A Community Model for Increasing Awareness of Hepatitis C among Community Care, Health, and Social Service Providers in at-risk Ethnocultural Populations

Prepared by the Canadian Ethnocultural Council
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Prepared by:
Canadian Ethnocultural Council

Submitted to:
Hepatitis C Prevention, Support and Research Program
Public Health Agency of Canada

Final Report
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Section 1.0

Background

1.0 Background

1.1 About the Canadian Ethnocultural Council

The Canadian Ethnocultural Council (CEC) is a non-profit, non-partisan organization representing over 30 national ethnocultural organizations that, in turn, represent over 2,000 local chapters across Canada. Its mandate is to work towards equality of access and opportunity and to promote understanding of the multicultural reality of Canada as defined in the Canadian Charter of Rights and Freedoms and the Canadian Multiculturalism Act.

The CEC has carried out a variety of projects in partnership with national and regional organizations and government departments and, as a result, it has developed an extensive network of contacts across Canada. Over the last decade, the CEC has gained experience and expertise through a series of community-based, health-related projects. In the process, the CEC has developed culturally appropriate educational materials for diverse communities.

1.2 How the project evolved

From 2005 to 2009, the CEC partnered with the Canadian Liver Foundation (CLF) on a project entitled "Engaging Ethnocultural Communities on Hepatitis C". This was a four-part project intended to identify how to successfully reach and engage four ethnically diverse populations (Chinese, Egyptian, Filipino, and Vietnamese) on this significant public heath issue.

The results of the activities were as follows: (a) an Expert Advisory Committee was established; (b) community profiles were developed; (c) needs assessment tools were developed; (d) the tools and a general information brochure on hepatitis C were translated into four languages; and (e) 40 focus groups were organized and conducted with members of the selected communities in five Canadian cities.

The information gathered in the focus groups provided insights into the social environments, culture, and social support networks of these communities. These insights, in turn, contributed to identifying the best ways to involve each community in developing and delivering culturally appropriate hepatitis C education materials.

The communities recommended strongly that health care providers required training and more information about hepatitis C. They also expressed the need to have information and support in places other than physicians' offices because they felt that physicians lacked the time necessary to discuss this health issue with patients. However, they felt that community care, health, and social service providers were important contacts that would be better equipped to inform and assist individuals and communities on this health issue if they had the necessary tools and resources. Resources that have already been developed by experts like the CLF and other resources to be developed in the future would help these community service individuals to inform these ethnic communities on a one-on-one or group level providing information in their language of comfort.

Therefore, a common theme voiced by all four groups was the need to inform and provide community care, health, and social service providers working with high-risk ethnocultural communities with additional knowledge and resources about hepatitis C and ways to share this information.

Section 2.0

Goal and Objectives of the Project

2.0 Goal and Objectives of the Project

2.1 Goal of the project

The goal of the project was to develop a community-based model for increasing awareness of hepatitis C among community care, health, and social service providers in at-risk ethnocultural populations.

2.2 Objectives of the project

The objectives of the project were to build and strengthen the network of community health care providers with knowledge and up-to-date information about hepatitis C and provide them with the necessary skills and tools to share this knowledge with their peers and colleagues.

Section 3.0

Target Population

3.0 Target Population

The target population included community care, health, and social service providers from the Chinese, Egyptian, Filipino, and Vietnamese communities in six Canadian cities – Toronto, Ottawa, Montreal, Winnipeg, Calgary, and Vancouver.

3.1 Selection

The immigrant populations from the People's Republic of China, Egypt, the Philippines, and Vietnam were selected based on the following criteria: (a) the percentage of immigrants to Canada from these countries; (b) the prevalence of hepatitis C infection in their country of origin (3% or higher in the general population); and (c) the means of hepatitis C transmission (that has occurred or has been reported to occur) through cultural practices or the use of improperly sterilized hypodermic needles in administering vaccines and other medications.

Community care, health, and social service providers selected for the project included community developers, outreach workers, social workers, nurses, nurse educators, multicultural health promoters, and other professionals who work in health and social services agencies, hospitals, and community settings and provide a range of physical and mental health services.

The ethno-specific and/or multicultural providers have access to their own professional and community networks where they will be able to train and inform their colleagues using the resources developed by the CEC in this project. Many of the individuals selected for this project were involved in outreach to ethnocultural populations in previous CLF-CEC projects. These individuals include facilitators, coordinators, advisory committee members, and key informants who have access to a network of their peers and colleagues in the various ethnocultural populations in their respective cities.

Section 4.0

Project Partners

4.0 Project Partners

The four main partners were:

- Canadian Liver Foundation, National Office, Toronto
- Yee Hong Centre for Geriatric Care, Toronto
- Ottawa Public Health, Ottawa
- Pinecrest-Queensway Community Health Centre, Ottawa.

4.1 Role of partners

CLF provided professional advice. They reviewed and provided input on all the project materials developed. They provided brochures on hepatitis A, B, and C in English and hepatitis B and C in Chinese for distribution to the training workshop participants.

The other three partners provided guidance, assisted in identifying ethnic organizations and health care providers in the community, and reviewed and provided input on the project materials developed.

All four partners were members of the project advisory committee.

Section 5.0

Project Work Plan

5.0 Project Work Plan

One Year (June 11, 2009 – June 10, 2010)

Activities	***Timeline***
1. Establish Project Advisory Committee	June – July 2009
Identify members of the project advisory committee; develop terms of reference; hold a meeting.	
2. Hold Consultations	June – July 2009
Review existing material and resources; consult with stakeholders; identify training needs; develop a list of potential community trainers; identify and hire a facilitation consultant.	
3. Develop Training Tools	July – Sept. 2009
Develop a training guide (draft) in collaboration with the CLF outlining the issues surrounding hepatitis C; identify existing services, resources, and local contacts; compile demographic information and existing background information about hepatitis C; develop the agenda and a template for a one-day training workshop.	
4. Identify Location for Training Workshop	Aug. – Sep. 2009
Identify a central venue for a train-the-trainer workshop, taking into consideration cost and accessibility; arrange travel and accommodation for workshop participants (trainers, resource persons, staff, and facilitation consultant).	

5. Conduct Training Workshop Sept. 19, 2009

Hold a one-day train-the-trainer workshop in Ottawa, using the training tools with representatives of the four selected communities from each of the six cities (a total of 24 trainers); seek input from participants for the final design of the workshops.

6. Revise Training Guide Sept. 20 – 30, 2009

Review input and evaluation of training guide; revise, edit, and print guide.

7. Identify Trainers and Develop Network Sept. 2009

Work with trainers and community representatives to finalize lists of community care, health, and social service providers in the four ethnocultural communities in Toronto, Ottawa, Montreal, Winnipeg, Calgary, and Vancouver; invite them to an awareness training workshop for each community in each of the six cities (a total of 24 workshops).

8. Conduct Community Training Sessions Oct.– Dec. 2009

Each of the 24 trainers to conduct one awareness training workshop about hepatitis C in their own city using the training tools developed; the 24 trainers to select location, offer support, and send out invitations, resulting in 24 awareness training workshops (four each – Chinese, Egyptian, Filipino, and Vietnamese – in six cities).

9. Conduct Evaluation Sep.09 – Apr. 2010

Conduct (a) an evaluation using PHAC *Project Evaluation and Reporting Tool* to measure collaborative partnerships and target population involvement and (b) pre- and post- training evaluation of workshops.

10. Develop Database for Networking March – June 2010

Develop a database of trainers and organizations to share information and best practices.

11. Prepare and Submit Final Report April – June 2010

Prepare and submit final report to the PHAC.

12. Disseminate Information After June, 2010

Distribute training tools to members of the project advisory committee and other stakeholders. Post information on CLF and CEC websites.

Section 6.0

Project Activities

6.0 Project Activities

6.1 Project advisory committee

An expert panel of advisors, consisting of representatives from the four ethnocultural communities, the Canadian Liver Foundation, Ottawa Public Health, and community health centres was created to provide guidance and review project materials (see Appendix 1).

6.2 Training tools

The first few months were focused on reviewing available resources and developing appropriate tools for the training workshop. The training package included the following:

(i) Training Guide on hepatitis C

The CEC in collaboration with the CLF designed and developed a training guide using existing materials published by key partners, such as the CLF, and resources gathered in the previous CLF-CEC projects (See Section 7.0 for details of training guide). The guide includes information on hepatitis C, demographic community profiles, guidelines for conducting a training workshop, and a glossary of terms.

(ii) PowerPoint presentation on hepatitis C

The relevant information from the guide was used to prepare a PowerPoint presentation for use by the trainers (see Appendix 2).

(iii) Screencast on hepatitis C

The PowerPoint presentation was also used to develop a screencast – a video screen capture with audio narration. This was developed to be played before or after a training session or during refreshments. The screencast is suitable for posting on a website.

The PowerPoint presentation and screencast were transferred to a CD and placed in the training guide for use in the training workshops.

In addition to the tools developed, the training package included:

(i) brochures on hepatitis C translated (for the Engaging Ethnocultural Communities on Hepatitis C project) into four languages – Arabic, Chinese, Tagalog, and Vietnamese;
(ii) a hepatitis C brochure (latest) from PHAC;
(iii) brochures from CLF:
- *Hepatitis A* in English and French
- *Hepatitis B* in English and French
- *Hepatitis B* translated into Traditional Chinese
- *Healthy Living with Hepatitis C* in English and French
- *Your Liver – Owner's Manual* in English and French

The training package served as a basis for the training.

6.3 Trainers

A job description for the trainer was developed (see Appendix 3). One trainer was selected from each of the four ethnocultural communities (Chinese, Egyptian, Filipino, and Vietnamese) in each of the six cities (Toronto, Ottawa, Montreal, Winnipeg, Calgary and Vancouver) – a total of 24 trainers (see Appendix 4).

These individuals were selected from the list of those who participated in the Engaging Ethnocultural Communities on Hepatitis C project. They included members of the Expert Advisory Committee, facilitators, and coordinators who have access to a network of their peers and colleagues in the various ethnocultural populations in their respective cities.

6.4 Train-the-Trainer workshop

The CEC coordinated and organized a one-day, train-the-trainer workshop in Ottawa for the 24 trainers. A detailed agenda for the day was developed (see Appendix 5). Training packages were prepared for the workshop participants.

The selected trainers were invited to attend the training workshop in Ottawa. The date for the workshop was based on the convenience of the majority of the trainers. Prior to the workshop, all trainers received the following by email:

- Agenda for the workshop;
- Background of the project;
- Training Guide (draft);
- List of 24 participants by city;
- Information regarding travel and accommodation.

The training package served as the basis for the training and a step-by-step template for the subsequent community training sessions in each of the six cities (Toronto, Ottawa, Montreal, Winnipeg, Calgary, and Vancouver). The workshop was facilitated jointly by CLF and CEC. Each trainer was awarded a certificate of attendance at the end of the training workshop. The training workshop was evaluated (see Section 10.1 for details).

6.5 Community awareness training workshops

From September to December, 2009, the CEC worked with each of the 24 trainers to develop:

- A schedule for the community awareness training workshops;
- A potential list of participants for the awareness training workshops;
- An awareness training workshop;
- A tentative agenda.

A schedule for the 24 community awareness training workshops in the six cities was developed (see Appendix 6). To keep the coordinator's travel and accommodation costs to a minimum, workshops were organized in sequence within a city and between cities.

The potential participants for the awareness training workshops included community care, health, and social service providers who work with the Chinese, Egyptian, Filipino, and Vietnamese populations in the six cities.

Invitations prepared by CEC and personalized by the trainers were sent to potential participants in their workplace, organizations of the four ethnocultural communities, and health and social service agencies in each of the six cities. A minimum of 10 participants was selected for each of the community awareness training workshops.

The CEC prepared 240 training packages and sent 40 training packages to each of the six cities prior to the workshops.

Each of the 24 trainers planned, coordinated, and facilitated one awareness training workshop with a minimum of 10 health care providers in each workshop. Each trainer prepared an agenda based on the duration of the workshop and the style and comfort level of the trainer. However, they were all careful to ensure that the main topics from the training guide were covered during the training session and that sufficient time was allocated for discussion.

Pre- and post-training evaluations of the 24 workshops were carried out (see Section 10.2 for details). All 24 training workshops were attended by the CEC project coordinator to ensure consistency in conducting the workshops.

In total, 24 community awareness training workshops were successfully completed for the four selected ethnocultural communities in the six cities. As a result of the training sessions, more than 240 health care providers are now equipped with the necessary tools to train other health care providers in their community or at their workplace.

The health care providers can use the information in the training package for:

(a) Counseling on a one-on-one basis;
(b) Identifying individuals at risk of hepatitis C;
(c) Suggesting testing to those at risk;
(d) Helping someone with hepatitis C decrease the risk of infecting family and friends.

The health care providers can and should continue to build and adapt the training guide and other resources in the training package to increase awareness about hepatitis C among high-risk ethnocultural communities in Canada and to provide effective strategies for the prevention of hepatitis C.

Section 7.0

Hepatitis C Training Guide

7.0 Hepatitis C Training Guide

The training guide produced by the CEC, in collaboration with the CLF, is a resource for community care, health, and social service providers to help promote a greater awareness about hepatitis C in the four selected ethnocultural communities. The intent is to provide a model that can be adapted to meet the needs of other ethnocultural communities. The hope is that health care providers will continue to build on and adapt the content of the guide to meet the needs of Canada's diverse population.

7.1 Who can use the training guide?

This training guide is intended mainly for use by:

- Community development and outreach workers;
- Social workers;
- Nurses and nurse educators;
- Multicultural health promoters;
- Other health care professionals who work in community settings, hospitals, and health and social service agencies.

It is a useful tool for helping and educating individuals, especially persons from the four identified communities as well as others who may be at risk of contracting hepatitis C. The guide will be of interest to those who:

- Prepare and conduct training workshops about hepatitis C;
- Work with the Chinese, Egyptian, Filipino, and Vietnamese communities;
- Are involved with ethnocultural communities and their organizations;
- Develop initiatives to raise awareness about hepatitis C prevention in high-risk ethnocultural populations;
- Develop policies relating to health and ethnocultural communities.

7.2 Goal and objectives of the training guide

Goal of the training guide

To provide community care, health, and social service providers with a culturally appropriate training model on hepatitis C for four selected ethnocultural communities (Chinese, Egyptian, Filipino, and Vietnamese) in Canada.

Objectives of the training guide

- To provide guidelines and tools to be used in a workshop context that give direction for further training, learning, and community action;
- To increase awareness about hepatitis C among health care providers who work with ethnocultural communities;
- To provide helpful information about the cultural characteristics of these four ethnocultural communities;
- To establish linkages between national and regional networks and centres capable of providing information and training;
- To facilitate creation of linkages and networks of people working with the selected communities on topics such as hepatitis C.

7.3 Design of the training guide

The training guide is designed to be used as a training and resource tool. It provides information on hepatitis C as well as additional information on conducting workshops in a community setting. It includes a CD containing (a) a PowerPoint presentation and (b) a screencast (video screen presentation with audio narration) developed by the CEC.

The training guide is divided into 11 sections:

- Section 1 - explains why the guide was developed and details its objectives and limitations
- Section 2 - provides an overview of hepatitis C and its prevalence in Canada
- Section 3 - focuses on the risk factors for hepatitis C and barriers faced by members of ethnocultural communities in gaining information about hepatitis C
- Sections 4, 5, 6, and 7 - deal with prevention, testing, treatment, and management of hepatitis C
- Section 8 - provides community profiles of the four selected ethnocultural communities
- Section 9 - deals with workshop logistics and gives tips for trainers on how to organize and conduct a training workshop
- Section 10 - provides web sites for additional information
- Section 11 - provides a glossary of terms

7.4 Limitations of the training guide

The guide describes one model designed to increase awareness and educate health care providers in the community about hepatitis C. Other community-based models or approaches may exist in other Canadian cities.

The training guide was developed specifically to provide training about hepatitis C to health care providers within the four selected communities and will help these providers meet the immediate needs of community members. The guide has been developed from a cross-cultural perspective but does not delve into all aspects of cultural differences and needs. It is acknowledged that no single resource can adequately address all the needs of ethnocultural communities. Resources that were available to us have been incorporated into the training package. However, we acknowledge that there may be other useful publications and tools that we have not included here. Knowledge about hepatitis C in ethnocultural communities is growing slowly but steadily. Health care providers should continue to adapt and build on this and other resources designed to increase awareness about hepatitis C among high-risk ethnocultural communities in Canada and to provide effective strategies for the prevention of hepatitis C.

Section 8.0

Post-Training Activities

8.0 Post-Training Activities

This community model, based on the train-the-trainer method, was used to encourage communities to continue training on an ongoing basis and to increase awareness of hepatitis C.

To determine if the trainers had undertaken any activities after their own training workshops, a simple questionnaire (see Appendix 7) was prepared and used. The questionnaire was sent out to the trainers by email approximately four months after the 24 community awareness training workshops were successfully completed. The completed questionnaires were emailed back to the CEC where they were compiled and analyzed. The results were encouraging.

8.1 Follow-up activities by trainers

Many communities had taken further steps to share information on hepatitis C with family, friends, and workplace colleagues. Some of the significant and unanticipated actions taken by the trainers in the different cities to increase awareness of hepatitis C include:

- An interview with a doctor was aired on Vietnamese TV and uploaded on YouTube
- Articles were published in *Balita* (a Filipino newspaper) and in Vietnamese in-house bulletins
- Awareness sessions were conducted for:
  - Family and friends (Filipino and Egyptian)
  - Recent immigrants (Welcome Place, Winnipeg)
  - Members of the church and Buddhist temples (Vietnamese and Filipino)
  - Workplace colleagues (Chinese, Vietnamese, and Filipino)
  - Medical students (Egyptian and Filipino)
  - Older adults at workplace (Vietnamese)
- At-risk individuals were referred for testing by family physicians and nurses (Egyptian, Filipino, and Vietnamese)
- One-on-one consultations were held with at-risk individuals (Filipino)
- Family and friends were given appropriate information to help them take precautionary measures before traveling (Egyptian)

8.2 Alberta hepatitis C information sharing and networking meeting

The CEC was invited to make a presentation at the Alberta hepatitis C information sharing and networking meeting in Edmonton on March 30, 2010. The lead trainers from Calgary were also invited to the meeting to share their experiences in working with the CEC on the hepatitis C project and to describe the special needs of their respective communities.

The project coordinator prepared and provided a PowerPoint presentation on "Engaging Ethnocultural Communities on Public Health Issues such as Hepatitis C". The agenda for the meeting is provided in Appendix 8.

Persons who attended the meeting included the following:

- Team Leader, Client Services, AIDS Calgary Awareness Association, Calgary;
- Hepatitis C Outreach Worker, HIV North Society, Grande Prairie;
- Executive Director, Lethbridge HIV Connection Society, Lethbridge;
- Community Outreach Worker, Wood Buffalo HIV/AIDS Society, Fort McMurray;
- Representative, Multicultural Health Brokers, Edmonton;
- Community Education Coordinator, Wood Buffalo HIV/AIDS Society, Fort McMurray;
- Hepatitis Support Program, University of Alberta Hospital, Edmonton.

All presentations were well received and a lively discussion ensued.

Section 9.0

Database of Participants

9.0 Database of Participants

The coordinates of the participants of the training workshops were gathered during each workshop. This contact information was verified by email. A database was developed (see Appendix 9) that includes all participants of the training workshops to create a national network of community care, health, and social service providers.

The database includes 275 individuals from the six Canadian cities – Toronto, Ottawa, Montreal, Winnipeg, Calgary, and Vancouver. They are mainly health care and social service providers from the Chinese, Egyptian, Filipino, and Vietnamese communities. Approximately 24 individuals are from Anglophone, Francophone, and other communities. The Filipino community had the largest number of participants (76).

The Egyptian group includes health care providers mainly from Egypt and a few (total ~10) Arabic-speaking individuals from Morocco, Algeria, Iraq, Pakistan, Iran, Ethiopia, Syria, and Afghanistan.

Among the 136 participating organizations (see Table 1), approximately 65 appear to be well structured and could possibly be involved in follow-up activities. The number of organizations varied from 24 (Egyptian) to 48 (Filipino).

Some notable organizations in the six cities are as follows:

Ottawa: Ottawa Chinese Community Service Centre, Vietnamese Canadian Centre, and Assumption Parish;
Toronto: Yee Hong Centre for Geriatric Care, Markham Federation of Filipino Canadians, Arab Community Centre, and Vietnamese Association of Toronto;
Montreal: Services for Senior Citizens, St. Luc Hospital, Hepatitis C division of the CLSC, and Filipino Nurses Association;
Winnipeg: Age and Opportunity, Welcome Place, Philippine Nurses Association of Manitoba, and Isabella Association of Manitoba;
Calgary: Calgary Family Services, Calgary Catholic Immigration Society, West Side Chinese Alliance Church, and Centre for Newcomers;
Vancouver: Chinese Community Health Society, Chinese Cultural Centre, Coquitlam Mosque, and Roman Catholic Church.

Approximately 81 volunteers participated in this project (see Table 1). This included mainly retired nurses, social workers, and health care workers. A few individuals from other professions who are active in their own communities volunteered their services because they wanted to make a difference and felt that this was a way of "giving back" to the community. The largest number of volunteers was from the Chinese community (26) and the lowest number from the Egyptian community (7).

The database facilitates sharing of information, best practices, and additional resources for community-based prevention of hepatitis C. It provides the means to access the ethnocultural organizations and health care and service providers in the six cities. It helps to link people to the right information and expertise and to create linkages and build partnerships. The difficulty, however, is that the database needs to be updated on a regular basis because many non-profit organizations do not have sustained funds to keep their operations going.

Table 1. Hepatitis C database – individuals, organizations and volunteers by province

	BC	AB	MB	ON	QC	Total
Chinese						
Participants	**11**	**13**	**11**	**23**	**5**	**63**
Organizations	**10**	**4**	**4**	**5**	**4**	**27**
Volunteers	**4**	**8**	**8**	**5**	**1**	**26**
Egyptian						
Participants	**11**	**6**	**6**	**18**	**10**	**51**
Organizations	**8**	**3**	**3**	**7**	**3**	**24**
Volunteers	**0**	**2**	**2**	**2**	**1**	**7**
Filipino						
Participants	**11**	**10**	**22**	**21**	**12**	**76**
Organizations	**6**	**8**	**12**	**15**	**7**	**48**
Volunteers	**3**	**1**	**3**	**5**	**2**	**14**
Vietnamese						
Participants	**14**	**10**	**8**	**18**	**11**	**61**
Organizations	**7**	**3**	**3**	**8**	**4**	**25**
Volunteers	**1**	**5**	**6**	**8**	**4**	**24**

Anglophones, Francophones & others: *(all provinces)*	Participants	**24**
	Organizations	**12**
	Volunteers	**2**

Participants (total)	**275**
Organizations (total)	**136**
Volunteers (total)	**73**

Section 10.0

Evaluation

10.0 Evaluation

Two evaluation questionnaires were developed with 11 similar questions. A 5-point scale was used for rating.

The first questionnaire (pre-training evaluation) was designed to determine the awareness and knowledge of the workshop participants about hepatitis C prior to the training session (see Appendix 10).

The second questionnaire (post-training evaluation) was designed to assess their awareness and knowledge after the training session (see Appendix 11). The post-training questionnaire had one extra question to rate the format of the training workshop.

The CEC evaluated the two training workshops:

(1) Train-the-trainer workshop and
(2) 24 community awareness training workshops.

10.1 Train-the-Trainer workshop

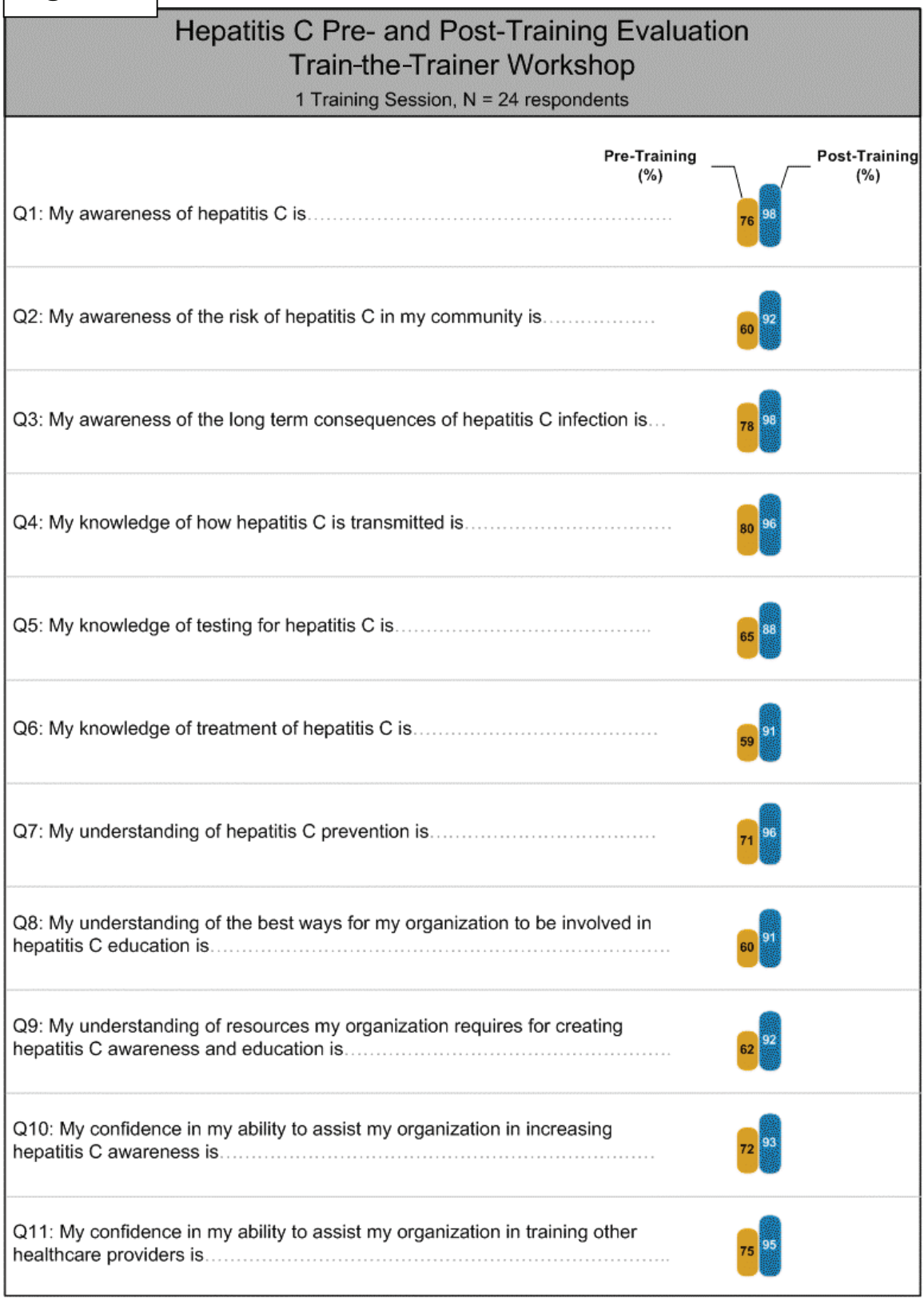
The first evaluation conducted by the CEC involved the 24 participants (community care, health, and social service providers) of the train-the-trainer workshop in Ottawa on September 19, 2009. These 24 trainers were selected from each of the four communities (Chinese, Egyptian, Filipino, and Vietnamese) in the six Canadian cities (Toronto, Ottawa, Montreal, Winnipeg, Calgary, and Vancouver).

10.1.1 Pre-and post-training evaluations

At the start of the training workshop all 24 participants were asked to complete the pre-training questionnaire (see Appendix 10). The completed questionnaires were collected and the training session followed. At the conclusion of the training all 24 trainers completed the post-training questionnaire (see Appendix 11).

Data from the pre- and post-training evaluation forms were compiled and analyzed, and the results were tabulated. Figure 1 shows the average rating (%) on a 5-point scale.

Figure 1


Hepatitis C Pre- and Post-Training Evaluation
Train-the-Trainer Workshop
1 Training Session, N = 24 respondents
Pre-Training (%)
Post-Training (%)
Q1: My awareness of hepatitis C is
76
98
Q2: My awareness of the risk of hepatitis C in my community is
60
92
Q3: My awareness of the long term consequences of hepatitis C infection is
78
98
Q4: My knowledge of how hepatitis C is transmitted is
80
96
Q5: My knowledge of testing for hepatitis C is
65
88
Q6: My knowledge of treatment of hepatitis C is
59
91
Q7: My understanding of hepatitis C prevention is
71
96
Q8: My understanding of the best ways for my organization to be involved in hepatitis C education is
60
91
Q9: My understanding of resources my organization requires for creating hepatitis C awareness and education is
62
92
Q10: My confidence in my ability to assist my organization in increasing hepatitis C awareness is
72
93
Q11: My confidence in my ability to assist my organization in training other healthcare providers is
75
95

Analysis of Data – Train-the-trainer workshop (see Figure 1)

Q.1. All the 24 trainers felt that their awareness of hepatitis C increased significantly after the training session. Awareness of hepatitis C increased from 76% before training to 98% after training.

Q.2. Awareness of the risk of hepatitis C in their own community was rather low (60%) prior to the training. However, review of the training guide and other tools contributed to increased awareness (92%).

Q.3. Awareness of the long-term consequences of hepatitis C infection among the 24 trainers was 78% prior to training; it increased to 98% after the training.

Q.4. Participants' knowledge of how hepatitis C is transmitted increased from 80% before training to 96% after training. Though some had good knowledge, others were not quite sure of the mode of transmission.

Q.5. Knowledge of the testing for hepatitis C was only 65% prior to training but increased to 88% after the training. The tests were discussed in detail in the training guide.

Q.6. Knowledge of the treatment of hepatitis C was rather low (59%) before training and it increased to 91% after training. Many of the trainers were not sure of the recent treatments available. They were also keen to find out about the cost of treatment.

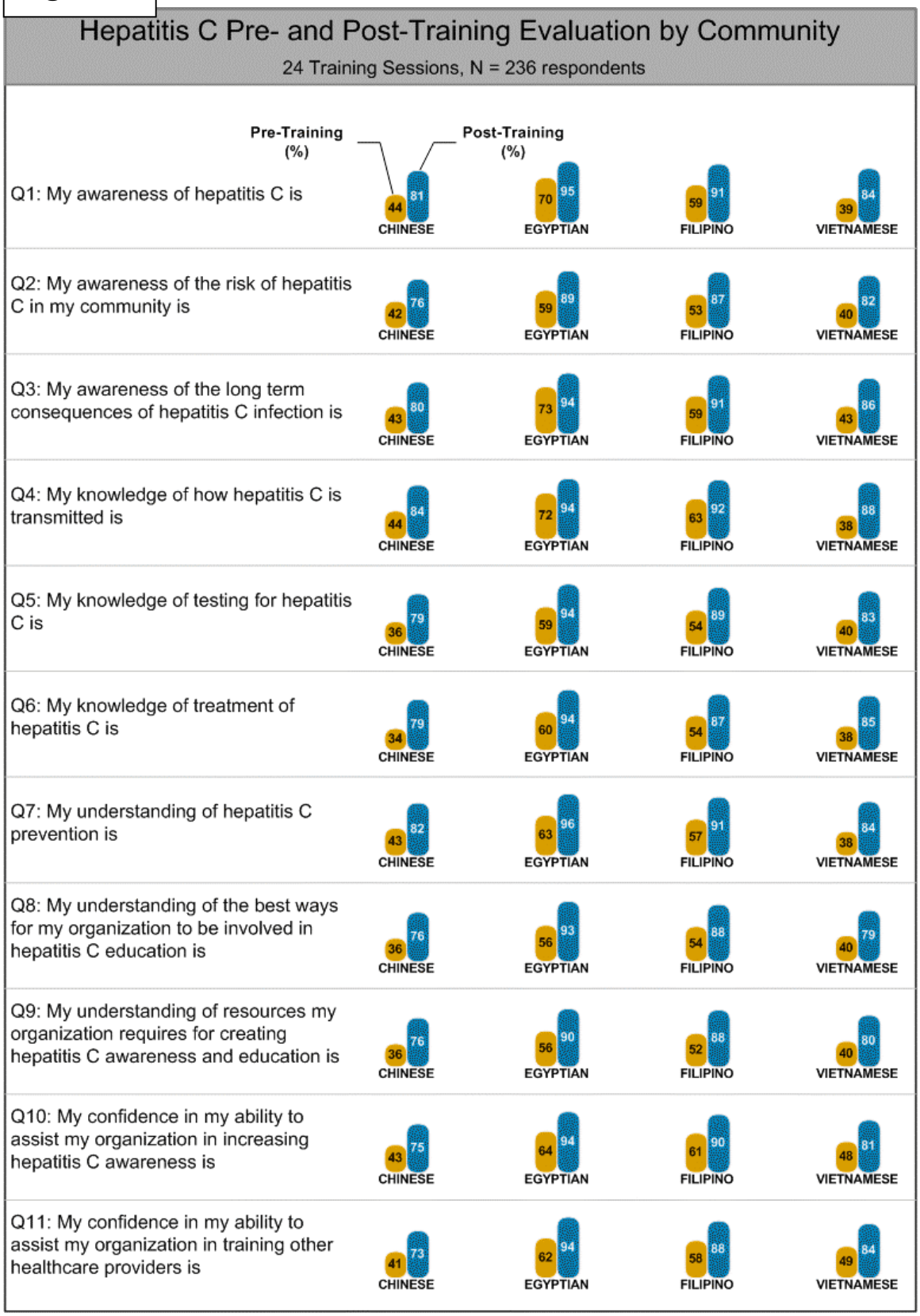
Q.7. Understanding of hepatitis C prevention was 71% before and 96% after training.

Q.8. Understanding of the best ways for their own organization to be involved was only 60% before training. However, after the training and networking with others the understanding increased (91%).

Q.9. Their understanding of the resources their own organization requires for creating hepatitis C awareness and education was low at the start of the session but after reviewing the resources and tools at the training session, their understanding rose from 62% to 92%.

Q.10. The trainers were quite confident (72%) in their own ability to assist their organization in increasing hepatitis C awareness, but they felt the training helped to boost their confidence (93%).

Figure 2


Hepatitis C Pre- and Post-Training Evaluation by Community
24 Training Sessions, N = 236 respondents
Pre-Training (%)
Post-Training (%)
Q1: My awareness of hepatitis C is
44 81 CHINESE
70 95 EGYPTIAN
59 91 FILIPINO
39 84 VIETNAMESE
Q2: My awareness of the risk of hepatitis C in my community is
42 76 CHINESE
59 89 EGYPTIAN
53 87 FILIPINO
40 82 VIETNAMESE
Q3: My awareness of the long term consequences of hepatitis C infection is
43 80 CHINESE
73 94 EGYPTIAN
59 91 FILIPINO
43 86 VIETNAMESE
Q4: My knowledge of how hepatitis C is transmitted is
44 84 CHINESE
72 94 EGYPTIAN
63 92 FILIPINO
38 88 VIETNAMESE
Q5: My knowledge of testing for hepatitis C is
36 79 CHINESE
59 94 EGYPTIAN
54 89 FILIPINO
40 83 VIETNAMESE
Q6: My knowledge of treatment of hepatitis C is
34 79 CHINESE
60 94 EGYPTIAN
54 87 FILIPINO
38 85 VIETNAMESE
Q7: My understanding of hepatitis C prevention is
43 82 CHINESE
63 96 EGYPTIAN
57 91 FILIPINO
38 84 VIETNAMESE
Q8: My understanding of the best ways for my organization to be involved in hepatitis C education is
36 76 CHINESE
56 93 EGYPTIAN
54 88 FILIPINO
40 79 VIETNAMESE
Q9: My understanding of resources my organization requires for creating hepatitis C awareness and education is
36 76 CHINESE
56 90 EGYPTIAN
52 88 FILIPINO
40 80 VIETNAMESE
Q10: My confidence in my ability to assist my organization in increasing hepatitis C awareness is
43 75 CHINESE
64 94 EGYPTIAN
61 90 FILIPINO
48 81 VIETNAMESE
Q11: My confidence in my ability to assist my organization in training other healthcare providers is
41 73 CHINESE
62 94 EGYPTIAN
58 88 FILIPINO
49 84 VIETNAMESE

Q.11. Though trainers had previous experience in conducting training workshops on different health topics, their confidence in their ability to train other health care providers was enhanced significantly by the training (75% pre-training to 95% post-training).

At the end of the training session, the participants were also asked to rate the format of the training session (see Appendix 11– Q. 12). The participants felt that the format of the workshop was very good (94%). They thought that the agenda (see Appendix 5) was well balanced, and the information and tools provided and the time allocated for discussion were both good. The agenda for the day did give them sufficient time to network with others from other communities and other cities. In addition, out-of-city participants (20) who arrived the day before the session had sufficient time to interact and share information.

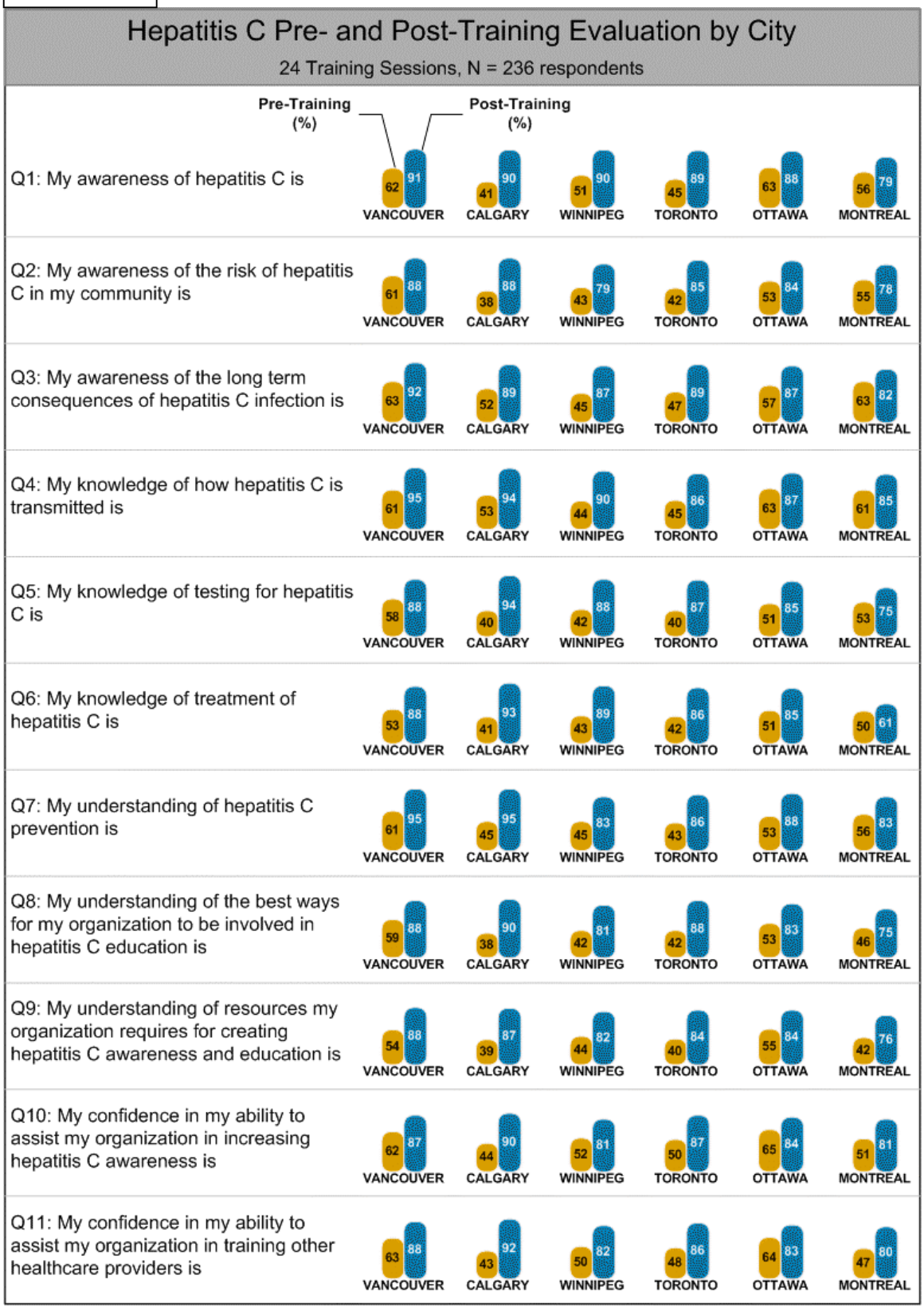
10.2 Community awareness training workshops

The second evaluation conducted by the CEC involved approximately 240 participants of the subsequent 24 community awareness training workshops (September 26 – November 31, 2009). Each trainer conducted one awareness training workshop for 10 or more participants in their respective city. Although health care providers from the identified ethnic communities – Chinese, Egyptian, Filipino, and Vietnamese – were the main participants, a few colleagues from other communities, Anglophone and Francophone health care providers also attended the workshops.

10.2.1 Pre- and post-training evaluations

All participants of the 24 training workshops were asked to complete the pre-training questionnaire (see Appendix 10) at the beginning of the session and the completed questionnaires were collected. The post-training questionnaires (see Appendix 11) were distributed to the participants after the training session and the completed questionnaires were collected. A few of the questionnaires had to be deleted because they were incomplete or filled incorrectly. Eventually, data collected from 236 questionnaires were compiled and analyzed and the results were tabulated by community and by city (see Figures 2 and 3).

Figure 3


Hepatitis C Pre- and Post-Training Evaluation by City
24 Training Sessions, N = 236 respondents
Pre-Training (%)
Post-Training (%)
Q1: My awareness of hepatitis C is
62 91 VANCOUVER
41 90 CALGARY
51 90 WINNIPEG
45 89 TORONTO
63 88 OTTAWA
56 79 MONTREAL
Q2: My awareness of the risk of hepatitis C in my community is
61 88 VANCOUVER
38 88 CALGARY
43 79 WINNIPEG
42 85 TORONTO
53 84 OTTAWA
55 78 MONTREAL
Q3: My awareness of the long term consequences of hepatitis C infection is
63 92 VANCOUVER
52 89 CALGARY
45 87 WINNIPEG
47 89 TORONTO
57 87 OTTAWA
63 82 MONTREAL
Q4: My knowledge of how hepatitis C is transmitted is
61 95 VANCOUVER
53 94 CALGARY
44 90 WINNIPEG
45 86 TORONTO
63 87 OTTAWA
61 85 MONTREAL
Q5: My knowledge of testing for hepatitis C is
58 88 VANCOUVER
40 94 CALGARY
42 88 WINNIPEG
40 87 TORONTO
51 85 OTTAWA
53 75 MONTREAL
Q6: My knowledge of treatment of hepatitis C is
53 88 VANCOUVER
41 93 CALGARY
43 89 WINNIPEG
42 86 TORONTO
51 85 OTTAWA
50 61 MONTREAL
Q7: My understanding of hepatitis C prevention is
61 95 VANCOUVER
45 95 CALGARY
45 83 WINNIPEG
43 86 TORONTO
53 88 OTTAWA
56 83 MONTREAL
Q8: My understanding of the best ways for my organization to be involved in hepatitis C education is
59 88 VANCOUVER
38 90 CALGARY
42 81 WINNIPEG
42 88 TORONTO
53 83 OTTAWA
46 75 MONTREAL
Q9: My understanding of resources my organization requires for creating hepatitis C awareness and education is
54 88 VANCOUVER
39 87 CALGARY
44 82 WINNIPEG
40 84 TORONTO
55 84 OTTAWA
42 76 MONTREAL
Q10: My confidence in my ability to assist my organization in increasing hepatitis C awareness is
62 87 VANCOUVER
44 90 CALGARY
52 81 WINNIPEG
50 87 TORONTO
65 84 OTTAWA
51 81 MONTREAL
Q11: My confidence in my ability to assist my organization in training other healthcare providers is
63 88 VANCOUVER
43 92 CALGARY
50 82 WINNIPEG
48 86 TORONTO
64 83 OTTAWA
47 80 MONTREAL

Analysis of data by community and by city – community awareness training workshops

Q.1. Pre-training awareness of hepatitis C was the highest among the Egyptian community (70%) followed, in descending order, by the Filipino, Chinese, and Vietnamese communities (see Figure 2). Members of all four communities reported heightened awareness post-training (81% to 95%) (see Figure 2).

Respondents in Ottawa (63%) and Vancouver (62%) reported the highest, and nearly the same, awareness of hepatitis C before training; this compares with respondents from Montreal, Winnipeg, Toronto, and Calgary who reported an awareness ranging from 56% to 41% (see Figure 3). After the training the awareness improved to 91% for Vancouver, 90% for Calgary and Winnipeg; Toronto, Ottawa, and Montreal followed with awareness ranging from 89% to 79% (see Figure 3).

Q.2. More Egyptians were aware of the risk of hepatitis C in their community (59%) at the beginning of the training while awareness in the Filipino, Chinese, and Vietnamese communities was 53% to 40%. Post-training awareness rose to 89% in the Egyptian community while those in the Filipino, Vietnamese, and Chinese communities were also high with scores ranging from 87% to 76% (see Figure 2).

Pre-training respondents from Vancouver had the highest (61%) awareness of hepatitis C in their community; the respondents from Calgary reported the least awareness (38%) with Ottawa, Montreal, Winnipeg, and Toronto falling between the two in that descending order. Post-training, communities in all cities, led by Vancouver and Calgary with 89% and 88%, respectively, had improved awareness with percentages in the 80s and upper 70s (see Figure 3).

Q.3. Before the training, the Egyptian community reported a higher awareness of the long-term consequences of hepatitis C infection (73%) than the Filipinos (59%) and the Chinese and Vietnamese (43% each). Post-training, the Egyptian community led in awareness with 94% but the Filipino, Vietnamese, and Chinese communities were close behind with scores of 91%, 86%, and 80% respectively (see Figure 2).

Prior to the training, respondents from Vancouver and Montreal (63% each) had the highest awareness of the long-term consequences of hepatitis C infection; respondents from the other cities followed in this order: Ottawa (57%), Calgary (52%), Toronto (47%), and Winnipeg (45%). Following the training, respondents in Vancouver rated their awareness at 92%, followed closely by respondents in Calgary and Toronto (89% each), Winnipeg and Ottawa (87% each), and Montreal (83%) (see Figure 3).

Q. 4. At the beginning of the training, a larger proportion of Egyptian respondents (72%) knew how hepatitis C was transmitted, in comparison with the Filipinos (63%), Chinese (44%), and the Vietnamese (38%). After the training, 94% of Egyptian respondents knew how hepatitis C is transmitted, followed by Filipinos (92%), Vietnamese (86%), and Chinese (84%) (see Figure 2).

The respondents from Ottawa (63%), Montreal, and Vancouver (61% each) showed the highest, and nearly equal, proportion of awareness of how hepatitis C is transmitted, before the training, followed by respondents from Calgary (53%), Toronto (45%), and Winnipeg (44%). After the training, respondents from Vancouver (95%) and Calgary (94%) showed the highest awareness of how hepatitis C is transmitted. They were followed by Winnipeg (90%), Ottawa (87%), Toronto (86%), and Montreal (85%) (see Figure 3).

Q.5. A larger percentage of Egyptian respondents (59%) had knowledge of testing for hepatitis C, pre-training, than the Filipino (54%), Vietnamese (40%), and the Chinese respondents (36%). After the training, the percentages rose to 94% for Egyptian, followed by the Filipino (89%), Vietnamese (83%), and Chinese (79%) respondents (see Figure 2).

The respondents from Vancouver (58%) led respondents from Montreal (53%), Ottawa (51%), Winnipeg (42%), and Calgary and Toronto (40% each) in their knowledge of testing for hepatitis C prior to the training. After the training, respondents from Calgary reported that 94% knew about testing for hepatitis C followed by Vancouver and Winnipeg (88% each), Toronto (87%), Ottawa (85%), and Montreal (75%) (see Figure 3).

Q. 6. A larger proportion of Egyptian respondents (60%) had prior knowledge of the treatment of hepatitis C than Filipino (54%), Vietnamese (38%), and Chinese (34%) respondents. Following the training, the numbers rose to Egyptian (94%), Filipino (87%), Vietnamese (85%), and Chinese (78%) (see Figure 2).

Marginally, more participants from Vancouver (53%) knew about treatment for hepatitis C prior to training than those from Ottawa (51%) and Montreal (50%), with Winnipeg, Toronto, and Calgary bunched closely together at 43%, 42%, and 41%, respectively. After the training, the numbers had grown to Calgary (93%), Winnipeg (89%), Vancouver (88%), Toronto (86%), Ottawa (85%), and Montreal (61%) (see Figure 3).

Q.7. More Egyptian participants (63%) than Filipinos (57%), Chinese (43%), and Vietnamese (38%) had understanding of hepatitis C prevention before training. After training, participant understanding of hepatitis C prevention had increased to 96% in the Egyptian community, 91% in the Filipino community, 84% in the Vietnamese community, and 82% in the Chinese community (see Figure 2).

More respondents from Vancouver (61%) than from Montreal (56%), Ottawa (53%), Calgary and Winnipeg (45% each), and Toronto (43%) were aware of hepatitis C prevention prior to training. After training, 95% of the respondents from Vancouver and Calgary were aware of hepatitis C, followed by those from Ottawa (88%), Toronto (86%), and Montreal and Winnipeg (83% each) (see Figure 3).

Q.8. A larger percentage of Egyptian participants (56%) were aware of the best ways for involvement of their organization in hepatitis C education without prior training when compared with Filipino (54%), Vietnamese (46%), and Chinese (36%) participants. After training, the numbers reporting awareness of the best ways to involve their organization in hepatitis C education were: Egyptian (93%), Filipino (88%), Vietnamese (79%), and Chinese (76%) (see Figure 2).

A larger proportion of participants from Vancouver (59%) understood the best ways for their organization to be involved in hepatitis C education prior to training than those from Ottawa (53%), Montreal (46%), Toronto and Winnipeg (42% each), and Calgary (38%). Post-training, the proportion of participants who understood the best ways for their organizations to be involved in hepatitis C education were Calgary (90%), Toronto and Vancouver (88% each), Ottawa (83%), Winnipeg (81%), and Montreal (75%) (see Figure 3).

Q.9. Before the training, more Egyptian respondents (56%) than Filipino (52%), Vietnamese (40%), and Chinese respondents (36%) had understanding of the resources their organization required for creating hepatitis C awareness and education. Knowledge of these resources increased post-training to Egyptian (90%), Filipino (88%), Vietnamese (80%), and Chinese (76%) (see Figure 2).

Prior to the training, a nearly equal proportion of respondents from Ottawa (55%) and Vancouver (54%) – followed by Winnipeg (44%), Montreal (42%), Toronto (40%), and Calgary (39%) – understood about the resources their organization required for creating hepatitis C awareness and education. After the training, respondents from Vancouver and Calgary were virtually tied (88% and 87%, respectively) in understanding about the resources necessary to create hepatitis C awareness and education followed by Toronto and Ottawa (84% each), Winnipeg (82%), and Montreal (76%) (see Figure 3).

Q.10. The confidence level of participants in their ability to assist their organization in increasing hepatitis C awareness was the highest among Egyptians (64%), followed by Filipinos (61%), Vietnamese (48%), and Chinese (43%), before the training. After the training, this confidence level had risen to 94% for the Egyptians, followed by Filipino (90%), Vietnamese (81%), and Chinese (75%) (see Figure 2).

Prior to the training, a larger proportion of participants from Ottawa (65%) were confident about their ability to assist their organization in increasing hepatitis C awareness in comparison to participants from Vancouver (62%), Winnipeg (52%), Montreal (51%), Toronto (50%), and Calgary (44 %).

Following the training, confidence in their ability to assist their organization in raising hepatitis C awareness had increased by city as follows: Calgary (90%), Toronto and Vancouver (87% each), Ottawa (84%), Montreal (81%), and Winnipeg (80%) (see Figure 3).

Q.11. Before beginning training, more Egyptian respondents (62%) than Filipino (58%), Vietnamese (49%), and Chinese respondents (41%) were confident of their ability to assist their organization in training other health care providers. After the training, this confidence in ability to assist their organization in training other health care providers had increased to: Egyptians (94%), Filipino (88%), Vietnamese (84%), and Chinese (73%) (see Figure 2).

Before training, the proportion of respondents from Ottawa (64%) and Vancouver (63%) who were confident of their ability to assist their organizations in training other health care providers was nearly the same. The scores were lower for respondents from Winnipeg (50%), Toronto (48%), Montreal (47%), and Calgary (43%). These percentages increased after the training to Calgary (92%), Vancouver (88%), Toronto (86%), Ottawa (83%), Winnipeg (82%), and Montreal (80%) (see Figure 3).

At the end of the training session, the participants were also asked to rate the format of the training session (see Appendix 11- Question 12). The format was rated high in the different cities (85% - 88%) and by the four communities (87% - 95%). The participants also found that they had enough opportunity to network with other health care providers in their respective city.

It is apparent from the results that the training consistently made a difference in improving the knowledge and awareness level of the participants across all the four communities in the six cities selected for the project. All aspects that were examined improved after the training in all cases. However, it is important to note that the results are subjective and, therefore, not absolute. These results do show, however, the value of this type of training in all communities that are at risk for hepatitis C.

10.3 Comments from workshop participants

The comments from the participants of the train-the-trainer workshop in Ottawa and the 24 community awareness training workshops have been compiled and they are presented in the following text.

10.3.1 Train-the-Trainer workshop

- Excellent workshop
- Very comfortable atmosphere
- Well-conducted training
- Very informative session
- Information well put together
- Good training guide
- Well-prepared and qualified presentation and support
- Good opportunity to meet professionals from different cultural groups
- The few slides have too much information – can be put on an additional slide
- Use simple language in PowerPoint presentation – some words need to be simplified
- Prepare French version of the PowerPoint presentation
- Include more pamphlets and brochures
- Include provincial liaison websites
- Develop a network to provide public awareness on hepatitis C
- Need to conduct several awareness workshops for cultural groups to make sure to increase awareness
- Follow-up necessary, and must continue to work on hepatitis C
- Need to follow-up this session to show how the workshop has increased awareness – after one year. To find out: is this effective? What can be done to increase funding?
- Glad to be part of this project
- Have more similar sharing opportunities in the future
- Have more discussions on how to recruit people to participate in information workshops
- Keep up the good work

10.3.2 Community awareness training workshops

The comments from the four ethnocultural communities are presented by city.

Toronto

Chinese

- Conduct more programs for hepatitis C patients
- All promotion to be focused on the younger generations, too

Filipino

- Very informative
- Good speaker
- Good presentation and information delivery
- Very lively discussion
- Will inform family to help them take preventive measures

Egyptian

- Full information workshop
- Thanks for your effort
- Wish to share with more people
- Need more workshops like this
- Can help with translation of hepatitis C material into Arabic

Vietnamese

- Thanks for the workshop
- Material should be translated into Vietnamese
- Questionnaire and slide to be translated
- Appreciate any future session

Ottawa

Chinese

- Good training
- Good training tools

Egyptian

- Excellent presentation
- Use animation and illustration

Filipino

- Material to be available in native language
- Excellent presentation
- Good group participation
- Very informative
- Great job. Thank you for sparing the time with the community
- Thank you for the workshop

Vietnamese

- Good interesting workshop which helped to understand better about the three types of hepatitis – A, B, and C - mainly the C type
- Feel satisfied with the workshop
- Good presenter
- Informative and helpful session. Perfect!
- Will publish in Vietnamese newspaper
- Do the sessions more often. Well done!
- Good presentation and coverage of key issues and concerns
- Presentation in Vietnamese and English needed
- The workshop is informative and useful

Montreal

Chinese

- Good! Good presentation and intent
- Excellent initiative
- Excellent training materials
- Thank you for this thought-provoking opportunity to share the knowledge gained today

Egyptian

- Very effective dialogue and presentation. Bravo!
- Very interesting. Appreciate very much
- I am planning to go to Egypt. I will spread the awareness. We need to raise awareness at the source, too

Filipino

- Very informative
- We need to be educated to know more about the disease
- I want to thank the persons in charge of doing this wonderful workshop. Excellent!
- I am still ignorant about the symptoms and cure for this kind of disease – need more workshops
- Very inspirational

Vietnamese

- It was very useful for the Vietnamese in Montreal
- Very good
- Would like to have other workshops on health and disease

Winnipeg

Chinese

- Very satisfied
- Good briefing
- Good workshop

Egyptian

- Very good presentation
- Useful information

Filipino

- Got a good understanding of hepatitis C
- Good job
- Very good opportunity to raise awareness on this health issue
- Very useful to the community
- Include an action plan for dissemination of information re: hepatitis C to specific communities
- Overall, a very informative session
- Learned a lot about hepatitis C to share with my family and friends in the community
- Thank you so much. Nice to know there is a program to educate the public. Good job

Vietnamese

- Excellent presentation
- It is encouraging to participate in the awareness aspect of hepatitis C
- Very interesting and informative
- 2-3 hour workshop is preferred to full day
- Shorter time is easier to recruit participants

Calgary

Chinese

- Half-day training is enough
- Well done. Thanks
- Good program to make more people know about HCV and how to deal with this kind of disease
- The workshop conducted in mother tongue (Chinese) is so good for the Chinese audience
- It is so enthusiastic to teach. Thanks
- All materials should be translated into Chinese

Egyptian

- Very organized
- Learned about something I did not know before
- Very knowledgeable training
- Very helpful to share with others, especially family
- A good and effective way to spread the message
- A good session to understand a lot about the disease
- Thank you very much
- Very helpful and useful

Filipino

- Gave a good knowledge about hepatitis C – causes, testing, prevention
- Very good information and increased awareness of hepatitis C
- Very interesting and helpful information about hepatitis C
- Do more research on hepatitis C
- Very good information and tools very helpful
- Warm and friendly environment. Very conducive to learning. Thanks!

Vietnamese

- Very good session
- Good speaker

Vancouver

Chinese

- Good workshop
- Video and slide show helped a lot
- Interesting tools
- Interesting workshop. Thanks!

Egyptian

- Excellent presentation. Well done!
- Good knowledge
- Very informative
- Well organized
- Have specially delivered workshop for community groups
- It was just perfect. A good workshop and training
- Great trainer
- Very nice information session
- Could this be routinely provided?
- Thanks a lot!

Filipino

- Well-organized and concise information
- Very useful
- Play video in "waiting areas"
- Integrate with other cultures and communities
- Use CD to play in the lobby continuously – in doctors' offices; hospitals; for staff; good in-service just by playing especially during night shift
- Very good training to acquire knowledge of hepatitis C and differences between hepatitis A, B, and C
- Highly informative – the information should be distributed to schools, too
- Very interesting and informative workshop – enjoyed very much
- Perfect amount of information presented. Not too much to digest

Vietnamese

- Please do more. We need these workshops on hepatitis C
- Please provide more training about hepatitis A and B – prevention and treatment
- Continue with the training

10.4 Observations by project coordinator

- All the 24 workshops in the targeted cities were very well conducted indicating that the train-the-trainer workshop in Ottawa was effective in giving the trainers the tools and skills required to conduct training workshops in their own communities.

- Recruiting the participants was difficult because:
  - there was no financial incentive for participation
  - nurses, social workers and doctors have irregular work schedules
  - many were unaware of their risk for hepatitis C.

- Participants used their personal time to attend workshops. They volunteered their time and service in return for the valuable resources and commitment to spread the information to their communities.

- The facilitators overcame the hurdles by convincing the individuals in the community about the importance of this health problem and the crucial role of community, health, and social service providers in creating awareness among other members of the community.

- Each workshop was conducted differently because of the diverse styles of facilitators. Yet all of them were very effective in motivating the participants to continue working with their community and co-workers to increase awareness of hepatitis.

- Most of the participants preferred a half-day workshop. This enabled them to do a half-day of work.

- The timings of the workshops were very different and were based on the convenience of the participants recruited in each city.

- The locations selected in the different cities by the different ethnic facilitators were different and were based on the convenience of the community – some preferred the workplace, others preferred community centres, and still others preferred to have them in the vicinity of religious institutions such as the mosque and church.

- The participants found the training package to be very useful and easy to understand. In particular, many of them liked the PowerPoint and Screencast presentations. The hepatitis A, B, and C brochures from CLF and PHAC were well received. Not a single negative comment was made about the training tools.

- Many participants preferred to have the PowerPoint presentation and the audio narration in their mother-tongue – particularly the Chinese and the Vietnamese.

- Among the 24 presentations, three were done in Chinese, four in Vietnamese, one in Arabic and English, one in French and English, one in Tagalog and English, and the remaining 14 in English alone.

- Two of the Chinese trainers translated the PowerPoint presentation into Chinese for a more effective presentation.

- The Vietnamese trainers translated the PowerPoint presentation into Vietnamese (ex tempo) during their presentations since they were unable to actually translate the slides and use them.

- Participants wanted more information on treatment costs and side-effects of treatment.

- Participants wanted more information on the prevalence of hepatitis C in each of the communities in Canada.

- Participants were very keen to find out why they were singled out and why other communities were not included.

- Participants wanted the information on YouTube to reach the youth and young adults who may not be generally interested in attending workshops and forums. This would also help people in their respective countries and other countries around the world that have a high prevalence of hepatitis C.

- It was important to have the Project Coordinator at each meeting to ensure that the workshop was conducted in a satisfactory manner and within norms. It was, for example, difficult for the facilitator to remember to do the pre- and post-evaluations and to gather the contact information for the database. Some facilitators were better organized than others and had all the materials ready, and they could distribute them at the appropriate time and collect the completed forms.

- Some trainers have already conducted additional workshops for their colleagues, clients, and community.

10.5 Project Evaluation and Reporting Tool

Two evaluations were conducted using PHAC's Project Evaluation and Reporting Tool (PERT). The first evaluation was done a few months after the start of the project and the second evaluation was conducted after completing the project.

The first focused on six sections in the PERT questionnaire: Monitoring, Resources, Target Population Involvement, Education/Awareness/Outreach Activities, Evaluation Reporting and Sustainability, and PHAC Project Support.

The second (end of project) PERT questionnaire included five more sections – Partnerships, Training for Paid Staff and Volunteers, Media Coverage, Action on Policy, and Project Results.

Both the questionnaires were completed online and sent to the Hepatitis C Program Consultant at the PHAC.

Section 11.0

Barriers Faced and Addressed

11.0 Barriers Faced and Addressed

(i) Short timeframe and limited resources to conduct 24 training workshops for four communities in six cities across Canada.
This was managed by scheduling the four workshops in sequence in each city and between cities. This permitted the coordinator to proceed sequentially from one city to the next, thereby reducing the costs for travel and accommodation. The trainers accepted the stringent conditions because of their dedication to help their communities and their cordial relationship with the CEC, a non-profit organization that they knew had limited resources.

(ii) Very little time for promotion of event.
Partly overcome by emails and follow-up phone calls, posters in organizations, and inserts in weekly bulletins.

(iii) Finding a suitable venue at a reasonable cost at short notice.
Libraries and church basements were used when the organizations were unable to offer their facilities because regular programs could not be rescheduled.

(iv) Trainers using their personal time to attend workshops.
Trainers were prepared to volunteer their time and service in return for the information and tools on hepatitis C, which they found very useful and difficult to get.

(v) Trainers not paid for participation in workshops.
The participants obliged because they have been involved with the CEC for many years on different projects and felt the need to support the CEC and their own communities. CEC provided recognition for participation, e.g., a Certificate of Attendance.

(vi) Irregular work schedule of nurses and social workers.
This was overcome by conducting workshops in their workplace; in the evenings or on weekends.

(vii) Training materials not available in language of the community
Only the hepatitis C brochure was available in the four languages. The brochure had been translated in the previous CLF-CEC project.

Section 12.0

Outputs and Outcomes

12.0 Outputs and Outcomes

The project has had a positive impact in all four communities. The tools developed and the training workshops have helped to create a greater awareness of hepatitis C in the four communities and increased knowledge of hepatitis C among community care, health, and social service providers.

12.1 Outputs

The outputs are as follows:

(i) A Training Guide on hepatitis C for community care, health, and social service providers.
(ii) A CD on hepatitis C containing (a) a screencast (a video screen capture with audio narration) and (b) a PowerPoint presentation.
(iii) One train-the-trainer workshop for 24 health care providers. The workshop used the tools developed to train 24 community care, health, and social service providers – one each from four communities (Chinese, Egyptian, Filipino, and Vietnamese) in six cities (Ottawa, Montreal, Toronto, Winnipeg, Calgary, and Vancouver).
(iv) Twenty-four community awareness training workshops for health care providers – one workshop in each city for each community. Each workshop had a minimum of 10 participants (a total of 240 participants).
(v) A database of 240 health care providers for networking and information sharing.

12.2 Outcomes

As a result of participating in the 24 community awareness training workshops, the 236 participants* from the four communities demonstrated the following:

(i) 66% increase in **awareness** of hepatitis C; 71% increase in awareness of the risk of hepatitis C in the community; 60% increase in awareness of long-term consequences of hepatitis C infection.
(ii) 67% increase in **knowledge** of hepatitis C transmission; 83% increase in knowledge of testing and treatment for hepatitis C.
(iii) 76% increase in **understanding** of hepatitis C prevention; 79% increase in understanding the best ways for an ethnocultural organization to be involved in hepatitis C education; 83% increase in their understanding of resources their organizations require for creating hepatitis C awareness and education.
(iv) 60% increase in **confidence** in training other health care providers.
(v) Significant, additional **post-training activities** undertaken voluntarily by the trainers to increase awareness of hepatitis C in their respective communities.
(vi) Increased **visibility** of hepatitis C issues through media coverage (Filipino newspaper and Vietnamese TV and Thoi Bao website).

These results were obtained from the pre- and post-training evaluations (see Section 10.2 for details). It is important to note that these results are subjective.

* A few questionnaires had to be deleted because they were incomplete or filled incorrectly.

Section 13.0

Conclusions

13.0 Conclusions

- Through this project, approximately 240 health care providers from four ethnocultural communities have been trained in six Canadian cities.

- The project demonstrates that the four communities are beginning to become more aware of hepatitis C. As a result of the training, the awareness of hepatitis C increased by 66%, knowledge of the risk of hepatitis C in the community by 71%, and knowledge of the long-term consequences of hepatitis C infection by 60% among the participants.

- Participation in the training workshop increased the knowledge of how hepatitis C is transmitted by 67%, and the knowledge of testing and treatment by 83%, in the four communities.

- The understanding about hepatitis C and prevention strategies that were gained during the training was 76%, and the understanding of the best ways for their organization to be involved in hepatitis C education was 79% in the four communities.

- The workshop participants from the four communities demonstrated an increased confidence in their ability to assist their organization in increasing hepatitis C awareness (57%) and in training other health care providers (60%).

- The level of understanding continues to be low in some of the communities (Chinese and Vietnamese especially) due to language and literacy difficulties. Even the limited materials available appear to be too technical.

- The four communities have expressed the need for more information in their respective languages – Arabic, Chinese, Tagalog, and Vietnamese.

- In general, the communities have problems accessing information on hepatitis C. The preferred methods of information dissemination for the communities are through their ethnic media, newspapers, bulletins, cultural and religious organizations, doctor's offices, and ethnic grocery stores.

- Communities have also indicated the need for more information on the Internet (Website, YouTube, and Facebook) to increase awareness among youth and young adults. For a variety of reasons (busy schedules [studies/job], lack of interest in health issues, or dislike of information sessions), this segment of the population is reluctant to attend information sessions. They are more likely to prefer receiving information through an Internet search than in an information session.

- The training workshops have helped to address the issue of the taboo about health issues such as hepatitis. The fear of being stigmatized and isolated associated with this taboo is deeply engrained and all four communities still face cultural barriers in creating open and informed dialogue.

- It is important to build on the gains already made in the current project by continuing to increase awareness and providing education to help overcome cultural barriers; this is a long and exacting process.

- A database of approximately 240 community care, health, and social service providers and their organizations in the different cities and communities was developed in the current project. The database provides much-needed resources to access organizations and health care providers in order to continue to place emphasis on partnerships, collaboration, information sharing, and building knowledge capacity.

- Communities are still not aware of local, provincial, and regional contacts that provide information and services on hepatitis C. There is an urgent need to continue to build linkages and lasting partnerships with local, regional, and provincial health agencies building upon the database and relationships already established.

- Despite the beginnings of partnerships, it was noted that the selected ethnocultural communities still appear to operate very much in isolation.

- This is a community-based model built on strong partnerships and aimed at increasing community capacity to enhance knowledge and awareness of hepatitis C by training community care, health, and social service providers and providing them with the necessary resources. It is hoped that the training model will continue to be adapted and developed in the respective organizations across Canada where communities seek culturally appropriate health support.

- Some of these trainers have already taken significant additional steps to inform and educate their communities about hepatitis C and its prevention.

- Increasing awareness and knowledge of hepatitis C enables individuals from the four communities to make informed decisions about their own health and the health of their families and communities.

- As a result of this project, a network of diverse health providers from across the country has been established, thereby increasing health literacy and the professional capacity to continue work on this important public health issue.

- It is important to build upon these gains using the information and expertise gained in the current project to enable the communities to take the necessary measures to prevent hepatitis C and reduce the burden of hepatitis C treatment on the Canadian health care system.

Section 14.0

Dissemination

14.0 Dissemination

Disseminating the training tools is an ongoing process. Copies of the training guide and other resources have been distributed to all participants, the project advisory committee, and other stakeholders.

The trainers will continue to use the training package to train others as and when the need and opportunity arise within their communities and organizations. In addition, nurses, social workers, and physicians who have been trained in the project will continue to guide and counsel individuals and at-risk families to take the necessary steps to prevent hepatitis C infection.

The training guide will be posted on the CEC and CLF websites.

Section 15.0

Next Steps

15.0 Next Steps

To address the immediate needs of the communities it is important to:

- Develop simpler, non-technical resource material on hepatitis C in four languages – Arabic, Chinese, Tagalog and Vietnamese;

- Prepare audiovisual materials, as many prefer and can better access these materials than written materials;

- Increase the means of spreading information so that a larger segment of the at-risk population can be reached;

- Develop a special portal on the website of CEC to: (a) provide information on hepatitis C, (b) point to additional sources of information, (c) share and distribute information, (d) reach beyond these four communities in Canada, and (e) provide world-wide access.

- Strengthen intercultural partnerships in a more structured manner and build opportunities for collaboration and dialogue between communities and local, regional, and provincial health agencies to have lasting results;

- Build and strengthen partnerships so that best practices can be shared and communities can develop more effective ways to work with their own community.

Appendices

Appendix 1. Members of the Project Advisory Committee

Safaa Fouda
Egyptian community representative, Ottawa, ON.

Sahara Habbane
Multicultural Outreach Worker, Pinecrest-Queensway Community Health Centre, Ottawa, ON.

K.Y. Liu
Director of Social Services, Yee Hong Centre for Geriatric Care, Toronto, ON.

Darlene Poliquin
Public Health Nurse, Ottawa Public Health, Ottawa, ON.

Billie Potkonjak
National Director of Health Promotion and Patient Services, Canadian Liver Foundation, Toronto, ON.

From the Canadian Ethnocultural Council

Anna Chiappa
Project Manager and Executive Director, Ottawa, ON.

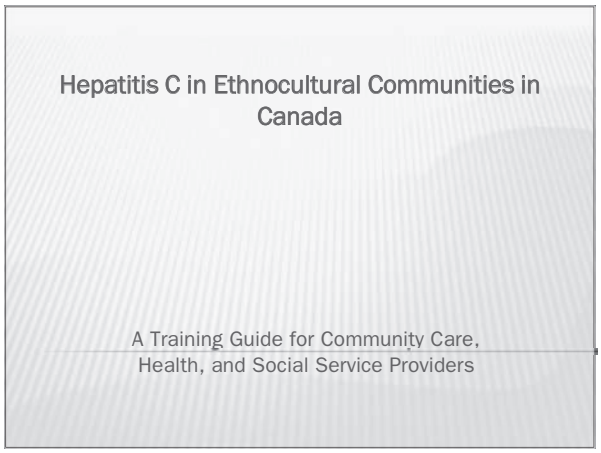
Sucy Eapen
Project Coordinator, Ottawa, ON.

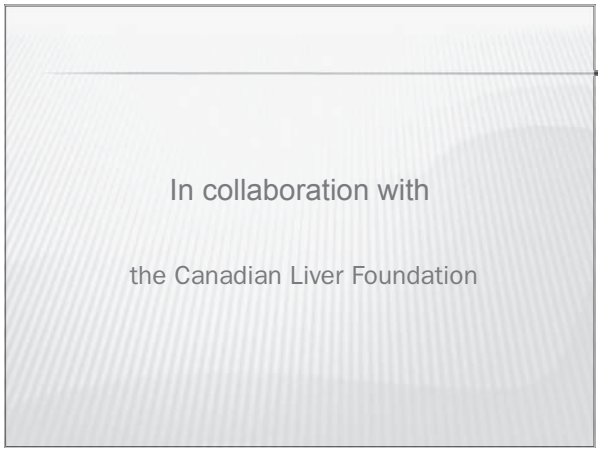
Art Hagopian
Past President, Toronto, ON.

From the Public Health Agency of Canada

Kazimiera Adamowski
Hepatitis C Program Consultant, Ottawa, ON.

Appendix 2. PowerPoint presentation on hepatitis C





Hepatitis C Virus (HCV)

- First identified in 1989
- Blood-borne virus, infects liver
- 170 M people infected Worldwide
- 242,500 people infected in Canada
- 8,000 people newly infected in 2007

From 1960 to 1990 an estimated 90,000 to 160,000 Canadians contracted hepatitis C through infected blood or blood products

5

Prevalence

- Prevalence is 3% or higher in some of the countries from which Canada gets immigrants
  - People's Republic of China
  - Egypt
  - Philippines
  - Vietnam
- Common causes of hepatitis C transmission
  - Cultural practices
    - Rubbing skin with coins until there is bleeding
  - Improperly sterilized hypodermic needles

6

Canadian Public Awareness

- General public awareness is low
- Little has been done to educate
  - General public
  - People with low literacy
  - People from diverse cultural, linguistic backgrounds
- As a result, infected individuals
  - Are unaware they have the disease
  - Unknowingly transmit the virus
  - Do not take precautions to safeguard their health
  - Do not seek treatment

7

Stigma

- Many cultural taboos exist
- Talking about the disease is a taboo
  - Association with drug use and alcohol abuse
  - Fear of being stigmatized and labeled
- Individuals experience
  - Shame and isolation
  - Fear being ostracized by communities
- Result
  - Reluctant to access care, treatment or obtain knowledge
  - Further spread of the disease

8

What is hepatitis?

- Hepatitis means inflammation of the liver
- If caused by a virus, it is referred to as viral hepatitis
- At least seven different viruses are known to cause hepatitis
- The most common ones in Canada are hepatitis A, B, and C

9

What is hepatitis C?

- Hepatitis C is a liver disease caused by the hepatitis C virus, a blood-borne virus
- It is spread by direct exposure to infected
  - Blood
  - Body fluids containing blood
- It is a major cause of chronic liver disease
- Out of every 100 people infected with hepatitis C
  - ~75 – 80% develop chronic infection
  - ~10 – 20% develop cirrhosis over 20 – 30 years
  - ~1 – 5% die from the consequences of long term infections including liver cancer

10

Hepatitis A, B and C - Differences

Hepatitis	C	A	B
Caused by	Hepatitis C virus	Hepatitis A virus	Hepatitis B virus
Spread by	Blood, body fluids containing blood	Fecal-oral route via raw seafood, shellfish, contaminated water, ice cubes	Blood, body fluids Sexual contact Infected mother → child at birth

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Common Risk Factors

- Injection drug use (past or present)
- Intranasal drug use (snorting)
- Sharing needles, straws, pipes, spoon, cookers, etc.
- Tattooing, body piercing, acupuncture
  - using unsterile equipment, ink or techniques
- Workplace exposure via needle-stick injury
- Improperly sterilized medical, dental equipment
- Sharing personal care articles
  - Razors, scissors, nail clippers, or tooth brushes
- Unprotected sexual activity that includes contact with blood
- Being born to a mother who has the hepatitis C virus

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Can hepatitis C be prevented?

- The only effective prevention method
  - Avoid contact with infected blood.
- Prevention
  - Do not share needles, syringes, spoons, drug solutions, water, cookers, pipes, straws for snorting drugs, and other paraphernalia
  - Only use fresh ink and single use, disposable needles for tattooing, body piercing, acupuncture, etc.
  - Sterilize all equipment, including the ink
  - Wear latex gloves if contact with another person's blood is likely
  - Practise safer sex
  - In non-monogamous relationships or with new sexual partners, use condoms
    - Sexual transmission rare in monogamous, long-term relationships

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Can you infect family, friends?

- Yes!
- How to decrease risk
  - Do not share razors, toothbrushes, nail clippers, etc.
  - Cover any open wounds or sores with a bandage
  - Dispose blood-contaminated items in containers
    - Tampons, sanitary napkins, tissues, bandages, needles, etc.
  - Do not share needles, straws, or other drug paraphernalia (containers, cookers, filters, or water)
  - Do not nurse with cracked or bleeding nipples
- Always use condoms
  - Particularly if not in a long-term, monogamous relationship
    - Protect partners from hepatitis C
    - Reduce transmission risk of other infections (hepatitis B, HIV, etc.)

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Symptoms

- Many people have no symptoms
  - They may even feel quite healthy
- Symptoms include
  - Fatigue
  - Jaundice (yellowing of the skin and eyes)
  - Abdominal and joint pain
  - Dark urine
  - Nausea
  - Loss of appetite

15

Who should be tested?

- Anyone who has done something that could put them at risk
  - Even once or a long time ago
- Anyone with signs or symptoms of hepatitis C
  - Nausea, fatigue, reduced appetite, jaundice, dark urine, and abdominal pain, etc.
- Anyone who was born or has resided in countries where hepatitis C is common
  - Egypt, southern Italy, India, Pakistan, China, The Philippines, Vietnam
  - Particularly if exposed to blood products, medical procedures, or vaccinations in these countries

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What are the tests?

- There are several tests
- Different tests help decide on the appropriate treatment
- Consult a health care provider who will request the appropriate test
- The Anti-HCV test
  - Looks for antibodies to HCV
  - If positive, the individual was once infected with the virus
- The HCV RNA tests
  - Indicates whether the individual still has the virus
  - How much of the virus is in the blood
- The HCV genotyping test
  - Tells the type (or genotype) of HCV
- Liver function and liver enzymes tests
  - Determine whether HCV is damaging the liver
- Liver biopsy
  - Shows the cumulative damage done to the liver by the virus, fat and alcohol

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Can you get hepatitis C again?

- Yes!
- The immune system cannot produce protective antibodies against the hepatitis C virus
- The virus changes too quickly for the immune system
- No one has lifelong protection from hepatitis C

18

Is there a vaccine?

- No hepatitis C vaccine exists at this time
- Even people who have been successfully treated for HCV can be reinfected
- Individuals' actions affect their risk level for reinfection

19

What is the treatment?

- Effective treatment for hepatitis C is available
  - Combination of pegylated interferon and ribavirin
- If treatment is prescribed, the individual and doctor should consider
  - What is the current treatment for hepatitis C?
  - How effective is the treatment?
  - What are the side effects of the treatment?
  - Who is a candidate for the treatment?
  - How does someone get treatment?
- To prevent further liver damage
  - Vaccinate against HAV and HBV
  - Vaccines for both hepatitis A and B exist
  - Many provinces and territories provide vaccines free of cost

20

Alternative Therapies?

- No alternative therapy has been proven safe and effective for treating hepatitis C
  - Homeopathy, herbal medicine, vitamins, minerals, etc.
- Most alternative therapists are not regulated by provincial and territorial laws
- For information on risks/benefits of alternative therapies
  - Look for a professional therapist
  - Therapist should have a good understanding of hepatitis C

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How is hepatitis C managed?

- To stay healthy and reduce stress on the liver
  - Avoid or limit alcohol
  - Avoid or limit tobacco
  - Eat healthily
    - See guidelines *"Eating Well with Canada's Food Guide"*
  - Avoid other liver damaging illnesses like hepatitis A and B
  - Avoid "street" drugs, including marijuana
  - Practise safer sex
  - Be physically active
  - Sleep adequately

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Some Useful Web sites

- Canadian Liver Foundation
  - http://www.liver.ca
- Government of Ontario
  - www.hepcontario.ca
- Health Canada
  - http://www.hc-sc.gc.ca
  - http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php
- Public Health Agency of Canada
  - http://www.phac-aspc.gc.ca/hepc

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References Cited

- Hepatitis C – Get the Facts
  - Public Health Agency of Canada
    - www.phac-aspc.gc.ca/hepc/index_e.html
- Healthy Living with Hepatitis C
  - Canadian Liver Foundation
    - www.liver.ca
- Eating Well with Canada's Food Guide
  - Health Canada
    - www.hc-gc.ca/fn-an/food-guide-aliment/index_e/html

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Appendix 3. Job Description of Trainer

Tasks and Responsibilities

- Attend a one-day training workshop in Ottawa
- Assist in identifying and selecting health care providers for participation in community awareness training in their respective city
- Coordinate, facilitate and conduct a one-day training workshop for health care providers (from their community and/or colleagues/peers) in their city.
- Assist in evaluating the training workshops
- Liaise with the CEC project coordinator

Skills Required

- Ability to communicate in English and in one of the following languages – Chinese, Filipino, Arabic and Vietnamese
- Ability to work under direction
- Good listening skills
- Thorough knowledge of the local community
- Knowledge of local media and community organizations
- Experience in recruiting participants for training workshops

Appendix 4. List of 24 Trainers - by city

Trainer	Phone	Email
Toronto		
Charles Wong	416-321-6333x2609	charles.wong@yeehong.com
Sondos Ramzy	416-231-7746x239	rsondos@arabnewcomers.org
Lydia Bustamante	416-654-2889	lydia12@sympatico.ca
Lucy Nguyen	905-670-3991	lnguyen85@gmail.com
Ottawa		
Rupert Yeung	613-235-4875x121	rupert.yeung@occsc.org
Nivin Sharaf	613-898-5468	navysharaf@hotmail.com
Laarni Casiple	613-270-9325	laarnic@rogers.com
Ai Tran	819-319-2280	ai.tran@mail.mcgill.ca
Montreal		
Ling Ngo	514-731-1386x2592	ngo.ling@hotmail.com
Naglaa Shoukry	514-890-8000x35235	naglaa.shoukry@umontreal.ca
Grace Yip	514-683-3111	yip1grace@yahoo.ca
Mai Lien Chung	514-341-6777	saimorg@yahoo.com
Winnipeg		
Maria Lip	204-832-8851	mariasklip@shaw.ca
Ezzat Ibrahim	204-269-0911	drezzat@shaw.ca
Flaviano Agpalza	204-788-1048	flag.jr@hotmail.com
Hien Tran	204-261-5973	landoan@shaw.ca
Calgary		
C.S. Kung	403-239-1681	cskung1@gmail.com
Mayada Naguib	403-355-5295	mayada.naguib@gmail.com
Maria Lourdes Celis	403-257-9075	doclou@shaw.ca
Nga Dam	403-293-9649	nnyguyen@telus.net
Vancouver		
Michael Tang	604-275-5899	michael@myhealthiswealth.com
Fatma Taha	604-552-9484	fatma_t@hotmail.com
Alice Cabarlo	604-813-6975	acabarlo@hotmail.com
Kathy Nguyen	604-729-3000	nganguyen52@hotmail.com

Appendix 5. Agenda – Train-the-Trainer Workshop

Canadian Ethnocultural Council
"Community Awareness Model for Hepatitis C"
Ottawa, September 19, 2009

		Section
8:00 – 9:00 am	Continental breakfast and networking	
9:00 – 9:15 am	Welcome Ground rules ……. Introductions (name, community, organization, city)	9.2
9:15 – 9:30 am	Ice breaker ……..	9.6
9:45 – 10.00 am	Introducing the training guide ……	1.0
10.00 – 10.45 am	Hepatitis C- A public health challenge …….. Risk factors for hepatitis C …….	2.0 3.0
	BREAK	
11:00 am – 12 noon	Prevention of hepatitis C …… Testing for hepatitis C ……	4.0 5.0
	LUNCH	
1:00 – 1:30 pm	Treatment for hepatitis C …… Management of hepatitis C …….	6.0 7.0
1:30 – 2:30 pm	Role Playing ……	9.7
	BREAK	
2:45 – 3:30 pm	Supporting community data …… Guidelines for conducting training workshop …… Helpful information on hepatitis C ……. Glossary of terms ……	8.0 9.0 10.0 11.0
3:30 – 4:00 pm	Screencast (CEC/CLF – CD) Review CLF, PHAC brochures, and translations	
4:00 – 4:30 pm	Evaluation …… Wrap up	9.8

Appendix 6. Schhedule for Community Awareness Training Workshops

Toronto

Date and Time	Location	City/Community	Trainer
Sep 26, 11am - 4pm	Vietnamese Association of Toronto 416-636-8887x221 3585 Keele Street, Unit 13 N. York, ON M3J 3H5	Toronto Vietnamese	Lucy Nguyen 647-828-1968 (c) 905-670-3991/416-636-8887 lnguyen85@gmail.com
Sep 26, 1:30 - 4pm	Yee Hong Centre for Geriatric Care 2311 McNicoll Avenue Scarborough, ON M1V 5L3	Toronto Chinese	Charles Wong 416-3216333x2609 charles.wong@yeehong.com
Sep 29, 11am - 3pm	Markham Federation of Filipino Canadians 1151 Denison Street, #10/11 Markham, ON L3R 3Y4	Toronto Filipino	Lydia Bustamante 416-654-2889/905-881-7363 lydia12@sympatico.ca
Sep 30, 12:30 - 4:30 pm	The Arab Community Centre of Toronto 555 Burnhamthorpe Road Etobicoke, ON M9C 2Y3	Toronto Egyptian	Sondos Ramzy 416-231-7745x239 rsondos@arabnewcomers.org

Schedule (continued)

Vancouver

Date and Time	Location	City/Community	Trainer
Oct 3, 9:30 am - 2 pm	St. Patrick's Parish 2881 Main Street Vancouver, BC V5T 3G1	Vancouver Filipino	Alice Cabarlo 604-813-6975/604-576-6853 (h) acabarlo@hotmail.com
Oct 4, 11 am - 2 pm	525 East 15th Avenue Vancouver, BC V5T 4S4	Vancouver Vietnamese	Kathy Nguyen 604-729-3000/604-565-3338 nganguyen52@hotmail.com
Oct 5, 5 - 9 pm	Masjid al Hedayah 2626 Kingsway Avenue Port Coquitlam, BC V3C 1T7	Vancouver Egyptian	Fatma Taha 604-552-9484/604-218-2071 (c) fatma_t@hotmail.com
Oct 7, 5 - 9pm	Chinese Cultural Centre Boardroom 50 East Pender Vancouver, BC V6A 3V6	Vancouver Chinese	Michael Tang 604-275-5899/778-893-9306 (c) michael@myhealthiswealth.com

Schedule (continued)

Calgary

Date and Time	Location	City/Community	Trainer
Oct 9, 6 - 9pm	Tuscany Club 2020-11300, Tuscany Blvd. NW Calgary, AB T3L 2V7	Calgary Egyptian	Mayada Naguib 403-667-7692 (c) mayada.naguib@gmail.com
Oct 10, 9am - 2pm	Forest Lawn Library 4807 8th Av. SE Calgary, AB T2A 4M1	Calgary Filipino	Maria Lourdes Celis 403-257-9075/403-290-5755 doclou@shaw.ca
Oct 10, 6 - 9pm	12 Whitworth Place NE Calgary, AB T1Y 6C3	Calgary Vietnamese	Nga Dam 403-293-9649/999-0341 nnyguyen@telus.net
Oct 13, 9:30am - 2 pm	Calgary Chinese Alliance Church 150 Beddington Boulevard. NE Calgary, AB T3K 2E2	Calgary Chinese	C. S. Kung 403-239-1681 cskung1@gmail.com

Schedule (continued)

Winnipeg

Date and Time	Location	City/Community	Trainer
Oct 15, 12 noon - 4pm	Welcome Place 397 Carlton Street Winnipeg, MB R3B 2K9	Winnipeg Egyptian	Ezzat Ibrahim 204-269-0911 drezzat@shaw.ca
Oct 16, 9:30am - 3:30pm	644 Burnell Street Winnipeg, MB R3G 3B7	Winnipeg Vietnamese	Hien Tran 204-261-5973 landoan@shaw.ca
Oct 16, 12 - 4:30pm	Chinese Cultural Centre, 2nd Floor 180 King Street, China Town Winnipeg, MB R3B 3G8	Winnipeg Chinese	Maria Lip 204-831-7453 mariasklip@shaw.ca
Oct 16, 5 - 9pm	644 Burnell Street Winnipeg, MB R3G 3B7	Winnipeg Filipino	Flaviano Agpalza 204-788-1048 flag.jr@hotmail.com

Schedule (continued)

Ottawa

Date and Time	Location	City/Community	Trainer
Sep 24, 10am - 4pm	Assumption Parish 320 Olmstead Street Vanier, ON K1L 7K3	Ottawa Filipino	Laarni Casiple 613-270-9325 laarnic@rogers.com
Oct 22, 9am - 2pm	Vietnamese Canadian Centre 249 Rochester Street Ottawa, ON K1R 7M9	Ottawa Vietnamese	Ai Tran 819-319-2280 ai.tran@mail.mcgill.ca
Oct 23, 9am - 3pm	Ottawa Chinese Community Service Centre, Boardroom 381 Kent Street, Suite 4004 Ottawa, ON K2P 2A8	Ottawa Chinese	Rupert Yeung 613-235-4875x121 rupert.yeung@occsc.org
Oct 24, 10am - 1:30pm	6C Europa Private Ottawa, ON K2E 7R6	Ottawa Egyptian	Nivin Sharaf 613-898-5468 navysharaf@hotmail.com

Schedule (continued)

Montreal

Date and Time	Location	City/Community	Trainer
Oct 27, 10am - 2pm	6655 Cote des Neiges, Suite 267 Montreal, QC H3S 2B4	Montreal Vietnamese	Mai Lien Chung 514-341-6777 saimorg@yahoo.com
Oct 29,12:30pm - 3pm	St. Luc Hospital (Near St Denis) 264 Rene Levesque East Montreal, QC H2X 1P1	Montreal Egyptian	Naglaa Shoukry 514-890-8000x35235 naglaa.shoukry@umontreal.ca
Oct 31, 10am - 2pm	YMCA, 1440 Stanley Street, 6th Floor Montreal QC H3A 1P7	Montreal Chinese	Ling Ngo 514-731-1386x2592 ngo.ling@hotmail.com
Oct 31, 3pm - 7pm	6767 Cote des Neiges Montreal, QC H3S 2T6	Montreal Filipino	Grace Yip 514-683-3111/514-928-4268 (c) yip1grace@yahoo.ca

Appendix 7. Questionnaire – Post-Training Activities

Canadian Ethnocultural Council
400-176 Gloucester Street, Ottawa, ON K2P 0A6
Tel: (613) 230-3867 Fax: (613) 230-8051 Email: cec@web.ca

"Community Awareness Model for Hepatitis C"

Name of trainer:
Community:
City:
Have you taken any action plans after your training session?

□ Yes □ No

If Yes, please provide details of all activities taken:

Activity	**Target Group** (Ethnic affiliation, Profess. background)	**Number**	**Where it was held**	**Date/Time**	**One-time /on-going**
1.					
2.					
3.					

Do you have any plans for the future?

□ Yes □ No

If YES, please describe activities (number and profile of potential participants, when are where the activities will be held.).

_____
_____
_____

Thank you

Note. Please complete the questionnaire and return by fax or email to Sucy Eapen, Project Coordinator, **before April 20, 2010.**

Appendix 8. Agenda - Alberta Hepatitis C Information Sharing and Networking Meeting

Edmonton, AB
March 30, 2010
Room 7-025 FNIH Boardroom
7th Floor, Canada Place

9:00	Coffee and Networking	
9:30	Introductions	
9:45	A Community-Based Model for Creating Awareness of Hepatitis C	Canadian Ethno-cultural Council
11:00	Break	
11:15	Multicultural Health Brokers	Agnes Midi
12:00	Lunch	

Alberta Region Hepatitis C Funded Projects Only

1:00	Hep C Project Evaluation Update	Sarah Barber PHAC
1:30	Hep C Project Meeting	All
3:00	Wrap-up	

Appendix 10. Questionnaire – Pre-training Evaluation

"Community Awareness Model for Hepatitis C"
CEC Community Training Workshops

Two questionnaires (before training and after training) are designed to obtain your assessment of whether the training session increases your awareness, knowledge, understanding and confidence in areas important to effective participation in the training process. Your responses will assist in the evaluation of the training session and the project.

Please complete the following evaluation questionnaire **before** the training session:

Please circle only one on the 5 point scale

1. My **awareness** of hepatitis C is

Low				High
1	2	3	4	5

2. My **awareness** of the risk of hepatitis C in my community is

Low				High
1	2	3	4	5

3. My **awareness** of the long-term consequences of hepatitis C infection is

Low				High
1	2	3	4	5

4. My **knowledge** of how hepatitis C is transmitted is

Low				High
1	2	3	4	5

5. My **knowledge** of testing for hepatitis C is

Low				High
1	2	3	4	5

6. My **knowledge** of treatment of hepatitis C is

Low				High
1	2	3	4	5

7. My ***understanding*** **of** hepatitis C prevention is

Low High
1 2 3 4 5

8. My ***understanding*** **of** the best ways for my organization to be involved in hepatitis C education is

Low High
1 2 3 4 5

9. My ***understanding*** **of** resources my organization requires for creating hepatitis C awareness and education is

Low High
1 2 3 4 5

10. My ***confidence*** in my ability to assist my organization in increasing hepatitis C awareness is

Low High
1 2 3 4 5

11. My ***confidence*** in my ability to assist my organization in training other healthcare providers is

Low High
1 2 3 4 5

Thank you

Appendix 11. Questionnaire – Post-training Evaluation

"Community Awareness Model for Hepatitis C"
CEC Community Training Workshops

Two questionnaires (before training and after training) are designed to obtain your assessment of whether the training session increases your awareness, knowledge, understanding and confidence in areas important to effective participation in the training process. Your responses will assist in the evaluation of the training session and the project.

Please complete the following evaluation questionnaire **after** the training session:

Please circle only one on the 5 point scale

1. My **awareness** of hepatitis C is

Low				High
1	2	3	4	5

2. My **awareness** of the risk of hepatitis C in my community is

Low				High
1	2	3	4	5

3. My **awareness** of the long-term consequences of hepatitis C infection is

Low				High
1	2	3	4	5

4. My **knowledge** of how hepatitis C is transmitted is

Low				High
1	2	3	4	5

5. My **knowledge** of testing for hepatitis C is

Low				High
1	2	3	4	5

6. My **knowledge** of treatment of hepatitis C is

Low				High
1	2	3	4	5

7. My ***understanding*** **of** hepatitis C prevention is

Low High
1 2 3 4 5

8. My ***understanding*** **of** the best ways for my organization to be involved in hepatitis C education is

Low High
1 2 3 4 5

9. My ***understanding*** **of** resources my organization requires for creating hepatitis C awareness and education is

Low High
1 2 3 4 5

10. My ***confidence*** in my ability to assist my organization in increasing hepatitis C awareness is

Low High
1 2 3 4 5

11. My ***confidence*** in my ability to assist my organization in training other healthcare providers is

Low High
1 2 3 4 5

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12. My satisfaction with the training workshop format is

Low High
1 2 3 4 5

13. Any other comments on the training?

Thank you