project. The key, however, is to find what is "most likely to achieve health promotion goals in a given situation"; use these practices as a guide but listen to your intended audience and be ready to adapt to their needs.

Who this guide is for

This guide is intended for anyone working for a mainstream agency or organization who is considering undertaking a health promotion initiative with ethnocultural communities, or who has attempted to do so in the past but with unsatisfactory results.

If you are new to health promotion, please have a look at the "HP-101 Health Promotion Online Course" presented by the Ontario Health Promotion Resource System. This web-based self-study course will help you learn the basic principles of health promotion.

While it focuses on mental health and substance use issues, *Culture Counts* describes approaches that can be applied to almost any type of health promotion initiative aimed at ethnocultural communities.

How to use this guide

This guide focuses on breaking down the barriers between ethnocultural communities and effective health promotion in mental health and substance use. It does not go into great detail about setting up and running a health promotion initiative. Instead, it provides the basic steps and background with links to other online resources that give more information about each topic. You are strongly encouraged to use these resources to explore issues in health promotion with ethnocultural communities in more depth.

Of course we would like you to read through the guide in its entirety, but each chapter also stands on its own so that you can turn to one anytime you need information about a particular issue.
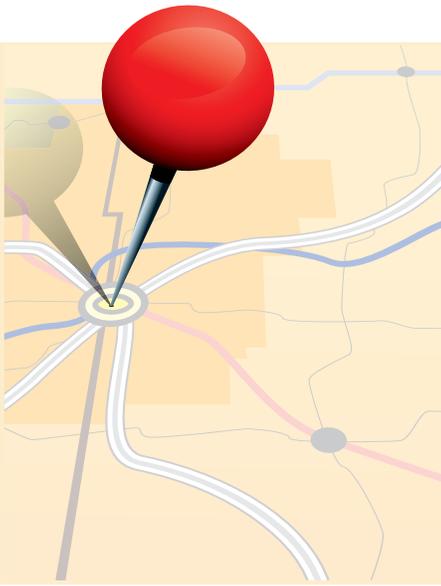
Break Down Barriers

Take a look at these numbers from the 2001 census:

o   18% of Canada's population is foreign born, the highest proportion in 70 years

o   the number of ethnic groups in Canada has exceeded 200

o   during the period of 2001–2005, almost 80% of new immigrants arrived from Asia, Africa, the Middle East, and South and Central America.

Now more than ever, Canada is a multicultural society. Multiculturalism is the view that all cultures are equal in value. Using a "one size fits all" approach to health promotion in a multicultural society is not only ineffective, it does not support this idea of equity.

Many are aware of the need to create health promotion initiatives in mental health and substance use specifically for particular ethnocultural communities but are not sure how to go about it. It may help to start by thinking about the barriers that often exist between ethnocultural communities and access to health services and health promotion initiatives.

Ethnocultural communities face barriers to health promotion
Language may seem to be the most obvious barrier faced by ethnocultural communities and health promotion, but there are many more. Studies suggest that ethnocultural communities:

o   are relatively vulnerable to mental health and substance use problems due to pre-migration trauma, economic and social disadvantages, isolation, racism, discrimination and cultural pressures

o   generally lack needed knowledge of mental illness and the harmful effects of drugs

- o are less likely than the general population to take part in health promotion, prevention and treatment programs

- o are less likely to receive needed care than the general population due to barriers, which include language and cultural factors, discrimination, stigma and mistrust of mainstream service providers.

Health promotion initiatives created for the general population often do not work for ethnocultural communities

A literature review done for the Low-Risk Drinking Guidelines (LRDG) project found that many studies drew similar conclusions about why health promotion initiatives often do not reach ethnocultural communities:

- o Concepts that reflect the mainstream culture are often not directly transferable to ethnocultural communities.

- o The majority of health education materials and programs only reflect the cultural values of the majority group.

- o Ethnocultural communities suffer a greater loss to their overall health and productivity because health services often do not meet their needs.

- o Lack of English or French and literacy skills, different cultural norms and beliefs, differences in communication styles, stigmatizing attitudes, plus racism and discrimination often prevent members of ethnocultural communities from getting involved in health promotion activities.[*]

Clearly, many barriers stand between ethnocultural communities and health promotion initiatives created for the general population. By taking a closer look at the causes of some of those barriers, we can begin to work towards breaking them down.
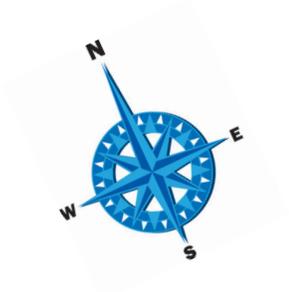
To learn more about equity and ethnocultural communities:
- Health and Social Services for Canada's Multicultural Population: "Challenges for Equity." http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm

Re-think assumptions

Some of the barriers that stand between ethnocultural communities and health promotion initiatives are built by the assumptions of those who create the initiatives. Before starting to develop health promotion initiatives with ethnocultural communities, it may be helpful to explore a few examples of those assumptions.

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[*] Source: Centre for Addiction and Mental Health: "Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities; Phase One Report" (October 21, 2004) http://www.camh.net/education/Resources_communities_organizations/culture_counts_jan05.pdf

> "The family delayed hospitalizing the patient because of the fear of deportation associated with mental illness. There was also an implicit fear that this would stigmatize the whole community and restrict immigration from that particular country."
>
> *—Submitted by the Saskatoon Open Door Society to the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988*

> "Our problem is that we lived in a country with propaganda and we are very selective about what we hear."
>
> "We do not trust journalists, government and other official sources of information and we usually do opposite from what they advise."
>
> *—Comments from Russian community focus group members*

> "The first version of the Russian translation used the word 'safe' in place of 'low-risk.' This small change would have greatly altered the meaning of the Low-Risk Drinking Guidelines brochure."
>
> *—Nadia Sokhan, Polycultural Immigrant and Community Services*

> "Somalis are an oral society. Therefore, the best way [to reach Somalis] is to use Somali TV and radio programs."
>
> *—Member of Somali community focus group*

Assumption:

My organization is a well-known authority, therefore people will trust the information we provide.

Re-think:

o Members of ethnocultural communities may not even know about your organization, so its reputation may mean nothing to them.

o Members of ethnocultural communities may mistrust mainstream organizations in general due to experiences with similar organizations in their country of origin (for example, in some places, "mental institutions" have been used to imprison political opponents) or fears that getting involved may put their status in danger (for example, fear of being deported for having a substance use problem). They may also have had bad experiences with your organization in the past that may make them resist new initiatives.

o There may not have been services or organizations like yours in a community's country of origin, so community members may not understand its purpose.

o Your organization's information or the way it is presented may go against cultural or religious beliefs and practices, making it ineffective or unacceptable.

Assumption:

People from ethnocultural communities do not use our materials because of language differences, therefore all we need to do is to have our materials translated into other languages.

Re-think:

o Translation is not as simple a process as many think. A bad translation means your message will be lost or, worse, that the wrong message will be sent.

o Translation may be an effective approach, but it must be done by working with the intended audience.

o Your intended audience may prefer approaches that do not rely heavily on text.

o A focus on language differences may mean that other important cultural differences, as well as barriers not related to language, are not taken into account.

Assumption:
Ethnocultural communities have rigid beliefs that make it difficult to offer information about sensitive topics such as mental illness and substance use.

Re-think:

> "In Russia we drink after work to relax, to warm up in cold weather and to take part in social activities. In Canada we drink mostly because of homesickness, loneliness and depression."
>
> —*Member of Russian community focus group*

- o   As in any group, including the mainstream, people in ethnocultural communities have a variety of opinions, attitudes and beliefs. Culture is dynamic. It is influenced both by people's beliefs and their environment. Acculturation (the adoption of the behaviour patterns of the host culture) can bring changes in beliefs and health behaviour.

- o   Members of ethnocultural communities differ in age, ability to use the official languages, education, level of acculturation, length of time in Canada, family situation and other characteristics, so no single initiative will work for all members of a community.

- o   People may be more willing to discuss sensitive topics in the right situation. For example, they may talk more openly in a community setting than in your organization's office. They may feel more at ease discussing sensitive topics in separate groups for men and women or for young people and older adults.

> "I was expecting some negative calls when we put Low-Risk Drinking Guidelines brochures in temples, but we didn't get any negative feedback about it. Sometimes the professionals have more fears than people in the community."
>
> —*Baldev Mutta, Punjabi Community Health Centre*

- o   Ethnocultural communities are at different stages of readiness for health promotion initiatives in mental health and substance use. Some may deny there are problems in their community; others may be too busy with day-to-day challenges such as getting employment and housing to think about mental health or substance use issues.

Assumption:
All humans experience health, mental health and substance use problems the same way.

Re-think:

> "The society may know that the person drinks, but it keeps silent until the addict's problems become open to the public, i.e., health, finances, loss of job, family breakdown, and it is too late for repair. The person's excessive drinking stigmatizes both the person and the family. This means hesitation to marry their children or have financial transactions with them."
>
> —*Key informant in Tamil community focus group*

- o   While all humans may experience similar symptoms, culture may affect how those symptoms are described and understood. For example, what someone trained in Western medicine may call a hallucination caused by a mental disorder or substance use, someone from a different tradition may call a spiritual experience.

- o   Mental health disorders and substance use problems, as well as some physical diseases, carry a strong stigma in almost all cultures. Stigma may be expressed in different ways depending on cultural values: for example, where individualism is highly valued, these problems may be viewed as a personal

failing; where family and community are highly valued, these problems may be viewed as a stain on other family or community members. The goal of many health promotion initiatives is to get rid of stigma, but it is clear that one type of initiative is not going to work for all communities

To learn more about equity and ethnocultural communities:

- CAMH: "Beyond the Label" – kit for running workshops on stigma
  http://www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/beyond_the_label.html
- CAMH: "Understanding the impact of prejudice and discrimination on people with mental health and substance use problems"
  http://www.camh.net/Care_Treatment/Resources_clients_families_friends/stigma_brochure.html
- BC Partners for Mental Health and Addictions Information: "Cross Cultural Mental Health and Addictions Issues" (Canada)
  http://www.heretohelp.bc.ca/publications/factsheets/crosscultural.shtml
- Multicultural Mental Health Australia: "Cultural Awareness Tool: Understanding Cultural Diversity in Mental Health"
  http://www.mmha.org.au/mmha-products/books-and-resources/cultural-awareness-tool-cat
- U.S. Department of Health and Human Services: "Mental Health: Culture, Race and Ethnicity–A Supplement to Mental Health: A Report of the Surgeon General."
  http://www.surgeongeneral.gov/library/mentalhealth/cre/
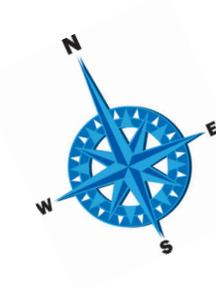
Think about the effects of racism and discrimination

While Canada is officially a multicultural society in which all cultures are equally valued, in practice it often falls far short of this ideal. For example:

o In the Ethnic Diversity Survey conducted by Statistics Canada in 2002, 20% of people aged 15 and over who were part of a visible minority said they felt that they had experienced discrimination or unfair treatment sometimes or often in the five years prior to the survey because of their ethnicity, culture, race, skin colour, language, accent or religion.[†]

o Ethno-racial minorities face greater economic hardship than other Canadians and are disproportionately represented in jobs with long hours and low pay.[‡]

In health promotion with ethnocultural communities, racism and discrimination have to be taken into account. The barriers created by racism and discrimination exist in all aspects of life, not just healthcare—education, employment, justice, government, housing—and these in turn have an impact on health.

[†] Source: Statistics Canada "Ethnic Diversity Survey—2002," *The Daily*, 29 Sept. 2003. *http://www.statcan.ca/Daily/English/030929/d030929a.htm*. Accessed April 2007.

[‡] Source: J. Oxman-Martinez and J. Hanley, "Health and Social Services for Canada's Multicultural Population: Challenges for Equity." Heritage Canada, 13 July 2005. Accessed April 2007. http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm#notes.
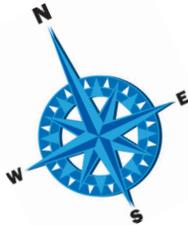
In the end, health promotion is about ensuring people have the power to make healthy choices. This power comes not only from knowledge about health issues but also from having equal access to economic and political resources. Effective health promotion, therefore, must include initiatives that aim at breaking down the systemic barriers faced by ethnocultural communities in all sectors of society.

To learn more about the effects of racism and discrimination:

- Tolerance.org, "Hidden Bias: A Primer" (USA)
  http://www.tolerance.org/hidden_bias/tutorials/index.html
- University of Victoria: "Cultural Safety, Module 2: Peoples' Experiences of Oppression" (Canada). http://web2.uvcs.uvic.ca/courses/csafety/mod2/notes.htm
- Malcolm Shookner et al., An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion (Canada)
  http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/inclusion_e.html
- Community Tool Box: "Healing from the effects of internalized oppression." (USA)
  http://ctb.ku.edu/tools/en/section_1172.htm
- *Tackling Health Inequities Through Public Health Practice: A Handbook for Action.* The National Association of County & City Health Officials and Ingham County Health Department. Richard Hofrichter, ed. 2006. PDF. (USA)
  http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf

Fulfil the spirit of the Ottawa Charter

At first, challenging racism and discrimination may seem to be outside the scope of health promotion. There is growing recognition, however, that good health, including (and perhaps especially) good mental health, is not only a result of an individual's habits but also the environment in which he or she lives.

The first International Conference on Health Promotion took place in Ottawa in 1986. Out of this conference came the Ottawa Charter for Health Promotion, a plan for action to achieve "Health For All by the year 2000 and beyond." The Charter defined health promotion as:

> ". . . the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being."

By this definition, health promotion needs to go beyond changing individual behaviours to creating conditions in which people and communities are more able to enjoy "complete physical, mental and social well-being."

To learn more about health promotion values:

- The Ottawa Charter for Health Promotion
  http://www.phac-aspc.gc.ca/ph-sp/phdd/docs/charter/

- Public Health Agency of Canada: "The Social Determinants of Health: An Overview of Implications for Policy and the Role of the Health Sector." http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/01_overview.html

Build community capacity

Community capacity-building means helping a community increase its ability to solve its own mental health and substance use problems. The capacities to be built include the knowledge, skills, community participation, leadership and resources needed to deal with community health concerns.§*** Community capacity-building can play a part in achieving the central goal of health promotion—to enable people to take control of their own health.

Working with communities to develop a health promotion initiative in mental health or substance use gives the opportunity not only to improve the effectiveness of the initiative but also to build community capacity. This means the *process* of developing the initiative can produce positive outcomes, aside from those that arise from the initiative itself.

When you and your partners are planning your initiative, keep capacity building in mind. Include in your plans ideas about how your partners can continue to build on the results of the initiative after it has ended.

Also remember to use this opportunity to build your own capacity, as well as that of the organization you represent, to address the needs of ethnocultural communities in the areas of mental health and substance use.

> "Going through the process of adapting the LRDG brochure highlighted our own assumptions we had about our clients and community. Thus, further enhancing our understanding of culture and alcohol use."
>
> *—Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

To learn more about capacity building:
- Ontario Prevention Clearinghouse: "Capacity Building for Health Promotion: More Than Bricks and Mortar." http://www.opc.on.ca/english/our_programs/hprc/resources/capacity_building.pdf
- Canadian Ethnocultural Council: "Capacity Building & Strengthening for Ethnocultural Communities—A Tool Kit for Trainers. PDFs. (Canada) http://www.ethnocultural.ca/capacity_building/toolkit/index.html
- Makani Themba-Nixon, Alliance for Nonprofit Management. "Building Capacity for Policy Change: The Racial Justice Lens." (USA) http://www.allianceonline.org/Members/Enhance/enhance_-_june_2004.enh/feature_-_thembanixon.epage
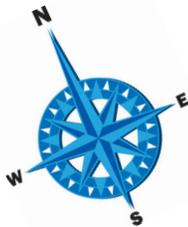
Work with ethnocultural communities

People in ethnocultural communities are the best sources of information about the barriers they face. Working with them to produce a health promotion initiative will achieve far more effective results than attempting to create one with little or no input from the community.

The process of working together and involving community members in a health promotion project also can help to achieve the main goal of health promotion: enabling people to increase control over their health.

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§ Source: "Capacity Building for Health Promotion: More Than Bricks and Mortar," by the Ontario Prevention Clearinghouse, Spring 2002.

There are some challenges to working effectively with ethnocultural communities, but with some preparation they can be overcome.

Become aware of your own culture and way of seeing things

We may never think about the things we say and do every day—they just seem to be logical and "common sense" to us. One of the pleasures of working with people of different cultures is learning that there are different ways of doing things, all of which seem logical and sensible to the people doing them. Challenges arise, however, when one person or group of people believes their way is the best way or the only way to do things.

When you work with people whose culture and first language is different from yours, it is likely that misunderstandings will arise from time to time. One way to prevent these misunderstandings from turning into serious problems is to become more aware of your own culture and think about how it has shaped your way of seeing and doing things. It is important to recognize that other people may have other ways of understanding, communicating and learning.

Some other steps you can take to enhance your work with people of different cultures:

    o   put aside assumptions

    o   be flexible

    o   listen more, talk less

    o   when problems arise, rather than make judgments, recognize the possibility of misunderstanding.

To learn more about cross-cultural communication:
- University at Albany, School of Public Health. "Exploring Cross-Cultural Communication." Free self-guided tutorial, requires registration. (USA) http://www.nynj-phtc.org/cc/home/cc-login.cfm
- Health Canada: "'Certain Circumstances' Issues in Equity and Responsiveness in Access to Health Care in Canada—Part IV Toward Cultural Competence." http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-certain-equit-acces/part4-doc1_e.html
- Toward a More Perfect Union in an Age of Diversity: A Guide to Building Stronger Communities through Public Dialogue: "Working on Common Cross-Cultural Communication Challenges" (USA). http://www.wwcd.org/action/ampu/crosscult.html
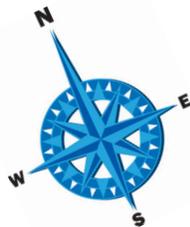
Partner with community-based agencies

In many ways, creating health promotion initiatives with ethnocultural communities is no different from creating them with other specific communities and audiences. One major difference, however, is language. Many people in ethnocultural communities do not speak either official language or simply feel more at ease communicating in their own language, especially when it comes to sensitive issues such as mental health and substance use problems.

If you do not speak the community's language, it may be difficult to work with the community to create the initiative. One way around this difficulty is to partner with one or more agencies already established in the community. The staff in community-based agencies tend to understand both the mainstream culture and their community's culture. They can therefore act as a bridge between you and the community. They also have the community's trust, which is probably the most important factor in the success of a health promotion initiative.

Summary of chapter 1

- o People from ethnocultural communities do not participate in health promotion initiatives as much as people from the general population.

- o Health promotion initiatives created for the mainstream culture may not work as well for ethnocultural communities.

- o Health promotion initiatives created with little or no involvement of ethnocultural communities are unlikely to be effective in those communities.

- o Re-thinking old ways and assumptions and being open to working with ethnocultural communities on their own terms is an important step in increasing participation of these communities in health promotion initiatives, particularly in the areas of mental health and substance use.

- o Look for opportunities throughout the initiative-development process for building the community's ability to address its mental health and substance use concerns on its own.

- o Look for opportunities throughout the process for building your own ability and that of the organization you represent to better serve the needs of ethnocultural communities in the areas of mental health and substance use.

- o Keep the Ottawa Charter's definition of health promotion in mind during the development process; both the process and the initiative itself should provide opportunities for community members to "increase control over, and to improve, their health."
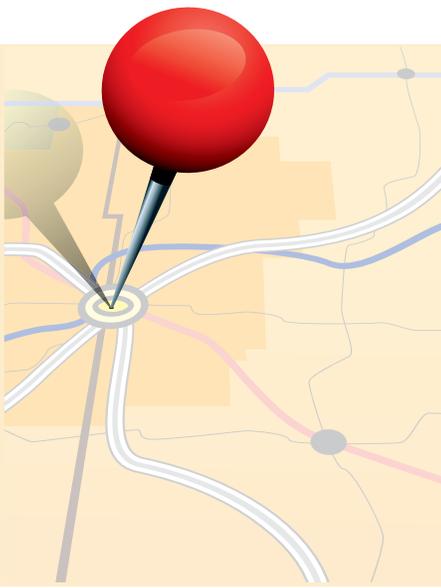
Work with community partners

Partnerships can bring many benefits. They allow people to share resources, knowledge and skills. By sharing the work, partners can produce a greater impact than they might have done working separately.

When developing health promotion initiatives with ethnocultural communities, partnering with a community-based organization or agency already working with the communities can greatly improve the effectiveness of both the initiative itself and the development of it.

Community-based organizations serving ethnocultural communities bring qualities, resources and knowledge that would be difficult or time-consuming for someone who is not a member of the community to get, such as:

o   credibility and trust within the community that will help encourage participation by community members.

o   bilingual, bicultural staff or volunteers who can act as facilitators and liaisons between you and the community, overcoming language and cultural barriers

o   awareness of the community's assets and needs.

Community-based agencies will usually be interested in partnering with other organizations to help their communities but may be wary due to past experiences where the "partnership" turned out to be only a token gesture towards community involvement in decision-making. If you are going to partner with an agency, make sure it is a true, equitable partnership in which everyone shares both responsibility and recognition, and there is a genuine commitment to community participation.

To learn more about building partnerships

- Strategic Partnering Task Force: *Assessing Strategic Partnership: The Partnership Assessment Tool.* PDF. (UK) http://www.communities.gov.uk/embedded_object.asp?id=1136539

> "Sometimes mainstream organizations only contact us at the end of a project—for example, they ask for a letter of support for a grant application without discussing the proposed project with us first. We sometimes feel that some mainstream organization are only interested in their own agenda, rather than in truly helping our community. We should be consulted from the beginning of a project and treated as equal partners."
>
> *—Naga Ramalingam, SACEM (Society for the Aid of Ceylon (Sri Lanka) Minorities)*
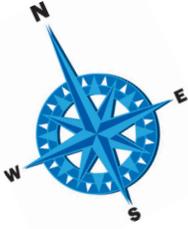
- Carol Lukas and Rebecca Andrews: *Four Keys to Collaboration Success.* The Field-stone Alliance. (USA)
  http://www.fieldstonealliance.org/client/client_pages/articles_tools/Article-4_Key_Collab_Success.cfm

How to find community partners

Perhaps potential community partners have contacted your organization for help with a particular issue in the community, such as alcohol use or lack of access to mental health care. In this case, you can start discussing how you might work together on the problem.

It may be preferable, however, that you and your organization do the reaching out to ethnocultural communities. If communities and community-based agencies are left to initiate contact all the time, they may come to view your organization's stated commitment to equity as insincere.

When your organization is making the first contact, you will have to

- o   identify potential community partners

- o   discuss your health promotion goals with them and invite them to join with you in achieving one or more of them, or work together to define new goals.

Identify potential community partners

Community partners can play different roles in developing and running the initiative. You will need at least one partner that can bring resources, knowledge, skills and credibility to the initiative.

Possible partners may be agencies and individuals from the community that your organization has worked with before. If you and your organization have never had any formal contact with groups in the communities you hope to reach, start out by making a list of potential partners in the communities. In larger towns and cities, there may be a wide range of potential partners; in rural or remote settings the range may be very limited. These might include:

- o   community-based multicultural or ethnospecific agencies
- o   agencies serving immigrants and refugees
- o   community leaders
- o   community health centres
- o   religious institutions/groups
- o   cultural centres
- o   local schools
- o   local branches of the public library
- o   local businesses.

"If you want to reach out to a particular community and there doesn't seem to be a community agency to partner with, ask an agency that serves a community whose country of origin is aligned to that of your intended audience. For example, if you want to reach out to refugees from Afghanistan and there is no specific Afghan community agency, you might try an agency serving the Pakistani community. There are also 'umbrella' agencies that serve a number of groups or serve a particular need, such as settlement organizations."

—Baldev Mutta, Punjabi Community Health Centre

Networking with colleagues from your own or other organizations is probably the best way to find contacts in particular communities. Other sources might be service, government and business directories. Research news items about the communities to find names of well-known individuals and organizations in the communities. Reference library staff may also be able to direct you to other sources of information.

This preparatory research may also raise your awareness of conflicts or tensions that may exist within a community you hope to work with. If there are some divisions in the community, you may want to know if they affect a potential partner's ability to gain the community's support and involvement in the health promotion initiative.

You will also want to get an idea of which individuals and groups in the community have the power to influence decision-making in the community. Some of the people may have formal leadership roles in the community, such as religious leaders, but there are usually others without special titles whose views carry weight with other community members. In some cultures, elders have a lot of influence, for example. Religious organizations may have influence on older members of the community but may have less impact on younger or more acculturated members. Having influential people and groups involved in your initiative can make a difference in whether community members will support and participate in it.

To learn more about working with influential community members and groups:
- US Department of Agriculture. "Understanding community power structures." People, Partnerships, and Communities. Issue 21, September 2002. http://www.ssi.nrcs.usda.gov/publications/1_PPCs/PPC043_WorkingWithCommunityLeadersFinal.pdf

Be aware of power imbalances in partnerships

Community agencies may be unsure about entering a partnership with a larger mainstream organization for a number of reasons. One reason may be the power the larger organization wields because it has greater resources and is better known in the wider community. The smaller community agencies may fear that in a partnership:

o they will have to adapt to the larger organization's ways of doing things.

o their contributions will go unrecognized by both the larger organization and their community

o the larger organization will control the agenda

o in the event of a disagreement, the larger organization will impose its will.

Acknowledging and discussing the real and perceived power imbalances in a potential partnership is usually a more effective approach to dealing with these fears than pretending they don't exist.

> "Sometimes when you partner with mainstream organizations, you worry about being 'swallowed' by the larger organization and that your agency's contributions to the project won't be acknowledged. However, this was not the case with CAMH! They were supportive, respectful and inclusive. The partnership was very positive and mutually satisfying."
>
> *—Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service,*

> "For partnerships between mainstream organizations and community-based organizations to work, there needs to be a balance of power, control and ownership."
>
> *—Baldev Mutta, Punjabi Community Health Centre*

> "We knew we didn't have the necessary and varied expertise required to make a print product on low-risk drinking. We had tried to do a poster on our own in the past and it was a disaster! We really struggled with all aspects of the project and ultimately were unsuccessful in our project."
>
> —*Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

- Community Coordination for Women's Safety Project Team. *Building Partnerships to End Violence Against Women,* section 4.9, "Power Imbalances." PDF. (British Columbia) www.vcn.bc.ca/bcasvacp/publications/265/BuildingPartnerships.pdf

Inform potential community partners about your initiative

Once you have a list of potential community partners, you will want to meet with them to discuss your and their health promotion goals. Some ways you can reach out to potential community partners include holding community forums, giving community education presentations and co-sponsoring ethnic events. During these occasions

- o explain the reasons for the initiative

- o make clear what the benefits are for the potential partners

- o describe what you are hoping to get from partners—amount of time, resources, community access

- o finish by inviting community-based organizations to work with you to develop and run the initiative.

Example: For the LRDG project, invitations were sent out to various groups and agencies serving culturally diverse communities to attend a presentation about the LRDG. After the presentation, groups were asked if they thought the LRDG would be of benefit to their communities and were extended an open invitation to work with CAMH to develop an culturally relevant alcohol-related health promotion initiative for their communities.

> "We would like to partner with mainstream organizations more often but sometimes we're not sure how to go about it. Mainstream organizations need to reach out to community groups more and be clearer about how they can work with us."
>
> —*Naga Ramalingam, SACEM*

- Community Tool Box: "Making Community Presentations" (USA) http://ctb.ku.edu/tools/en/section_1029.htm

Working with community partners

If one or more agencies or individuals responds positively to your invitation, arrange to meet with them to further discuss issues of concern. Ideally, meet them at their location, as this will reduce any intimidation the community groups and members may feel about your organization and will help to support the idea that the community's needs and interests will guide the development of the initiative.

During your first meetings, you and your partners should:

- o define the goals of the partnership

- o make a commitment to work towards those goals

- o state what each will give to the partnership (staff, office space, training, and so on)

- o define who will do what

> "Some problems between partners arise from the different ways the organizations operate. A large mainstream organization's ways of doing things are likely to be very different from the ways a small, underfunded agency staffed by volunteers does things. There needs to be flexibility, open communication and encouragement rather than judgment. For example, you may have to remind people a few times to do tasks. Rather than assuming people are incompetent or disorganized, remember that they are trying to provide many different services with very few resources. Your project may not be their biggest priority at the moment."
>
> *—Baldev Mutta, Punjabi Community Health Centre*

> "It is frustrating to see money wasted on brochures that are poorly translated and therefore cannot be used. If key informants with experience in the particular field can be consulted or can translate the documents, it can help produce culturally appropriate materials."
>
> *—Nadia Sokhan, Polycultural Immigrant and Community Services*

> "In working with researchers, we want the research to result in practical benefits for the community."
>
> *—Elizabeth Gajewski, Polycultural Immigrant and Community Services*

> "Staff from mainstream organizations need to be more flexible with their work hours when working with community groups. As volunteers, many of us can only work on a project in the evenings or on the weekend."
>
> *—Naga Ramalingam, SACEM*

o decide on processes for communicating among yourselves and informing community members about partnership activities

o figure out how decisions will be made

o figure out how disagreements or conflicts will be resolved

o determine how each partner will share in the benefits of the partnership

o make a work plan and agree to follow it

o agree to evaluate the results of partnership activities as you go and make changes to the work plan if needed

o decide how and when the partnership will be concluded.

Take time to build trust and respect among partners

Whenever people get together to work on a project, there are always going to be some disagreements and misunderstandings along the way. When those people have different cultural, religious and linguistic backgrounds, the risk of misunderstandings rises. But as long as people respect and trust each other, they can usually work out these differences and work towards their common goals.

Trust takes time to develop. Partners from ethnocultural communities may have had unhappy experiences with other mainstream organizations or even your own organization in the past. These experiences may lead them to be unsure about you and your organization's intentions at first. Partners in the LRDG project described some sources of frustration they experienced in past involvements with mainstream organizations:

o not being consulted about health promotion initiatives aimed at their community

o lack of trust in or respect for their knowledge, experience and skills

o being used in research projects without any direct benefit to the community

o having their time wasted through poor organization

o not being treated as equal partners.

Some ways you can ensure that these types of experiences aren't repeated:

o Initiate contact with communities before making decisions about health promotion initiatives aimed at them.

o Sincerely treat your work with a community as an exchange of knowledge among equals, rather than as a one-sided "gift" of your expertise or your organization's resources.

o Make sure all partners will share in the benefits of the initiative.

o Learn about the community agency's resources and ways of working and adapt to them.

o Be organized and do what you said you would do.

o Keep communication open. Be sure partners receive copies of all memos and reports and are informed of any events that may affect the joint project.

"We have limited time to work on projects outside of our clinical work. Knowing that we would have a product/tool [the LRDG brochure] we could use for direct client service (rather than just a report, for instance) was an important factor in our decision to take part in the LRDG project."

—*Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

Make a work plan

Once you have agreed to work together, you and your partners should plan the work in more detail. Taking the time now to make a detailed work plan can save time, money and effort in the long run. Even on small, informal projects, partners should create a work plan together and put it down on paper. This way, everyone will be clear on what they've agreed to do, which should lower the risk of misunderstandings. Also, having it in print for all to see increases people's commitment to doing what they said they would do and keeping to the schedule.

A work plan should include:

o clearly stated, measurable goals

o clearly stated steps needed to reach the goals

o who will be responsible for getting the steps done

o a schedule showing the start and end dates for each step

o resources needed for doing steps

o who will approve and report on steps

o a timetable for meetings to review progress and alter schedules as needed

o processes for collecting information for feedback to the partners and the community, as well as for evaluations

o processes for making sure steps get done correctly and on time

o a schedule and methods for reporting information about the project's progress and achievements.

To learn more about work/action planning:
• CIVICUS (World Alliance for Citizen Participation): "Action planning." (South Africa)
http://www.civicus.org/new/media/Action%20Planning.doc

Look for capacity-building opportunities

As you and your partners work out what you can do with the resources you have, keep community-capacity-building in mind. Creating the health

promotion initiative may be the main purpose of your project, but the process of working with the community to create the initiative also offers opportunities to build community capacity. Look for these opportunities in your work plan.

For example, you and your partners find that, due to funding cuts, various community self-help groups for people with mental health and substance use problems can no longer use the local school as a meeting place. You and your partners may decide to run a training session for members of the affected groups on how to lobby the local and provincial governments to reinstate the funding needed to make school facilities available for their meetings. These skills may not only help the groups get their meeting rooms back but also can be put to use to pressure the government in other areas affecting the community.

Keep records of the partnership's activities

Keeping accurate records of the partnership's activities is important for:

- getting feedback on the development and running of the initiative
- providing information for internal and external reports
- evaluations
- resolving misunderstandings and disagreements.

Partners should decide together what will be recorded, who will record it and how it will be recorded. Think about who needs information about the activities, what type of information they need and a suitable way to record that information. For example, those who provided funds for the project need to know how the money is being spent, so from the outset you need a system for keeping track of expenses. Spreadsheets are suitable for recording financial information.

Examples of items that should be recorded:

- meetings, e.g., progress reviews, community meetings
- work plans and changes to plans
- activities run during the project and their results, e.g., focus groups
- events during the project that affect it, e.g., key staff person left before his or her work is done
- numbers of people taking part in activities
- evaluation information, such as statistical data.

Writing information down is the most common way of recording activities but there are other ways that may be better or at least can add to the effect of words: photographing, video and audio recording, even drawing.

Before recording anything in any fashion, always discuss with those taking part in the activity what method they would prefer and how the results are going to be used. You may also want to get written consent from participants to use their images and/or words.
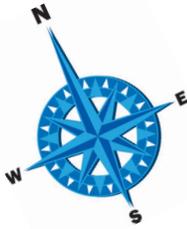
To learn more about running effective meetings:
- EffectiveMeetings.com: "Meeting Basics" (USA)
  http://www.effectivemeetings.com/meetingbasics/index.asp
- Community Tool Box: "Capturing What People Say: Tips for Recording a Meeting" (USA). http://ctb.ku.edu/tools/en/section_1155.htm
- International Association of Facilitators. *Basic Facilitation Skills.* PDF. (USA)
  http://www.iaf-world.org/files/public/FacilitatorMnl.pdf

Expect conflicts and plan to deal with them

Whenever a group of people tries to do something together, there will be disagreements and conflicts about how to go about it.

Different people approach conflicts in different ways. These differences may be based on their culture or may be simply the result of an individual's personality or experiences.

Miscommunication and misunderstanding can cause disagreements and conflicts. By having well organized and effective communication processes, these can be avoided.

Working to keep conflicts from happening does not mean partners should avoid dealing with disagreements in hopes they will somehow go away. Even small disagreements can grow into major problems if they are ignored. By admitting that everyone may not always agree, partners can feel freer to talk about points of disagreement and work at resolving them or finding compromises that all can accept.

When the partners first gather to decide how they will work together, discussion should include plans for what will happen when conflicts occur and discussions get heated. These may come down to stated rules about how people will be expected to act if they disagree about something. For example, one rule might be that each person will be allowed to speak without interruption for five minutes. If the conflict is between individuals, perhaps there could be a rule that a third person would meet with the individuals to act as a go-between to help them resolve the problem.

In the event a conflict becomes serious enough to possibly shut down the partnership, you and your partners may plan to bring in a mediator or facilitator from outside the partnership to help resolve the conflict.

Conflict can be challenging to deal with, but partners that can work through conflicts on their own usually come through them with a stronger commitment to each other and their goals.[*]

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* Source: E. Franklin Dukes and Madeleine Solomon. *Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions.* Tobacco Technical Assistance Consortium, no date. http://www.ttac.org/products/pdfs/Higher_Ground.pdf
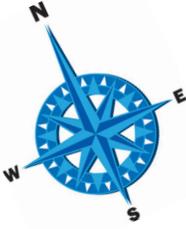
Make an evaluation plan

Evaluation is the process of measuring the value of something. In the case of developing and running a health promotion initiative, you would want to measure the value of your partnership's work: the results of the initiative and lessons learned along the way. This is called an "outcome evaluation."

You and your partners probably do not want to wait until your initiative is done to find out if it was effective or not. To catch any problems before they affect the success of your initiative, you do a "process evaluation."

Process evaluation

Process evaluations compare what was supposed to happen with what is actually happening in a project. For the purpose of the development phase of the project, process evaluations ask and answer these questions:

- Are all the steps in the work plan being done?
- Are people doing what they agreed to do?
- Are the steps being completed according to the planned timetable?
- Is the project within its budget?
- Is the partnership working?
- Do goals need to be revised?

If the answer to any of these questions is "no," then you and your partners need to figure out why. Then you have to decide what changes need to be made to get a "yes" answer to all the questions.

When you and your partners are putting together your work plan, include process evaluations. Figure out:

- what information you want to include in the process evaluation
- how you will collect this information
- how often you will do process evaluations
- who will create the process evaluation reports.

Process evaluation should not only be about finding out what's *not* working. It should also be an chance to celebrate achievements and recognize efforts.

Outcome evaluation

Although outcome evaluation is done at the end of a project, it has to be planned for at the beginning of the project. Information for the outcome evaluation has to be collected before, during and after the initiative.

In order to figure out what information to collect along the way, you and your partners need to think about what questions your outcome evaluation will answer. Some examples:

o Did we achieve our goal(s)? If not, why not?

o What changes occurred because of our initiative?

o Do community members feel the initiative was useful?

o What lessons did we learn?

o Did staff or community members learn new skills?

o Are the outcomes of the initiative worth the amount of time, money and effort put into it?

o What did the initiative do to address barriers to health care and health promotion faced by the community?

o Did our approach follow health promotion principles outlined in the Ottawa Charter?

Thinking about these questions not only helps you and your partners plan for the outcome evaluation, but also helps you think about what you need to include in your work plan.

To learn more about evaluation:

- The Health Communications Unit (THCU) of the Centre for Health Promotion at the University of Toronto: "Evaluating Health Promotion Programs" (Canada)
  http://www.thcu.ca/infoandresources/evaluation_resources.htm
- Evaluation Tools for Racial Equity (USA)
  http://www.evaluationtoolsforracialequity.org/
- Atlantic Centre of Excellence for Women's Health: "EVAL—Evaluation made Very easy, Accessible, and Logical" (Canada)
  http://www.acewh.dal.ca/e/info/reports.asp#E
- Framework for Program Evaluation in Public Health (USA)
  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm
- Center for Substance Use Prevention (CSAP): "Evaluation for the Unevaluated: Program Evaluation 101" (USA)
  http://pathwayscourses.samhsa.gov/eval101/eval101_intro_pg1.htm
- Community Tool Box: "Introduction to Evaluation" (USA)
  http://ctb.ku.edu/tools/en/chapter_1036.htm
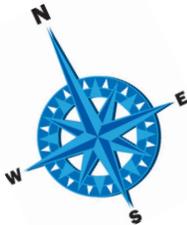
Put it in writing...

Once you and your partners have agreed to work together, write a detailed description of just how you will all work together. A written agreement creates greater commitment, and making everyone's expectations clear in print helps to reduce misunderstandings.

Items that might be included in the agreement:

o a brief description of each of the partners

o each partner's responsibilities and commitments

o who will provide staff, volunteers, meeting spaces, office supplies, photocopying, etc.

o how funding will be used

o how work and participants will be acknowledged

o an outline of the expected results of the initiative

o a timeline, a budget and payment schedule where needed

o communication expectations, such as whether there will be regular meetings or reports.

Please note that laws about agreements between partners may vary from place to place. It is always a good idea to get legal advice on collaborations with outside groups to prevent exposure to unnecessary or unintentional risks. Some other items that should be discussed between partners and with legal oversight include ownership of copyright of materials produced by the partners and what steps will be taken to resolve any serious conflicts should they arise.
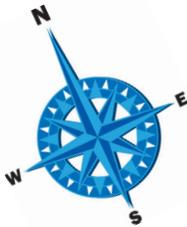
To learn more about partnerships:
- Human Resources Development Canada: *The Partnership Handbook* (Canada)
  http://www.hrsdc.gc.ca/en/epb/sid/cia/partnership/handbook.doc
- Community Tool Box: "Promoting Coordination, Cooperative Agreements, and Collaborative Agreements Among Agencies" (USA)
  http://ctb.ku.edu/tools/en/section_1229.htm
- *Pink Book*: Making Health Communication Programs Work (USA)
  http://www.cancer.gov/pinkbook/page55
- L. Joy Mitchell & K. A. Drake. "1 + 1 = 3 Does Size Really Matter? Collaborative working between large and small voluntary and community organisations: A Scoping Study." National Council for Voluntary Organisations (UK)
  http://www.ncvo-vol.org.uk/index.asp?id=1286

Summary of chapter 2

o Partnering with an organization or agency already working with a community can greatly improve the effectiveness of both the health promotion initiative and its development.

o Look for partners that can bring resources, knowledge, skills and credibility to the initiative.

o Be aware of the power imbalance that can exist between your larger organization and smaller community agencies.

o Recognize that partners must trust each other to work together and that it takes time to build trust.

o Expect conflicts to arise and work with your partners to establish ground rules for dealing with disagreements.

o With your partners, create a written work plan and map out how you will evaluate the work throughout the initiative.
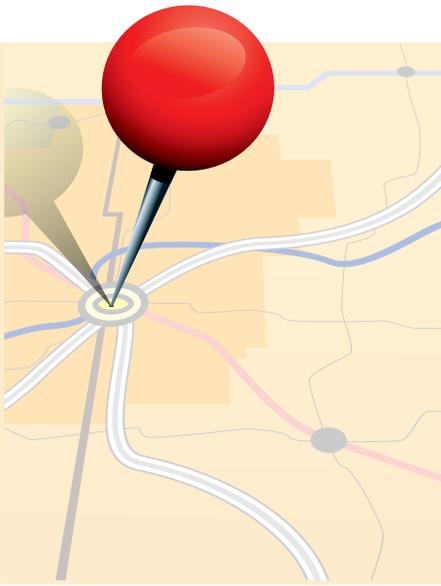
Gather and analyze information

You and your partners may already have ideas about what mental health and substance use issues the community needs help with. By gathering information from the broader community, you may find that community members have different ideas about what is needed.

The different ways of gathering and analyzing information described in this chapter can be used for many purposes:

- o deciding which problem(s) in the community your initiative should focus on
- o figuring out what type of initiative will make a difference
- o trying out an initiative on members of the intended audience to make sure it works
- o doing process and outcome evaluations
- o keeping work plans and initiatives running smoothly so that goals are reached.

What kind of information should you gather?

You need two types of information for your health promotion initiative:

- o qualitative data—may include people's stories, beliefs, feelings, suggestions and so on, usually told in their own words, in their own language; photos, audio recordings, videos and so on may also be included
- o quantitative data—tells how many, when, what kind; used for producing statistics, usually shown in tables and graphs.

Sometimes more value is placed on quantitative data because they seem more precise and "scientific" than qualitative data. But in fact, both types of

data work together to give you the "whole picture" of a situation and allow you to make better choices when developing, running and evaluating your health promotion initiative.

Neither type of data will help you make better choices if they are not accurate and organized. In the information-gathering section of your work plan, include

o   how information will be recorded

o   who will keep track of all the information

o   how the information will be organized.

   If you and your partners are undertaking a larger information-gathering project, you might want to find someone with knowledge of statistical analysis techniques and software, such as SPSS.

Some things to think about before gathering information

Involve community members as much as possible

Remember that in the capacity-building model for health promotion, the process of developing the initiative is important. Involving the community in gathering information and planning the initiative helps to:

o   produce an initiative that fits the community

o   raise awareness about community mental health and substance use issues

o   build confidence that community members can find a way to address the community's problems themselves

o   build interest and support in the initiative once it is launched.

It is important to have the participation of a wide range of community members in the information-gathering process so that different points of view are expressed and included in the development of the health promotion initiative.

o   Try to get a mixture of participants according to age, gender, socio-economic status and length of residency in Canada.

o   Choose information-gathering methods that best suit literacy levels and communication preferences (e.g., oral versus written surveys) and are more likely to result in open, honest responses.

o   Group meetings should be held in convenient locations where community members will feel at ease.

o   Transportation, childcare, access for people with disabilities

> "Some people may feel intimidated about going to a modern office building for a meeting. It is best to hold a meeting in a place they will feel comfortable with."
>
> *—Baldev Mutta, Punjabi Community Health Centre*

and use of members' first language are some points to consider when making meeting and funding arrangements.

o Have separate groups for men and women and different age groups where custom or the issue under discussion makes it appropriate.

o Have smaller groups to give a sense of security (for example, recent refugees may find being in large groups stressful).

Community-based partners and information-gathering

If possible, the community partner agencies should organize and run the information-gathering sessions involving community members. They will already know the community well and have a high level of trust among its members. This puts them in an excellent position for recruiting facilitators, interviewers and participants. They will know best what types of information-gathering activities are best suited to their community and will probably have access to facilities for them.

Having the community partner take responsibility for running the information-gathering activities is not only likely to be more efficient and effective but confirms your respect for and trust in the abilities of the community agency's staff.

Example: For the LRDG project, rather than specify how funds for focus groups were to be used, CAMH project coordinators had each of its community partners use the funds as they saw fit. This was not only practical, since each community had different needs (some needed to cover transportation costs for participants, some needed childcare, some wanted to provide refreshments) but confirmed the commitment to true partnership.
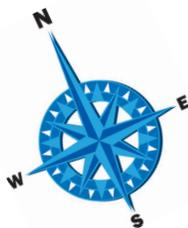
To learn more about getting the community involved:
- International Development Research Centre (IDRC): "Involving the Community—A Guide to Participatory Development Communication" (Canada) http://www.idrc.ca/en/ev-52226-201-1-DO_TOPIC.html
- Community Tool Box: "Chapter 7. Encouraging Involvement in Community Work" (USA). http://ctb.ku.edu/tools/en/chapter_1006.htm
- Community Tool Box: "Participatory approaches to planning community interventions" (USA). http://ctb.ku.edu/tools/en/section_1143.htm

Make sure people understand the purpose and the process

When you are gathering information about sensitive issues such as mental health and substance use, it is important to protect people's privacy. It is also important to make sure people are giving the information freely and know they can choose not to answer questions if they don't want to. They also need to know how the information will be used.

o Make sure the reasons for gathering the information and the right not to answer are explained in their own language by someone from the partner agency.

o   Make sure everyone gathering information understands that they should never put pressure on people to answer questions they do not wish to answer.

Keep it confidential

o   Make sure the all participants—in focus groups, interviews, surveys—know that the information you gather will only be used by you for the purposes of this initiative.

o   Keep the information safe from loss or misuse—paper records should be kept in a safe location; computer records should be protected with a password.

o   Do **not** attach names to the information.
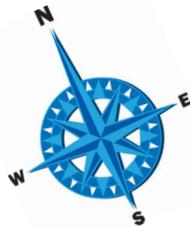
To learn more about ethics in research:
- Introductory Tutorial for the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) (Canada)
  http://www.pre.ethics.gc.ca/english/tutorial/welcome.cfm
- The Public Health Bush Book: "Ethical Matters" (Australia)
  http://www.health.nt.gov.au/health/healthdev/health_promotion/bushbook/volume1/ethic.html
- Community Tool Box: "Ethical Issues in Community Interventions" (USA)
  http://ctb.ku.edu/tools/en/section_1165.htm

Use facilitators and interviewers from the community

Depending on what information-gathering methods you choose to use, you will need people to run group meetings and do interviews. Whenever possible, meeting facilitators and interviewers should come from the community. Along with their language skills, they will know how to talk to people in ways that put them at ease and show respect. People are less likely to take part in discussions and interviews if they feel disrespected, even when the disrespect is not intentional.

However, it may be best to ask participants whether they prefer to have a facilitator or interviewer from the community or one from outside the community. Community members may be more open with someone from their own cultural background than they would be with someone who is not. On the other hand, they may feel freer discussing difficult issues such as mental health and substance use problems with someone from outside the community.

When looking for facilitators and interviewers, you and your partners should try to find people who:

o   have experience working on other community-building projects, who are bilingual and bicultural (having an understanding of both mainstream society and the ethnocultural community)

o   have a background in the issue you are dealing with (for

> "As someone brought up in the Tamil culture, I know how to talk to people in respectful ways that an outsider may not know. For instance, in the Tamil culture, an older woman is addressed as "Mother," even if she is not your mother. Someone who was a teacher is called "Teacher" or "Master."
>
> —*Dr. Krishanthy Shu, Vasantham (Tamil Seniors Wellness Centre)*

example, if depression is the issue, someone with a mental health counseling background would be ideal)

o   are interested in and enthusiastic about the initiative

o   have training or are willing to be trained as interviewers and facilitators.

Training facilitators and interviewers

Facilitating and interviewing are skills that need to be developed through training and experience. You and your partners may not be able to find enough people in the community with these skills, so will have to provide training.

Training may take some time, but remember that part of the purpose of your initiative is to increase the community's capacity and the skills of its members. Perhaps there is someone in your organization who can offer training in these skills. If not, it may be worth using some of your initiative funding to hire a trainer. The quality of information you will get through interviews and group meetings such as focus groups largely depends on the skill of the interviewers and facilitators, so training will be a worthwhile investment.

Facilitators and interviewers should be given guidelines on how to conduct group meetings and interviews—topics to cover, questions to ask, keeping to the agenda, avoiding bias, and so on.

Acknowledge volunteer work

You and your partners may be relying on volunteers to facilitate group meetings, conduct surveys and interviews and perform other tasks needed to develop and run your initiative.

Many will give their time freely to help their community. However, everyone needs to have his or her efforts recognized now and then. Giving formal, public recognition to those who give their time and labour to the community encourages the people involved and can help interest others in volunteering.

Some ways to recognize and thank volunteers:

o   present them with certificates, plaques, framed photos

o   thank them at community meetings and at the launch of the initiative

o   thank them in newsletters and other communications

o   write a press release about their efforts

o   offer to act as a reference for potential employers

o   where possible and appropriate, provide honoraria to volunteers. (In the LRDG, some volunteers appreciated an honorarium, while others were a bit offended by the idea.)

> "CAMH staff worked with the community partners to develop a focus group facilitation guide, assisted with the format and identified the method for interpreting messages. CAMH staff members opened each focus group session by welcoming all the participants; this gave credibility to the project, showed interest in the community and support for the project partners."
>
> *—Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

> "Little things make a difference. For example, if young people volunteer to lead focus groups, giving them a certificate of acknowledgement or having a newspaper write up an article about them are good ways of showing appreciation."
>
> *—Baldev Mutta, Punjabi Community Health Centre*
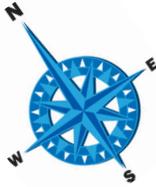
Have processes for recording information

Your planning for information-gathering should include processes for recording information. You want to make sure the information is as complete and accurate as possible. You also want to ensure everyone records the information in the same way to make analysis easier.

Surveys and questionnaires have the advantage of having the recording method built into the tool itself. For interviews and group sessions, different recording methods should be considered. Whatever method you choose, be sure the reasons for recording the information and how the information will be used are explained to participants.

To tape or not to tape

For both interviews and group meetings, an obvious method for getting a record of everything that is said is electronic recording, either with audio or video tape/disc.

Advantages of electronic recording:

- o Electronic recording can be reviewed over and over again to catch things that a human note-taker might miss.

- o It might be more reliable if a dispute should arise over what was said.

Disadvantages of electronic recording:

- o Technological breakdowns can lead to some contributions being inaudible or misheard.

- o When sensitive issues are being discussed, some people may feel uncomfortable having their words electronically recorded.

- o It requires equipment and possibly someone with special skills to set up and operate it.

- o It may require formal consent from participants.

- o The results will have to be transcribed.

Note-taking

If people are uncomfortable with being recorded electronically or the recording equipment is not available, someone will have to take notes.

Advantages of note-taking

- o A skilful note-taker may capture things, such as gestures and the identity of a speaker, that electronic recording may miss.

Disadvantages of note-taking:

- o The quality of the notes depends on the skills of the note-taker.
- o Some content may be missed.

Tip: Where possible, facilitators and interviewers should not be the note-takers. Having another person take notes leaves the interviewer or facilitator free to concentrate on interviewing or facilitating and may be less distracting for participants.

"Visible" note-taking
A variation on note-taking for group meetings is "visible" note taking—writing meeting notes on a chalkboard, whiteboard, or flip chart so that everyone can see them.

Advantages of visible note-taking:

- o errors or misunderstandings to be cleared up as you go
- o it can act as an organizational tool—everyone can see what has been discussed.

Disadvantages of visible note-taking:

- o flipcharts and boards can be awkward to transport
- o notes can be difficult to transcribe (one option is to use a digital camera to photograph the boards or flipcharts)
- o can seem a bit too formal
- o some content may be lost.

Use more than one method
Perhaps an ideal solution is to use both electronic recording and some form of written note-taking. Using more than one method may lead to a fuller record of the activity. Tapes will still have to be transcribed, of course, and both notes and transcriptions may also have to be translated.

Often the only result of a meeting or interview is a document relating what was said by each participant. While this should be useful information, other types of records can add to it. For example:

- o Facilitators and interviewers might keep an informal log of their experiences, ideas and problems. These might be used in process and outcome evaluations.
- o Photos taken during meetings and interviews (as long as participants agree) can be used in reports and displays.
- o Participants can be asked to evaluate activities. This could be done through quick questionnaires, with space for adding their suggestions.

What you will need information for

You will need to gather information to develop and run your health promotion initiative effectively. You will also need to gather information during the development process and the running of the initiative in order to do evaluations.

Figuring out what health issue the initiative should address

The first task in developing a health promotion initiative is to figure out what problem the initiative should focus on. There are probably many issues of concern to the community, but your initiative can only address one, and it may only be able to deal with one part of that problem. The process of figuring out what problem to address is called "needs assessment."

Determining which issue to target also involves figuring out how prepared the community is to make changes. If you involve the community in the needs assessment, it will become clear what issues the community is ready to address. If you have used other sources for the needs assessment, such as statistical studies, you may need to try out your ideas on community members to see whether they view the issue as urgent or as something that can be changed. The term for this is "community readiness."

Needs assessment

A needs assessment asks:

- What problems does the community have?
- What problems are most urgent?
- What are the causes of the most urgent problem?
- What resources (e.g., people, services, funds) does the community already have to deal with the most urgent problem?
- How can a health promotion initiative use and add to community resources and strengths to make a positive change in the problem?

A variety of research tools can be used for needs assessment—for example, surveys, community meetings, interviews. More than one tool should be used to make sure many points of view are included.

What are the community's strengths?

Since the process of developing a health promotion initiative focuses on problems that the initiative could address, there is a danger of losing sight of the positive aspects of the community. Taking time to consider and highlight a community's strengths is particularly important in ethnocultural communities because it can help to counterbalance their frequent exposure to discrimination and prejudice.

The media, for instance, may only take notice of ethnocultural communities when there is a problem. Efforts to promote and publicize the initiative should therefore be carefully arranged to include the community's strengths as well as the issue on which the initiative is focused.
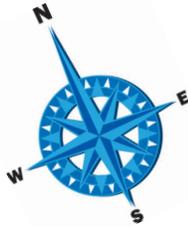
To learn more about needs assessment:
- Community Tool Box: "Assessing Community Needs and Resources" (USA)
  http://ctb.ku.edu/tools/en/chapter_1003.htm
- Iowa State University: "Needs Assessment Strategies for Community Groups and Organizations" (USA)
  http://www.extension.iastate.edu/communities/tools/assess/

Community readiness

Community readiness is the extent to which a community is prepared to implement a health promotion initiative. Is the community ready to make a change? Evidence shows that a community's level of readiness is an important factor in determining whether an initiative will be effective and supported by the community.

> "People sometimes are aware of problems such as HIV/AIDS and substance use but deny these problems exist in their own community."
>
> —*Dr. Krishanthy Shu, Vasantham (Tamil Seniors Wellness Centre)*

Ethnocultural communities are at many different levels of readiness for starting health promotion initiatives in mental health and substance use. Although you and your partner agencies may see a need for a change in some type of behaviour, community members may not be ready to hear about it or may not believe change is possible.

In some communities, such as those with many newly arrived refugees, people may be too busy with basic concerns, such as finding work and housing, to think about broader health concerns. In these cases, an initiative aimed at changing behaviour, such as alcohol use, will have little effect. A health initiative that helps a community move towards being ready to hear this message may be more useful.

Communities where people see that there is a local problem and believe that something needs to be done about it are ready to receive a message about changing behaviour. Research shows that the higher the level of readiness, the more successful a health promotion initiative will be.

Example:

> "A recent immigrant, a 45-year-old woman, was very upset at the audacity of the government trying to tell people they couldn't drink and drive... She was angry about it. That is the mentality that they arrive with."
>
> —*Key informant in Serbian community focus group*

In the LRDG project, the Serbian community in Windsor seemed to be at a different stage of community readiness for this health promotion initiative than the other communities. Participants in community focus groups stated that information about the ways to avoid or reduce the risks of alcohol use as described in the LRDG brochure were not relevant to the Serbian community. Drinking was seen as an established practice so deeply rooted in the Serbian tradition that it is "almost impossible" to change in adults. "Drinking and driving is the only message getting through right now." Instead of a Serbian version of the LRDG brochure, a poster in Serbian warning against drinking and driving was produced and distributed.

Setting a goal for the initiative

After assessing the community's needs and level of readiness, you and your partners may have a list of problems the community wishes to work on. You cannot work on all the problems at once, so your initiative would address the most urgent problem on the list in some way.

To determine what type of initiative is likely to be effective, break the problem down into parts, and then figure out which parts of the problem an initiative can work to change. Here is how the process might work:

1. State the problem, in general terms.

Example: Interviews with key informants, as well as referrals to the community-based agency indicate that the most urgent problem is: "People in our community are drinking too much alcohol."

2. Give specific examples of the problem.

Example: Discussions with the community and a search of back issues of the community newspaper for the past year show:

o   Seven students were suspended from the local high school last month for drinking alcohol on school property.

o   Four middle-aged men from the community have died in the past year due to alcohol-related health problems.

o   Three months ago, two children were killed when they were hit by a car driven by a man who had been drinking.

3. Think of reasons for the problem.

Example: Have focus groups come up with lists of possible reasons:

o   Maybe people don't know the laws about legal drinking age and drinking and driving.

o   Maybe people are using alcohol to cope with other problems, such as unemployment.

o   Maybe people don't know the risks of drinking alcohol.

4. Find the most probable reason.

Example: A survey is done to find out what community members know and think about alcohol use. The results show that

o   68% did not know what the legal drinking age was

o   87% knew that driving while drunk was illegal, but 47% admitted they had driven while drunk at least once in the past year

- o 67% said the main health risk of drinking was falling down and hurting oneself when drunk

- o reasons for drinking too much included to celebrate a special event, to feel better when sad or lonely and to enjoy oneself.

The results of this imaginary survey seem to show that the main reason for problems from alcohol use is that drinking is seen as acceptable and there is not much concern or knowledge about the risks of drinking too much.

5. Identify ways to help fix the most probable reason for the problem.

Example: Focus groups with community members explore ways to make people in the community more aware of the risks of alcohol use.

- **a)** Put health warnings in the community's language on alcohol containers.

- **b)** Produce a video showing what happens when you drink too much.

- **c)** Create a brochure in the community's language about the risks of alcohol use and how to avoid them.

6. Choose the best approach that can be done with available resources.

Example: Look at each suggestion and consider positives and negatives:

- **a)** People would see the labels when they bought the alcohol but many community members drink homemade alcoholic beverages.

- **b)** A video could be shown on TV where a lot of people would see it and it would reach people who have difficulty reading, but we don't have the money for a video.

- **c)** A brochure may not be as useful for people who don't or can't read, but it would be a better fit for our budget and could be given out at many community locations. Using lots of pictures and simple language may help people with reading difficulties. This seems to be the best approach for us.

By going through the steps to break down the problem into its possible causes and solutions and using a few different information-gathering methods, you and your partners should end up with a solid idea for your health promotion initiative.[*]

Choosing what type of initiative to use

After doing careful research and talking with community members about health problems they wish to fix, you and your partners should have now narrowed down the possibilities for your health promotion initiative. Before

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* Source: Community Tool Box: "Analyzing Community Problems"
  http://ctb.ku.edu/tools/en/sub_section_main_1017.htm

you start working on your initiative, you may want to do a bit more thinking and research, however. Some questions you will want to answer include:

o   What approaches have been tried before?

o   Who will be the intended audience?

o   How will we know when our initiative has reached its goal?

Research other approaches

o   Look at what type of health promotion initiatives for mental health and substance use have been done in the community before. What worked or didn't work?

o   Are there any initiatives still being run in the community that might "compete" with yours, or that your initiative might join with to increase its impact?

o   Now that you know the problem you want to focus on, are there initiatives that have been run elsewhere that might be adapted for use with your intended audience?

Should the initiative aim at the whole community or parts of it?

Your research may have shown that a certain parts of the community are key in addressing the problem. For example, if the community identified alcohol use by teenagers as a problem, your initiative might be most effective if it is aimed at teenagers. Another group that you might aim at is parents of teenagers. Depending on your resources, your initiative might aim at both or only one of these groups.

On the other hand, your research may show that the whole community is in need of information, so a more general approach may be more effective. For example, if your research showed that a majority of community members did not know that drinking too much alcohol could cause long-term health problems, your initiative might be aimed at informing the whole community about the risks of drinking.

Some questions to ask about where to aim your initiative:

o   Who is most affected by the problem?

o   Who needs to be involved in dealing with the problem?

o   Is there a certain part of the community your initiative should be aimed at, or does the problem affect everyone in the community?
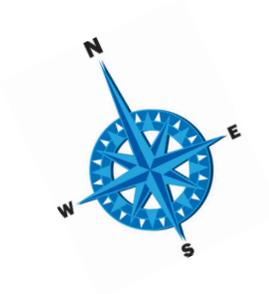
To learn more about defining audiences:

• Social Marketing, Section 2: "Market Segmentation and Target Marketing" (Canada) http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tools-outils/sec2-segment/index_e.html

How will we know we have reached our goal?

When you and your partners are figuring out your initiative's goal and how you will reach it, you will probably realize you need some way of measuring when you have reached your goal. This means you have to be precise about expressing your goal. It may mean breaking your goal down further into smaller goals or "objectives."

For example, your goal might be "to raise awareness of the risks of alcohol use." How will you know your initiative has done this? During your research, you do a survey which shows that 67% of community members think the main health risk of drinking is falling down and hurting oneself when drunk. One way to see if your initiative is working is to measure a change in that statistic. You might create an objective based on this:

> **"In six months, 30% of adults over age 16 in the community will know that drinking alcohol during pregnancy raises the risk of fetal alcohol syndrome."**

Then you might set an objective that builds on the first one:

> **"In one year 65% of adults over age 16 in the community will know that drinking alcohol during pregnancy raises the risk of fetal alcohol syndrome."**

Your objectives should contain numbers and dates for reaching them. They should also be ones that your initiative is likely to achieve, rather than ones you and your partners *wish* it could achieve. It can be difficult to find a balance between hope and reality. By having clear numbers and dates, however, you can at least measure progress towards your initiative's goals, even if the targets you set are not reached.

To set objectives, you need to have a starting point, called "baseline data." You need to gather information on which to base your future measurements of change. Baseline data are usually gathered through surveys. They should be both qualitative and quantitative.
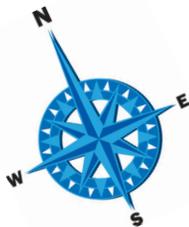
To learn more about setting goals and objectives:
- Community Tool Box: "Creating Objectives" (USA)
  http://ctb.ku.edu/tools/en/sub_section_main_1087.htm

Doing process and outcome evaluations

In chapter 2 there is a discussion about the need for an evaluation plan. One or more information-gathering methods described in the next section may be used for both process and outcome evaluations. Your information-gathering activities can often serve more than one purpose—for example, the baseline data you gather for developing your initiative's goals and objectives can also be used for your outcome evaluation.

How to get the information you need

There are many different ways to gather information for your health promotion initiative. Try to use a few and involve community members as much as possible. Here are some suggestions:

Literature reviews

What: reading reports of what others have done on the same problem you intend to work on and/or the ethnocultural community you plan to work with.

Use for:

- o getting background information about the community you will be working with
- o getting some ideas about what might or might not work for your project

How: You can do the search of the literature yourself if you are knowledgeable about using databases or have time to learn. If you are pressed for time or do not have access to specialized databases, it might be more efficient to have a reference librarian do the literature search for you. Collect a wide range of relevant journal articles, conference papers, research reports, and so on. Review them and summarize findings that are relevant to the problem and or the ethnocultural community you are working with.

Pros:

- o may help you and your partners avoid others' missteps
- o can give you background information on traditions in different ethnocultural communities.

Cons:

- o Information based on experiences elsewhere may not apply to the community you will be working with. Ethnocultural communities in Canada do not necessarily compare with corresponding communities in other countries; there can even be regional differences within a country. Differences can come from national origin, migration experiences, social class, how long the community has been established and the cultural influences of the host country or region.
- o There may not be much recent research or literature about the community.

To learn more about literature reviews:
- *The Public Health Bush Book:* "Literature Search" (Australia)
  http://www.health.nt.gov.au/health/healthdev/health_promotion/bushbook/volume1/getting.html#literature

> "Sometimes mainstream organizations seem to base their knowledge of a community on what they have heard or read in books and newspapers. They end up with stereotypes or information that is out of date and out of context. For instance, arranged marriages are no longer the rule in our community here and are getting less favored-people meet and date over the internet. Our community is changing."
>
> —*Naga Ramalingam, SACEM*
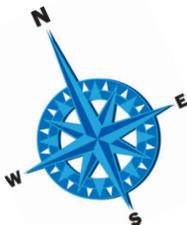
Questionnaires and surveys

What: lists of questions used to gather information about people's behaviour, knowledge, opinions and feelings.

Use for:

- o needs assessment

- o gathering baseline data for an outcome evaluation and forming initiative goals

- o process evaluation (e.g., find out if community members feel the initiative is working)

- o any time you need information from larger groups.

How: Surveys are usually printed, although sometimes someone reads the questions aloud and writes down the answers for another person. There are different ways to do them:

- o through the mail

- o through e-mail

- o through a web site (e.g., SurveyMonkey)

- o over the telephone

- o in person.

Pros:

- o can reach large numbers of people

- o can be done quickly

- o provides a written record of responses

- o easy to collect and analyze results.

Cons:

- o allow little or no flexibility in responses

- o can be costly

- o may need some knowledge of statistic methods

- o written surveys may be difficult when there are differences in language and reading abilities; in such cases, having people read the surveys to respondents and fill in their responses for them may produce the best results.

> "In our experience, telephone interviews or surveys do not work very well. People are distracted, or they don't trust the person they are talking to, or other people in the home want to know why they're on the phone so long. Some people just function better when talking to someone face to face."
>
> *—Baldev Mutta, Punjabi Community Health Centre*
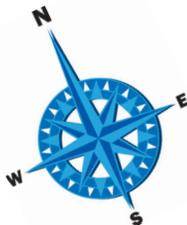
To learn more about surveys and questionnaires:
- Community Tool Box: "Conducting Surveys" (USA)
  http://ctb.ku.edu/tools/en/sub_section_main_1048.htm
- World Café: "The Art of Powerful Questions" (USA)
  http://www.theworldcafe.com/articles/cafetogo.pdf
- StatPac Inc.: "Everything You Ever Wanted to Know about Surveys" (USA)
  http://www.statpac.com/surveys/index.htm

Interviews

What: talking to people one at a time about an issue

Use for:

- o getting information from key informants (well known community members who play a leadership role in some sector)
- o evaluating effectiveness of initiative materials, activities and processes
- o gathering qualitative information.

How:

- o in person with one interviewer or one interviewer plus second person to write down responses
- o over the telephone
- o by mail or e-mail (with written responses)

Pros:

- o interviewer can observe non-verbal responses
- o may be easier for people with limited literacy than other methods
- o flexible

Cons:

- o quality of results depends on skill of interviewers
- o time-consuming, costly to interview large numbers
- o interviewers may need training
- o results may be affected by interviewers' biases or interviewees' agendas

To learn more about interviews:
- Community Tool Box: "Conducting Interviews" (USA)
  http://ctb.ku.edu/tools/en/sub_section_main_1047.htm
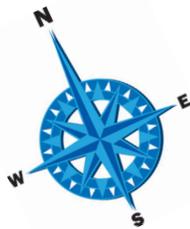
Focus groups

What: discussions about a certain topic among small groups led by a trained moderator/facilitator

Use for:

- o needs assessment
- o gathering opinions
- o gathering qualitative information.

"We wanted to learn about the issues of older adults in our community, but most of them live with their children; if we interviewed them in their homes, they might not be as open about difficult issues, such as elder abuse. To get past this problem, we had trained interviewers ride a popular bus route and strike up conversations with seniors they met on the bus. Those who agreed to be interviewed received a bus ticket for their participation."

—Baldev Mutta, Punjabi Community Health Centre

How:

- o   recruit a wide range of key informants, and members of the community or intended audience

- o   train facilitators and note-takers if necessary

- o   put together a facilitation/note-taking guide

- o   run separate groups for men and women, different age groups, when appropriate

- o   limit group size to six to ten participants

- o   provide food, childcare, reimbursement for transportation costs or, where appropriate, honoraria to participants.

> "Offering food is always a good way to attract people to take part in focus groups in the Sri Lankan community!"
>
> —*Dr. Krishanthy Shu, Vasantham (Tamil Seniors Wellness Centre*

Pros:

- o   participants may be more open and honest than in one-to-one interviews

- o   group setting may spark unexpected responses

- o   can result in a wider range of information.

Cons:

- o   participants may be shy about speaking in groups

- o   time-consuming to organize (recruiting participants, facilitators; training facilitators)

- o   may require training facilitators

- o   results difficult to collect, analyze.

> "It is a challenge to get a wide range of people to take part in focus groups. You tend to get people who are interested in the issue and have a certain amount of formal education. Others may not be interested in it, feel intimidated by it or do not have time to take part in it."
>
> —*Naga Ramalingam, SACEM*

To learn more about running focus groups:
- The Health Communication Unit (THCU): *Using Focus Groups* (Canada)
  http://www.thcu.ca/infoandresources/evaluation_resources.htm

Community meetings/forums/discussions

What: a discussion among a large group of community members led by a facilitator/moderator about issues of concern

Use for:

- o   needs assessment

- o   goal-setting

- o   problem-solving

- o   promoting an initiative

- o   encouraging further community participation in the development and running of an initiative

How:

- o arrange for time, place for meeting that is most convenient to the widest range of community members to attend

- o promote the meeting well ahead of time

- o have skilled facilitator from partner agency or other respected person from the community run the meeting.

Pros:

- o gives opportunity to gather opinions, ideas from a wide range of community members

- o gets community members involved in the initiative early on

- o creates interest in the initiative and health issues in general

Cons:

- o limited time to discuss issues

- o requires skilled, trusted facilitator

- o facilitators may need to be trained

- o some participants may be shy about speaking in front of large group.
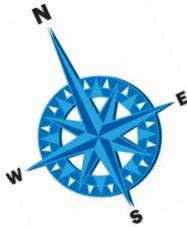
To learn more about running community meetings:
- Community Tool Box: "Conducting Public Forums and Listening Sessions" (USA) http://ctb.ku.edu/tools/en/sub_section_main_1021.htm
- Dotmocracy (Canada) http://dotmocracy.ca/
- World Café Presents…Café to Go! (USA) http://www.theworldcafe.com/articles/cafetogo.pdf

Searches of statistics databases and other sources of existing data

What: collecting and analyzing data related to issues of concern from records of government agencies and other public sources of information.

Use for:

- o needs assessment

- o comparisons with other communities

- o developing a community profile—e.g., demographics, services available or needed

How:

- o Search public databases available on the internet.

- o Ask a reference librarian or archivist to do a search for you.

Pros:

- o Can help avoid repeating work someone has already done

o can save time

o can provide data that is hard to get by other means

o can provide "hard facts and figures" to support grant proposals

Cons:

o may need special searching skills

o results may not apply to the community you are working with.

Tip: As well as numerical data, archives may also provide historical photos and documents that can help increase understanding of a community.
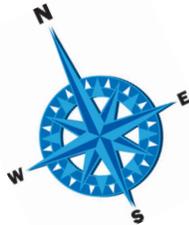
To learn more about finding statistics:
- Community Tool Box: "Using Public Records and Archival Data (USA) http://ctb.ku.edu/tools/en/sub_section_main_1903.htm
- University of Toronto Data Library Service: "Finding Canadian Statistics" http://www.chass.utoronto.ca/datalib/other/findcans.htm#intro
- Canadian Institute for Health Information http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=home_e
- Statistics Canada. http://www.statcan.ca/start.html
- Provincial and Territorial Government Health Agencies (Canada) http://chp-pcs.gc.ca/CHP/index_e.jsp?pageid=10042
- Also see organizations related to specific subjects, such as the Canadian Cancer Society.

Analyzing the data you have gathered

Before putting together a health promotion initiative, a complete understanding of the intended audience is needed. As information is generated by the community through focus groups and other methods, it needs to be brought together and analyzed by you and your partners.

Along with ideas about what problem your initiative should address and what form it might take, you need to know about the community's

o cultural norms and beliefs about the identified problem

o culturally mediated stigma towards the problem

o treatment-seeking behaviour for the problem.

Other factors to discuss are:

o English language proficiency

o literacy level (both in English and native language)

o acculturation level (how much they have absorbed of and will respond to the mainstream culture)

o where members of the intended audience go to get news and other information.

You may have set out with the intention of adapting an initiative to the community. Feedback from the community will tell you whether this will work or not.

Example: The majority of the Somali community is Muslim. Alcohol use is forbidden in the Muslim faith. Therefore, although members of the Somali community acknowledged that there were alcohol use problems in their community, they felt the message of the Low-Risk Drinking Guidelines was inappropriate for them. Instead, a poster about the risks of drinking and driving was produced.

Working with community organizers, determine which approach will be appropriate:

o   creating a new initiative specifically for the community

o   adapting an existing initiative to suit the community's needs

o   translating and/or adapting an existing product or resource.
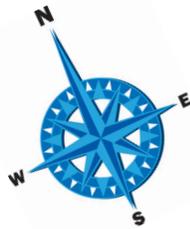
To learn more about analyzing research results:
- Community Tool Box: "Chapter 19. Choosing and Adapting Community Interventions" (USA). http://ctb.ku.edu/tools/en/chapter_1019.htm
- W.M.K. Trochim, Cornell University, "Research Methods Knowledge Base." (USA) http://www.socialresearchmethods.net/kb/

Summary of chapter 3

o   Consult with community key informants and members to determine what type of health initiative is needed.

o   Research with community members should be conducted in the language participants are most comfortable with.

o   Facilitators, moderators and interviewers should be community members and should be given training if they do not have experience in these roles.

o   Use a mixture of research methods to gather both qualitative and quantitative data.

o   Gather information before deciding what issue the initiative will address and what form of initiative will be used.

o   Where possible take both written notes and electronic recordings of meetings and interviews.

o   Decide who the intended audience for the initiative will be.

o   Gather information needed for process and outcome evaluations as determined in your evaluation plan.
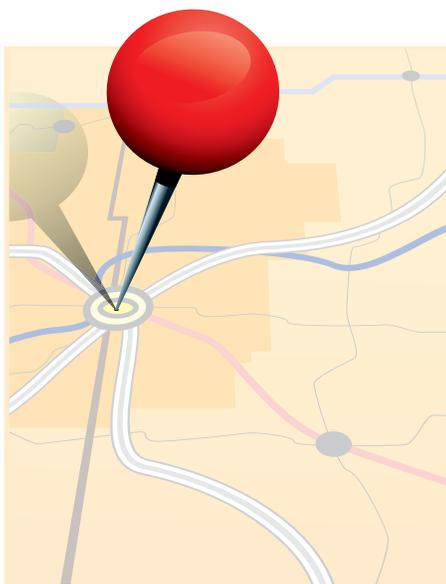
Plan the initiative

You and your partners have now:

- o gathered information from community members

- o narrowed down the problem the community wants to address

- o have information about the audience you intend to address and what sort of initiative is most likely to get their attention and involvement

- o set a goal or objective for your health promotion initiative

- o decided on a method to tell you when you have succeeded in meeting your goal or objective.

Now you and your partners have to:

- o decide exactly what you will do to reach the goal or objective

- o make a work plan for creating and running the initiative.

How will you reach the goal/objective?

To reach your goal or objective, you need to choose an initiative that is going to engage the attention of the intended audience. You are more likely to end up with a useful and appropriate initiative if community members and members of the intended audience take part in creating a new initiative or adapting an existing one. They'll let you know if the initiative or parts of it aren't going to work.

As you and your partners start developing your health promotion initiative, remember to:

- o involve interested community members/members of intended audience in creating the initiative

- ○ make sure you have or can get the resources to run the initiative

- ○ try out initiative activities with members of the intended audience before launching them

- ○ make sure the initiative reflects the ideas in the Ottawa Charter for Health Promotion.

Health promotion strategies

According to the Ottawa Charter, health promotion is "the process of enabling people to increase control over, and to improve, their health." The following strategies, which are often combined, are commonly used:

Create supportive environments

"Activities aimed at establishing policies that support healthy physical, social and economic environments" (WHO, 1998).

Initiative example: Consumer Voices Are Born, a drop-in centre run by consumers of mental health services, trained peer volunteers to operate a multilingual telephone "warm-line" that people could call just to talk or get information about mental health services in their own language. See National Consumer Supporter Technical Assistance Center. "Implementing a Multilingual Warm-Line." Cultural Competence Toolkit, Chapter 10. http://www.ncstac.org/content/culturalcompetency/chapter10.pdf

Health education

"Consciously constructed opportunities for learning designed to facilitate changes in behaviour towards a predetermined goal, and involving some form of communication designed to improve health literacy, knowledge, and life skills conducive to individual and community health" (PAHO, 1996; WHO, 1998).

Initiative example: The Montreal Children's Hospital, in partnership with schools, developed and ran creative expression workshops in schools to help newcomer children adapt to their new environment. See C. Rousseau, et al.: "Creative Expression Workshops in School: Prevention Programs for Immigrant and Refugee Children." http://www.irm-systems.com/onottaca/doc.nsf/files/63043031B5D5A6A28725714D006C1149/$file/August2005CreativeExpressionWorkshops.pdf

Health communication

"A strategy to inform the public about health concerns and place important health issues on the public agenda achieved through the use of the mass and multimedia, and other technological innovations that disseminate useful health information to the public, increase awareness of specific aspects of individual and collective health, as well as increase awareness of the importance of health in development" (WHO, 1998).

Initiative example: working with the community to develop public service announcements (PSAs) in the community language about the risks of alcohol use and to arrange to have them aired on community radio stations.

Self-help

"Actions taken by lay persons to mobilize the necessary resources to promote, maintain or restore the health of individuals or communities through self-care activities such as self-medication, self-treatment and first aid in the normal social context of people's everyday lives" (WHO, 1998).

Initiative example: Alone in Canada: 21 Ways to Make it Better—a self-help guide for single newcomers in 18 languages published by the Centre for Addiction and Mental Health. http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/alone_in_canada.html

Organizational development

"A process typically used in industry although applicable to other settings such as communities, to improve performance, productivity and morale issues, and attain an optimally functioning organization, with a high level of cohesion, well-being and satisfaction on the part of all those involved" (Raeburn & Rootman, 1998).

*Initiative example: "*Capacity Building and Strengthening for Ethnocultural Communities—A Toolkit for Trainers." Published by the Canadian Ethnocultural Council, this guide aims at improving organizational and administrative processes in ethnocultural community organizations. http://www.ethnocultural.ca/capacity_building/toolkit/

Strengthen community development/action

"A process of collective community efforts directed towards increasing community control over the determinants of health, improving health and becoming empowered to apply individual and collective skills to address health priorities and meet respective health needs" (WHO, 1998).

Initiative examples: supporting the development of an action plan and grant application for a culturally and linguistic appropriate day program at the community centre for people with dementia.

Build healthy public policy

"Formal statements that demonstrate concern for heath and equity and which make healthy choices possible or easier for citizens, through creating supportive social and physical environments that enable people to lead healthy lives" (PAHO, 1996; WHO, 1998).

Initiative example: helping the community to develop a local policy on alcohol availability.
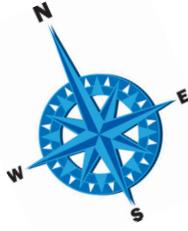
Advocacy

"A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program" (PAHO, 1996; WHO, 1998).

Initiative examples: working with the community to set up workshops for medical and social work professionals to learn about the community's mental health needs.

Research

"Information that links theory and practice through the investigation of the real world and that is informed by values about the issue under investigation, follows agreed practices, is sensitive to ethical implications, asks meaningful questions and is systematic and rigorous (Naidoo & Wills, 1998). Evaluation research is formal or systematic activity, where assessment is linked to original intentions and is fed back into the planning process (Naidoo & Wills, 2000)."

Initiative example: helping community members gather statistics to support the community's submission for alcohol policy reform to the liquor control board.

Combining several strategies in an initiative

Initiative example: "Health Women – Healthy Communities/Mujer Sana – Communidad Sana." A partnership of four organizations in Ottawa worked together to improve local Hispanic women's access to information and services for breast and cervical cancer screening, in hopes of developing a model that can be used in other ethnocultural communities in Canada.
http://www.mujersana.ca/msproject/index-e.php
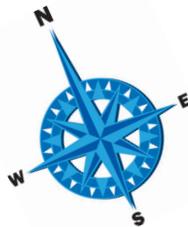
Communicating your initiative's message

You will probably want to use more than one activity in your initiative in order to reach its goal or objective. Using different media and methods to communicate your message will help you reach a broader range of community members. You can use communication strategies to both

promote the message of your initiative and encourage community members to get interested and involved.

Identify credible communicators in the community

Within ethnocultural communities, institutions such as churches, temples or mosques, local businesses, schools and local political bodies play important roles in addressing health and substance use problems. Identify prominent leaders within these institutions and see if they are willing to speak up in support of your health promotion message. If so, they can be an important part of your communication strategy. They already have the trust and "ear" of the community and their support will add credibility to your initiative. They could speak to their community directly about the message. Some may also be willing to be interviewed by the media about the problem your initiative is trying to address.

Use different methods to communicate your initiative's message

There are many different ways to communicate your message but, as your resources are limited, you'll want to focus on those that are most likely to reach your intended audience. Here are some examples of communication methods you might use.

Audio presentations

What: any presentation of information in audible form, usually recorded on audio tape/CD.

Types:

- o dramas
- o documentaries
- o interviews with community leaders and key informants
- o public service announcements
- o songs
- o self-help programs, e.g., smoking cessation
- o advertisements
- o readings of print materials for non-readers or the visually impaired.

How:

- o consumer recording equipment can be used but recording studios will likely yield better results
- o partner with local college/university/public radio stations to make recordings and air results
- o programs can be distributed through broadcast on ethnic/

local radio; on tape or CD; through web site podcast that can be downloaded to digital audio players; over the telephone.

Pros:

    o   multiple methods of distribution

    o   can reach people who cannot or do not read or prefer oral presentation of information

    o   useful for busy people—can be listened to in the car, on public transit, while doing household work

    o   can be used by the visually impaired

    o   recorded formats can be listened to repeatedly if needed

Cons:

    o   requires recording knowledge and equipment

    o   can be costly depending on recording and distribution methods

    o   may need professional actors/speakers to get best results.
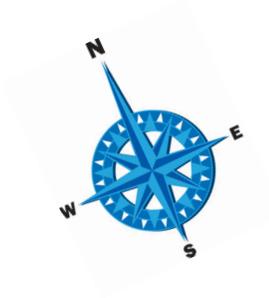
To learn more about audio presentations:
- CharityVillage: Podcasts and Audio Presentations
  http://www.charityvillage.com/cv/research/rtech57.html
- TechSoup: How to Record, Edit and Promote Your Nonprofit's Podcast
  http://www.techsoup.org/learningcenter/internet/page5510.cfm
- Community Tool Box: Preparing Public Service Announcements
  http://ctb.ku.edu/tools/en/section_1065.htm

Video presentations

What: any presentation of information in audio-video form, usually recorded on video tape/DVD.

Use for:

    o   dramas

    o   documentaries

    o   interviews with community leaders and key informants

    o   public service announcements

    o   advertisements

    o   demonstrations (e.g., what a standard alcoholic drink looks like; ways to prepare healthier versions of ethnic dishes)

How:

    o   show in clinic waiting rooms; to groups to promote discussion

    o   webcasts; Youtube; ethnic TV stations, television programs

    o   provide copies to public libraries to be borrowed.

Pros:

- o multiple methods of distribution
- o more appealing to people who prefer oral presentation of information
- o in tape/DVD/online form, can be used at audience's convenience
- o with subtitles, can be used by the hearing impaired
- o recorded formats can be listened to repeatedly if needed
- o narration can be done in different languages, dialects.

Cons:

- o requires skills, good equipment to yield good results.
- o can be expensive depending on the level of production quality desired

Arts projects

What: using visual arts, theatre, dance, music to present health promotion message.

Types:

- o displays and presentations in public spaces—parks, community centres, during community street festivals, schools, other public buildings
- o competitions to create songs, poems, short stories, essays, etc., with the initiative's message as the theme
- o theatre and dance performances by community groups or professional troupes.

How:

- o use volunteer or professional artists and arts facilitators to work with community members and/or intended audience to produce art works.
- o can be created by intended audience as a way of exploring health issue.
- o may be used as content for audio/video presentations and web sites.

Pros:

- o provides opportunity for skills development
- o effective for different learning styles
- o encourages community members to work together

FOCUS is a province-wide health promotion program aimed at vulnerable communities. In Regent Park, a public housing development in downtown Toronto, the Regent Park Youth Media Arts Center provides community youth with a variety of ways to express themselves and address health issues through the arts. The centre's web site the results of many arts projects that creatively provoke thought and discussion about community concerns, particularly substance use.

Examples:

Toronto Public Health: "Heart Health ESL Curriculum Resource" (Canada)
http://www.toronto.ca/health/hearthealth/hearthealthesl.htm

Center for Applied Linguistics: "Picture Stories for Adult ESL Health Literacy" (USA)
http://www.cal.org/caela/esl_resources/Health/

Using pictures and story telling to promote discussion of health, mental health and substance use issues in ESL classes.

System for Basic Adult Education Support: "Read/Write/Now Brochures" (USA)
http://www.sabes.org/health/brochure.htm

ESL students create their own health promotion brochures based on their own experiences.

Cons:

- o   requires skilled organizers and facilitators

- o   requires materials, equipment, workspace

- o   may need longer-term commitment from participants

- o   may require special funding if professional artists are used.

ESL/LINC classes

What: ESL (English as a Second Language) or LINC (Language Instruction for Newcomers to Canada) classes can be used to present and teach about community health issues. Students can also produce materials based on their own experiences with the issues.

How:

- o   prepare class plans and materials that could be used by teachers and tutors in these classes

- o   have bilingual workers and volunteers make presentations to the classes, e.g., about how to use health services in Canada.

- o   encourage students to develop their reading and writing skills by writing articles about community health issues that can be published in community newspapers, newsletters, on web sites or be posted in public displays, such as bulletin boards in community centres or public libraries.

Pros:

- o   can reach community members who may be too busy to get involved in other activities

- o   inexpensive

Cons:

- o   needs people skilled in ESL/LINC education methods.

- o   requires cooperation with ESL/LINC programs and instructors.

Printed materials

What: a health promotion message can be printed on just about anything.

Types:

- o   brochures, posters, pamphlets, newsletters, postcards, comics, place mats, coasters, T-shirts, hats, buttons, bookmarks, temporary tattoos

How:

- o   materials and format depends on budget

- o can use professional writers and designers and offset printing services (high cost)
- o can present content created by staff, community members and print using office laser or ink jet printers along with specialized papers, such as card stock, pre-printed papers, transfers for use on fabrics.

Pros:

- o using office equipment, can be produced quickly
- o different options for different budgets
- o many distribution possibilities.

Cons:

- o professional-looking materials usually require professional artists, copywriters, designers
- o can be expensive
- o difficult or costly to fix errors or to revise print materials if content becomes dated
- o products need to be stored
- o can be costly to distribute.
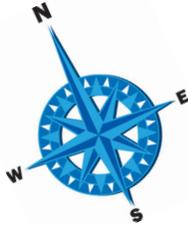
To learn more about developing print materials:

- Harvard School of Public Health, "How to Create and Assess Print Materials." (USA)
http://www.hsph.harvard.edu/healthliteracy/materials.html
- THCU: Interactive Campaign Planner (Canada)
http://www.thcu.ca/infoandresources/ohc/myworkbook/login/login.asp

Use more than one delivery mode

Where possible, use more than one type of method to deliver your message so that the widest audience can be reached. Where literacy levels vary, having both a text-based product or resource and a non-verbal or oral delivery mode will increase the numbers of people reached.

Non-verbal and visual approaches may work best

Flyers, brochures, advertisements and other text-based media are frequently the main products used in health promotion campaigns. Language is often a major challenge when developing health promotion campaigns with ethnocultural communities, however. The intended audience may have little or no literacy in English; they may also have limited literacy in their first language. Delivery methods that rely heavily on text and the users' reading skills may not be the best choice for ethnocultural communities.

Unfortunately, many of the non-text or low-text communication methods, such as photonovellas, videos/DVDs, audiotapes/CDs, and radio and TV
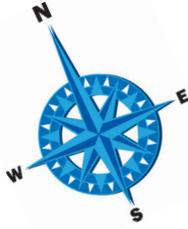
ads are expensive to produce and distribute. Community activities, such as parades, plays, and arts festivals, may be less expensive ways of engaging the community in thinking about and discussing a particular issue.

To learn more about non-text approaches:
- AMC Cancer Research Center: "Beyond the Brochure: Alternative Approaches to Effective Health Communication" (USA)
www.cdc.gov/cancer/nbccedp/bccpdfs/amcbeyon.pdf

Make another work plan or revise the one you've got

Once you and your partners have decided what activities your initiative should involve, you need to write another work plan or revise the one you're already using. The plan should include all the tasks that need to be done to prepare, launch and run the initiative. Like the work plan described in chapter 2, this work plan should include:

o   clearly stated, measurable goals

o   clearly stated steps needed to reach the goals

o   who will be responsible for getting the steps done

o   a schedule showing the start and end dates for each step

o   resources (funds, staff, equipment, facilities) needed for doing steps

o   who will approve and report on steps

o   a timetable for meetings to review progress and alter schedules as needed

o   processes for collecting information for feedback to the partners and the community, as well as for evaluations

o   processes for making sure steps get done correctly and on time

o   a schedule and methods for reporting information about the project's progress and achievements.

The work that needs to be done to develop, launch, run and follow up on the initiative may vary depending on whether you and your partners are creating a new initiative or are adapting an existing one. In any case, some tasks may include:

o   hiring professionals such as graphic artists, translators, narrators, workshop facilitators, copywriters, etc.

o   running focus groups to review translations or try out initiative activities on members of the intended audience

o   overseeing the adaptation and translation process

o arranging for information materials to be reviewed by subject matter experts

o creating press kits and other promotional materials, sending them out and following up on them

o organizing launch events

o keeping eyes and ears open for new opportunities to support and promote the initiative

o plans to handle enquiries from the media and the public arising from the initiative

o recruiting community members, especially those from the intended audience, to get involved in the initiative.

Getting ready to launch the initiative

Once you have everything planned and gathered all the different resources—people, money, equipment, facilities—needed for your initiative, you will want to set it in motion. But before you do, here are some things to check:

o Have all members of the project team been involved in developing the work plan?

o Can the activities be done with current resources (time, money, staffing, equipment, and so on)?

o Does the initiative use community members' skills, knowledge and resources?

o Does everyone know what his or her responsibilities are?

o Is everyone confident, willing and able to carry out her or his responsibilities?

o Does the initiative fulfil the ideas of health promotion as expressed in the Ottawa Charter?

Summary of chapter 4

o Identify an initiative that will have the greatest impact on the intended audience.

o Use a variety of communication methods to promote your health promotion method.

o Methods that do not rely heavily on text may work best with ethnocultural communities.

- o Develop a work plan that includes a timetable, a list of who will do what, resources needed, a system for recording activities and evaluation plans.

- o Involve community members and community resources in the initiative as much as possible.

- o Identify the most credible communicators within the community and the communication channels that have the most impact on the intended audience.

- o Products and programs that do not have a heavy reliance on text and reading ability may be more effective modes of delivery for ethnocultural communities.
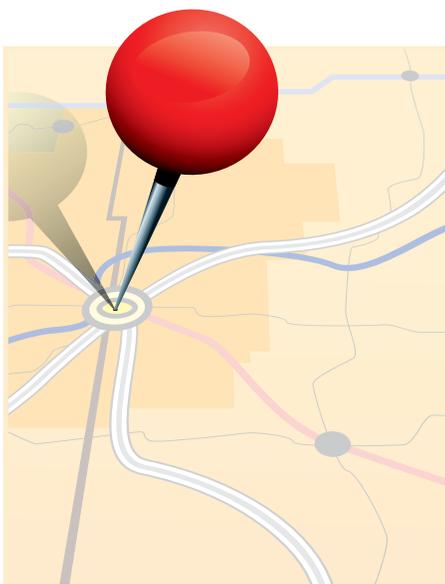
Translate and adapt

The percentage of Canadians whose mother tongue is neither English nor French is projected to increase from 17% in 2001 to 21-25% in 2017 (Statistics Canada, 2005). A major difference between creating a health promotion initiative with ethnocultural communities and other types of communities is likely to be language.

Health promotion initiatives produced with ethnocultural communities and presented in their language will likely have a bigger impact than those that are produced for other audiences and then adapted and/or translated for use by the community.

One reason that adaptations and translations are often used is that it is believed to be less costly than producing original initiatives for each community. You and your partners should test this assumption, however. The real question is, how can you get the greatest impact with the resources you have? Perhaps a community activity, such as a community lunch or local art fair using your initiative's message as its theme, will produce the same or better results than a costly translated brochure.

Cost savings may not be the only reason for adapting an existing health promotion initiative rather than creating a new one, however. When you are presenting scientific or medical information, you want to ensure the information is accurate. Using an existing initiative that is based on scientifically verified information may be a better choice than trying to create a new initiative that has to be reviewed by subject matter experts and may need special approval from others, such as funders.

Use a three-phase approach

Internationally recognized standards and guidelines for developing multilingual health information recommend a three-phase process for developing culturally appropriate health promotion initiatives:

- o   cultural adaptation

- o   translation (if needed)
- o   cultural validation.

Expect to do many revisions before you have a product or tool that will be effective for the community. Explore fully which specific group of people you want to influence in the community and, whenever possible, involve them in the adaptation and translation process.

> "We included more types of beverages in the Portuguese version of the LRDG brochure, such as homemade wine. We found some focus group members had different ideas about the identification of an alcoholic drink. For example, they might say, 'Oh, I never drink alcohol.' Then you ask, 'You never add a little something to your morning coffee?' And they say, 'Sometimes—but that doesn't count as an alcoholic drink. It's coffee!' "
>
> *—Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

Cultural adaptation

When adapting a health promotion initiative for ethnocultural communities, translation may be of foremost concern. But even where a different language is not used, it is important to take cultural differences into account. Cultural adaptation is the process of ensuring your message, whether translated into another language or not, is presented using cultural references and role models that your intended audience will identify with.

Canadians should understand the value of cultural adaptation, since many advertisers, marketers and others often treat the Canadian and American markets as the same. Think how you respond when you see ads created for the American market and used in Canada. For example, American advertisers may try to appeal to potential customers' patriotism, using the American flag and symbols such as the eagle. Such symbols will not create the intended response in most Canadians and may distract or even offend some. In any case, the ad will not be as effective as one produced specially for Canadians.

> "For the LRDGs, we found that the message that one should drink less to protect one's health did not have much effect. 'You've got to die sometime' is the attitude. Instead, concern about the effects of one's drinking on one's children seemed to get people's attention. So in the Polish version of the brochure, to the advice 'Talk to your kids about alcohol,' we added ' "and be a role model for them.' "
>
> *—Elizabeth Gajewski, Polycultural Immigrant and Community Services*

Creating or adapting a health promotion initiative *with* an ethnocultural community *for* that community will always produce a more useful and effective initiative than using one created for some other group.

 "Cultural adaptation" is the process of adjusting health messages to the intended audience by incorporating their cultural heritage, language and ethnicity. Sometimes it means finding the right word. On other occasions, it is about finding cultural equivalents so that information is accurate but is also relevant and understandable to a different cultural audience.

To learn more about adapting existing materials:
- Centre for Culture Ethnicity & Health, "How To: Reviewing Existing Translated Materials – Checklist" (Victoria, Australia)
  http://www.ceh.org.au/resources/resbyceh.htm (PDF)

Examples:

Alliance for South Asian AIDS Prevention: "Wrap it Right" AIDS Prevention Campaign (Canada)
http://www.asaap.ca/low/whatsnew/campaign2.html
Multicultural Mental Health Australia, "One NESB size does not fit all! What makes a health promotion campaign 'culturally appropriate'" (Australia)
http://www.mmha.org.au/mmha-products/synergy/2002Autumn/OneSizeDoesNotFitAll/?searchterm=domestic%20violence
National Institute on Aging: "Cultural Adaptation of 'Exercise: A Guide from the National Institute on Aging.'" (USA)

http://www.themedianetwork.com/portfolio/NIA.html
Ontario Public Health Association: "Cultural Adaptations to Canada's Food Guide to Healthy Eating." (Canada)
http://www.opha.on.ca/resources/foodguides.html

Determine the level of cultural adaptation needed

How much adaptation of existing material is needed to make it effective with the intended audience? To find out, start by having the material reviewed by members of the intended audience and key informants. Do they feel the information is relevant and culturally appropriate? For example, in the LRDG project, members of the Somali community felt the existing brochure and message of the LRDG was not culturally appropriate for them. As alcohol is strictly forbidden by their religion and cultural beliefs, an approach that starts with the acknowledgement that people do drink would not work.

If the reviewers feel the message is culturally appropriate, they should be asked to look at how the content of the original material, both text and the graphics, should be adapted to be culturally appropriate and clearly convey the health promotion message. You and your community partners can go over the recommendations and see if they can be acted on without altering the accuracy of the information.

Include community role models

Role models from the community who are willing to speak up and write about their own experiences with mental health or substance use problems can help break down barriers and stigma. The role model could be a well-known person or simply a typical member of the intended audience. The role model can talk to community groups, be part of larger presentations, or have his or her story included in media products.

Graphics can work for or against your message

Images, colours, and other graphic elements can add a lot but need to be carefully chosen. For example, the cover of the LRDG brochure shows a wine glass, a tumbler with ice and a beer bottle. Many in the focus groups commented that the tumbler looked much larger than the other two items. Also, a few groups commented that it was not their custom to put ice in their drinks. So when the brochure was adapted, this graphic was changed to a smaller tumbler with no ice in it.

Here are some things to keep in mind when using pictures and other graphic elements:

o   Use images that reflect members of the community.

o   Use colours and other graphic elements with special cultural meaning to enhance the power of a message.

o   Poorly chosen graphic elements can detract from a message. For example, in North America, the colour pink tends to

Example:

"Whakaitia te Whakawhiu i te Tangata"
http://www.likeminds.govt.nz/reso_
publications.html

This fact sheet about mental illness and stigma for the Maori community in New Zealand includes stories in their own words of community members who are living with mental illness.

imply femininity and softness, while in some Asian cultures pink has a sexual connotation. In some cultures white is a sign of purity, while in others it is a sign of mourning.

o   Thoroughly test images and text on intended audiences to ensure they are effective and culturally appropriate.

Use plain language

"Plain language" means making your text easy to use for as wide a range of people as possible. Whether you are using English or another language for the health promotion product, here are some ways to make it easier to read and understand:

o   Use simple, everyday language.

o   Use shorter sentences (25 words or less) and paragraphs.

o   Do not use jargon.

o   Avoid using idioms, slang and humour; if you do use them, be sure to test them on your intended audience.

o   Avoid using more than one term for the same thing. For example, instead of "In some cultures, white implies purity, while in others it indicates mourning," "In some cultures white is a sign of purity, while in others it is a sign of mourning."

o   Do not use any more words than you have to.

It is a good idea to use plain language approaches whenever you are producing health promotion texts. It makes them easier for anyone to use and can also make translation go more smoothly.

To learn more about plain language:
- Plain Language Association International
  http://www.plainlanguagenetwork.org/
- Human Resources and Social Development Canada: "Plain Language Links"
  http://www.hrsdc.gc.ca/asp/gateway.asp?hr=en/hip/lld/nls/Resources/plainws.shtml&hs=
- Toronto East End Literacy Project: Clear Language and Design Reading Effectiveness Interactive Tool (Canada)
  http://www.eastendliteracy.on.ca/clearlanguageanddesign/readingeffectiveness-tool/
- Harry McLaughlin: "Online SMOG (Simple Measure of Gobbledygook) Measurement tool." (USA)
  http://www.harrymclaughlin.com/SMOG.htm

Think about how the final product will be used

The physical format of a printed piece can also determine how or if it will be used. For example, young people may not pick up a brochure, but may take home an attractive poster to put up in their room. Women may not pick up a booklet if it is too large to fit in a purse.

"We thought about doing a poster instead of the brochure, but we were concerned that posters would not get put up or that if they did they would be discarded when they got a bit torn."

—Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service

Translation

If you have never been involved in the process of translating a document from one language to another, you may assume it is a straightforward matter. To get a better idea of the real challenges of translation, go to Babel Fish Translation (http://babelfish.altavista.com/). Try having a simple sentence translated into another language, then translated again back into the original language. Here are some sample results:

Original text:

> "The quick brown fox jumped over the lazy dog."

Translated into Dutch and then back into English:

> "The fast bruine fox jumped concerning the lazy dog."

Translated into Portuguese then back into English:

> "The fast brown fox jumped on the sluggish dog."

Although done by an electronic device rather than a human translator, these examples do show how even small errors in translation can change the meaning of a text.

Some useful things to know before you begin the translation process:

- o Translation takes longer than you think it will.

- o The translated text may be substantially longer than the original (this may require alterations to layout and added cost for extra pages).

- o Using a plain-language approach when creating the original document will make translation simpler.

- o Having the original document in finalized form before having it translated will save time and trouble in the long run.

Translation is a cycle of review and revise

When a document is translated into another language, meaning must have priority over form. The Minnesota Department of Health (MDH) Translation Protocol, 2000, states that the best translation is one that:

- o uses the normal language forms of the target language

- o communicates as much as possible the same meaning that was understood by the speakers of the source language text to the target language speakers

- o maintains the dynamics of the original source language text, which means that the translation is presented in such a way that it will evoke the same response as the source text attempted to evoke.

Translation is a cycle of reviewing and revising until you have a text that everyone involved is more or less content with. It is probably impossible to come up with a translation that everyone is 100% happy with, so at some point some compromise may be needed, or else the cycle can become endless.

Finding a translator

Even when it is possible to produce an original document in the users' first language, the document will likely have to be translated into English for verification by subject matter experts and perhaps for approval by your organization's communications office. At some point, almost any project that is not in either of the official languages is going to require the services of a translator.

It may be tempting to use a non-professional to translate a document, as the cost of translation services can be high. Sometimes it can be difficult to find a professional translator working in the target language for your document. However, just because someone is a native speaker does not mean he or she will be a skilful translator. In any case, your funders or others whose approval is needed may require that a professional translator be used for your initiative.

When looking for a translator, look for the following:

- o diploma from an accredited translation school

- o certification by the Canadian Translators Terminologists and Interpreters Council (CTTIC) or provincial/territorial translators' association

- o references

- o experience translating in the health sector.

Using a translation agency may be the easiest way to find an appropriate translator. Many agencies can be found through the Yellow Pages or through an internet search. As with any other type of service, however, it may be helpful to get referrals from colleagues. Inquire at a few agencies before choosing one. Some questions to ask before choosing a translation agency:

- o How long has it been in business?

- o Who are its clients and can it provide references?

- o What are its staff's qualifications?

- o What business and professional associations does it belong to?

- o Does it have ISO (International Standards Organization) certification?

- o What and how does it charge for its services?

Using professional, certified translators was a requirement for the LRDG.

However, almost all community partners were dissatisfied with the first version of the translation into their languages. Many felt that members of their staff could do a better job of translating the material to ensure it was accurate and appropriate for the intended audience. The documents had to go back and forth between community reviewers and the translators many times before a satisfactory result was achieved.

Some tips that may keep frustration with the translation process to a minimum:

- Make sure the document to be translated is in its final form (i.e., all copyediting and proofreading has been done and the content of the document has been approved by all concerned parties) before sending it out to be translated.
- When possible, hire a translator with a background in the subject matter of the document.
- Discuss with the translator the content and purpose of the document and the literacy level of the intended audience.

The translation process

The steps involved in translation:

1. Get a finalized version of the document to be translated.

2. Hire a qualified translator, ideally someone who is familiar with health terms and the topic of the text. If you can't find one with specialized knowledge, be sure to give him or her some background information on your initiative and its message.

3. Deliver the document to be translated to the translator; discuss with the translator the purpose of the document and its intended audience.

4. When the first draft of the translation is received, have it reviewed by community liaisons, key informants, and a panel of members of the intended audience.

Tool:
"Seven Steps: Guidelines for health staff checking translations"
http://www.mhcs.health.nsw.gov.au/mhcs/subpages/material/steps.pdf

5. Return the document to the translator for further refinement according to the readers' notes. Discuss any discrepancies.

6. Have the second draft read by the community readers.

7. Have the second draft translated back ("back-translated") into English to be reviewed by a subject matter expert (SME) and anyone who has to give official approval for the document. The back-translation should be done by a translator whose mother tongue is English (emphasis in the back-translation should be on conceptual and cultural equivalence, not linguistic equivalence).

"One example where translation problems arose was a pregnancy calendar—it was translated by a man! So, of course, there were some points he missed. It's important to have a translator who understands the content and is familiar with health terms."

—Baldev Mutta, Punjabi Community Health Centre

"We consulted with three different linguistics professors to capture the exact meaning of the headings in the LRDG brochure."

—Dr. Krishanthy Shu, Vasantham (Tamil Seniors Wellness Centre)

8. Return the document to the translator for any further changes.

9. If only minor changes have been made, the final translated document can be reviewed by bilingual community liaisons. If changes in technical information were made, the document will have to be back-translated once more to be reviewed by the SME and for any further former approval necessary.

To learn more about the translation process:
- Minnesota Department of Health: "Translation Protocol: A guide to translating materials for limited-English speaking communities" (USA) www.health.state.mn.us/communityeng/multicultural/translation.pdf
- New South Wales Multicultural Health Services: "Guidelines for health staff producing multilingual information" (Australia) http://www.mhcs.health.nsw.gov.au/mhcs/subpages/material/guidelines.pdf
- Society for Technical Communication: ITC SIG Translation Reader http://www.stcsig.org/itc/prtrans.htm
- American Translators Association: "Translation: Getting It Right" (USA) http://www.atanet.org/docs/Getting-it-right.pdf

Cultural validation

Once you and your partners have adapted and/or translated a document and are satisfied with the results, it is still important to test it on the intended audience as well as with key informants in the community to ensure it is culturally valid—that is, the document truly incorporates cultural norms and beliefs of the community.

For example, one of the basic concepts behind the Low-Risk Drinking Guidelines is that of the "standard" drink size, which in turn relates to the standard sizes of drinking glasses and containers in which alcohol beverages are served and sold in Canada. However, drinking often occurs in private settings where the size of drinks poured does not correspond to standard units (e.g., alcohol served in bowls), therefore making it difficult to determine the number of "standard drinks" consumed. For example, in the Punjabi community a good host does not measure drinks, while a good guest accepts the host's offer of alcoholic drinks; a "standard drink" in the Punjabi community is a "triple" drink. Thus, even where a word such as "standard" may be easy to translate, the concept it represents may not be culturally valid. Working with the intended audience is the only way to ensure the message gets through and makes sense to them.

The document needs to work for the intended audience, but it also has to be acceptable to the credible communicators in the community whom you hope will support and help promote your initiative in the community.

> "We suspected we would be unhappy with the translation process based on past experience. It's vital to have a translator who understands the content and the audience. If possible, I would prefer to have one of our staff do the translation and then have a professional translator review it, rather than the other way around."
>
> —*Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

> "The final LRDG brochure is still not ideal for our clients. Many struggle with literacy skills. We would have preferred something with fewer words and more pictures, but there were limits to what we could change. However, one way we overcome this, is by always verbally reviewing the brochure and its message, whether individually or as part of our group counseling sessions to promote discussion."
>
> —*Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

Summary of chapter 5

- o Both text and graphical elements need to be culturally adapted to reflect cultural values and social norms of the intended community.

- o Word-for-word translation, which does not take cultural concepts into account, limits the usefulness of health information.

- o When hiring translators, try to find one with some knowledge of the subject matter. Provide translators with background information on your initiatives purpose and message.

- o Effective adaptation and translation require extensive testing with the intended audience during all phases of message development.
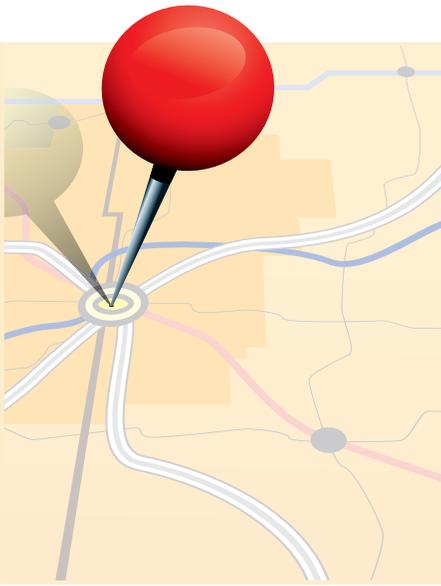
Put the plan to work–and keep it working

You and your community partners now have a product, program, or resource that you have pilot tested and are confident about; the next step is to put it to work.

The action stage involves both running the planned campaign and informing as many people as possible about your initiative. You also need to follow up on your promotion of the initiative. For example, if your objective was to increase awareness of mental health services among ethnocultural communities, those services need to be aware of your project and be prepared for increased enquiries from those communities.

Keep to your work plan

Your work plan should indicate how and when resources will be needed, when specific events will occur, and at what points you will assess your efforts. Once the initiative is under way, you may have to make changes the work plan to keep on track. Now and then, check to see if:

- o   activities are being completed at scheduled times
- o   your intended audience is being reached
- o   certain activities or materials are more successful than others
- o   certain aspects of the initiative need to be altered or eliminated
- o   your expenditures are within budget.

You can often correct problems quickly if you can identify them. For example, if your promotion pieces ask the public to call your organization for more information, you should provide a simple form (electronic or manual) for telephone operators to use to record the questions asked and the answers given. Frequently review responses to identify inquiry patterns,

to be sure that correct or adequate information is being given, and to find out whether more or different information may be needed.

Launching and promoting your initiative

A formal launch of your initiative serves many purposes:

- o It reminds the community of the project and reinforces your initiative's message(s).

- o It is a chance to show community participants the result of their efforts and offers an opportunity to give recognition and thanks for their contributions.

- o It gives a "hook" to encourage media coverage of the initiative.

- o It can be an opportunity for key community leaders to publicly support the initiative, which can promote community interest and involvement in the initiative.

Ways to launch your initiative

The main purpose of a launch is to draw attention to your project and its central message. You want to reach potential participants in your initiative; community leaders; the media; and other community and mainstream organizations that may wish to become involved in your initiative itself or in its promotion.

Your launch may consist of a single event or a number of coordinated events. It can be a standalone launch or be part of a complementary event. Some examples of launch methods:

- o press conferences

- o launch parties

- o fundraising events

- o presentations at professional conferences.

Examples of events you might tie your launch to:

- o special days or other campaigns that have a connection to your project, such as:

  - o Mental Health Awareness Week (http://www.miaw-ssmm.ca/en/default. aspx)

  - o National Non-Smoking Week (http://www.cancer.ca/ccs/internet/ standard/0,3182,3172_15064_1688354156_langId-en,00.html)

  - o National Mental Health Week (http://www.cmha.ca/bins/content_page. asp?cid=6-361&lang=1)

  - o National Addictions Awareness Week (http://www.naaw.net/)

- o community festivals or celebrations.

Involve the media in your launch

The media can be helpful allies in getting the message out about your initiative. Working with your community partners, put together a list of all the media outlets that should be contacted. Media outlets that serve the communities you are working with—newspapers, radio stations, radio and television programs on multicultural stations, web sites—are particularly valuable partners. Some ways to gain attention and participation from ethnic media:

o Create media kits that include press releases and sample articles in the community's language, as well as photos and graphics that can be reprinted.

o If finances allow, place ads in ethnic media—this may increase their willingness to support and promote your project.

o Invite specific journalists who have written about your initiative's subject in the past to attend your launch event.

Inform other organizations and professionals about your initiative

Inform professionals in the community of your initiative and prepare them for responding to inquiries.

o Make presentations to related organizations at monthly meetings or other events.

o Make presentations at professional conferences, workshops

o Send announcements and press releases to editors of professional association newsletters, listservs, web sites, blogs.

Be ready to follow up on the promotional efforts

A well-planned launch and other promotional efforts should yield a response from the public, the media, and other organizations.

o Prepare staff and others to respond to inquiries generated by the launch and promotion of the initiative. Prepare a form they can use to track the number and type of enquiries received. The resulting information can give an idea of what sorts of services people need and can be used to gain support for the initiative. For example, the Family Violence Initiative produced a television program on this issue, but some stations were reluctant to air it. When the program was aired once, a telephone hotline was set up to take calls in response. In one case, 42 calls were received. This information provided evidence of the problem and was useful in persuading stations to air the program again.[*]

o Make sure you have enough materials (such as media kits) and ways to respond to enquiries (where can people go for further information, e.g., phone line, web site?).

o Have materials in place at distribution outlets, such as community-based agencies, doctors' offices, schools, religious meeting places, stores, Laundromats, fast food restaurants, malls and so on.
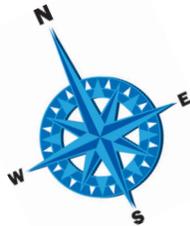
To learn more about launching a health promotion initiative:
- Pink Book—Making Health Communication Programs Work—Stage 3: Implementing the Program" (USA)
http://www.cancer.gov/pinkbook/page7
- W.K. Kellogg Foundation: "Communications Toolkit" (USA)
http://www.wkkf.org/Default.aspx?tabid=90&CID=385&ItemID=5000058&NID=5010058&LanguageID=0

Keeping your initiative working

It's important to look for ways to hold the interest and involvement of community partners and members of the intended audience as the initiative progresses.

Stay on the community's radar

Use a variety of methods to inform community members and participants about the initiative's progress and any new developments. Examples:

o information displays at local shopping centres, community notice boards, Laundromats, fast food restaurants, local stores

o information sessions

o workshops.

Look for opportunities—"hooks"—to raise the initiative's profile in the

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* Source: Canadian Heritage. Evaluation of the Family Violence Initiative - Multiculturalism Program. "Lessons Learned and Future Directions."
http://www.pch.gc.ca/progs/em-cr/eval/2002/2002_22/8_e.cfm

> "We have to be careful with outreach in the area of substance use because we may not be able to follow up with the services people may want or need."
>
> —Elizabeth Gajewski, Polycultural Immigrant and Community Services

media and the community or to reinforce its value to fund-providers and other interested parties. Examples:

o unexpected early outcomes from the initiative, e.g., demand for your materials is higher than you thought it would be

o a celebrity or other prominent member of the community gets interested in the issue or the initiative

o events in the news that relate to the initiative, e.g., local bar's liquor license revoked for serving alcohol to minors

o a new law or government policy that supports your initiative's goals

o new research that supports your initiative's strategy

o linking to other organizations' initiatives, e.g., Mothers Against Drunk Driving ribbon campaign.

> "We continue to promote the message of the LRDG. The local Portuguese newspaper ran a full-page article on the Culture Counts project and the Portuguese version of the LRDG brochure. We plan to do more education through health fairs, client workshops, the media, etc."
>
> —*Maria J. Benevides, MSW, RSW, Portuguese Mental Health and Addiction Service*

Recognize and celebrate progress

When initiative milestones or goals are reached, or when anyone makes a special effort to promote and support the initiative, there should be some type of formal recognition of the achievement.

Recognition of achievements helps to keep people motivated and interested at a time when their energy and enthusiasm for the initiative may be declining. It also demonstrates the value of the initiative to the community and others, and can generate or renew interest in it.

To learn more about recognizing accomplishments:
- Community Tool Box: "Recognizing Goal Attainment" (USA)
  http://ctb.ku.edu/tools/en/section_1290.htm
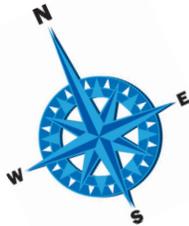
Look for new possibilities

The initiative and its promotion may have sparked interest beyond the immediate scope of the initiative, providing opportunities for building on the success of the initiative or changing its direction to take advantage of involvement of new partners or funding possibilities

Your work plan should include decisions about how these opportunities will be tracked and responded to, and who will do this.

Think about what will happen once the initiative ends

Find ways to merge the initiative's work with the ongoing work of partner organizations. For example, community-based partners in the Low-Risk Drinking Guidelines project continue to distribute the brochure in their communities; some also use it in individual and group counseling sessions.

Share programs and experiences so others can use them. By carefully documenting the initiative and making the documents available, perhaps in the form of a manual, others can adapt your initiative for their purposes.

Summary of chapter 6

- o Do one or more process evaluations during the initiative and make changes where needed to keep it running smoothly.

- o Formally launch the initiative at an event involving partners, community members, colleagues and the media.

- o Advise others of the initiative to promote it and also to prepare them for interest created by the initiative.

- o Keep the initiative alive by looking for new opportunities to promote it within the community and beyond.

- o Celebrate achievements and progress to maintain motivation and interest in the initiative.

- o Look for "hooks," such as new government policies that support the initiative's goals, to raise the profile of the initiative in the media and with other interested parties, such as fund-providers.

- o Think about ways to extend the work of the initiative once the initiative itself comes to an end.
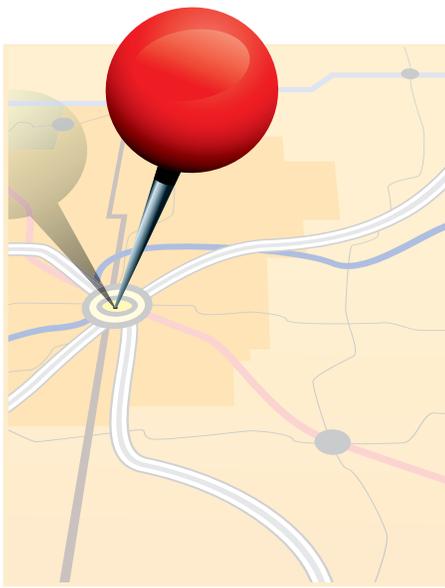
Follow up

Your initiative is complete. The people involved are starting to move on to other things. Their energy and interest in the initiative may be waning. Once the work of producing and running the initiative is done, it can be tempting to "close the book" on it. But there's one more chapter left: reporting the results of your initiative to all interested parties.

Outcome evaluation

Evaluation of any health promotion initiative is important but especially so when ethnocultural communities are involved. The literature shows relatively few projects have been undertaken in this area, and rigorous evaluation will help others build on what you have learned from your project.

Also, those who have contributed to your initiative—financial supporters, participants, partner agencies—will want to know the outcome of their contributions. A thorough outcome evaluation may make the difference in continuation of their support for the initiative's goals and involvement in future projects with your organization.

Gather and analyze data

Back when you and your partners were planning the development of your initiative, you wrote an evaluation plan, including how you would gather data to measure the outcomes of the initiative. Now you have to collect the same type of data in order to see if there has been any statistical change.

Statistics are not the only items to use in your evaluation, however. Events that occurred during the development and running of the initiative should also be reported. For example, a number of initiatives have found that people taking part in focus groups run for collecting community input into the initiative have gone on to form groups meeting regularly to offer mutual support and discuss particular issues. This type of development is an

important outcome to note, even if it was not a direct result of the initiative itself.

Process evaluations done throughout the development and running of the initiative and changes made as a result may help refine methods and techniques for future projects. Any training done to aid in the development or running of the initiative should also be noted.

Photos and stories from workers and community members told in their own words (or translated as needed) can also help show the impact of the initiative. It is important that the community, and especially the intended audience for the initiative, be involved in the outcome evaluation, so that all outcomes, not just those viewed as important to those who provide the funding for the initiative, are included.

Report outcome evaluation results

There's a Zen riddle that goes, "If a tree falls in a forest, and there's no one there to hear, does it really fall?"

This can apply to reports of the outcomes of your initiative: If you send out your evaluation report, and nobody reads it, is there any point in sending out an evaluation report?

The key to producing reports that people will read is to tailor the report to the reader's needs and interests. In the same way that you created or adapted your initiative to catch the interest of the intended audience, you have to work to get the interest of colleagues and others who you hope will be able to use the lessons learned from your initiative.

Of course, this is more work than creating one report to send to everyone. But a "one-size-fits-all" report is more likely to sit on a shelf gathering dust. You owe it to all who gave their time to your initiative to ensure others learn from it to improve future initiatives in their community and elsewhere.

Written reports are not the only way you and your partners can tell others about what was learned from your initiative:

> "Lack of follow-up is a common problem when working with mainstream organizations. Some examples: recommendations based on research projects are not implemented; final reports are not sent to us for proper review and validation—we have to ask for them; staff members leave in the middle of a project and nobody else takes over for them."
>
> —Naga Ramalingam, SACEM

- o Report outcomes to professional colleagues within your own organizations and at conferences, through journals, newsletters.

- o Suggest how the initiative may be adapted for use by other ethnocultural communities.

- o Present the evaluation results in a variety of formats—slide presentations, brochures, newsletter articles, executive summaries, detailed reports.

Community partners should be involved in creating and distributing the reports. If funds are not available to translate reports into the community language, community partners may be able to present summaries of the results orally at community meetings or in brief written format.

Acknowledge people's efforts

Many people will have given time and effort to the initiative without thought of personal reward. They did it because they saw value in the initiative and the chance to do something to make life better for their community. Seeing changes occur as a result of their work is a reward in itself.

However, although people may not expect any special recognition for their work, it is important to give it, especially at the end of a long project. A formal thank-you, along with a memento such as a framed photo or personalized certificate, gives people a feeling of accomplishment and encouragement that others have noticed and appreciated their work.

Bringing the partnership to an end

At the beginning of your project, when you and your partners were discussing how you would all work together, plans should have been made for when and how the partnership would end.

Ending the partnership before goals are reached

Sometimes, even when there has been careful planning, partners may reach a point where they feel the partnership cannot continue. There is bound to be some unhappiness about ending the partnership early, but everyone should try to be diplomatic about ending it and not air disagreements or bad feelings in public.

In your initial agreement, there should have been a plan for what would happen if you and your partners decide not to continue the partnership before your joint goals were reached. If attempts at mediation or negotiation to resolve problems are unsuccessful, then this plan should be put in motion.

If diplomacy can be maintained at the end of a partnership, partners can review the partnership to determine why it did not work out as planned. A partnership need not be viewed as a failure if lessons are learned from it. Also, you don't want this experience to lead you or your partners to avoid other partnerships; by coming up with specific reasons why this partnership didn't work out, you can use this information to improve future partnerships, rather than conclude that partnerships are not worth the trouble.

Ending the partnership after goals are reached

Ideally, partners achieve all the goals they set out to reach. At that point, they may want to think about continuing the partnership to build on the progress made through the initiative, or to work on other issues that came up during the development or running of the initiative. In this case, roles and goals will have to be re-examined, and new partnership agreements should be written up.

If it is decided that the partnership will end, look for ways to continue
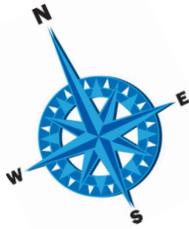
the connection between yourself, the organization you represent and your community partners. For example:

o Check to see if there any special award/funding program the community is eligible for as a result of the initiative.

o Encourage networking with other groups, colleagues, mainstream organizations.

o Plan to meet in a year's time to review outcomes and look at other partnership possibilities.

o Report further developments to all partners—keep up-to-date contact lists.

To learn more about sustaining partnerships and their achievements:
- *Building Sustainable Non-Profits: The Waterloo Region Experience* (2004). Centre for Research and Education in Human Services & Social Planning Council of Cambridge and North Dumfries. PDF. (Ontario, Canada) http://www.crehs.on.ca/downloads/sustainability%20manual.pdf

Take care of any remaining business

This is another area that should be planned for when you and your partners first decided to work together—how any assets and liabilities resulting from the partnership and the initiative should be divided. Some things that may have to be taken care of, whether a partnership ends as planned or before:

o any remaining funds, donated resources

o records of the partnership's activities

o ownership of products of the partnership, such as printed materials

o awards or other types of recognition the partnership may have received

o any unfinished projects or ongoing activities started by the partnership

o formally informing interested parties (e.g., funders, community members) of the end of the partnership

o marking the end of the partnership formally with an event for staff and volunteers involved in the partnership's activities, e.g., dinner, party, meeting.[*]

Use what you have learned

Whether you and your partners reached your goals or not, the experience of working together will have likely raised your awareness of the challenges facing ethnocultural communities in achieving good health. Wide gaps in care and health promotion, particularly for and about mental health and

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[*] Source: OurCommunities.com.au: "Ending Your Partnership Prematurely."(2001) http://www.ourcommunity.com.au/business/view_help_sheet.jsp?articleId=1108. Accessed April 2007.

substance use, remain between these communities and the mainstream.

As your direct involvement in the initiative comes to a close and other projects begin to draw your attention, take time to reflect on what you have learned about working with ethnocultural communities. Some things to think about:

o   What changes are needed in your organization to improve access for ethnocultural communities and diverse populations?

o   What can you do to continue to increase your and your colleagues' understanding of cultural differences in mental health and substance use?

o   How can you share what you have learned with health promoters and people working in other sectors?

Statistics Canada projects the trend towards greater cultural diversity in Canada to continue well into the future. It is essential that present inequities in all areas of society be challenged and removed to ensure that all Canadians have an equal opportunity to achieve good health.

Summary of chapter 7

o   Do an outcome evaluation of the initiative.

o   Report the lessons learned from your initiative to all stakeholders.

o   Ensure all partners are involved in disseminating the results of your initiative.

o   Give thanks and recognition to everyone who worked on the initiative.

o   If the partnership ends before the stated goals were reached, try to end it on diplomatic terms and review the partnership for lessons learned.

o   Bring the partnership to a formal close, or review the partnership to see if it should continue with new goals.

o   Make plans to build on your partnership with community-based organizations.

o   Look for more ways to improve access to care for mental health and substance use issues for ethnocultural communities.
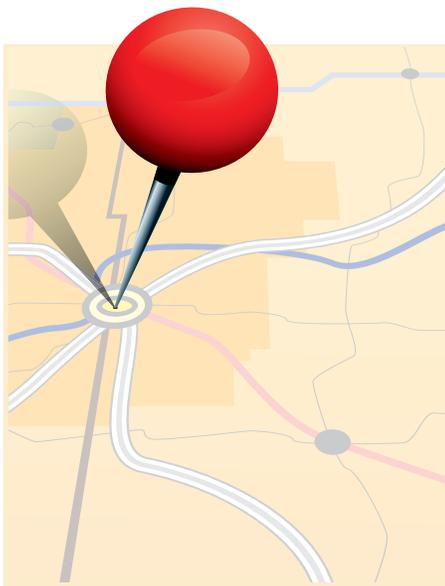
Resources

All of the online references under "To Learn More" sections in the Culture Counts guide are collected here, as well as some additional resources that may be of interest, arranged by topic.

General

The following sites cover so many aspects of developing and running community-based health promotion initiatives that rather than include them multiple times under different topics, the main addresses are listed here, with the recommendation that you visit the sites and do a search on them for topics of interest.

Title: Community Tool Box
Web Address: http://ctb.ku.edu/index.jsp
Author: Various
Web Host: Community Tool Box, University of Kansas
Country: USA   **Format:** HTML
Description: A massive and continually expanding collection of articles on all aspects of developing community-based projects.

Title: The Public Health Bush Book, Volume 1
Web Address: http://www.health.nt.gov.au/health/healthdev/health_promotion/bushbook/bushbook_toc.shtml
Author: Kerry Arabena et al.
Web Host: Northern Territory Government Department of Health and Community Services
Country: Northern Territory, Australia **Format:** HTML
Description: While this book was written for and by people working with Aboriginal communities in the Northern Territory, Australia, much of the material can be applied to any community-based health initiative.

Title: Inclusive Community Organizations: A Tool Kit
Web Address: http://www.healthycommunities.on.ca/publications/ICO/index.html
Author: Tricia Green, et al.
Web Host: Ontario Health Communities Coalition
Country: Ontario, Canada   **Format:** PDF (sections need to be downloaded separately)
Description: Aimed at community organizations that want to become more inclusive, much of the material could be applied to health initiative projects.

Title: Social Marketing: E-Learning Tool
Web Address: http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tools-outils/index_e.html
Author: James H. Mintz and Lorna Bonvie
Web Host: Health Canada
Country: Canada
Format: HTML; also available in French at http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tools-outils/about-apropos_f.HTML
Description: Social Marketing is "the application of marketing technologies developed in the commercial sector to the solution of social

problems where the bottom line is behaviour change." This self-guided tutorial will help you learn the basics of social marketing, which can be applied to a health promotion initiative.

Title: The Health Communications Unit, University of Toronto
Web Address: http://www.thcu.ca/workshops/hpskillsresourcetour.htm
Author: Various
Web Host: The Health Communications Unit (THCU)
Country: Canada **Format:** HTML, PDF
Description: This page has links to numerous health promotion resources created by THCU and others.

Capacity Building
Title: Capacity Building for Health Promotion: More Than Bricks and Mortar
Web Address: http://www.opc.on.ca/english/our_programs/hlth_promo/resources/capacity_building.pdf
Author: Ontario Prevention Clearinghouse
Web Host: Ontario Prevention Clearinghouse
Country: Ontario, Canada   **Format:** PDF
Description: An introduction to ideas about capacity building in health promotion.

Title: The Community Development Handbook: A Tool to Build Community Capacity
Web Address: http://dsp-psd.pwgsc.gc.ca/Collection/MP33-13-1999E.pdf
Author: Flo Frank and Anne Smith
Web Host: Government of Canada Publications
Country: Canada
Format: PDF; also available in French at http://dsp-psd.pwgsc.gc.ca/Collection/MP33-13-1999F.pdf
Description: This handbook's focus is community economic development, but many of the processes and "points to ponder" could apply to other community-based initiatives in which building community capacity part of the goal.

Case Stories/Examples
Title: Regent Park Youth Media Arts Center
Web Address: http://www.catchdaflava.com/index.php
Web Host: CatchDaFlava.com (FOCUS)
Country: Toronto, Ontario, Canada   **Format:** HTML
Description: The Regent Park Youth Media Arts Center provides community youth with a variety of ways to express themselves and address health issues through the arts.

Title: Heart Health ESL Curriculum Resource
Web Address: http://www.toronto.ca/health/hearthealth/hearthealthesl.htm
Author: Toronto Public Health
Web Host: Toronto.ca (City of Toronto web site)
Country: Toronto, Ontario, Canada   **Format:** HTML
Description: Example of how to mix health promotion with language learning.

Title: Photo-novella – "Gambling"
Web Address: http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/gambling_photonovella.pdf
Author: Antoine Dérose, et al.
Web Host: Centre for Addiction and Mental Health
Country: Canada   **Format:** PDF
Description: One of a series of photo-novellas on mental health and addiction issues published by CAMH. The photo-novella is one way to use pictures to help convey information.

Title: Self-help booklet—"Alone in Canada"
Web Address: http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/alone_in_canada.html
Web Host: Centre for Addiction and Mental Health
Country: Canada   **Format:** PDFs in 18 languages; also available in print.
Description: Example of the "personal development" health promotion strategy.

Title: "Wrap it Right" AIDS Prevention Campaign
Web Address: http://www.asaap.ca/low/whatsnew/campaign2.html
Author: Alliance for South Asian AIDS Prevention
Web Host: Alliance for South Asian AIDS Prevention

Country: Toronto, Ontario, Canada   **Format:** HTML
Description: English-language health promotion posters created by and for the South Asian community. Note the use of models and cultural references that reflect the South Asian community.

Title: One NESB size does not fit all! What makes a health promotion campaign "culturally appropriate"
Web Address: http://www.mmha.org.au/mmha-products/synergy/2002Autumn/OneSizeDoesNotFitAll/?searchterm=domestic%20violence
Author: Margo Moore, Di Lane and Anne Connolly
Web Host: Multicultural Mental Health Australia
Country: Australia **Format:** HTML
Description: Describes lessons learned from developing a health promotion initiative on domestic violence in multicultural communities.

Title: Cultural Adaptation of "Exercise: A Guide from the National Institute on Aging"
Web Address: http://www.themedianetwork.com/portfolio/nia_hispanic_cultural_adaptation.htm
Author: National Institute on Aging
Web Host: The Media Network, Inc.
Country: USA   **Format:** HTML
Description: Brief discussion of the process used to culturally adapt and translate an exercise guide for the Hispanic community.

Title: Cultural Adaptations to Canada's Food Guide to Healthy Eating
Web Address: http://www.opha.on.ca/resources/foodguides.html
Author: Nutrition Resource Centre
Web Host: Ontario Public Health Association
Country: Canada **Format:** PDF
Description: View the translations of Canada's food guide in the target languages and back translations in English or French.

Title: "Whakaitia te Whakawhiu i te Tangata
Web Address: http://www.likeminds.govt.nz/DOWNLOADS/fs_whakaitia_english.pdf
Author: Like Minds
Web Host: Like Minds (New Zealand Ministry of Health)
Country: New Zealand   **Format:** PDF
Description: This fact sheet about mental illness and stigma for the Maori community in New Zealand includes stories in their own words of community members who are living with mental illness.

Title: Health Women, Healthy Communities/Mujer Sana, Comunidad Sana
Web Address: http://www.mujersana.ca/msproject/index-e.php
Author: Health Women, Healthy Communities/Mujer Sana, Comunidad Sana
Web Host: Health Women, Healthy Communities/Mujer Sana, Comunidad Sana
Country: Canada **Format:** HTML
Description: This project's goal is to "test an innovative, participatory model for better access to cancer information, screening, and preventive health care for ethnoracial minority women, starting with one ethnic minority community (Hispanic) in one urban area (Ottawa)." This section of the web site describes the development of the project and its outcomes.

Title: What Works! Putting Community Issues on the Policy Agenda
Web Address: http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/what_works.pdf
Author: Susan Lilley
Web Host: Public Health Agency of Canada – Atlantic Region
Country: Canada **Format:** PDF
Description: Eight stories of community-based projects that "either contribute to the
development of healthy public policy or increase community capacity for policy work."

Community Readiness
Title: Community Readiness Assessment Tools
Web Address: http://www.captus.org/Western/resources/bp/step1/crassess.cfm
Author: Center for the Application of Prevention Technologies
Web Host: CAPTUS
Country: USA   **Format:** HTML
Description: These two surveys are intended to be used for assessing community readiness for prevention programs but can be adapted for other situations.

Title: Take Our Community's Asset Mapping Test

Web Address: http://www.tcfn.org/mapping/
Author: RECA (Realizing Every Community Asset) Foundation
Web Host: The Columbia Free-Net
Country: USA   **Format:** HTML
Description: Online checklists for taking inventories of individual and community assets.

Cultural Competence
Title: Ethnic Minority Neighborhood Outreach
Web Address: http://www.cpn.org/tools/manuals/Health/minority.html
Author: American Health Decisions
Web Host: Civic Practices Network (CPN)
Country: USA   **Format:** HTML
Description: "This guide is aimed at uncovering strategies for including diverse ethnic groups in a range of community-based initiatives."

Title: Cultural Awareness Tool: Understanding Cultural Diversity in Mental Health
Web Address: http://www.mmha.org.au/mmha-products/books-and-resources/cultural-awareness-tool-cat/file
Author: Elizabeth Seah, et al.
Web Host: Multicultural Mental Health Australia
Country: Australia **Format:** PDF
Description: This tool is intended for use in clinical settings, but many sections have general application for exploring and gaining an understanding of different cultural ideas about mental health.

Title: Working on Common Cross-Cultural Communication Challenges
Web Address: http://www.pbs.org/ampu/crosscult.html
Author: Marcelle E. DuPraw and Marya Axner
Web Host: PBS - Toward a More Perfect Union in an Age of Diversity
Country: USA   **Format:** HTML
Description: A look at the ways our culture may affect the way we communicate, handle conflict, complete tasks, make decisions, discuss private matters and learn.

Title: National Center for Cultural Competence
Web Address: http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html
Web Host: Georgetown University Center for Child and Human Development
Country: USA   **Format:** HTML
Description: This site has many different types of information on developing cultural competence in health and mental health care.

Title: Multicultural Toolkit – Toolkit for Cross-Cultural Collaboration
Web Address: http://www.awesomelibrary.org/multiculturaltoolkit.html
Author: Candia Elliot et al
Web Host: Awesome Library
Country: USA   **Format:** HTML
Description: This toolkit is aimed at developing cultural competence in American mainstream organizations, but has useful discussions of cultural differences and ways to bridge them anywhere.

Title: Communication Tools for Understanding Cultural Differences
Web Address: http://www.beyondintractability.org/essay/communication_tools/
Author: Michelle LeBaron
Web Host: Beyond Intractability.org
Country: USA   **Format:** HTML
Description: This essay looks at the ways conflicts are resolved in different cultures.

Title: Anthropology in the clinic: The problem of cultural competency and how to fix it.
Web Address: http://medicine.plosjournals.org/perlserv?request=get-document&doi=10.1371/journal.pmed.0030294
Author: A. Kleinman and P. Benson.
Web Host: PLoS Med [2006 3(10): e294]
Country: USA   **Format:** HTML
Description: This journal article considers the problems that can arise when cultural competence principles in a clinical setting. Includes some case studies illustrating cultural differences in perception of mental health problems.

Title: Cultural Profiles Project
Web Address: http://www.cp-pc.ca/english/

Author: AMNI Centre of Social Work
Web Host: University of Toronto/Citizenship and Immigration Canada
Country: Canada
Format: HTML, PDF (also available in French at http://www.cp-pc.ca/french/index.html)
Description: "Each cultural profile provides an overview of life and customs in the profiled country. While the profile provides insight into some customs, it does not cover all facets of life, and the customs described may not apply in equal measure to all newomers from the profiled country."

Title: CultureMed
Web Address: http://culturedmed.sunyit.edu/bib/Culturalprofiles/index.html
Author: Jacquelyne Coughlan
Web Host: State University of New York
Country: USA   **Format:** HTML
Description: Online bibliography of culture and health issues.

Title: Exploring Cross-Cultural Communication
Web Address: http://www.nynj-phtc.org/cc/home/cc-login.cfm
Author: University at Albany, School of Public Health.
Web Host: University at Albany, School of Public Health.
Country: New York State, USA   **Format:** HTML
Description: Self-guided tutorial on how health issues are viewed in different cultures. Free for 45 days with registration.

Equity and Ethnocultural communities

Title: "Health and Social Services for Canada's Multicultural Population: Challenges for Equity"; Panel discussion on health from Canada 2017 Policy Forum
Web Address: http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm
http://www.canadianheritage.gc.ca/progs/multi/canada2017/policy_forum/5_e.cfm
Author: Jacqueline Oxman-Martinez and Jill Hanley
Web Host: Canadian Heritage
Country: Canada
Format: HTML; also available in French at http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_f.cfm; http://www.canadianheritage.gc.ca/progs/multi/canada2017/policy_forum/5_f.cfm
Description: Article on the present state of equity in the determinants of health in Canada and policy changes needed to achieve equity and notes from a panel discussion on the issues.

Title: Canada's Action Plan Against Racism
Web Address: http://www.canadianheritage.gc.ca/progs/multi/plan_action_plan/tous_all/index_e.cfm
Author: Canadian Heritage
Web Host: Canadian Heritage
Country: Canada
Format: HTML; also available in French at http://www.canadianheritage.gc.ca/progs/multi/plan_action_plan/tous_all/index_f.cfm
Description: Outlines present state of inequities in Canada stemming from racism and discrimination, and policies aimed at addressing them.

Title: Community Engagement Report: Multicultural Mental Health Liaison Program
Web Address: http://www.vch.ca/ce/docs/reports/06_04_multicultural_mental_health.pdf
Author: Margreth Tolson
Web Host: Vancouver Coastal Health
Country: British Columbia, Canada   **Format:** PDF
Description: This report on a community consultation held "to explore how services could be enhanced for these communities as well as more recently arrived immigrant groups," though focused on Vancouver, reveals the barriers immigrants and others from various ethnocultural communities face in getting health and mental health care.

Title: Hidden Bias: A Primer
Web Address: http://www.tolerance.org/hidden_bias/tutorials/index.html
Author: Tolerance.org
Web Host: Tolerance.org
Country: USA   **Format:** HTML
Description: Explores hidden biases and prejudice, and what to do about them.

Title: Cultural Safety, Module 2: Peoples' Experiences of Oppression

Web Address: http://web2.uvcs.uvic.ca/courses/csafety/mod2/notes.htm
Author: University of Victoria
Web Host: University of Victoria
Country: Canada **Format:** HTML
Description: Tutuorial module exploring the concept of "cultural safety" and the effects of oppression on Canada's First Nations.

Title: An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion
Web Address: http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/inclusion_e.html
Author: Malcolm Shookner et al.
Web Host: Public Health Agency of Canada – Atlantic Region
Country: Canada **Format:** HTML
Description: A look at how people are excluded from the benefits of society due to poverty, ill health, gender, race or lack of education, and what can be done to ensure they are included.

Title: Tackling Health Inequities Through Public Health Practice: A Handbook for Action.
Web Address: http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf
Author: Richard Hofrichter, ed.
Web Host: The National Association of County & City Health Officials and Ingham County Health Department.
Country: USA **Format:** PDF
Description: Collection of articles on various aspects of inequity in health.

Ethics
Title: Introductory Tutorial for the Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans
Web Address: http://www.pre.ethics.gc.ca/english/tutorial/welcome.cfm
Author: Interagency Advisory Panel on Research Ethics
Web Host: Government of Canada
Country: Canada
Format: HTML (also available in French at http://pre.ethics.gc.ca/francais/tutorial/welcome.cfm)
Description: This self-directed tutorial covers Canadian government policy on ethical issues related to scientific research but many of the topics (e.g., free and informed consent; privacy and confidentiality) could apply to social science research in general.

Evaluation
Title: Guide to Project Evaluation: A Participatory Approach
Web Address: http://www.phac-aspc.gc.ca/ph-sp/phdd/resources/guide/
Author: Donna Denham and Joan Gillespie
Web Host: Public Health Agency of Canada
Country: Canada
Format: HTML; also available in French at http://www.phac-aspc.gc.ca/ph-sp/ddsp/ressources/guide/presentation.htm
Description: This guide includes "a framework to guide the step-by-step process of developing effective evaluations; activities to introduce and plan for project evaluation; examples demonstrating the application of the evaluation framework to health promotion projects."

Title: EVAL – Evaluation made Very easy, Accessible, and Logical
Web Address: http://www.acewh.dal.ca/eng/reports/EVAL.pdf
Author: K. Farrell et al.
Web Host: Atlantic Centre of Excellence for Women's Health
Country: Nova Scotia, Canada **Format:** PDF
Description: "Includes a brief outline of how to do a needs assessment; four evaluation frameworks; and guidance for disseminating your findings."

Title: Using Stories in Evaluation
Web Address: http://www.connectccp.org/resources/12using.pdf
Author: Center for Collaborative Planning
Web Host: Center for Collaborative Planning
Country: USA **Format:** PDF
Description: The value of including community stories in evaluations and ways to do it.

Health Promotion - General
Title: HP-101: Health Promotion On-line Course
Web Address: http://www.ohprs.ca/hp101/main.htm

Author: Brian Hyndman, et al.
Web Host: Ontario Health Promotion Resource System
Country: Canada
Format: HTML, PDF; also available in French at http://www.ohprs.ca/hp101_f/mainfr.htm
Description: A self-guided tutorial introducing the basics of health promotion.

Title: Mental Health Promotion Tool Kit
Web Address: http://www.cmha.ca/mh_toolkit/intro/index.htm
Author: Catherine Willinsky
Web Host: Canadian Mental Health Association (CMHA)
Country: Canada
Format: HTML, PDF; also available in French at http://www.cmha.ca/mh_toolkit/french/intro/index.htm
Description: A step-by-step guide to developing and running a mental health promotion initiative.

Title: Introduction to Population Health
Web Address: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_e_module_jan2007_e
Author: Canadian Population Health Initiative
Web Host: Canadian Institute for Health Information
Country: Canada   **Format:** HTML
Description: Self-directed tutorial introducing population health and the social determinants of health.

Title: Health Promotion Resources
Web Address: http://www.camh.net/About_CAMH/Health%20Promotion/Health_Promotion_Resources/index.html
Author: Centre for Addiction and Mental Health (CAMH)
Web Host: Centre for Addiction and Mental Health (CAMH)
Country: Canada   **Format:** HTML
Description: Overview of the development of health promotion; definitions of key terms; links to other health promotion resources.

Title: The Ottawa Charter for Health Promotion
Web Address: http://www.phac-aspc.gc.ca/ph-sp/phdd/docs/charter/
Author: International Conference on Health Promotion, November 17-21, 1986
Web Host: Public Health Agency of Canada – Population Health
Country: Canada   **Format:** HTML
Description: Charter produced as an outcome of the International Conference on Health Promotion, held on November 17-21, 1986, in Ottawa, Ontario, Canada.

Title: Primer to Action: Social Determinants of Health
Web Address: http://www.ocdpa.on.ca/docs/Primer%20to%20Action%20SDOH%20Final.pdf
Author: Ontario Prevention Clearinghouse, Ontario Chronic Disease Prevention Alliance and the Canadian Cancer Society – Ontario Division
Web Host: Ontario Chronic Disease Prevention Alliance
Country: Ontario, Canada   **Format:** PDF
Description: Explore how the social determinants of health impact chronic disease.

Title: Promoting mental health : concepts, emerging evidence, practice : summary report
Web Address: www.who.int/mental_health/evidence/MH_Promotion_Book.pdf
Author: World Health Organization, et al.
Web Host: World Health Organization
Country: Switzerland   **Format:** PDF
Description: "[H]ow actions such as advocacy, policy and project development, legislative and regulatory reform, communications, research, and evaluation may be achieved and monitored."

Health Promotion Strategies/Techniques
Title: Podcasts and Audio Presentations
Web Address: http://www.charityvillage.com/cv/research/rtech57.html
Author: Gillian Kerr
Web Host: CharityVillage
Country: Canada   **Format:** HTML
Description: Overview of how to post audio and video presentations on the Internet for little cost.

Title: How to Record, Edit and Promote Your Nonprofit's Podcast
Web Address: http://www.techsoup.org/learningcenter/internet/page5510.cfm

Author: Karen Soloman
Web Host: TechSoup
Country: USA   **Format:** HTML
Description: How to make an audio presentation and post it on the Internet using low-cost or free software and web sites.

Title: Read/Write/Now Brochures
Web Address: http://www.sabes.org/health/brochure.htm
Author: System for Basic Adult Education Support
Web Host: System for Basic Adult Education Support (SABES)
Country: USA   **Format:** HTML
Description: ESL students create their own health promotion brochures based on their own experiences.

Title: How to Create and Assess Print Materials
Web Address: http://www.hsph.harvard.edu/healthliteracy/materials.html
Author: Rima A. Rudd
Web Host: Harvard School of Public Health – Health Literacy Studies
Country: USA   **Format:** HTML
Description: Tips for creating and assessing print materials on health subjects for people with low literacy skills.

Title: Online SMOG (Simple Measure of Gobbledygook) Measurement tool
Web Address: http://www.harrymclaughlin.com/SMOG.htm
Author: Harry McLaughlin:
Web Host: HarryMclaughlin.com
Country: USA   **Format:** HTML
Description: Paste text into this online tool and get a measurement of the education level needed to read and understand the text.

Title: Beyond the Brochure: Alternative Approaches to Effective Health Communication
Web Address: www.cdc.gov/cancer/nbccedp/bccpdfs/amcbeyon.pdf
Author: AMC Cancer Research Center
Web Host: Center for Disease Control – Cancer Prevention and Control
Country: USA   **Format:** PDF
Description: This resource is a bit old (1994), so does not cover the Internet and e-mail, but has many useful suggestions for developing, evaluating and adapting health promotion materials.

Title: List of some ethnic media outlets in Canada
Web Address: http://www.diversitywatch.ryerson.ca/links/ethnic/#asian
Author: Diversity Watch
Web Host: Ryerson University
Country: Canada   **Format:** HTML
Description: Links to a number of ethnic publications in Canada.

Title: Communications Toolkit
Web Address: http://www.wkkf.org/Default.aspx?tabid=90&CID=385&ItemID=5000058&NID=5010058&LanguageID=0
Author: W.K. Kellogg Foundation
Web Host: W.K. Kellogg Foundation
Country: USA   **Format:** HTML
Description: Features tips on building a relationship with the media, writing a press release and being a spokesperson.

Title: Strategic Communications Plan Generator
Web Address: https://secure.spinproject.org/modinput4.php?modin=56
Author: The Spin Project
Web Host: The Spin Project
Country: USA   **Format:** PDF/HTML
Description: Tutorial and online form for creating a communications plan that will get media attention for your project.

Title: Various communications tools for non-profits.
Web Address: http://www.impacs.org/publications/communications/communications
Author: Institute for Media, Policy and Civil Society (IMPACS)
Web Host: Institute for Media, Policy and Civil Society (IMPACS)
Country: Canada   **Format:** PDFs (in English and French)

Description: From this page you can download PDFs on topics such as making a communications plan and working with the media.

Title: Developing your policy strategy
Web Address: http://www.projectvoice.ca/English/Documents/dyps/dyps_e.html
Author: VOICE in health policy Project
Web Host: Project Voice (Canadian Public Health Association)
Country: Canada
Format: HTML, PDF; also available in French at http://www.projectvoice.ca/French/Documents/dyps/dyps_e.html
Description: Strategic and action plan worksheets that provide "voluntary organizations working in health with a generic process to begin developing a strategy to address a health policy issue."

Information Gathering and Analysis
Title: SurveyMonkey.com
Web Address: http://www.surveymonkey.com/
Web Host: Survey Monkey
Country: USA   **Format:** HTML
Description: Create an online survey quickly and easily. The free version allows you to ask up to 10 questions per survey.

Title: Café to Go
Web Address: http://www.theworldcafe.com/articles/cafetogo.pdf
Author: Whole Systems Associates
Web Host: The World Café
Country: USA   **Format:** PDF
Description: Use a café format to encourage informal discussion.

Title: "Everything You Ever Wanted to Know about Surveys
Web Address: http://www.statpac.com/surveys/index.htm
Author: StatPac Inc.
Web Host: StatPac Inc.
Country: USA   **Format:** HTML
Description: A tutorial on designing surveys and questionnaires.

Title: Dotmocracy
Web Address: http://dotmocracy.ca/
Author: Jason Diceman
Web Host: Co-op Tools
Country: Canada   **Format:** HTML/PDF
Description: "[An] equal opportunity & participatory group decision-making process."

Title: Finding Canadian Statistics
Web Address: http://www.chass.utoronto.ca/datalib/other/findcans.htm#intro
Author: University of Toronto Data Library Service
Web Host: University of Toronto
Country: Canada   **Format:** HTML
Description: List of sources of Canadian statistics.

Title: Canadian Institute for Health Information
Web Address: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=home_e
Country: Canada   **Format:** HTML/PDF (English and French)
Description: Reports on Canadian health indicators.

Title: Statistics Canada
Web Address: http://www.statcan.ca/start.html
Country: Canada   **Format:** HTML/PDF; English/French
Description: Main source of statistics on the Canadian population.

Title: Provincial and Territorial Government Health Agencies Links
Web Address: : http://chp-pcs.gc.ca/CHP/index_e.jsp?pageid=10042
Web Host: Government of Canada – Canada Health Portal
Country: Canada   **Format:** HTML

Title: Research Methods Knowledge Base
Web Address: http://www.socialresearchmethods.net/kb/
Author: W.M.K. Trochim
Web Host: Web Center for Social Research Methods
Country: USA
Format: HTML
Description: An introduction to social research methods written in a conversational style.

Mental Health and Substance Use Issues in Ethnocultural Communities

Title: Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities; Phase One Report
Web Address: http://www.camh.net/education/Resources_communities_organizations/culture_counts_jan05.pdf
Author: Branka Agic
Web Host: Centre for Addiction and Mental Health (CAMH)
Country: Canada   **Format:** PDF
Description: Report on the Low-Risk Drinking Guidelines translation/adaptation project that formed the basis for this guide.

Title: Cross Cultural Mental Health and Addictions Issues
Web Address: http://www.heretohelp.bc.ca/publications/factsheets/crosscultural.shtml
Author: BC Partners for Mental Health and Addictions Information
Web Host:
Country: British Columbia, Canada
Format: HTML, PDF (also available as French PDF at http://www.heretohelp.bc.ca/publications/factsheets/french/33%20french_crosscultural.pdf)
Description: An overview of mental health and addictions issues affecting ethnocultural communities. Some references are specific to British Columbia but most of the information can be applied anywhere.

Title: Mental Health: Culture, Race and Ethnicity
Web Address: http://www.surgeongeneral.gov/library/mentalhealth/cre/
Author: Office of the Surgeon General
Web Host: U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA
Country: USA   **Format:** HTML
Description: Although this document refers to the American context, much its discussion of cultural differences in perceptions of mental health can be universally applied.

Title: The Mutual Embeddedness of Culture and Mental Illness *(Online Readings on Psychology and Culture,* Unit 9, Chapter 1)
Web Address: http://www.ac.wwu.edu/~culture/Sam_Moreira.htm
Author: David Lackland Sam and Virginia Moreira
Web Host: Center for Cross-Cultural Research, University of Western Washington
Country: USA   **Format:** HTML
Description: A paper exploring how culture and mental illness are entwined.

Title: Mental Health and Well-Being
Web Address: http://www.mentalhealth.harpweb.org/index.php
Author: HARP (Health for Asylum Seekers and Refugees Portal)
Web Host: Harpweb
Country: UK
Format: HTML
Description: Links to information about mental health issues of refugees.

Title: Cross-Cultural Mental Health
Web Address: http://www.cmha.bc.ca/files/09.pdf
Author: Visions Journal, No. 9, Winter 2000
Web Host: Canadian Mental Health Association – British Columbia Division
Country: British Columbia, Canada   **Format:** PDF
Description: Most of this issue is devoted to aspects of cross-cultural mental health.

Needs Assessment
Title: Needs Assessment Strategies for Community Groups and Organizations
Web Address: http://www.extension.iastate.edu/communities/tools/assess/
Author: Iowa State University Extension
Web Host: Iowa State University
Country: USA   **Format:** HTML
Description: Advantages and disadvantages of five needs assessment techniques.

Partnerships
Title: *The Partnership Handbook*
Web Address: MS Word: http://www.hrsdc.gc.ca/en/epb/sid/cia/partnership/handbook.doc ; PDF http://www1.servicecanada.gc.ca/en/epb/sid/cia/partnership/partnerhb_e.pdf
Author(s): Flo Frank and Anne Smith
Web Host: Human Resources Development Canada
Country: Canada   **Format**(s): MS Word document, PDF
Description: Handbook "to help people learn more about what community-based partnerships are and to offer suggestions about how to be effective in them."

Title: Developing and Sustaining Community-Based Participatory Research Partnerships
Web Address: http://depts.washington.edu/ccph/cbpr/index.php
Author: The Examining Community-Institutional Partnerships for Prevention Research Group
Web Host: University of Washington
Country: USA   **Format:** HTML
Description: This self-directed tutorial relates to developing community-based partnerships for research, but much of the advice could be applied to partnerships for health promotion as well.

Title: Building Strong and Effective Community Partnerships
Web Address: http://www.nald.ca/CLR/partner/cover.htm
Author: Sharon Skage
Web Host: National Adult Literacy Database
Country: Alberta, Canada   **Format:** HTML
Description: This guide is aimed at creating family literacy programs but much of the information could apply to forming and maintaining community-based partnerships for health promotion projects.

Title: *Assessing Strategic Partnership: The Partnership Assessment Tool*
Web Address: http://www.communities.gov.uk/pub/539/PartnershipAssessmentToolPDF201Kb_id1136539.pdf
Author: Strategic Partnering Task Force
Web Host: Communities and Local Government
Country: UK   **Format:** PDF
Description: "A simple, quick and cost-effective way of assessing the effectiveness of partnership working."

Title: *Buil*ding Partnerships to End Violence Against Women
Web Address: www.vcn.bc.ca/bcasvacp/publications/265/BuildingPartnerships.pdf
Author: Community Coordination for Women's Safety Project Team
Web Host: BC Association of Specialized Victim Assistance and Counselling Programs (BCASVACP)
Country: British Columbia, Canada   **Format:** PDF
Description: This guide is based on the issue of violence against women, but many chapters could be applied to any community-based partnership.

Project Planning/Management/Organization
Title: *Pink Book*: Making Health Communication Programs Work
Web Address: http://www.cancer.gov/pinkbook/page1
Author: National Cancer Institute
Web Host: National Cancer Institute
Country: USA   **Format:** HTML; also may purchased on CD.
Description: Step-by-step guide for planning and producing a health communications program.

Title: Involving the Community—A Guide to Participatory Development Communication
Web Address: http://www.idrc.ca/en/ev-52226-201-1-DO_TOPIC.html
Author: Guy Bessette

Web Host: International Development Research Centre (IDRC)
Country: Canada
Format: HTML, PDF; also available in French at http://www.idrc.ca/fr/ev-52226-201-1-DO_TOPIC.HTML
Description: This guide is directed at those involved in international development research projects, but much of the advice could apply to local community-based projects. See especially chapter on "Tools."

Title: URP Toolbox
Web Address: https://www3.secure.griffith.edu.au/03/toolbox/index.php
Author: Urban Research Program, Griffin University, Brisbane, Australia
Web Host: Urban Research Program, Griffin University, Brisbane, Australia
Country: Australia **Format:** HTML
Description: Describes strengths and weaknesses of numerous "community involvement tools," along with case studies of their use.

Title: "Ground Rules and Agreements"; "Making Meetings Work"
Web Address: http://www.connectccp.org/resources/18groundrules.pdf
http://www.connectccp.org/resources/19making.pdf
Author: Center for Collaborative Planning, Public Health Institute
Web Host: Center for Collaborative Planning, Public Health Institute
Country: USA **Format:** PDF
Description: Quick guides to using agreements for smoother working relationships and running effective meetings.

Title: Action planning
Web Address: http://www.civicus.org/new/media/Action%20Planning.doc
Author: CIVICUS
Web Host: CIVICUS (World Alliance for Citizen Participation):
Country: South Africa **Format:** MS Word document
Description: A step-by-step guide to creating an action plan/work plan.

Title: Basic Facilitation Skills
Web Address: http://www.iaf-world.org/files/public/FacilitatorMnl.pdf
Author: International Association of Facilitators, et al.
Web Host: International Association of Facilitators
Country: USA **Format:** PDF
Description: A basic introduction to group facilitation skills—creating an agenda, establishing ground rules, keeping meetings on track, taking minutes.

Stigma
Title: Beyond the Label
Web Address: http://www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/beyond_the_label.html
Author: Marcia Gibson et al.
Web Host: Centre for Addiction and Mental Health (CAMH)
Country: Canada **Format:** PDF (print version also available for purchase)
Description: An educational kit for running workshops to promote awareness and understanding of the impact of stigma on people living with concurrent mental health and substance use problems.

Title: Stigma: Understanding the impact of prejudice and discrimination on people with mental health and substance use problems
Web Address: http://www.camh.net/Care_Treatment/Resources_clients_families_friends/stigma_brochure.html
Author: Centre for Addiction and Mental Health (CAMH)
Web Host: Centre for Addiction and Mental Health (CAMH)
Country: Canada **Format:** HTML
Description: Online version of brochure outlining the impact of stigma on people with mental health and substance use problems and suggesting ways to get rid of stigma.

Translation and Plain Language
Title: Plain Language Association International
Web Address: http://www.plainlanguagenetwork.org/
Author: Various
Web Host: Plain Language Network
Country: Canada (and others) **Format:** HTML
Description: This site is full of resources for learning how to use plain language, including the beginners' tutorial, *Plain Train*.

Title: The Health Literacy Style Manual
Web Address: http://coveringkidsandfamilies.org/resources/docs/stylemanual.pdf
Author: Penny Lane, et al.
Web Host: Covering Kids & Families National Program Office, Southern Institute on Children and Families.
Country: USA   **Format:** PDF
Description: Advice on planning, writing and translating health education materials that are easy to understand and use.

Title: Clear Language and Design Reading Effectiveness Interactive Tool
Web Address: http://www.eastendliteracy.on.ca/clearlanguageanddesign/readingeffectivenesstool/
Author: Clear Language and Design
Web Host: Toronto East End Literacy Project
Country: Canada   **Format:** HTML
Description: Paste your document into this online tool and find out if it matches your chosen reading level.

Title: Translation Protocol: A guide to translating materials for limited-English speaking communities
Web Address: www.health.state.mn.us/communityeng/multicultural/translation.pdf
Author: Minnesota Department of Health Communications Office
Web Host: Minnesota Department of Health
Country: USA   **Format:** PDF
Description: Much of the material in this guide applies to Minnesota, but the first few chapters have helpful advise on the translation process.

Title: "Guidelines for health staff producing multilingual information" and "Guidelines for Health Staff checking translations"
Web Address: http://www.mhcs.health.nsw.gov.au/mhcs/subpages/material/guidelines.pdf
http://www.mhcs.health.nsw.gov.au/mhcs/subpages/material/steps.pdf
Author: New South Wales Multicultural Health Services
Web Host: New South Wales Multicultural Health Services
Country: New South Wales, Australia   **Format:** PDF
Description: These two short documents provide useful tips and processes for managing the translation process.

Title: ITC SIG Translation Reader
Web Address: http://www.stcsig.org/itc/prtrans.htm
Author: Various
Web Host: Society for Technical Communication
Country: USA   **Format:** PDF
Description: A collection of articles on various aspects of translation, e.g., how to proofread a translation; hiring a translator; producing a source document that is easier to translate.

Title: Translation: Getting It Right
Web Address: http://www.atanet.org/docs/Getting_it_right.pdf
Author: American Translators Association
Web Host: American Translators Association
Country: USA   **Format:** PDF
Description: Tips on preparing a document for translation and hiring a translator.
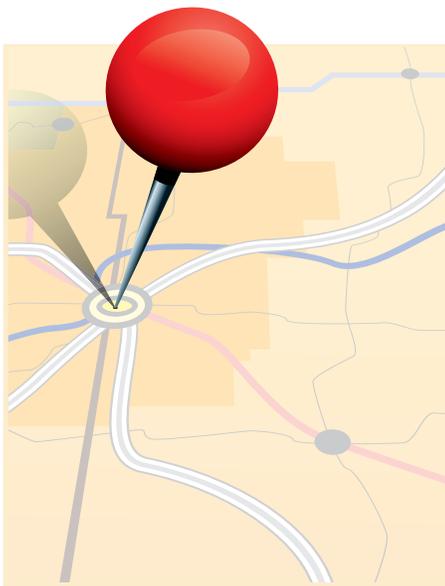
Title: Written Materials in Other Languages
Web Address: http://www.diversityrx.org/BEST/1_5.htm
Author: Diversity Rx
Web Host: Diversity Rx
Country: USA   **Format:** HTML
Description: Overview of some of the pitfalls of translating health information and recommendations for improving multilingual health information.

Glossary

Acculturation—a process in which members of one cultural group adopt or adapt to the beliefs and behaviours of another group. This may lead to changes in language preferences, attitudes and values, and loss of separate ethnic identification.

Capacity building—increasing or enhancing skills and resources to deal with challenges. Community capacity building in health promotion means helping communities develop the skills and resources needed to address the community's health issues.

Community—"A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them." (WHO)

Cultural adaptation—process of adjusting health initiatives to the intended audience using terms, images, graphic elements and delivery methods that reflect the cultural values and social norms of the intended audience.

Cultural competence—capacity of an organization or individual to appreciate diversity, and to adapt to and work with people of different cultures, while ensuring everyone is treated equally.

Culture—socially inherited body of learning characteristic of human societies, including knowledge, values, beliefs, customs, language, religion, art, and so on.

Determinant of health—"range of personal, social, economic and environmental factors, which determine the health status of individuals or populations." (WHO)

Discrimination—unfair treatment of individuals or groups because of their race, ethnicity, gender, religion, sexual orientation or disability.

Focus group—qualitative research technique in which a facilitator guides a gathering of 8 to 12 people through an open discussion of a particular topic.

Dominant group—group which possesses the power and authority to reproduce the prevailing distribution of power, wealth and status in society. The dominant group is often, but not always, the numeric majority.

Equity—"Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being." (WHO)

Ethnocultural—adjective referring to a group of people who share and identify with certain common traits, such as language, ancestry, homeland, history, and cultural traditions. In this guide, ethnocultural communities are defined as those communities whose members have ethnic origins that are not French, British or Aboriginal. While ethnocultural communities often include newcomers, it is important to remember they also include people whose roots in Canada go back more than one generation.

Health—"A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities." (WHO)

Health promotion—"the process of enabling people to increase control over, and to improve, their health." (WHO)

Intended audience—the group of people a health promotion initiative is designed to affect; also called the "target audience."

Initiative—"activity or set of activities aimed at modifying a process, course of action or sequence of events, in order to change one or several of its characteristics such as performance or expected outcome." Also called an "intervention." (WHO)

Key informants—community members who play a leadership role in some sector—business, religion, politics, community organizations, health, social work—and know about community issues. Consult key informants who have influence, knowledge and experience related to the cultural aspects of health, mental health and substance use concerns to learn about community health issues.

Low literacy—limited ability to use printed and written information.

Multiculturalism—a policy that acknowledges and promotes the idea that all cultures have equal value, or a reference to the ethnic make-up of a society.

Outcome evaluation—research designed to assess the degree to which an initiative or project achieved its goals.

Process evaluation—research conducted to document and measure how well an initiative or project or plan is working.

PSA—public service announcement; an message that a mass media outlet (magazine, newspaper, radio station, Web site, television station, billboard, etc.) prints or airs for free.

Qualitative research—gathering information by getting reactions and impressions from people by engaging them in discussions; may include people's stories, beliefs, feelings, suggestions and so on, usually told in their own words, in their own language; photos, audio recordings, videos and so on may also be used to report research results.

Quantitative research—gathering information by asking a large number of people identical questions; tells how many, when, what kind; used for producing statistics, usually reported in tables and graphs.

Racism—belief that one racial group has natural superiority over others; used, consciously and unconsciously, to justify, protect and maintain the position of one group.

Refugees—migrants who, voluntarily or involuntarily, flee their native country, usually to escape persecution due to their race, religion or political views.

Social marketing—use of commercial methods to define an intended audience and then plan, develop, implement and evaluate initiatives aimed at bringing about healthy behaviour changes in members of that audience.

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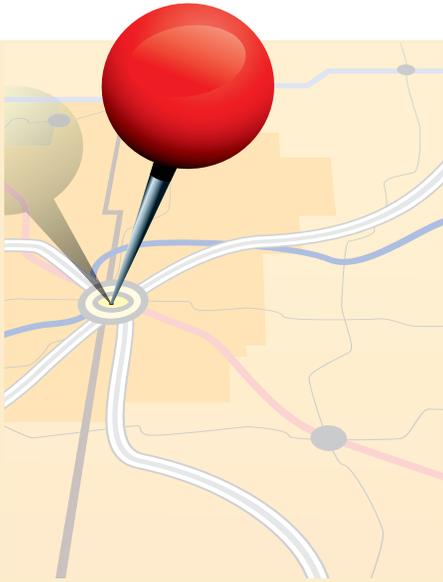
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