



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C

The Development of a Multilingual Hepatitis C Media and Educational Outreach Campaign For Immigrant Populations in Ontario

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(Canadian AIDS Treatment Information Exchange)

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Atlanta, Georgia



Outline

- What is CATIE?
- Our Hepatitis C Work

What is CATIE?

CATIE is...

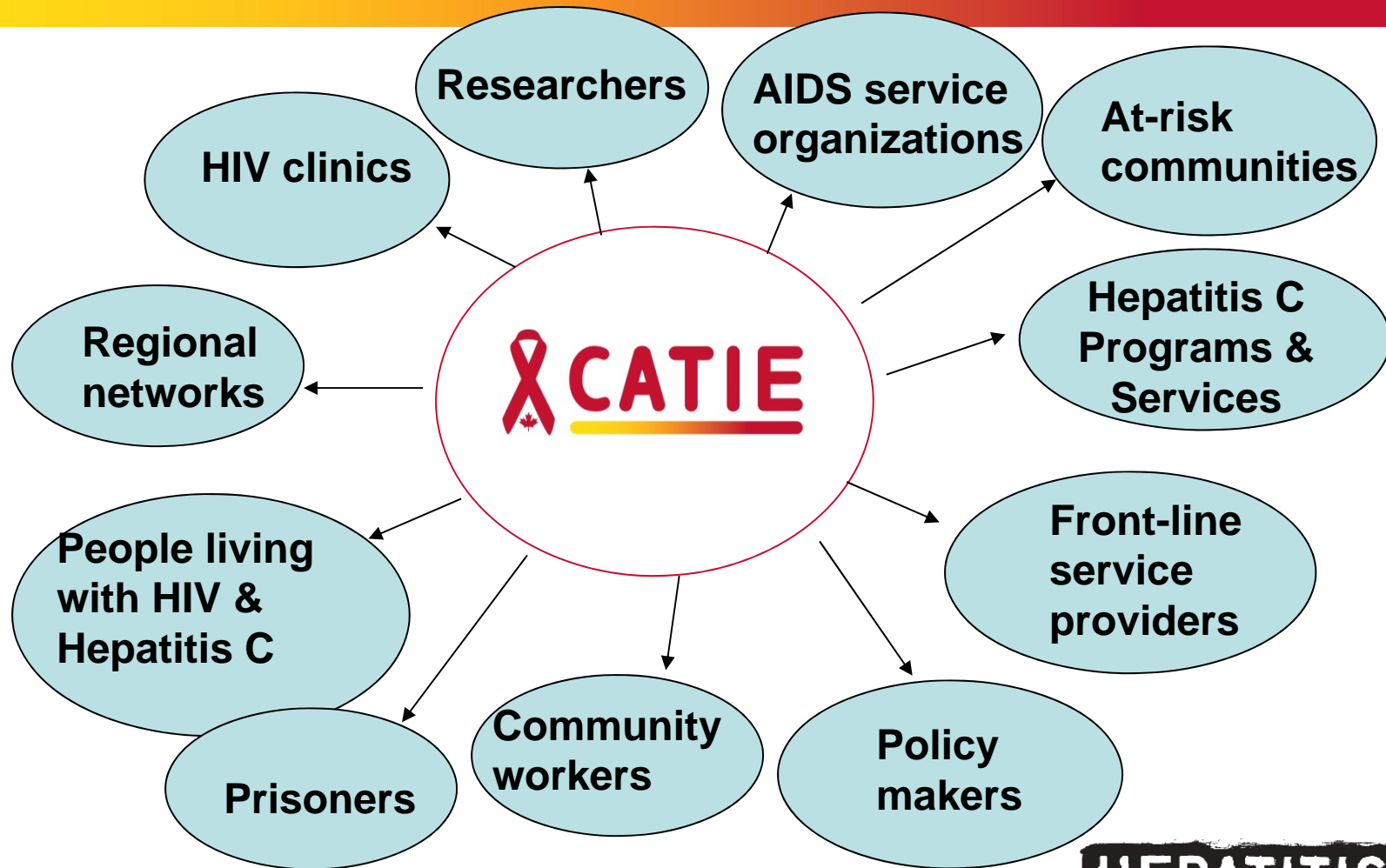
- Canada's source for up-to-date, unbiased information on HIV and hepatitis C
- A national knowledge exchange broker for the prevention of HIV transmission, and the care, treatment and support of people with HIV and hepatitis C

What does CATIE do?

CATIE...

- Shares resources, tools and knowledge with ASOs, healthcare providers, community organizations and people living with HIV and hepatitis C
- Provides resources in English and in French

CATIE's audiences



CATIE Websites

www.catie.ca

Plain & simple or in-depth, bilingual information on HIV:

- Research and bite-size news on HIV treatments
- Best practices toolkit on HIV and hepatitis C program delivery
- Highlights on prevention research and implications for service programs
- Interactive e-learning modules to test your knowledge on HIV

CATIE Websites

www.hepCinfo.ca



YOU CAN HAVE IT AND
NOT KNOW IT.

- Plain and simple or in-depth, bilingual information on hepatitis C
- Comprehensive testing information by region
- Information on financial assistance and treatment coverage by region
- Links to organizations providing hepatitis C support across Canada



CATIE's Hepatitis C Program

- 2007-2009 one-time MOHLTC funding to create HCV Toolkit (materials and website)
- 2009 first MOHLTC base funding \$100K
- Oct 2009 first PHAC national funding – ongoing
- 2010 CATIE officially adds HCV to mandate

CATIE's Hepatitis C Program

- June 2010 initial announcement of funds to CATIE for 4-year ethnocultural education & outreach (part of Ontario HCV strategy)
- Nov 2010 project funds confirmed and received
- Jan 2011 strategic epi/settlement analysis: choice of 4 priority ethnocultural groups
- June 2011 project coordinator hired and core project work begins
- Dec 2011 South Asian outreach/administrator hired for 4-month contract

Previous Work in Canada

- Prior work done by the Canadian Ethnocultural Council and Canadian Liver Foundation: “Engaging Ethnocultural Communities around Hepatitis C” (2005-2009)
- Prior work done by PHAC and Punjabi Community Health Services (2004-2006)
- MOHLTC Multilingual Fact Sheets (looking up the languages)

Our Project: Addressing hepatitis C in immigrant communities

- Working with immigrant communities as part of the Strategy to Address Hepatitis C in Ontario

“The development and delivery of education programs also need to address the barriers faced by ethnocultural communities in accessing culturally relevant information about HCV prevention and other care, treatment, and support services.”

Our Research: Addressing hepatitis C in immigrant communities

- assessed current immigration rates in Ontario, and blood safety and prevalence rates internationally: identified key immigrant communities from **China, India, Pakistan** and the **Philippines** ... Mandarin (Simplified Chinese), Punjabi (Gurmukhi script), Urdu and Tagalog.
- Outside of the sphere of harm reduction-focused Hepatitis C work
- Addressing a need for culturally and linguistically accessible health information

Our Research: Immigrant populations in Ontario

- India: 258,530
- China: 229, 945
- Philippines: 203,220
- Pakistan: 91,160
 - *From 2006 Census data*

Our Research: International hepatitis C prevalence

- Estimated prevalence in:
 - Canada: 0.8% (about 250,000)
 - Ontario: 110,000 (about 3,500 anti-HCV positive tests a year)
- Prevalence rates in the countries we are working with:
 - About 3% of people in China (about 40 million);
 - About 1.8% of people in India (about 21 million);
 - 6% of people in Pakistan (about 10 million);
 - 3.6% of people in the Philippines (about 3 million);
 - Accounts for 43% of estimated infections worldwide (74M of 170M)

Our Research: Immigrant health and hepatitis C in Canada

- It's estimated that 20% of hepatitis C infections occur in immigrants (Remis)
- Immigrants often report better health than the general population upon arriving in Canada but their health declines over time
- Studies report that immigrants in Canada access the healthcare system less and often face cultural and linguistic barriers to services and information

Our Research: The Importance of hepatitis C testing for immigrants

- Canadian Medical Association Clinical Guidelines recommend that anyone from, or travelling through, a country with a prevalence rate greater than 3% should get tested for hepatitis C
- 40% of hepatitis C cases worldwide are through medical exposures, including blood transfusions, surgeries and vaccinations
- Medical tests during immigration screen for HIV, syphilis and tuberculosis but not any kind of hepatitis

Our Research: Practice

- A number of studies and theories about health promotion and working in cultural communities make strong cases for participatory approaches and community-led initiatives
- Grounding values and theories in practice throughout the project will produce a transparent and accountable process

Our Research: Framework, adaptation and cultural tailoring

- use community resources to increase accessibility
- identify and address barriers to access and participation
- develop communication strategies that address language use and different information requirements
- identify and work with cultural or religious values that either motivate or inhibit behavioural change
- accommodate degrees of cultural affiliation in the planning and evaluation of targeted interventions^[i]

^[i] G Netto et al. “How can health promotion interventions be adapted for minority ethnic communities?,” *HPI*, 2010

Project Outcomes 2011-12

- An opportunity for ethnocultural communities to receive health information through culturally tailored media and resources
- Objectives of second year of work (2011-2012):
 - community engagement: 4 community advisory councils
 - translation of core hepatitis C information
 - development of workshop curriculum and in-language resources for each community
 - community consultation (workshops) for the development of an effective media campaign
 - Engage advertising agency

Advisory Councils: Roles

- Community Leaders
- Community Partners
- Bilingual Facilitators
- Media Specialists
- Workshops and resource reviewers

Community Partnership

- Opportunity to build relationships and credibility with partners
 - Punjabi Community Health Services
 - Human Endeavour
 - Yee Hong Centre for Geriatric Care
 - Kababayan Multicultural Services
 - Magkaisa Centre
 - Alliance for South Asian AIDS Prevention
 - Filipino Canadian Medical Association
 - Catholic Crosscultural Services
 - Access Alliance
 - Ontario Council of Agencies Serving Immigrants

Key Council Members

- Noor Din, CEO, Human Endeavour
- Baldev Mutta, CEO, Punjabi Community Health Services
- Ben Pangilinan, Co-chair, Filipino Canadian Medical Association
- Maria Chu, Settlement Worker, Yee Hong Centre for Geriatric Care

KABABAYAN COMMUNITY CENTRE



Canada
Citizenship and Immigration Canada
Funded by the Government of Canada through the Department of Citizenship and Immigration
Financé par le gouvernement du Canada par le biais du ministère de la Citoyenneté et de l'immigration
Canada



LORRA GATEHOUSE
Settlement Counsellor





Language and Translation

- Developing plain-language guidelines within the organization
- Need a solid process for development of multilingual resources on different health topics
- Partnering with Access Alliance in Toronto which provides primary care and settlement services to newcomers
- Two language reviewers on each council
- 8-step translation process with medical and community review

Workshops

- To date – 14 community workshops delivered, 18 by the end of April with more than 135 participants
- **Media Literacy**
 - Review of select health promotion campaigns to measure reactions to different approaches
 - Build critical media literacy skills in participants
- **Immigrant Health and Hepatitis C**
 - Provide current research and statistics around immigrant health
 - Provide information about hepatitis C within the larger context of immigrant health





Comparing Hepatitis A, B and C

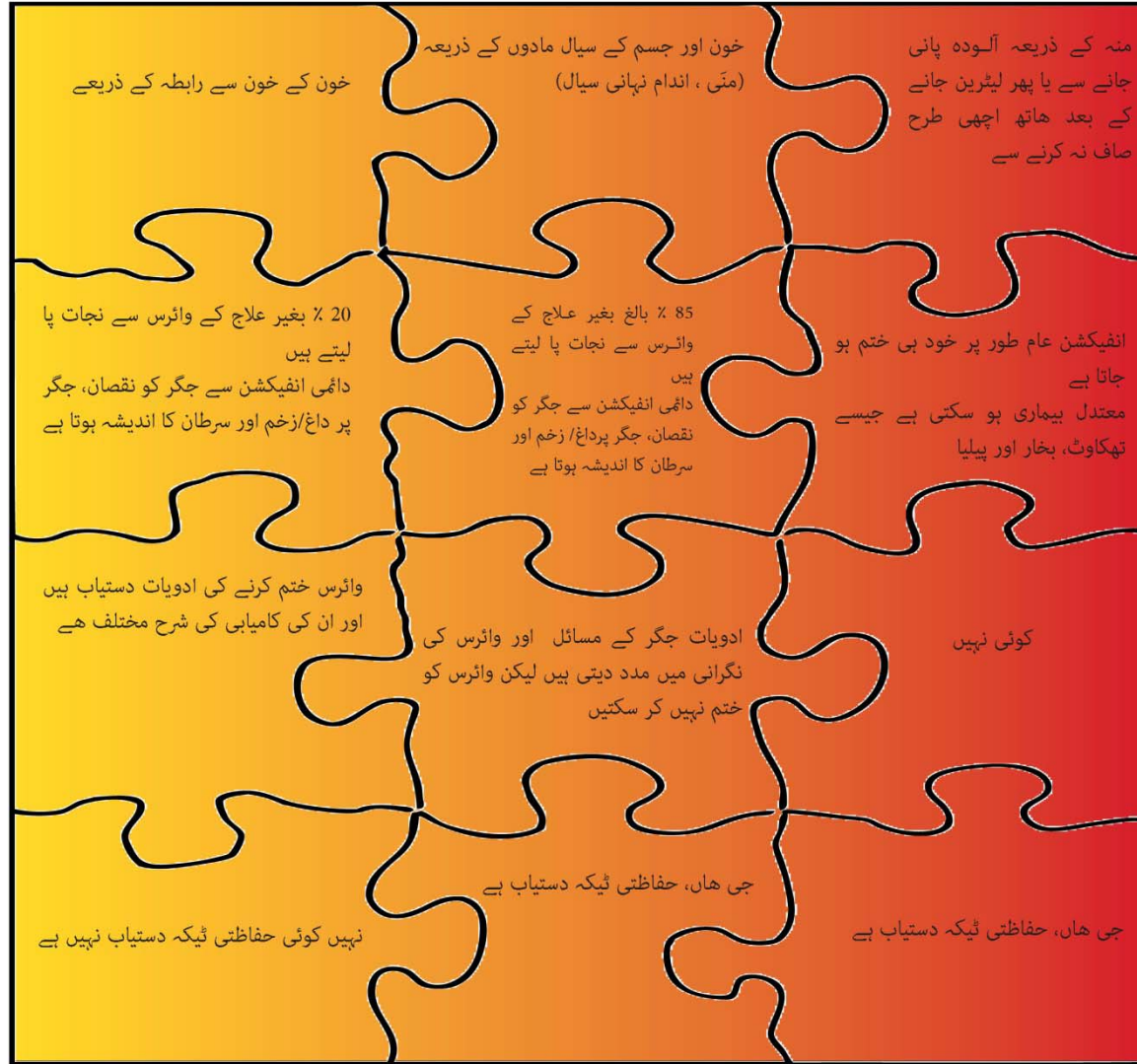
	Hep A	Hep B	Hep C
Transmission	Fecal-oral route (from contaminated water, hands not properly washed after going to the bathroom)	Blood and body fluids like semen, vaginal fluid, blood	Blood-to-blood contact
Disease Progression	Infection usually clears on its own	85% clear the virus without treatment	20% of people clear the virus without treatment
Treatment	There is no treatment	Treatment is available and mainly works in controlling viral load	Treatment is available and can clear the virus for some people
Vaccine	Vaccine is available	Vaccine is available	No vaccine

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علاج

حفاظتی ٹیکہ دستیاب ہے

Accessibility

- Workshops and focus groups delivered by bilingual facilitators and interpreters
- Workshop curriculum translated and reviewed by the community advisory councils before delivery
- Additionally food, transit fares and childcare subsidies are available to participants
- Workshops are held in community spaces with their peers where they are already accessing services or are engaged

Capacity Building

- A capacity-building approach builds on the existing skills and knowledge that each community holds
- A community will know what is best and once they are provided with the necessary resources and information, they can ask for what they need and move forward when they are ready
 - Community readiness models and media
 - Addressing stigma around illness and hepatitis C
- 6 bilingual facilitators have been trained to do the workshops in Mandarin, Urdu, Punjabi and Tagalog

Marketing Approach: Developing Effective Media Campaigns

- Community Readiness Model
 - Identifying starting points for a dialogue within community
- An effective campaign will be informed by:
 - Health literacy levels
 - Motivations to seek health information
 - Media-use patterns

Marketing Approach: Health Literacy and Immigrants

- Health literacy is not simply about attaining a high enough reading or comprehension level where people can make their medical appointments and understand prescriptions
- Culturally, appointments and prescriptions are a large adjustment that people make to Western or allopathic medicine.
- Health literacy extends further to where it can help people develop confidence to act on health information, to ask for support, or educate and support others

Social Marketing Campaign

- Selected and engaged social marketing company (DiversiPro/ Justin Poy agency)
 - Good NFP experience; strong in health (Canadian Blood Services, Heart & Stroke Foundation)
 - Strong connections to ethnocultural organizations and media outlets; relationship building and leverage for media buying
- Begun development of media strategy informed by workshops, advisory councils and past focus group work
- Elements: event/festival participation; print and radio PSA advertising; possible poster; print collateral; web presence (advertising as call to action, direction to resources); editorial outreach (articles)



Workplan – 2012-13 - \$100K

- Online Resources
 - Multilingual landing pages on hepCinfo.ca in Urdu, Punjabi, Simplified Chinese and Tagalog, linking to a fact sheet and pamphlet about hepatitis C
- Print Resources
 - In-language fact sheet and pamphlet available to organizations and individuals free through CATIE's Ordering Centre
- Community Outreach
 - Continued outreach to raise awareness and distribute resources at community events and spaces

Workplan – 2012-13 - \$100K

- Media Campaign
 - Develop key messages and finalize strategy
 - Engage in community outreach through ethnocultural events; early dissemination of essential hepatitis C information; build media plan
 - Build web presence
 - Launch PSA campaign in 4 communities: Sept/Oct 2012
 - Have participation and presence at key events, festivals
 - 2 print and 1 radio advertisement for each community
 - Place supporting editorial content in media

Workplan – 2012-13 - \$100K

- GTA community organization trainings
(8 -- 2 per community)
 - Capacity building around hepatitis C to raise awareness and develop a community response
 - Mapping community resources for access to care and support
- GTA healthcare provider trainings
(2 – in 2 communities only)
 - Development and delivery of cultural competency trainings to promote accessible sites for testing and treatment

Building on 2nd-year foundation: 2012-13 – requested \$120K

- South Asian outreach/administrator: \$50,000
(gender-segregated workshops)
- Provincial (outside GTA) HCV
education/outreach: \$20,000
(Workshops \$10,000; Travel \$10,000)
- Ongoing support for community councils: \$10,000
- Continuing GTA community education/
healthcare provider training \$10,000
- Supplemental media buy for
marketing campaign: \$30,000

Projected Workplan – Final year (2013-14)- \$100K

- Maintaining and expanding online multilingual resources
- Maintaining multilingual print resources
 - In-language fact sheet and pamphlet available to organizations and individuals free through CATIE's Ordering Centre
- Continuing capacity-building with community services
 - Development and delivery of cultural competency trainings to promote accessible sites for testing and treatment

Proposed enhancements– 2013-14: \$130K

- South Asian outreach/administrator: \$50,000
(gender-segregated workshops)
- 2nd media campaign re testing/treatment \$60,000
- Community outreach (events, festivals) \$20,000

(OPTIONAL)

- Print resources in 7 additional languages: \$35,000
(Hindi, Traditional Chinese, Bengali,
Nepalese, Arabic, Vietnamese, Spanish)



Thank you

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