‘Multilingual resources, what’s the big deal? Just translate an English one!’

National Hepatitis Health Promotion Conference
Sydney, 14 & 15 November 2013

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Multicultural HIV and Hepatitis Service
Who are we?

• NSW state-wide service
• Work across HIV & viral hepatitis
• Health promotion & client support
• 25 languages
• 14 core staff & 95 casual bi-lingual/bi-cultural Co-workers
CHB initiatives

• A multilingual resource on chronic hepatitis B (CHB) for priority CALD communities

• Hep B workshops for multicultural health & community workers

• Hep B updates for GPs with high case loads of patients from priority communities

• The formation of a ‘NSW Hepatitis B Community Alliance’

• Korean Community Development Project
Identified need for a resource

- A lack of and need for culturally and linguistically appropriate resources had been repeatedly identified through research \(^1\,^2\,^3\,^4\,^5\).

- The National Hepatitis B Strategy 2010 – 2013 also identified: ‘building the health literacy of people with chronic hepatitis B and their families’ as a priority action \(^6\).
Hepatitis B. It’s family business

- **Objective:** To increase priority CALD communities’ access to culturally appropriate information on CHB

- Developed in plain English & seven community languages
  - Arabic
  - Chinese
  - Khmer
  - Korean
  - Indonesian
  - Vietnamese
  - Thai

- Also available as fact sheets at [www.mhahs.org.au](http://www.mhahs.org.au)
Resource development

Writing group:

Health Promotion Officer
Service & Workforce Development Officer
Media & Education Officer
Deputy Manager

Expert Advisory group:

Dr Ben Cowie
Prof Simone Strasser
Dr Mitchell Smith
Tadgh McMahon
Choice of languages

• Countries with high and intermediate prevalence of CHB
• Total resident population of NSW born in those countries
• Estimated prevalence of CHB among NSW residents born in those countries & estimated total population
• Major LOTE spoken by resident population of NSW born in those countries
• Total resident population of NSW who spoke LOTE (regardless of COB) and English proficiency
• Estimated NSW resident population with chronic hepatitis B speaking those languages
Information included

- Emphasis on vertical transmission
- Difference between chronic & acute
- Age of infection & risk of CHB
- Who is at risk of CHB in Australia?
- The ‘healthy carrier’ issue
- Testing & who should have a test
- Treatments & monitoring
- Vaccination
- Disclosure (there is lot of mixed info available, much of it not accurate)
Information not included

• Names of the tests (but explains it’s a **specific** blood test & refers to GP)

• Phases of hep B (but encourages regular monitoring)

• No detail of specific treatment options (but explains availability & the role of the specialist)
Development in languages

- Plain-English version
- In-house language development
- In-house editor
- Third person to check readability
- A flexible design to allow for different languages
Distribution

- Distributed across a wide variety of organisations
- Almost 50% print run distributed in a year
- Resource available on MHAHS website
- Feedback has been extremely positive
External evaluation

Main findings:

• Key messages were well understood

• Participants felt the resource:
  – was helpful & useful
  – provided new knowledge on hepatitis B & corrected misconceptions
  – contained information that was important to know
  – prompted participants to consider having a test
Focus group comments

‘I didn’t know anything before today, now I know a lot more about this disease’

‘I found this booklet very interesting, very engaging, compared to what I learnt before in high school, it makes me want to find out more’

‘It makes me think I should have a blood test, just to make sure’
Learnings

• Involving members from affected communities is vital to ensure cultural appropriateness

• Writing group proved to be a focused & efficient approach

• Clarity & simplicity around key messages was crucial - KISS principle

• Maintaining focus on the aim of the resource

• Conveying something that does not exist (i.e.: healthy carrier) can potentially create confusion and requires further exploration
Our website
References


Thank you!

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