Health Literacy and Immigrant Populations

Metropolis Seminar, Ottawa, Ontario
June 16. 2009

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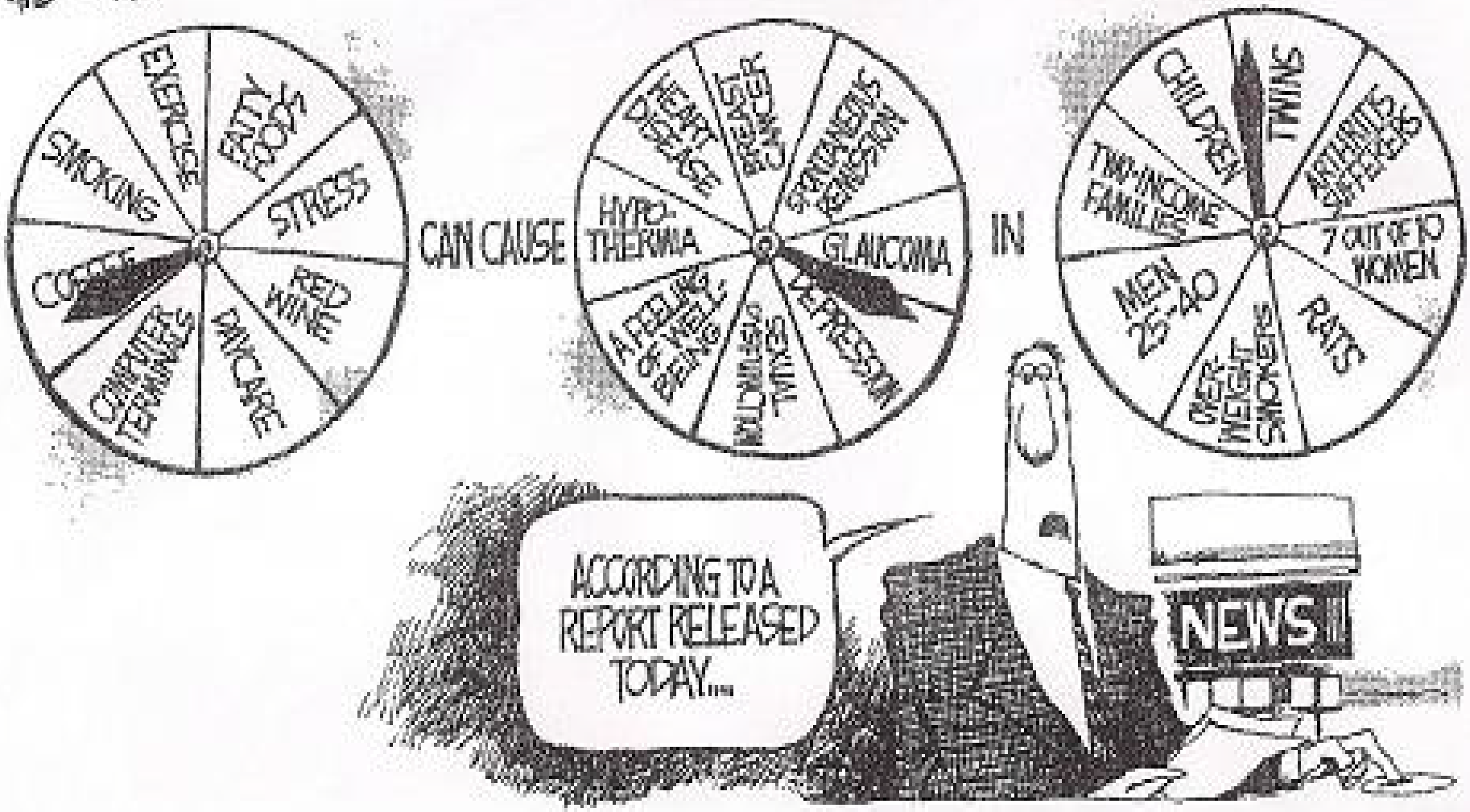
- This policy brief was commissioned and funded by the Strategic Initiatives and Innovations Directorate (SIID) of the Public Health Agency of Canada.

- Support for its development was provided both by SIID and the Metropolis Project. The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the Public Health Agency of Canada nor Metropolis.

Today's Random Medical News

from the New England Journal of Panic-Inducing Gobbledygook



Low literacy…

Over 3 million Canadians have problems reading and understanding print materials

…poor health

- Low literacy contributes to poor overall and chronic health status
- People with low literacy levels are more likely to earn less, be hospitalized more and are less likely to seek care
- They are less knowledgeable about health issues, medical conditions and treatments

Presentation overview

- What is health literacy?
- How does it affect Canadians?
- What is the research evidence with respect to immigrant populations?

Dialogue:

What can policy makers do? What research is needed?

What is “health literacy”?

“Health literacy generally refers to the ability of individuals to access and use health information to make appropriate health decisions and maintain basic health.”

Canadian_Council_on_Learning, *Health Literacy in Canada: Initial results from the International Adult Literacy and Skills Survey 2007*. 2007: Ottawa. p. 3.

Where and when
does health literacy “happen?”

Health literacy is “the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health *in a variety of settings across the life-course.”*

How does health literacy happen?

It is … "more than the availability of information and services. It is …

- mediated by education, *culture and language,*
- by communication *skills* of professionals,
- by the nature of *materials and messages*,
- and by the *settings* in which health-related supports are provided."

Levels of health literacy and empowerment

1. Basic or functional health literacy
2. Communicative or interactive health literacy
3. Critical health literacy

From *Health Literacy as a Public Health Goal*, Don Nutbeam, 2000

Health literacy in Canada

60% of adult Canadians lack the capacity to obtain, understand and act upon health information and services and to make appropriate health decisions

Canadian Council on Learning 2007

Limitations of current health literacy survey data

- The National Assessment of Adult Literacy (2003) included items relating to 3 domains of information and services: clinical, prevention and navigation of the health-care system.
- The large gap in health literacy scores between immigrants and non-immigrants is not surprising--the tests were administered in English or French (CCL, 2007a)
- Awareness of existing health services and navigation of the health care system are clearly areas in which immigrants are disadvantaged in Canada.

Impact of low health literacy

Canadians with the lowest health literacy scores are 2.5 times as likely to see themselves as being in fair or poor health as those with higher health literacy scores (CCL 2008)

This relationship holds even after removing the impact of age, gender, education, mother tongue, immigration and Aboriginal status

What is the research evidence?

Health Literacy and Immigrants

Greater impact on sub-groups

Average health literacy scores tend to be lower for immigrants, especially recent immigrants and those who do not speak English or French well

Barriers to health care information for immigrants

- Immigrants report more barriers than non-immigrants
- Existing information and services are not sensitive to cultural, faith, language or literacy needs of diverse communities
- Language barriers are higher among recent immigrants arriving from non-English speaking countries
- Nearly half of new immigrants report no knowledge of English or French

Health literacy, social determinants and immigrants

Multiple factors affect health literacy for immigrants:

- Age, gender, class, language proficiency
- Prior education about health issues
- Pre-migration / resettlement stresses (e.g. discrimination)
- Familiarity with the health care system
- Ability to find and access appropriate services
- Access to information through available social networks
- Workplace and educational experiences during settlement

Health literacy, gender and language

It is assumed that immigrant women have lower health literacy:

32% of foreign-born women are estimated to have extreme difficulty with and only limited use of printed materials, compared to 24% of foreign-born men and approximately 10% of Canadian-born women and men

(2003 IALSS; McMullen, 2006).

Poverty and access to health care and information

- *Recent* immigrants in Toronto experience higher rates of hospitalization, in contrast to the "healthy immigrant effect." One explanation is that recent immigrants have less knowledge of and access to preventative health care services and information.

- Many high recent-immigration urban areas are also low-income areas; it is extremely difficult to disentangle effects of immigration and income.

Glazier et al.

Health Literacy and Chronic Disease

- Diabetes is highly correlated with health literacy. Some immigrant groups may be more affected than others.
- The same applies to management of chronic cardiovascular diseases.
- Growing concern about other nutritional issues, such as Vitamin D deficiencies in some populations.
- Health literacy has been found to compound health risks for asthma patients presenting in emergency departments, which is more common among people from different ethnic and cultural backgrounds.

Health literacy and ESL/FSL

- Lack of ESL/FSL programs for adults is barrier for newcomers to Canada who wish to improve their literacy and health literacy skills.

- In Ontario between 2000 and 2007, elementary schools with ESL students increased 29%, while of schools with ESL teachers declined by 23%

- 70% of school children have immigrant parents

(People for Education, 2007)

A pilot study of immigrant "information practices" (Caidi 2008)

- Health information is among the top needs of longer established immigrants.
- Family and friends are the number one source of information.
- Both local and transnational social networks are important.

Practice barriers include:

- fear of speaking English
- suspicion of authority
- isolation and sense of being an outsider
- use of children, who may have poor skills, to find information
- lack of familiarity with Canadian information sources
- cultural differences
- not knowing how to ask for services

Explaining disparities in health literacy among immigrants

- Immigrant and racialized groups defined as having distinct cultural backgrounds, languages, beliefs usually have lower socioeconomic status, sometimes for several generations
- Often considered “hard to reach” because of service providers’ failure to employ appropriate, effective communications strategies, which contribute to lower access to information and use of preventative services

Social determinants *plus* culture

- A narrow understanding of health literacy as a functional skill *neglects the cultural context* of communication and impedes good practices.

Culture and health literacy

- “Culture” goes beyond language to cultural values and help seeking beliefs.
- Shared culture governs social relations and affects trust and understanding.
- Communication goes both ways: How do immigrants view Canadian health care “culture?”

Cultural influences on health literacy and health care

- The majority of recent immigrants prefer to see a physician who speaks their language, because communication is based on shared cultural knowledge.
- *“How can you help me if you don’t know who I am?”*
  - *--A Somali woman and focus group participant*
- This has policy implications for formulating health promotion strategies and enhancing primary care.

What about mental health?

- Research suggests that lay people generally have poor understanding of mental illness.
- They are unable to identify mental disorders, do not understand what causes them, are fearful of those who are perceived as mentally ill, have incorrect beliefs about treatment, are often reluctant to seek help and are not sure how to help others. In some languages, there are no specific equivalent terms for mental illnesses.

Mental health literacy

- Mental health literacy is defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention (Jorm 2000).
- Culture influences how people recognize, explain, experience and respond to mental disorders.
- Immigrant social support networks influence patterns of help-seeking and care-giving.

Health literacy ‘good practice,’ settlement and wellbeing

- Understanding cultural perspectives is critical
- Redundancy and multiple forms of communication (including using first languages and popular media) enhances health literacy and services.
- The role played by “gate keepers” who are considered knowledgeable within communities is emphasized over and over.
- Research needed that distinguishes between the instrumental and expressive forms of communication.

Promising Practices in HL

- **The most promising practices combine multitasking approaches and direct inter-personal communication,** usually by a health educator who is linguistically competent and culturally acceptable to the community involved. For example, it is effective to combine easy-to-read written patient education materials with oral instruction, use of existing social networks, cultural interpreters and community facilitators.[1]

- **Relying on a variety of public outreach sites is important** for immigrant communities for which community health centres, schools, ethnic associations, places of worship and shopping malls are points of contact.

- Evidence from both Canada and the U.S. shows that using **participatory educational methods** for learners to identify, research and learn about health issues results in improvement to most aspects of health literacy [2]

1 Elder et al. 2005; 2 National Collaborating Centre for Determinants of Health 2007.

Recommended Actions

- Focus on immigrant women and refugees;
- Bridge early and middle settlement information needs;
- Ensure that mental health promotion and chronic disease prevention initiatives are targeted to immigrant groups;
- Use participatory, community-based strategies;
- Work with employers and educational institutions to enhance health literacy;
- Support cultural competence initiatives;
- Make cultural interpreter services mandatory;
- Fund research on health literacy and immigrants.

Dialogue: What can we do?

- Health literacy results from the interaction of individuals' skills with health systems' demands.
- Need to improving health literacy by increasing literacy skills and by decreasing the literacy-related demands of health systems.
- How can policy makers increase health literacy among immigrants? In the classroom? By other program and policy mechanisms?