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Immigrant Health and Hepatitis C Workshop Evaluation Report

Report 2011 – 2012
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1 Background

In 2011 CATIE began work on a four-year Ethnocultural Hepatitis C Outreach and Social Marketing project as part of the Ontario Ministry of Health and Long Term Care's Hepatitis C strategy to increase awareness of hepatitis C, reduce stigma, promote equal access to health services including testing and create effective partnerships within communities.

The project has produced in-language (English, Punjabi, Simplified Chinese, Urdu and Tagalog) hepatitis C resources including a website, pamphlets and educational curriculum as well as a media campaign in print, radio and online. Advisory Councils were formed for each community, four in total, to inform the development of the media campaign, educational curriculum, and information resources.

Educational Curriculum and delivery

As part of the project, CATIE developed and delivered the *Immigrant Health and Hepatitis C Workshop* in 4 languages.

Immigrant Health and Hepatitis C Workshop

This workshop introduced information around immigrant health in Canada and provided space for discussion around settlement stress and the social determinants of health. Then hepatitis C information was presented and grounded through games and narrative pedagogy through case studies. The case studies were an important activity for understanding hepatitis C within the context of different lives and opened up discussion about the different barriers families and individuals may be facing to their health.

The curriculum was developed in consultation with the Community Advisory Councils and facilitators and then translated into Punjabi, Urdu, Tagalog and Simplified Chinese.

Workshop Outline

Grains of Rice Exhibit – Statistics about Immigration and Hepatitis C in Canada

Discussion of statistics

Brainstorm Activity – Settlement Stress and Strengths

Research about Immigrant Health in Canada and Social Determinants of Health

Information about Hepatitis C

Game – Hepatitis A, B and C Puzzle – **Appendix D**

Information about the Liver

Information about Blood to Blood Contact, Injection Risk and Equipment

Game – Bullseye for Assessing Risk

Information about Progression, Symptoms and Diagnosis

Information about Testing and 'Bank of Liver Health' story

Information about Treatment, Side Effects and Support

Case Studies and Discussion – **Appendix E**

2 Location and Attendance

Between March 17, 2012 and April 2, 2012, CATIE delivered 8 Immigrant Health and Hepatitis C workshops, reaching a total of 118 people. The dates, location and attendance are summarized in Table 1.

Table 1. Dates, Location and Attendance

Community	Date	Location	Attendance
Filipino	March 17, 2012	Magkaisa Centre	9
Filipino	March 25, 2012	PIDU	14
Filipino	March 25, 2012	Kababayan Community Centre	11
Pakistani	March 21, 2012	Human Endeavour	15
Pakistani	March 22, 2012	Velour Village	16
Punjabi	March 23, 2012	Punjabi Community Health Services	10
Punjabi	March 25, 2012	Punjabi Community Health Services	17
Mandarin	April 2, 2012	CCM Centre	26

3 Methodology

Evaluation forms (English, Urdu, Punjabi, Tagalog and Simplified Chinese) were developed for Immigrant Health and Hepatitis C workshop. Evaluation forms were distributed to workshop attendees. Appendix A contains the evaluation forms.

Frequency descriptives were produced to summarize the outcomes of each of the workshops. Paired t-tests were used to assess changes in knowledge of hepatitis C.

4 Evaluation Results

Immigrant Health and Hepatitis C Workshops

Appendix B contains a complete analysis of the Immigrant Health and Hepatitis C workshop in tabular format.

One hundred and eighteen evaluation forms were completed by 118 attendees resulting in a 100% response rate.

- ◆ 99% were satisfied or extremely satisfied with the workshop.
- ◆ 100% agreed or strongly agreed that the workshop was well presented.
- ◆ 97% agreed or strongly agreed that the workshop presenter was knowledgeable about the topic being discussed.
- ◆ 98% agreed or strongly agreed that the workshop was culturally appropriate for them.
- ◆ 97% agreed or strongly agreed that they were comfortable with the topics being discussed.

Deleted: Bridging the Gap

- ♦ 99% agreed or strongly agreed that this workshop made them think about how health issues fit into the experiences of immigrants.
- ♦ 100% of workshop participants agreed or strongly agreed that overall, the workshop increased their knowledge of hepatitis C.

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 was statistically significant ($p < 0.01$).

Overall, the Immigrant Health and Hepatitis C workshop was well-received by the respondents, and many commented that they would like to have more workshops like this on different topics. The lack of hepatitis C knowledge was commonly identified as a barrier to hepatitis C testing within their community. The majority emphasized the importance of sharing information about symptoms, transmission, and testing.

Immigrant Health and Hepatitis C workshop participant comments can be found in Appendix C.

5 Conclusion

Overall the workshops were very well-received and it was an important first step in developing a dialogue about Hepatitis C within the communities we worked with. The approach of the workshops was successful in leading participants through discussions on immigrant health and then hepatitis C. It was clear through the evaluations that participants increased their knowledge of hepatitis C significantly.

The facilitators' ability to take complicated health information and make it accessible in each of their respective languages was crucial to the workshops' success. Often they were social workers or medical professionals whose credentials are not recognized in Canada. It was an important opportunity for them to use their skills and continue doing work they are passionate about while gaining some work experience in Canada.

Low hepatitis C knowledge within the community and the participant's emphasis on the need to share information about transmission, testing and symptoms will inform the development of our resources and media campaign moving forward. Clear messages with information about hepatitis C transmission and a call for testing in each community will be central to each campaign. The campaign will also look to use additional approaches that acknowledge the larger issues for immigrants living in Canada including settlement stress and access to healthcare.

The development of multilingual workshop curriculum, training of facilitators and establishment of community partners has positioned us to continue running an education program about hepatitis C in Urdu, Punjabi, Tagalog and Mandarin.

Appendix A – Immigrant Health and Hepatitis C Workshop Evaluation

We would like your feedback on this Workshop!

Thank you for taking the time to fill out this evaluation form. This information will be used to evaluate the event, improve future workshops and develop messaging about hepatitis C for the community. Please circle or check only one answer per question.

Date: _____ Location: _____ Age (optional): _____

1. Please indicate your agreement with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
The workshop was well presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop presenter(s) was knowledgeable about immigrant health and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop was culturally appropriate for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was comfortable with the topics being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will use/apply the knowledge gained at this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This workshop made me think about how health issues fit into the experiences of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the workshop increased my knowledge of Hep C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. On a scale of 1 to 10 please rate your knowledge of Hep C BEFORE this workshop:

No Knowledge										Expert Knowledge
1	2	3	4	5	6	7	8	9	10	

3. On a scale of 1 to 10 please rate your knowledge of Hep C AFTER this workshop:

No Knowledge										Expert Knowledge
1	2	3	4	5	6	7	8	9	10	

4. Overall, how satisfied were you with this workshop?

very dissatisfied dissatisfied satisfied very satisfied

5. Do you believe messages about Hepatitis C should be serious or lighter in tone?

messages should be serious messages should be lighter don't know

6. What should be included in messaging about Hepatitis C? (please check two)

- what are the symptoms
- where can I get tested
- how you can get hepatitis C
- consequences of long-term liver disease

- information about maintaining general liver health
- community organizations and support resources
- emphasis on personal responsibility for one's health

7. What are the top three things you would tell another person in your community about Hepatitis C?

8. What barriers are there to getting tested for hepatitis C within your community?

9. Are there any other things you would like to know about hepatitis C?

Thank you for your time and effort!

All responses are confidential and will be used to improve the services CATIE offers.
Please return this form to a CATIE representative.

Appendix B – Evaluation Results – Immigrant Health and Hepatitis C Workshop

Table 1. The workshop was well presented.

	Frequency	Percent
Strongly agree	98	83.1
Agree	20	16.9
Disagree	0	0
Strongly Disagree	0	0

Table 2. The workshop presenter was knowledgeable about immigrant health and hepatitis C.

	Frequency	Percent
Strongly agree	94	79.7
Agree	20	16.9
Disagree	4	3.4
Strongly disagree	0	0

Table 3. The workshop was culturally appropriate for me.

	Frequency	Percent
Strongly agree	88	74.6
Agree	28	23.7
Disagree	2	1.7
Strongly disagree	0	0

Table 4. I was comfortable with the topics being discussed.

	Frequency	Percent
Strongly agree	94	79.7
Agree	21	17.8
Disagree	3	2.5
Strongly disagree	0	0

Table 5. I will use/apply the knowledge gained at this workshop.

	Frequency	Percent
Strongly agree	98	83.1
Agree	20	16.9
Disagree	0	0
Strongly disagree	0	0

Table 6. This workshop made me think about how health issues fit into the experiences of immigrants.

	Frequency	Percent
Strongly agree	96	81.3
Agree	21	17.8
Disagree	1	0.9
Strongly disagree	0	0

Table 7. Overall, the workshop increased my knowledge of Hep C.

	Frequency	Percent
Strongly agree	102	86.4
Agree	16	13.6
Disagree	0	0
Strongly disagree	0	0

Table 8. On a scale of 1 to 10 please rate your knowledge of Hep C BEFORE this workshop:

	Frequency	Percent
1 (no knowledge)	29	25.4
2	16	14.0
3	9	7.9
4	8	7.0
5	8	7.0
6	10	8.8
7	8	7.0
8	17	14.9
9	4	3.5
10 (expert knowledge)	5	4.4

Table 9. On a scale of 1 to 10 please rate your knowledge of Hep C AFTER this workshop:

	Frequency	Percent
1 (no knowledge)	0	0
2	0	0
3	1	0.9
4	2	1.8
5	9	7.9
6	7	6.1
7	15	13.2
8	27	23.7
9	32	28.1
10 (expert knowledge)	21	18.4

Table 10. Overall, how satisfied were you with this workshop?

	Frequency	Percent
Very satisfied	86	73.5
Satisfied	30	25.6
Dissatisfied	1	0.9
Very Dissatisfied	0	0

Table 11. Do you believe messages about Hepatitis C should be serious or lighter in tone?

	Frequency	Percent
Messages should be serious	55	47.0
Messages should be lighter	50	42.7

Don't know	12	10.3
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Table 12. What should be included in messaging about Hepatitis? (Please check two)

	Frequency	Percent
What are the symptoms	48	42.1
Where can I get tested	43	37.7
How you can get hepatitis C	48	42.1
Consequences of long-term liver disease	12	10.5
Information about maintaining general liver health	30	26.3
Community organizations and support resources	19	16.7
Emphasis on personal responsibility for one's health	21	18.4

Appendix C – Immigrant Health and Hepatitis C Workshop Participant Comments

7. What are the top three things you would tell another person in your community about Hepatitis C?

- That it is prevalent within the community, you should get tested, should ask your doctor for more info
- Risk factors, where to get tested and treated, symptoms and side-effects
- To get tested and where, why testing is important, treatment options
- Hep C can affect anyone/everyone, that you can have yourself tested for Hep C free of charge, that it should be taken seriously
- Info about hep C (simple), how and where to get tested, prevention
- Risk factors (who is at risk), symptoms (what to watch out for), where to get tested
- How it is acquired/risk factors, how to get tested, where to get tested
- How it is contracted, it can lead to liver cancer, how common it is in our community
- How you can get Hep C, the symptoms, the consequences
- Blood to blood transmission, can cause liver cancer, you can get tested anonymously
- That it is a serious disease that could cause harmful complications to your liver, that 80% of the time it does not have any symptoms so testing is important, that resources are available
- Causes, symptoms, complications/effects
- That symptoms are not seen until after several years, how you can get hep c, best to be tested
- More prevalent than we think, serious consequences, can be tested for, better treated early
- To know our health better, to prevent to cured the sick in hep c, to give us more knowledge about how to prevented cured to have hep c
- Blood to blood transfer, it can cause cancer of the liver, to tell them to study more about hepatitis through flyers/pamphlets, medical books or through internet
- Know your health facility, checkup always, read brochures regarding hep c
- Symptoms
- Avoid blood to blood contact, health conscience, diet and exercise
- Symptoms, mode of transmission and treatment needed
- 20% virus without treatment, treatment is available, no vaccine
- Check up with doctor, talk to family, balanced diet
- Go check up with doctor, how it happens, what are its precautions
- Blood to blood contact, keep all things clean to take precaution, get hep c checked by doctor
- Get tested, it is transmitted blood to blood, seek treatment
- Risk, transmission, prevention
- Causes, prevention, treatment
- Liver test and full body check-up
- Learn more about hep C and don't be scared
- Go to doctor, exercise, get help from community workers
- Get yourself screened from time to time, be extra careful with needles, maintain healthy life
- Symptoms, higher risks for immigrant identity, resources
- Access to health care services and funding in Ontario, the process

- Kinds of hepatitis, prevention, treatment
- It's hard to get info because our community has to deal with so many other issues, we don't get vaccines for hep C before we come to Canada, a lot of times, we don't have symptoms
- How the disease is transmitted/contracted, the need to get tested
- Transmission, effects, treatment and support
- Its effect on liver, ways it can be transmitted, how to seek help + importance of seeking help
- Dental hygiene, in time test, information
- Should get checked for hep ASAP
- Precautionary measures regarding the disease, community support, effects of self-medication on liver
- Importance and right to get free testing, not infectious generally, it is not easily noticeable
- To get blood tested, transmission, the test is free
- Transmission, consequences, you should get blood tested
- Medical check-up, information, diet information
- Don't share things used by others, can spread only through your blood, there is no vaccine
- Will tell them what I know
- No vaccines, touching with blood can contract the HCV, 20% can be cured
- How to prevent HCV
- Drink less alcohol, do more physical exercises
- Healthy lifestyle
- How to prevent
- Prevention is important
- How HCV is contracted and spreads, symptoms, consequences of contracting HCV
- HCV is contracted and spreads, it's important to adjust mood and try to stay optimistic after contracting HCV
- Maintain the conception of health, do more exercises, watch diet, drink less alcohol, quit smoking
- Balanced diet, no alcohol, no smoking, more exercises, emotional health is equally important
- How HCV is contracted and spread, prevention, follow-up
- Balanced diet, exercises
- Steer clear of drugs, maintain balanced diet, do physical exercises
- Prevention, personal hygiene and testing are important
- HCV rate in Canada is high, use prevention, test if symptoms are shown
- Healthy lifestyle important
- Drinking and smoking affects liver's health
- Harm of HCV, sources of contracting HCV, health lifestyle as prevention

8. What barriers are there to getting tested for hepatitis C within your community?

- Language
- Lack of info on who to go to for information and lack of media exposure
- Access to information
- Access to testing sites, knowledge and confidentiality
- Lack of knowledge, accessibility to doctors
- Confidentiality, accessibility
- Worries about confidentiality of results; lack of knowledge

- Lack of knowledge about it/how it is transmitted; lack of access to services for information and diagnosis, stigma of getting diagnosed
- Availability of doctors to do the test
- Stigma, awareness and access
- Not enough info, people don't know the serious consequences of this disease, stigma of disease
- No access to information
- Lack of information as to where to get tested and the gravity of Hep C
- Not prioritized as to information dispersion
- Lack of info about hep C & testing sites, stigma, cost
- Busy in works, don't know which doctor to have check-up
- No OHIP coverage, self-shame, fear to know of your own illness
- Fear to know there's a disease, no time due to work, no OHIP card
- Work and health coverage of immigrants
- Time to have appointment for my family doctor because of my work status
- Lack of information and resources
- Work, knowledge, facilities
- People are not aware of it
- Society and language/understanding
- Lack of information. It should be included in physical checkups.
- Lack of knowledge, other priorities, majority of old age people are not able to go to doctor for tests
- OHIP/temporary status, lack of settlement interpretation, no info, hectic lifestyle
- No family doctor, need referral, busy schedule
- Not a lot of info about how to get tested, economic, immigration status
- Not being able to get status in Canada, you can't get OHIP, no family doctor. Not knowing the information or where to get resources.
- The absence of information where to get tested. Barriers to health care in general, including getting a family doctor.
- Stigma, access to appropriate resources
- Language barrier, stigma/shame, transportation to health clinics
- Hesitance
- To my knowledge, if OHIP is not available, one can go to community centre
- When is the best time to under
- Lack of time/knowledge, cost of the medication if its costly, stigma associated with disease
- Assumptions: that it is already done by doctors during yearly check-up. Lack of focus/seriousness about health care, lack of awareness of hep c.
- Lack of information, family doctors don't recommend this test
- Lack of info, doctors don't recommend
- Awareness
- Obtaining relative information
- Language
- Language, not knowing the sources of HCV
- Obtain information
- No information
- Language
- Language barrier, testing lab

9. Are there any other things you would like to know about hepatitis C?

- Demographic distribution of the prevalence
- More statistical data on prevalence, incidence of Hep C among immigrants and health care workers
- For context in immigrants; how many incidences per province
- More info/emphasis on the treatments available & how to get tested
- Support groups for Hep C patients
- Locations on where you could get tested for free
- Vaccines being developed? Further research going on?
- Nothing. Well said! Thank you!
- So much content of the workshop shown by all the facilitators. Continue to give information to the community!
- Information complete
- Excellent information by CATIE
- Everything is answered properly. Full information is disseminated.
- More about virus
- We got knowledge from CATIE
- Thanks, the workshop was good to know
- Difference between Hep A, B and C
- Prevention and care
- No, you gave us good info
- Info about biology of liver
- I would like to know where I could go to get tested and what the procedures are after.
- How to maintain health to avoid/prevent hep c
- More programs like this. Awareness of the hep diseases should be arranged more often in the communities.
- More info should be more useful
- When is the best time to undergo this test and how often should this be conducted
- Symptoms and more general information
- Prevention
- Prevention

Other Remarks:

- Tone of message should depend on audience (consider cultural context and knowledge)
- Thank you for the information workshop today, it gives me more knowledge about how to prevent/cure the hep c
- Since the piles of rice represented population of hep C related info, it would be really helpful if either: a) the entire Canadian population is also represented or b) a continuation of representing South Asian representation of hep C only
- Thanks for sharing the valuable information with us! I enjoyed attending this program.
- There needs more Urdu literature and distribution of resources through community places
- More workshops like this please
- Attend more workshops
- More education and workshops can help to communicate and educate people on the importance of HCV testing, prevention and treatment

- More relative services in the community
- Run more nutrition related workshops like today. Gather more people to participate in the workshops in which way health awareness can be promoted amongst new immigrants.
- Excellent workshop. Some of the issues need to be further studied. I'm hoping to attend more workshops on the update of the HCV info.

Appendix D – Puzzle – Available in five languages

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

Appendix E – Case Studies

Case study #1

- (female name, wife) and (male name, husband) immigrated to Canada two years ago. It took some time for them to find a place of their own with their two children, (name), 9, and (name), 13 so they stayed in their cousin's basement suite for awhile.
- They eventually found an affordable three bedroom apartment in (city) and were happy to find a couple of grocery stores that suited their needs not too far away.
- (Husband) is doing shift work as a (job) despite being trained as a (profession). (Wife) is in a similar situation but has found a bridging program and expects to begin work as a (profession) in Canada soon. They both work long hours 6 days a week.
- For the last two years they have been going to a drop-in clinic and have had a hard time finding a family doctor. Their youngest child has been having asthma attacks and eczema since moving.
- While figuring out how to enroll (child name, 13) in a public school they found out that (s/he) had missed a vaccination for Hepatitis A and B. They also received a pamphlet about Hepatitis C in (language).
- (Husband) and (Wife) were not sure if they had ever gotten a vaccine for Hepatitis A and B themselves. (Husband) remembers getting some vaccinations as a child from a travelling physician and is worried the needles might have been reused. He is thinking about getting tested but doesn't want to jeopardize his ability to work and support his family.

Discussion questions:

- What are the priorities for this person right now?
- What are some key barriers that they are facing to maintaining their health including getting tested?
- What resources could they access?

Case study #2

- (main, name), 33, moved to Canada 1 month ago from (country). Despite having an MA in (profession), which qualified them to immigrate as a skilled worker, they found out that they couldn't work in their field without enrolling in an upgrade course in university for a year.
- (main) didn't pass the language proficiency exam to enroll in the course so while doing shift work as a (job) during the days and weekends to save some money for school. They are also in language classes three nights a week.
- One of the few friends that (main) made at work started noticing that (main) was tired all the time. (friend, name) offered him something in the middle of their shift one day that would "help him stay awake and study". (friend) was one of the few people that (main) had developed a friendship with since they arrived as they had little time outside of work and school. Sometimes they would snort drugs together during their shift and (main) has started to skip sleeping 1 or 2 nights a week.
- (main) noticed that they are feeling more anxious during the day and they have nosebleeds sometimes even with a humidifier running at night.
- (S/he) wakes up feeling very sick one day but doesn't know what he can do for healthcare as he doesn't have an OHIP card yet.

Discussion questions:

- What are the priorities for this person right now?
- What are some key barriers that they are facing to maintaining their health including getting tested?
- What resources could they access?

Case study #3

- (main, name), 45, immigrated to Canada 15 years ago from (country). They were trained as a (skilled trade) and immediately found work as part of a union working for the city of (city name).
- (main) has been happy with their work. With their salary they have been able to sponsor a number of family members over the last decade to join (them). They also had health benefits they could extend to their partner and they started a family while in Canada. They have a (son/daughter), 7.
- Since coming to Canada (s/he) started drinking with some of (their) coworkers after work and at celebrations for completing large projects. (S/he) began having a beer with dinner and a little bit more over the weekend.
- (Their) union supports charity work and events every year and one year there was a blood drive. (Main) is happy to participate as (s/he) had a bad accident while apprenticing many years back and needed a blood transfusion.
- About a month later they received a letter in the mail saying their blood tested positive for hepatitis C antibodies. The letter stated (s/he) would need another test to find out if there is still active virus active in the body. (S/he) doesn't know anything about hepatitis C and goes online to find more information.
- (S/he) isn't sure about where to get tested and feels unable to go to the local clinic because their niece works as one of the administrators there.

Discussion questions:

- What are the priorities for this person right now?
- What are some key barriers that they are facing to maintaining their health including getting tested?
- What resources could they access?