

# Understanding the factors that impact access to screening and treatment for Hepatitis C among immigrants- An implementation science-informed qualitative study

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## Background

- About 35% of Hepatitis C (HCV) cases in Canada are immigrants from HCV endemic countries.<sup>1</sup>
- The uptake of screening and treatment is suboptimal.<sup>2</sup>
- There is an average 10-year delay in diagnosis, resulting in poor health outcomes and high healthcare system costs.<sup>3,4</sup>
- We lack data on the factors that impact access to HCV care in this group.

## Purpose

Egypt has one of the highest rates of HCV infection worldwide and the city of Ottawa has a large Egyptian community.

We aimed to identify barriers and enablers to HCV screening and treatment among immigrants to Canada from Egypt, by using an implementation science-based approach.

## Methods

We established a Community Advisory Group to provide advice and feedback on all stages of the study.

**Design:** Qualitative descriptive design.

**Participants:** Adult immigrants from Egypt (with or without HCV) in Ottawa.

**Data collection:** Semi-structured interviews based on the Theoretical Domains Framework (TDF)<sup>5</sup>. Sampling continued until thematic saturation was achieved.

**Analysis:** Double-coded the transcripts according to the TDF. Identified the key themes.

## References

<sup>1</sup>The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. (2019).

<sup>2</sup>Chhatwal J (2019). The impact of direct-acting antivirals on the hepatitis C care cascade: identifying progress and gaps towards hepatitis C elimination in the United States.

<sup>3</sup>Greenaway, C. (2017). A population-based study of chronic hepatitis C in immigrants and non-immigrants in Quebec, Canada.

<sup>4</sup>Chen, W. (2012). Immigrant patients with chronic hepatitis C and advanced fibrosis have a higher risk of hepatocellular carcinoma.

<sup>5</sup>Michie, S. (2005). Making psychological theory useful for implementing evidence-based practice: a consensus approach.

## Results

In total, we conducted 18 interviews.

The analysis is still ongoing. But preliminary findings identified 5 major themes (four barriers, one enabler) which impact seeking HCV screening and treatment among Egyptian immigrants.

<b>Language of interview</b>	English (15), Arabic (3)
<b>Length of interview (minutes)</b>	19-50 (Mean: 36)
<b>Sex</b>	Female (8), male (10)
<b>Age (year)</b>	19-79 (Median: 35)
<b>Education</b>	Diploma (3), College (6), Post secondary (9)
<b>Length of living in Canada (year)</b>	2-48 (Median: 7)
<b>Legal status</b>	Citizen (9), Permanent Resident (4), Temporary visa (5)
<b>Access to family doctor</b>	Yes (13), No (5)
<b>Screened for HCV</b>	Yes (12), No (6)
<b>History of HCV//Treated for HCV</b>	7

### Barriers

Absence of major symptoms

*We have a tendency to just tough it out or to just not want to see a doctor [for minor symptoms] (P9).*

*Again, whether if I go ask my doctor for no reason randomly to get checked, I don't think she will say yes. At least from my previous history with her, she always needs a very obvious reason to get checked (P3).*

Perceived stigma about HCV and ethnocultural discrimination

*People, some of them say that maybe you brought sicknesses from our own country to your own country (P16).*

*So, I can say in Egypt, some of them may tend to associate with you and try to understand, but in Canada you can face some social stigma and even discrimination sometimes, too (P15).*

Differences between the Canadian and Egyptian healthcare systems

*I cannot take more than one thing. So, if you have a swollen and you have a burn somewhere, he will not take you because you have to say one thing at a time. So, this type of attitude is really like I don't think it's human. I don't think it's the right thing to do (P4).*

Difficult access to family doctors and long wait times

*So, the negative experience, again, is the wait time, waiting for my family doctor. And then knowing inside of me that even with that, I need to go and do the blood work. And then after that, I have to go and see him again. And the day after that, I need to go and be scheduled for a specialist and the specialist will not be available for six to eight months (P2).*

### Enabler

Positive experience with receiving HCV treatment

*Dr. \_ is a very good doctor and people in the hospital are helpful, I took the treatment thank God and things were good (P11).*

*The respect (is) nice, you know, there are very welcoming environment, ..., I will be very ready to go to next time, yes (P10).*

## Conclusion

Our theory-informed approach to understand the barriers to HCV care among immigrants identified key factors that contribute to the low uptake of screening and treatment. These findings will help inform a theory-based intervention to optimize HCV care in immigrant communities with the hope of HCV elimination.

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