March 31, 2022

Reinvent, Reformulate & Redirect:

Health and wellness literacy for immigrant/ethnic-minority communities under a Health Literacy Council

Health literacy is essential to both personal and community health. Inadequate health literacy contributes to health disparities, especially for racialized/immigrant populations. Efforts to improve health literacy need to be community-engaged and cross-sectoral, involving the combined and coordinated efforts of all major stakeholders. Current health literacy efforts need to be reinvented, reformulated and redirected to improve health and wellness in this population in Alberta. To enable this change, this policy brief advocates for the creation of a Community-Engaged Health Literacy Council.

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The problem

Health literacy is essential to both personal and community health. Inadequate health literacy contributes to health disparities, especially for racialized/immigrant populations.[1] Efforts to improve health literacy need to be community-engaged and cross-sectoral, involving the combined and coordinated efforts of all major stakeholders. Current health literacy efforts need to be reinvented, reformulated and redirected to improve health and wellness in this population in Alberta.

What is health literacy?

Health literacy is more than reading and understanding health information; rather, "it is the ability to access, comprehend, evaluate and communicate the information as a way to promote, maintain, and improve health in a variety of settings across one's lifespan". The United Nation's Sustainable Development Goals list health literacy as a public health priority because it empowers individuals and communities to define the course of their own health.[2] Improving health literacy in populations provides the foundation on which citizens can play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health needs and health inequities.

Health literacy in racialized/immigrant communities

Many Canadians experience low health literacy. The problem is higher in certain population groups, particularly immigrants.[3] Current available evidence suggests that the prevalence of a minimum level of health literacy was higher among immigrants compared to non-immigrants (60% vs 37%).[4] Language and general literacy barriers mainly contribute to the issue. However, ethnocultural differences, beliefs regarding health and disease, socio-economic status, help-seeking behaviours, as well as expectations

[1] Gary L. Kreps and Lisa Sparks, 'Meeting the Health Literacy Needs of Immigrant Populations', *Patient Education and Counseling* (Elsevier, 2008), 328–32 <https://doi.org/10.1016/j.pec.2008.03.001>.
[2] United Nations Development Programme (UNDP), 'United Nations Development Programme: Sustainable Development Goals', 2018 <https://www.undp.org/sustainable-development-goals> [accessed 22 May 2021].
[3] TS Murray and others, *Health Literacy in Canada: A Healthy Understanding*, *Www.Ccl-Cca.Ca*, 2008 <http://en.copian.ca/library/research/ccl/health/health.pdf>.
[4] Lynn Chiarelli, *The Impact of Low Health Literacy on Chronic Disease Prevention and Control*, *Canadian Public Health Association* (Ottawa, 2006) <https://www.cpha.ca/sites/default/files/assets/annual-reports/2006_ar_e.pdf>.

from health providers, also play a role.[1,5] Meanwhile, the number of immigrants has tripled in Alberta over the last two decades (6.9% to 17.1%) and continues to rise.[6] Therefore, it is important to develop appropriate community-based and collaborative health literacy programs customized to help overcome the ethnocultural barriers experienced by diverse and growing immigrant groups in the province.

Current state of health literacy initiatives

Current health literacy initiatives predominantly focus on providing health information to individuals through different channels, most notably through health care providers.[7] This approach essentially attempts to transfer information vertically and does not incorporate the individual and/or community context.[8] To compensate for language barriers, the use of translated materials in different languages has been commonly practised.[9] However, these efforts fail to address the sociocultural factors that inhibit the uptake of health information. Key policy challenges to health literacy for racialized immigrant communities in Alberta are as follows:

Absence of meaningful community-engaged efforts

Current health literacy initiatives appear to lack meaningful community-engaged efforts.[10] Different service-providing groups or support organizations limit their health promotion or health literacy initiatives to predominantly creating and circulating health information. Furthermore, most efforts use top-down approach for developing and executing health literacy initiatives. Often community participation is short-term or may be viewed as tokenistic. Health literacy efforts too often fail to take effective steps to

[5] Matthew W. Kreuter and Stephanie M. McClure, 'The Role of Culture in Health Communication', *Annual Review of Public Health*, 2004, 439–55 <https://doi.org/10.1146/annurev.publhealth.25.101802.123000>.
[6] Statistics Canada, 'The Daily — Immigration and Ethnocultural Diversity: Key Results from the 2016 Census', *2017* <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm?indid=14428-1&indgeo=0#data> [accessed 16 June 2021].
[7] Laura Simich, 'Health Literacy and Immigrant Populations', *Public Health Agency of Canada and Metroplis Canada*, March, 2009, 1–14 <http://canada.metropolis.net/pdfs/health_literacy_policy_brief_jun15_e.pdf>.
[8] Samuel R. Mendez, 'Health Equity Rituals : A Case for the Ritual View of Communication in an Era of Precision Medicine', 2020 <https://dspace.mit.edu/handle/1721.1/127452> [accessed 23 July 2021].
[9] Charlotte A Jones and others, 'Tackling Health Literacy: Adaptation of Public Hypertension Educational Materials for an Indo-Asian Population in Canada', *BMC Public Health 2011 11:1*, 11.1 (2011), 1–11 <https://doi.org/10.1186/1471-2458-11-24>.
[10] Liesbeth De Wit and others, 'Community-Based Initiatives Improving Critical Health Literacy: A Systematic Review and Meta-Synthesis of Qualitative Evidence', *BMC Public Health* (BioMed Central Ltd., 2017), 1–11 <https://doi.org/10.1186/s12889-017-4570-7>.

authentically work with grassroots community members to enhance uptake and utilization of health and wellness information.

A lack of coordination

Currently, all health promotion stakeholders are conducting their work based on their own models and execution plans which, most of the time, lack coordination.[11] This is creating a level of chaos and confusion at the community level that's hindering effective trust building. For example, different screening programs, or different health promotion programs, are hosting their own community events based on their (programs') own feasibility. As such, they are failing to deliver their programs to different segments of the grassroots communities equally and consistently. Some communities – those connected with the programs – are receiving efforts but the communities that are not connected fall through the cracks.

Efforts are not aligned with community needs

Health promotion efforts frequently fail to consider the different needs of community members (Figure 1). Though there are segments within the communities that need basic information, not all community members are in need of simple health information. There are community members who know about an issue but do not care, may not have the ability to understand the issues, or may not have access to support for informed decision-making or action. Most of the time, at the grassroots community level, the action by the health promotion authorities is limited to increased awareness only.

[11] Irving Rootman and Deborah Gordon-El-Bihbety, 'A Vision for a Health Literate Canada', *Canadian Public Health Association*, 2008, 1–50.

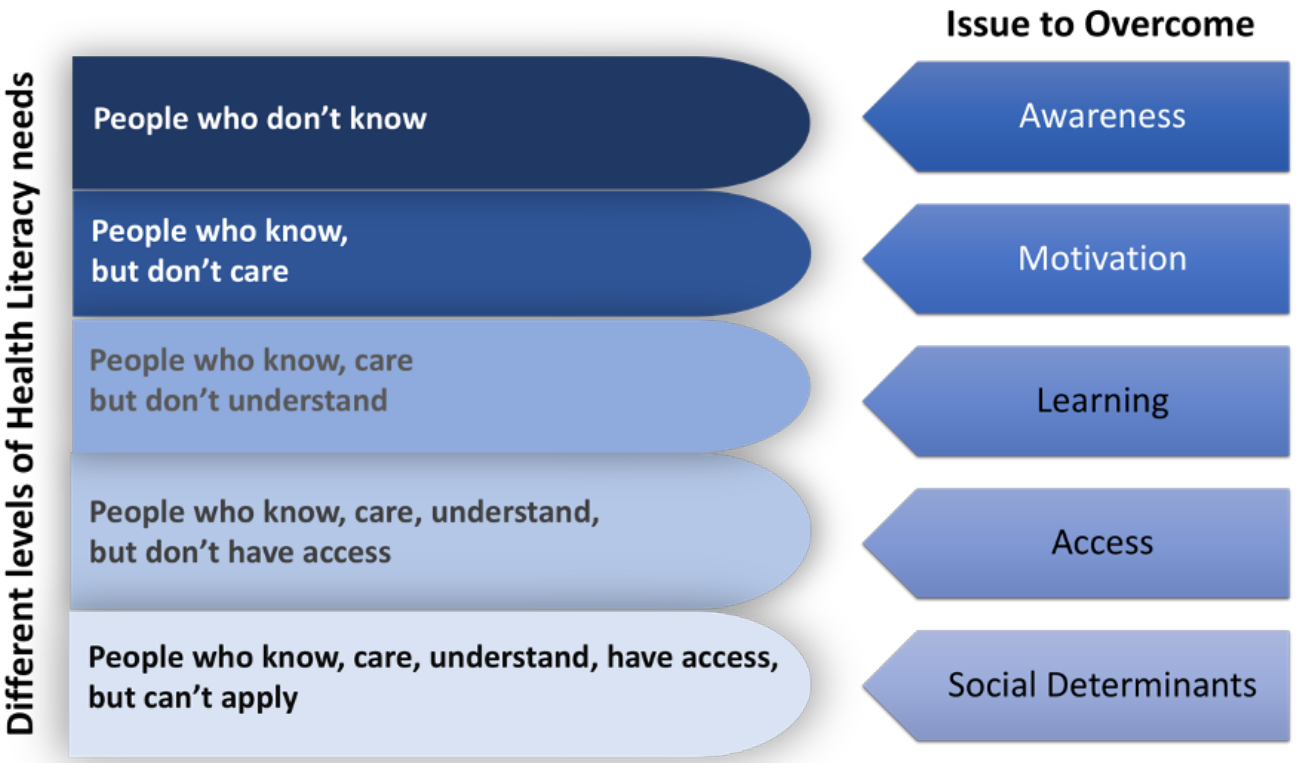

Figure 1. *Different levels of Health Literacy needs in the grassroots community*.

Lack of understanding of community dynamics

The grassroots community of racialized/immigrants in Alberta occupies a vibrant environment where enablers and barriers are dynamic.[12] Currently, the lack of effort to capture meaningful data, both qualitative and quantitative, around access and the social determinants, is critically important, as health literacy cannot be treated as a one-off effort. There is a paucity of appreciation of this issue and incomprehension about systematized actions that need to be taken to address this issue.[13] These deficits also lead to trust-based challenges with the mainstream establishment on the part of the community.

[12] Lena Mårtensson and Gunnel Hensing, 'Health Literacy - A Heterogeneous Phenomenon: A Literature Review', *Scandinavian Journal of Caring Sciences*, 26.1 (2012), 151–60 <https://doi.org/10.1111/j.1471-6712.2011.00900.x>.
[13] Irvin Rootman and Deborah Gordon-El-Bihbety, 'A Vision for a Health Literate Canada', *Canadian Public Health Association*, 2008.

Lack of organizational health literacy

Organizational health literacy is defined as an organization's responsibility and efforts to equitably address personal health literacy by making it easier for individuals to navigate, understand, and use information and services to better their health and wellness.[14] The main health information source for racialized immigrants are their healthcare providers.[15] However, most healthcare providers do not have an understanding of the diversity of cultural contexts of the individuals[16] in their practices. Additionally, providers may not have a clear grasp on health literacy as a concept and how to promote it sensitively and effectively.[17] It is important to understand the cultural perspective of diseases and health practices to best convey the appropriate health information, as well as to adapt the health education strategy according to the individual's health literacy needs.[18] Health care systems, such as Alberta Health Services, need to embody organizational health literacy characteristics at different levels and across various settings to become a health literate health care organization, especially as it relates to its population health efforts.[19]

Policy recommendations

To overcome these issues, evidence suggests using community participatory[20] and cross-sectoral collaborative approaches[21] to engage with the community, and develop trust, interest, and health literacy capacity among members. An added benefit is that enhanced health literacy can help cultivate an environment wherein researchers and policymakers are more easily able to partner with communities to identify and prioritize issues that need to be addressed through health literacy initiatives. Using a

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[14] Cindy Brach, 'The Journey to Become a Health Literate Organization: A Snapshot of Health System Improvement', *Studies in Health Technology and Informatics*, 240 (2017), 203–37 <https://doi.org/10.3233/978-1-61499-790-0-203>.
[15] T.S. Murray and others, *Health Literacy in Canada: A Healthy Understanding*, 2008 <https://escholarship.org/uc/item/890661nm#main>.
[16] Barinder Singh, Emma Banwell, and Dianne Leonie Groll, 'Canadian Residents' Perceptions of Cross-Cultural Care Training in Graduate Medical School', *Canadian Medical Education Journal*, 8.4 (2017), e16-30 <https://doi.org/10.36834/cmej.36872>.
[17] Michelle Lambert and others, 'Health Literacy: Health Professionals' Understandings and Their Perceptions of Barriers That Indigenous Patients Encounter', *BMC Health Services Research*, 14.1 (2014), 1–10 <https://doi.org/10.1186/s12913-014-0614-1>.
[18] Diane Levin-Zamir and others, 'Health Literacy in Selected Populations: Individuals, Families, and Communities from the International and Cultural Perspective', *Information Services and Use*, 37.2 (2017), 131–51 <https://doi.org/10.3233/ISU-170834>.
[19] Irvin Rootman and Gordon-El-Bihbety.
[20] Linda Neuhauser, 'Integrating Participatory Design and Health Literacy to Improve Research and Interventions', *Studies in Health Technology and Informatics*, 240 (2017), 303–29 <https://doi.org/10.3233/978-1-61499-790-0-303>.
[21] Marin P. Allen and others, 'Improving Collaboration among Health Communication, Health Education, and Health Literacy', *NAM Perspectives*, 7.7 (2017) <https://doi.org/10.31478/201707c>.

multifaceted approach – and employing trained and culturally acceptable health educators to engage in direct personal-level interactions and conversations regarding health issues and health practices – has also been strongly recommended.[22]

A Community-engaged Health Literacy Council

The COVID-19 crisis in Alberta made it clear how crucial community-level health literacy is for better health and wellness, particularly in racialized/immigrant communities and dominant ethnic communities. There is a significant need to create a Community-Engaged Health Literacy Council to coordinate health literacy initiatives, through engagement with communities and based on community needs. This can be made possible with the leadership of Alberta Health Services (AHS) and in partnership with immigrant service-provider organizations, socio-cultural and faith-based community organizations, municipalities, and community-engaged researchers from health, education, social work and policy. The Council should work to:

- Co-design health literacy programs and materials addressing socio-cultural aspects of health and disease among different immigrant communities
- Build capacity within communities to enable and empower them to introduce healthy practices into their lifestyle and to share this knowledge with their peers
- Build capacity among health professionals to provide culturally sensitive and appropriate health communication
- Share effective strategies developed by different sectors in order to achieve maximum results through organized and minimum efforts; and
- Create a self-sustaining system that can continuously work to improve health literacy.

This centralized and integrated approach will enable us to overcome the issues mentioned above and coordinate a health literacy initiative that is embedded in the community. A Health Literacy Council is able to bring the service, academic, and administrative sectors together, while keeping the community at the centre (Figure 2). This approach will change the starting point of any health literacy effort to ensure that the starting point is rooted in an understanding of community needs and dynamics. This will also contribute towards a change in the extant power dynamics by empowering the grassroots community to become active collaborators in these initiatives.

[22] Samara Fox and others, 'Refugee and Migrant Health Literacy Interventions in High-Income Countries: A Systematic Review', *Journal of Immigrant and Minority Health*, 2 (2021) <https://doi.org/10.1007/s10903-021-01152-4>.

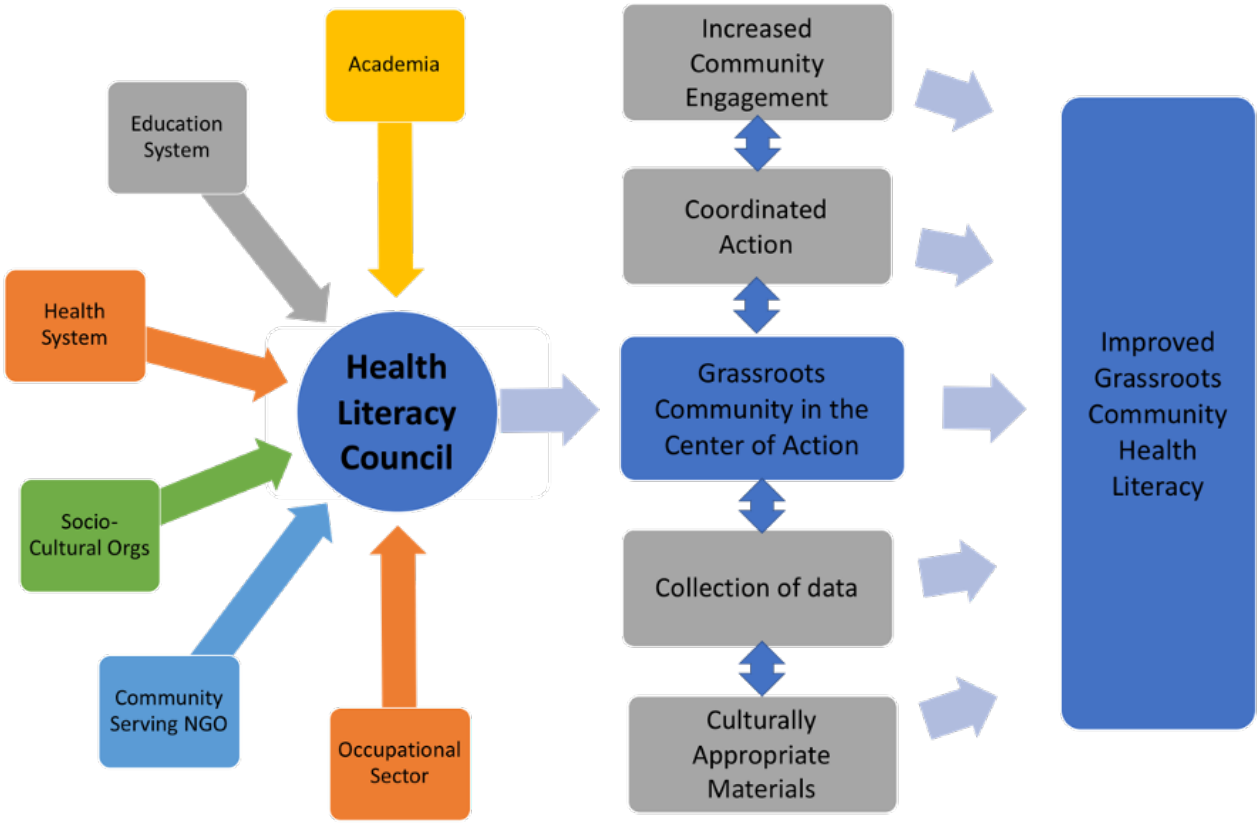

Figure 2. *Health Literacy Council conceptual outline.*

Impacts and implications

To draw from the experience of the COVID-19 pandemic, we have seen government, health care providers, immigrant service providers, workplaces and businesses, and researchers all try to conduct studies on COVID-19 and its vaccine-related information programs to immigrants. These were conducted individually. Collaboration between some of these stakeholders, such as researchers and immigrant service-providing organizations, were sometimes observed. However, when this occurred, they might or might not have used specific methodologies or best practices appropriate for the racialized/immigrant populations they were working with.

Community engagement was also largely missing from these efforts. These efforts might or might not have been successful in delivering information. Furthermore, we do not know to what extent these efforts contributed to improved health literacy for these populations, especially in the long run.

Also, when communicating anew, each new issue requires one to start from scratch – from building community connections and trust, to building partnerships with new organizations and stakeholders.

However, an established, sustainable, and regularly updating 'Health Literacy Council', one that continuously engages the grassroots community and multi-sectoral stakeholders, can work behind the scene, constantly improving health literacy, and can take a leadership role during public health emergencies such as the ongoing pandemic.

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