

Developing a Culturally Appropriate Hepatitis Resource for People from Culturally and Linguistically Diverse (CALD) Backgrounds

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Why hepatitis resources needed

- It is an important issue that affects CALD communities
- Lack of appropriate viral hepatitis resources
- Available resources are single disease focused
- Few hepatitis B and A resources
- A need for a combined resource on hepatitis A, B and C to learn the differences in common hepatitis to reduce confusion and unnecessary protection

Who we need to target

The resource is designed for general CALD communities but also can be very useful for:

- People who work with CALD clients (e.g. settlement workers)
- Main stream health service providers (e.g. GPs)
- Bilingual health educators
- Interpreters and translators



Contents in the resource

- What is hepatitis
- Common hepatitis and symptoms
- Hepatitis testing before coming to Australia
- Transmission: especially common transmission routes in developing countries
- Symptoms – emphasis on many people who have infections, but may not have any symptoms
- Testing
- Treatment
- Travel risk to home countries
- Vaccination and prevention
- Confidentially and interpreting information
- Services available



Resource development process

English version development

- Professionals reference group: provided the project direction and professional advice on the content
- CALD group: guided on topics, sensitivity of contents and format of resource.



Resource development process

In-Language development: Chinese and Vietnamese

- Rewrite based on English version – not direct translations
- Edited by people with medical knowledge and a high level of English and the targeted language
- Focus testing in targeted communities
- Refined version based on feedback
- Final version

Focus testing

- Don't need to speak or read English
- Drafts sent to focus groups prior to the meeting: ensure people have plenty time to read the drafts
- List of questions with the drafts: e.g. which terms/sentences/paragraphs not easy to understand – any suggestions on changes; mistakes or errors;
- Discussions at the focus group meeting

Issues about Chinese version

- Chinese are from different regions: mainly from Mainland China, Taiwan, Hong Kong
- May use different terms and sentences
- Focus group includes people from these regions to ensure the resources can be understood by all
- However the person from Taiwan didn't pick up the difference in translation for hepatitis A, B, C
- Changes later made

Evaluation

- Feedback form posted with each order
- 26 feedback forms returned so far
- Very positive: simple, easy to understand, very useful etc
- Ask for other languages: Burmese, Karen, Arabic
- Still in process – getting more feedback forms from community members

Acknowledges

- QH for funding support
- People who were involved in:
 - Reference group
 - Consultation
 - Review
 - Focus testing