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HEPATITIS C ETHNOCULTURAL EDUCATION & OUTREACH PROJECT

2013/2014

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Hepatitis C Ethnocultural Education & Outreach Project

SECTION 1

1.1 Background

Now in its fourth year, the Hepatitis C Ethnocultural project works to build hepatitis C awareness among the four largest immigrant communities living in Ontario (Chinese, Punjabi, Pakistani, and Filipino) through linguistically and culturally tailored resources, media and community development. The need for such a program was identified because Canadian immigrants are disproportionately affected by Hepatitis C. Of all Hep C infections in Canada, about 35 percent happen in immigrants¹. This project, funded by the Ontario Ministry of Health and Long-term Care, is part of the province's strategy to address hepatitis C. Over the last three years the project has been staffed by Hywel Tuscano full-time and by Fozia Tanveer for five months of each year.

The project's strategy works at many levels to deliver hepatitis C information to Canadian immigrants and newcomers:

- **Multilingual resources including a website, pamphlets and puzzles**
- **Outreach at community events**
- **Project Advisory Work, Conference Participation, Program Involvement, Community Development**
- **Capacity building including training opportunities**
- **Immigrant health and hepatitis C workshops**
- **Media Outreach including editorial, advertising, radio and television**

¹2011 estimate from the Public Health Agency of Canada.

1.2 Multilingual website, pamphlets and puzzles:

Website



CATIE's multilingual website (www.yourlanguage.hepcinfo.ca) initially offered Hepatitis C information in the four major languages spoken by immigrants in Ontario: Simplified Chinese, Punjabi, Urdu and Tagalog. Five more languages were added to the website this year bringing the total number of languages on the website to nine, besides English. The recently included languages are: Hindi, Bengali, Tamil, Vietnamese and Spanish. The website is gaining visibility; **it had 12664 visits from April 2013-March 2014.**

Pamphlets



During the third year of the Hep C Ethnocultural project (2012-2013), a basic Hepatitis C brochure, “What you should know about hepatitis C,” was produced in the four core languages to cater to the health information needs of the communities involved. This year, brochures in two more languages were produced: Spanish and Hindi. **In total 16621 pamphlets have been distributed including: 4239 Simplified Chinese, 4018 Urdu, 3842 Punjabi and 4524 Tagalog.** The six pamphlets can be viewed and ordered through our [Ordering Centre here](#).

Puzzles



Our puzzle resource comparing hepatitis A, B and C viruses is an interactive workshop tool developed in-house to allow participants different ways to “piece together” the differences between the heptides with information, colour and spatial cues to provide multiple ways for a lay person to solve them. We decided to do a print run of 320 puzzles after we had been hand-cutting them throughout our first year of workshops. **We printed 920 puzzles (80 in each of the project languages, 500 English and 100 French) and all of them were distributed through our Ordering Centre throughout the year.** We did a reprint for the new fiscal year of 500 puzzles (125 in each of the four languages), as well as an additional 5000 in English and 1000 in French.

The puzzles can be viewed and ordered through our [Ordering Centre here](#).

1.3 Community Outreach Events

CATIE, directly and through its partners, identifies opportunities throughout the year to set up tables at community events to provide one-on-one hepatitis C information to the community members. The tables are staffed by CATIE’s in-language facilitators to provide information in the languages spoken by the community members. These events are great opportunities for creating awareness about hepatitis C as CATIE’s in-language facilitators have the ability to respond to the question or queries that people might have.

The following outreach activities were organized during the year 2013-2014:

Activity	City	Date	No of persons reached
Baisakhi Day Outreach at Regan Rd Gurudwara	Brampton	April 13, 2013	500
Heart & Stroke Health Fair Chinese Community Outreach	Toronto	April 14, 2013	500
South Asian Heritage Day Vellore Woods Community Centre	Vaughan	May 25, 2013	80
Muslim Community Outreach at Jalsa Salana	Maple, ON	July 5, 2013	500
Mabuhay Filipino Festival	Toronto	August 16-17, 2013	1000
Outreach with the Pakistani Community	Mississauga	December 13, 2013	150



Chinese Outreach team and facilitators: Jenny Qiao, Melissa Lai and Yung-Wo Jao at the Heart and Stroke Health Fair



Filipino Outreach team and facilitators: Kevin Nerier and Dyan De Guzman at the Mabuhay Festival

1.4 Capacity Building: In-language facilitators and ASO Peer Training

Facilitator trainings are typically held in January of each year. They are an opportunity to update and revise curriculum and refresh our roster. Our training on January 28th, 2014 had 10 participants with 5 returning from last year. **Over the last three years we have trained 19 facilitators.**

Most of these in-language facilitators have attended one or more of CATIE “trainer the trainer” sessions on hepatitis C basics. Since the inception of the Ethnocultural project, CATIE has been organizing one technical hepatitis C training session for these facilitators every year. However, there are a number of other ways in which their capacity to deliver the hepatitis C information in their own language is developed. They were also offered trainings on communication skills and how to improve their facilitation skills. Some of the facilitators have been staff or volunteers at the organizations where the workshops are being delivered and have provided ongoing capacity within the organization to do hepatitis C awareness work. Most of these in-language facilitators have a background either in community organization or medicine. Some of the in-language facilitators are medical doctors from their own countries and are in the process of completing their accreditation here in Canada. The project offered important Canadian work experience for these individuals and an opportunity to use their skills and expertise within their own communities.

In addition to our regular facilitator training we also held a peer training on March 27-28 2014 with 12 participants including clients and staff from ASAAP, ACAS and Latinos Positivos to build their capacity around hepatitis C and to enable them to co-facilitate a session in their respective organizations over the next year.

Stigma and Hepatitis

The four communities which are the focus of CATIE's Hepatitis C Ethnocultural Project—Chinese, Punjabi, Pakistan and Filipino—are socially and culturally conservative communities. Practices around sex and drugs are often not openly discussed within families or in the communities.

Given this milieu, it isn't easy to discuss these topics in the Immigrant Health and Hepatitis C workshop where they are a key part of the curriculum. The role of CATIE's in-language facilitators becomes very valuable in this context. Being members of the same cultural communities and the native speakers of the same languages, these in-language facilitators are uniquely placed to take up these issues within their communities without being offensive to their cultural sensibilities.

It has been particularly challenging to discuss these topics with the Muslim community. However, keeping in mind the Muslim tradition of gender segregation in social settings, CATIE organized separate workshops for Muslim men and women. These segregated spaces provided the room for candid discussion of these difficult topics. Contrary to expectations, we faced more resistance while discussing drug and harm reduction topics rather than topics related to sex and sex education. As one woman participant said: "We don't need this information; why are you telling us about this stuff?" Our response was that she might not need the information for herself, but if she knew about these things she can help others, especially the younger generation who are born and raised here.

In the Punjabi community, drug and alcohol addictions are known to be widespread and there is more acceptance of discussion of drug-related issues. However, Punjabi culture is highly patriarchal and family violence and domestic abuse are common in the community. For this reason, it is particularly important for women to get information on safer sex for reasons beyond protection against STIs. Every year when Train-the-Trainer workshops are organized for in-

language facilitators, one session is dedicated to preparing the facilitators for responding with the appropriate language around these issues.

Over the course of past two years, CATIE has organized five workshops for the Muslim community in a mosque in Vaughan, three workshops in Gurdwaras in Windsor, London and Guelph, as well as workshops with the Christian groups Salvation Army, Catholic Crosscultural Services and the Catholic Immigration Centre in Ottawa. With the help of our trained in-language facilitators, we have been able to discuss these difficult topics with these communities without challenging cultural sensibilities even in religious contexts.

1.4 Project Advisory Work, Conference Participation, Program Involvement, Community Development

Advisory Work

Project staff have sat on a number of advisory councils including: the Canadian Ethnocultural Council's STBBI national project for healthcare providers, BCCDC multilingual Hep C care resource development, ACAS Asian Men's Path to Resilience Study, and the South Asian Health Promotion Working Group.

This year CATIE also became a member of the Ontario Councils of Agencies Serving Immigrants (OCASI) to access their membership, trainings and to promote dialogue about health and prevention among the immigrant serving sector.

Conference Participation

We attended the Council for Agencies Serving South Asians Health Equity conference for the second year in a row. Emerging studies and practice inform our work as we revise our educational curriculum and resource content. When possible we also attend the National Metropolis conference, which has a focus on immigration and settlement. In the past we have brought delegates from different organizations across the communities we work with to a Learning Institute at the conference to disseminate key findings to inform practice and provide evidence for new directions in our work.

The project had a successful oral abstract accepted to the National Conference on Health Communications, Media and Marketing with the US CDC. Hywel presented about the project at the conference on August 20-22, 2013.

Program Involvement

Hywel also took the training by the provincial Chronic Disease Self-Management Program, another project funded by the MOHLTC with a focus on immigrant health, to judge its applicability to hepatitis work. Because of a lack of culturally specific resources for immigrants and newcomers living with hepatitis C, this program can provide supports for folks looking to start support groups to self-manage their health and make incremental change in their lives. Hywel facilitated six sessions of the program with immigrant mothers at Bala Community School. The program, which is located in each of the LHIN regions of the provinces, may offer an opportunity for people to get support around hepatitis C. In-language facilitators are encouraged to take the course as another skill-building option and at least two of the facilitators have done so.

Community Development Meetings

Much of our work within the project has been building new partnerships (see long-term and short-term partnerships for the year below) and working relationships with immigrant and newcomer serving organizations and services. Also, due to our language expansion this year we had to build a new roster of skilled reviewers and translators as well as replenish our group of in-language facilitators. **Over the course of the year we engaged in 44 community development meetings.**

SECTION 2

2.1 Immigrant Health and Hepatitis C Workshop

We are in our third year of delivering our Immigrant Health and Hepatitis C Workshop. The workshop is typically two hours in length. In our experience health programming and discussions are infrequent for people in the communities we serve. It is necessary to have broader discussions of immigrant health including health literacy, accessibility and social determinants of health before teaching about a specific communicable disease. The content of the workshop, including handouts,

slides, games, case studies and evaluations, is available in five languages including English, Mandarin, Punjabi, Tagalog and Urdu.

Most workshops are held at places where these communities naturally gather. The workshops are usually organized in collaboration with the community-based, settlement sector or religious organizations in one or more of the four largest immigrant communities living in Ontario: Chinese, Punjabi, Pakistani and Filipino. In our long-term partnerships CATIE has trained facilitators within organizations to deliver the workshops with their groups. Organizations can also plan a workshop and trained in-language facilitators are sent to deliver the session. To promote accessibility for the workshops we offer transit fares, food and childcare subsidies for participants.

2.2 The partnerships

There are two ways in which CATIE works with organizations to deliver Hepatitis C information to these communities: 1) CATIE holds one-off Hepatitis C basic workshops whenever requested or when the need in a particular group or community is identified; and 2) CATIE establishes longer term partnerships with the organizations to develop their capacity to deliver Hepatitis C awareness and education to their clients and access CATIE resources directly from the CATIE's Ordering Centre.

Under this project, CATIE has established long term partnerships with following organization:

- Human Endeavour
- Punjabi Community Health Services
- Magkaisa Centre
- Chinese Canadian National Council (Toronto Chapter)
- Committee of Progressive Pakistani Canadians
- Migrante Canada (Toronto Chapter)
- Anakbayan Toronto



Hywel Tuscano, Baldev Mutta, CEO of Punjabi Community Health Services, Ed Jackson and Fozia Tanveer at PCHS' annual Women's day event March 21st, 2014.

Some short-term partnerships to achieve the project objectives were also established and they include the following organizations:

- Hong Fook Mental Health Association
- Multicultural Association of Orleans (Ottawa)
- Filipino Community Centre Inc. (Windsor)
- Sikh Cultural Society of Metropolitan Windsor
- YMCA Newcomers Information Centre, Ottawa
- Griffin Centre
- London Sikh Society
- Council of Agencies Serving South Asians
- Aurat Health services
- RAWAL TV
- South Asian Health Promotion Group
- Access Alliance
- Parkdale Intercultural Association

2.3 Working across Ontario

A large population of Canadian immigrants and newcomers live in the GTA. However, for the purposes of this project, CATIE has been mandated to work across Ontario. Based on the immigrant population and CATIE's contacts with the local organization, CATIE has offered workshops in many cities outside the GTA. The workshops have been organized in the following cities of Ontario since the inception of the project.

- 1: Ottawa
- 2: London
- 3: Windsor
- 4: Guelph
- 5: Vaughan
- 6: Cobourg

2.4 Location and Attendance

During the year 2013-2014, in total 17 Immigrant Health and Hepatitis C workshops were organized reaching 381 people.

Immigrant Health and Hepatitis C Workshops

<i>Date</i>	<i>Location</i>	<i>Attendance</i>	<i>Community/Language</i>
April 5, 2013	Toronto	22	Chinese
April 9, 2013	Vaughan	15	Urdu
April 13, 2013	Toronto	23	Filipino
April 27, 2013	North York	17	Chinese
May 12, 2013	Windsor	25	Filipino
May 25, 2013	Toronto	21	Filipino
June 14, 2013	Toronto	18	Chinese
June 21, 2013	Toronto	15	Chinese
October 23, 2013	Scarborough	24	Chinese
October 30, 2013	Scarborough	12	Hospital staff
October 30, 2013	Scarborough	32	Chinese

December 5, 2013	Vaughan	42	Urdu
December 19, 2013	Vaughan	14	Urdu
February 2, 2014	Guelph	20	Punjabi
February 28, 2014	Cobourg	30	Filipino
March 3, 2014	Toronto	23	Filipino
March 29, 2014	Toronto	28	Filipino

Over the course of the entire project we have delivered 43 workshops reaching 877 people.

Detailed evaluation reports, highlights for this year included below, are available for each project year.



Filipino workshop at Thorncliffe Neighbourhood office March 29, 2014

2.5 Workshop Evaluation Summary

The workshop evaluations for the Immigrant health and hepatitis C workshops were overwhelmingly positive. Here are some highlights:

Are the Immigrant Health and Hepatitis C workshops relevant?

CATIE collects key information to ascertain if the workshops are relevant to our stakeholders.

Overall these workshops are extremely relevant.

- 98% of workshop attendees reported the workshop was useful for them.
- 97% of workshop attendees were satisfied or very satisfied with the workshop.
- 99% of workshop attendees agreed or strongly agreed that the workshop was appropriate for them.

- 97% of workshop attendees agreed or strongly agreed that the workshop was relevant to them.
- 99% of workshop attendees agreed or strongly agreed that they would recommend the workshop to others.

Are the Immigrant Health and Hepatitis C workshops effective?

CATIE collects key information to ascertain if the Hepatitis C workshops are meeting their objectives. Overall, CATIE's workshops have been shown to be very effective.

Objective 1: Increased knowledge and awareness of the nature of hepatitis C and other related communicable diseases and ways to address them.

- 97% of workshop attendees agreed or strongly agreed that the workshop increased their knowledge of hepatitis C.
- Based on a 10 point rating scale the average knowledge of participants increased from 4.4 to 8.0; 83% of participants reported an increase in knowledge based on this 10 point scale.

Objective 2: Enhanced individual and organizational capacity to plan and deliver programs and services.

- 100% of workshop participants agreed or strongly agreed they will use/apply the knowledge gained at the workshop in their work/life.
- 97% of workshop participants agreed or strongly agreed that the workshop increased their capacity to respond to hepatitis C within their communities/personal life.

On average, workshop participants rated their knowledge of hepatitis C at 4.4 on a scale of 1 (no knowledge) to 10 (expert knowledge) before the workshop. This increased to 8.0 after the workshop – this increase is statistically significant ($p < 0.01$). Eighty-three percent of respondents reported an increase in knowledge based on this scale.

Qualitative Responses – Key Themes:

- ◆ After the workshop, many participants reported an increased understanding of hepatitis C, especially prevention measures and the need to be tested
- ◆ Will share the information learned with friends and family

2.6 Workshop Recommendations:

- We see a need for ongoing workshops for service providers and clients to continue in all five languages that we offer. We are also looking to expand our capacity and train some Spanish-speaking facilitators over the next year and can explore more languages in the future. As the project has become well established in the GTA over the past three years we are looking for more opportunities to bring this workshop across the province.
- Workshop content should be updated each year as new evidence emerges to support our work. We are currently looking to include the new PHAC status report on HCV as well as studies in the immigrant health and settlement sector.
- The response rate for the completion of evaluation forms was 78%. There are a number of factors which make it difficult for us to get a higher response rate including limited literacy of some participants and time available for this exercise at the end of the workshop. We need to cover the entire curriculum in an hour and half and should have about 15 minutes dedicated to workshop evaluation exercise.
- Besides the full two-hour workshop, we need to have shorter workshops too. At times, the organizations we work with give us a time slot within their existing programs where less time is available to convey the information. In such situations, it's useful to have shorter presentations which convey basic Hep. C about testing, transmission and risks.

SECTION 3

Media Outreach

Building on our past work launching an Ethnocultural media campaign about hepatitis C, and supported by the media production skills of our two staff, we continued working with ethnic media in many capacities, including a media buy, editorial outreach, radio and television production. Outside of her CATIE work, Fozia Tanveer has experience hosting a weekly TV program on RAWAL TV on issues of interest to Pakistani-Canadians.

3.1 Editorial and Advertising

Our initial campaign ran in 26 print, radio and online outlets throughout November 2012 and January 2013. A third wave of the campaign ran in 16 outlets including print, radio and online

banners for two weeks during World Hepatitis Day, July 28, 2013. Outlets were chosen according to their response in the first two waves as well as the traffic generated from our advertising presence.

We also produced four editorial articles, one for each community, with separate interviews with community leaders and healthcare professionals for each. The article was picked up by six print and online outlets including the Balita newspaper, YorkBBS, Ahmadiya, and Canpak Voice.

A detailed report including the article clippings and preferred media outlets is available.

3.2 Radio

We did a media buy to air our in-language, 30-second hepatitis C spots with six media outlets including Fairchild Radio, Voice Radio, Radio Pakistan, Minerva FM and CHIN Radio Filipino program. Hywel was also interviewed on World Hepatitis Day with Voice Radio.

A copy of our radio ads, as well as the radio interview are available.

3.3 Television



We produced a 40 minute Urdu and English language program on Hepatitis C with Rawal TV.

The video can be viewed online here: <https://www.youtube.com/watch?v=veZ-LWPeOVY>



We also worked with Punjabi Community Health Services to produce a program about hepatitis C for Sur Sagar community television. The video can be seen here:

<http://www.catie.ca/en/resources/punjabi-program-saagar>



Hywel was also featured on Balitang Canada on The Filipino Channel commenting about immigrant health and hepatitis at the first annual Young Filipino Canadian Leaders' Summit on March 8, 2014.

Conclusion

The Hepatitis C Ethnocultural Education project had another year of growth and success in many areas. Our model of capacity building and engagement has led to a dedicated cadre of in-language facilitators and long-term partnerships.

We are constantly looking for new areas for us to build capacity in communities and create awareness of hepatitis C. Our multilingual capacity grows each year including our website and print resources. With the addition of five new languages online and two in print, we are looking to further expand according to the demand from settlement organizations across the province.

While we are able to accomplish a lot across many areas, we are looking to focus on priority groups and areas year to year. We believe that each year we can identify key and underserved populations such as growing immigrant groups (Somali and Arabic), live-in caregivers, taxi drivers and cities outside of Toronto (Windsor in 2014) to build capacity and promote dialogue on health and prevention.

Our project is uniquely positioned as an immigrant and newcomer-focused initiative and our input has been useful in advising and informing groups across the city, province and country engaging in multilingual or Ethnocultural-focused work. Beyond awareness of hepatitis C we have been able to introduce important discussions about the health of immigrants in Canada.

A challenge with the initial funding in the initial years meant that Fozia Tanveer was only able to work with the project five months out of every year. With stable ongoing funding, Fozia will now be able to work with the project year round. This means we will be able to have a steady work plan throughout the year rather than a surge of activity scaling up to full capacity halfway through the year.