



Community-Based Research Responding to Crises:

Exploring the Dynamicity of Racialized/Immigrant Community Health Literacy Needs: Learning with Community

12-1pm Eastern Time | November 14, 2024

Presented by:

Dr. Turin Tanvir Chowdhury

Francis Boakye

An E-learning event brought to you by



Community-Based Research Canada
Recherche partenariale du Canada

We acknowledge that we live, work and play on the traditional territories of the Blackfoot Confederacy (Siksika, Kainai, Piikani), the Tsuut'ina, the îethka Nakoda Nations (Chiniki, Bearspaw, Goodstoney), the Otipemisiwak Métis Government (Districts 5 and 6), and all people who make their homes in the Treaty 7 region of Southern Alberta.



EDIA

and

**Eliminating Racism and
Oppression**

2020 Annual Report to Parliament on Immigration



5,774,342

travel documents were issued to visitors, workers and students.

Permanent and non-permanent immigration accounted for

over 80%

of Canada's population growth.



404,369

temporary work permits were issued under the temporary foreign worker and international mobility programs.

About

58%

of permanent residents were admitted under the economic category.



74,586

individuals transitioned from temporary to permanent residents.



30,087

refugees resettled, the highest number of any state worldwide.



341,180

permanent residents were admitted in Canada.



About

8,500

French-speaking permanent residents

were admitted to Canada outside Quebec with additional support for francophone communities across Canada.



IRCC created, implemented and expanded

10 different programs and initiatives related to **GBA+**.

Immigrants and temporary foreign workers
**fill gaps in Canada's
labour force**



and help employers respond to
vacancies in various sectors.⁶

Approximately
**1 in 4 workers
(26%) in Canada
are immigrants.**⁷

As of 2016, there were
**600,000
self-employed
immigrants
employing over
260,000 Canadians.**

In a 2018 survey,
9% of small business owners
reported hiring temporary
foreign workers
to address job vacancies
in the prior 12 month period.⁸



In 2019,
**the labour market
participation** rates of
very recent immigrants was **71%**
and recent immigrants was **76%**.⁹



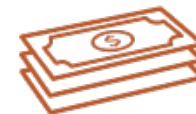
In 2016, **over one third**
of nurse aides, orderlies
and patient service
associates in Canada
were immigrants.¹⁰



Immigrant owners of small and
medium-sized enterprises
are successful in introducing
a product, process or
marketing innovation
into the marketplace.¹¹



**Many of those that
immigrate** as children, or
the children of immigrants,
on average, **contribute
to Canada's labour force**



and go on to earn as
much or more as the
Canadian-born.¹²

Persons who are, or who have ever been, **landed immigrants or permanent residents** are '*Immigrants.*'
Persons who are 'Canadian **citizens by naturalization**' are also '*Immigrants.*'

Persons who do not have Canadian citizenship and who are not landed immigrants or permanent residents are 'Non-permanent residents.' [Intl. students, TFW]

A *visible minority* is defined by the Government of Canada as "persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in colour".

Health Literacy: Definition

The ability of individuals to obtain, interpret and understand basic health information and services;

AND

Use such information and services in ways that enhance health.

The major urban centers all over the world, especially in the developed countries, are characterized by an increasing multiculturalism brought by the immigrant population due to the accelerated globalization process.

The immigrants tend to be less knowledgeable about the regulations and customs of their new host country's health system

They also face difficulty navigating health services, understanding basic health and wellness information, and concepts of common diseases, as well as their diagnostic and treatment procedures

Francis Boakye
ActionDignity

November 14th, 2024



DEEP IN OUR MIND: ISOLATION AND RACISM

A Community-Based Participatory Action Research
Report on Mental Health and Social Exclusion

June 2022



Overall goal: The central goal of this research is to develop a framework for social inclusion among racialized communities which would facilitate access to mental health services.

Specific objectives:

- 1. Understand perceptions of mental health among racialized communities.**
- 2. Identify the gaps and challenges that exist in the mental health care system; and**
- 3. Map out context-specific community practices that are identified as effective.**

Community-based Action Research (CBPAR) Process

1

Identify population groups

- 7 ethnic groups identified due to their vulnerabilities: Chinese, Filipino, Ethiopian, South Sudanese, South Asian, and Vietnamese

2

Focus Groups Discussions

- 5-7 participants/ FGD by trained facilitators and documenters.
- Informed consent & confidentiality
- 2-hrs by zoom

3

Encode data and identify thematic areas

- Quotes, statements encoded in excel
- Thematic areas identified and generate stories for each thematic area.

4

Generate and Analyze Thematic Areas

- Iterative themes
- Outliers
- Sense-making with staff and community connectors

Key Findings

Racism, mental health, and social exclusion are inextricably linked.

Varying cultural definition and experiences of social exclusion culture

Varying perceptions of mental health, with a strong stigma associating mental health with mental illness.

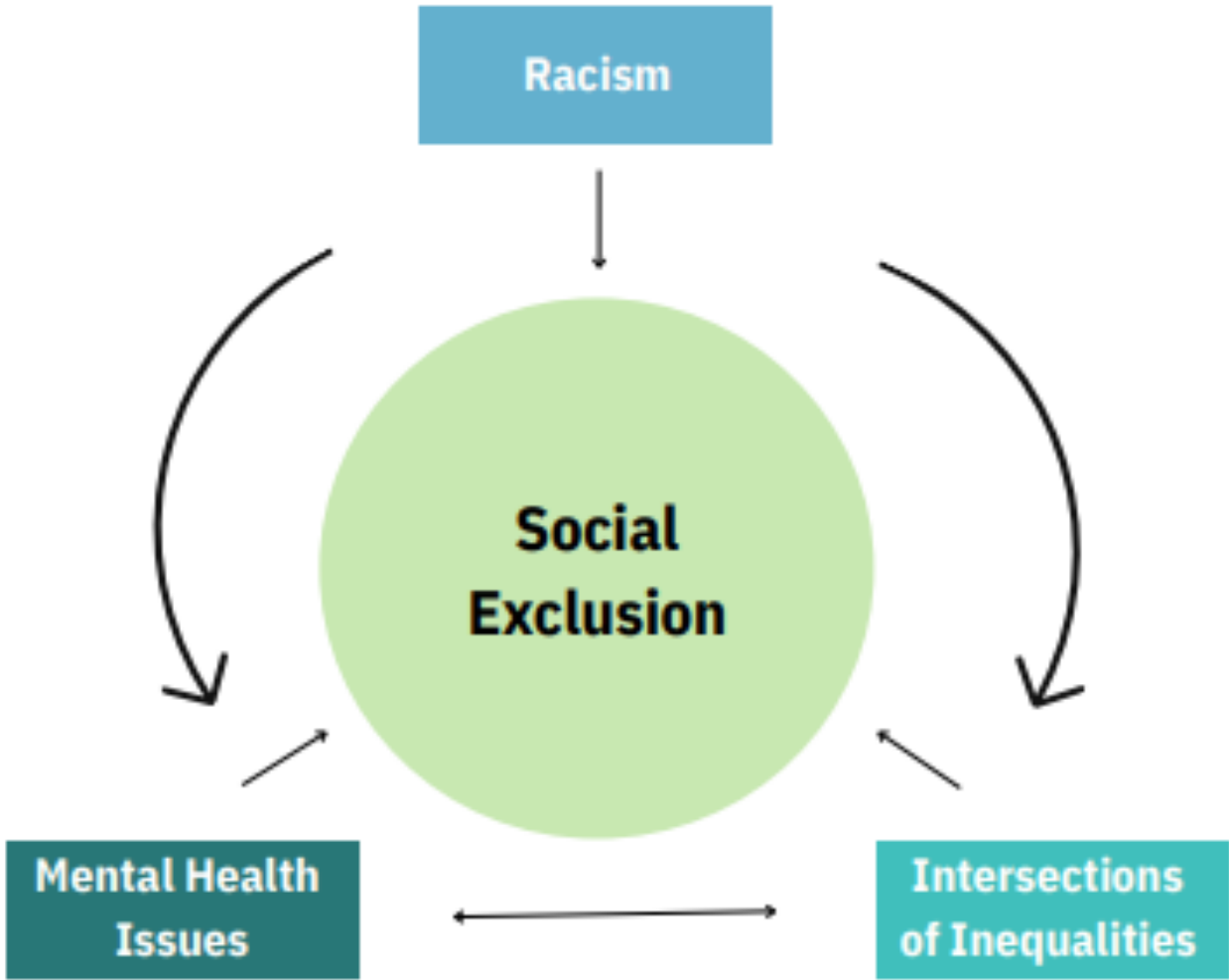
Intersections of inequalities further compound mental health and social exclusion and the ways to understand and find solutions to these issues.

Acculturation gap between parents and children creates discord among immigrant families and contributes to mental health problems among the youth.

Challenges in immigration and settlement are contributors to social exclusion among immigrants.

Inequitable access to mental health services/resources

Low motivation for racialized minorities to use mental health services as many feel that their needs would not be properly addressed, including cultural and language barriers.



How the research resulted in change:

- The research served as the foundation for *Sharing Perspectives: Coming Together for Newcomer Mental Health*, involving 217 participants (CLIP).
- Informed the work on integrating racial trauma in the definition and toolkit on trauma-informed care (Trauma Informed Care Collaborative).
- Shaped the anti-racism learning journey of mental health therapists (n=12) to inform a race-sensitive therapeutic practice. (Lionheart)
- Building on the CBPAR, the Vietnamese community engaged 600 members in open discussions about mental health, helping make it a norm to talk about it.
- The Filipino group facilitated intergenerational understanding between youth and grandparents, leading to the creation of a multi-sectoral working group to address mental health issues.
- The Ethiopian group developed a program, Black Mental Health Matters, and reached close to 2000 community members (youth and adults).

What Did We Learn?

Life World-People with lived and living experiences of mental health helped design solutions to this complex issue-social justice research ethic.

Empowerment:
Opportunities to share their experiences with mental health empowered people to overcome stigma and support others.

What Did
We Learn
Cont'd

Advocacy (self and
group)

Focus on **communicative
action**-building mutual
understanding, collective
will and solidarity)

What We Avoided

Two Research Errors:

- **Questions** that are not asked
- **Results** that are not wanted



> J Prim Care Community Health. 2022 Jan-Dec;13:21501319211063051.

doi: 10.1177/21501319211063051.

Promoting Health Literacy About Cancer Screening Among Muslim Immigrants in Canada: Perspectives of Imams on the Role They Can Play in Community

Ayisha Khalid ¹, Sarika Haque ², Saad Alvi ³, Mahzabin Ferdous ¹, Olivia Genereux ²,
Nashit Chowdhury ¹, Tanvir C Turin ^{1 4 5}

> J Prim Care Community Health. 2024 Jan-Dec;15:21501319241277576.
doi: 10.1177/21501319241277576.

The Health Information Seeking Behavior of Punjabi Elders During the COVID-19 Pandemic in Canada

Amrit Thandi ¹, Mohammad Z I Chowdhury ¹, Nashit Chowdhury ¹, Tanvir C Turin ¹

Promoting Health Literacy About Cancer Screening

A:
of

Original Article

Ayi
Na:

Health literacy among members of the Nepalese immigrant population in Canada

HEJ

Health Education Journal
2023, Vol. 82(3) 274–285
© The Author(s) 2023



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/00178969231151631
journals.sagepub.com/home/hej

SAGE

Kalpana Thapa-Bajgain^{a,b}, Bishnu Bahadur Bajgain^{a,b},
Rudra Dahal^{a,c}, Kamala Adhikari^d, Nashit Chowdhury^{b,e},
Mohammad ZI Chowdhury^{b,e} and Tanvir C Turin^{b,e}

> J Prim Care Community Health
doi: 10.1177/21501319241277576.

Health Information Seeking
among the COVID-19 Pandemic

Chowdhury¹, Nashit Chowdhury¹, Tanvir C

Health Literacy: Definition

The ability of individuals to obtain, interpret and understand basic health information and services;

AND

Use such information and services in ways that enhance health.

Health Literacy: Definition



The ability of individuals to **obtain,** **interpret** and **understand** basic health information and services;

AND

Use such information and services in ways that enhance health.

There are people

- Who **don't know**
- Who know, but **don't care**
- Who know, care, but **don't understand**
- Who know, care, understand, **but don't have access**
- Who know, care, understand, can access, **but cannot apply**

There are people

- Who don't know **know** *Awareness*
- Who know, but don't care **care** *Motivation*
- Who know, care, but don't understand **understand** *Literacy*
- Who know, care, understand, but don't have **access** *Access*
- Who know, care, understand, can access, but cannot **apply** *Social Determinants*



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.



UNIVERSITY OF CALGARY
O'Brien Institute for Public Health
Centre for Health Policy



THE SCHOOL
OF PUBLIC POLICY

Different levels of Health Literacy needs

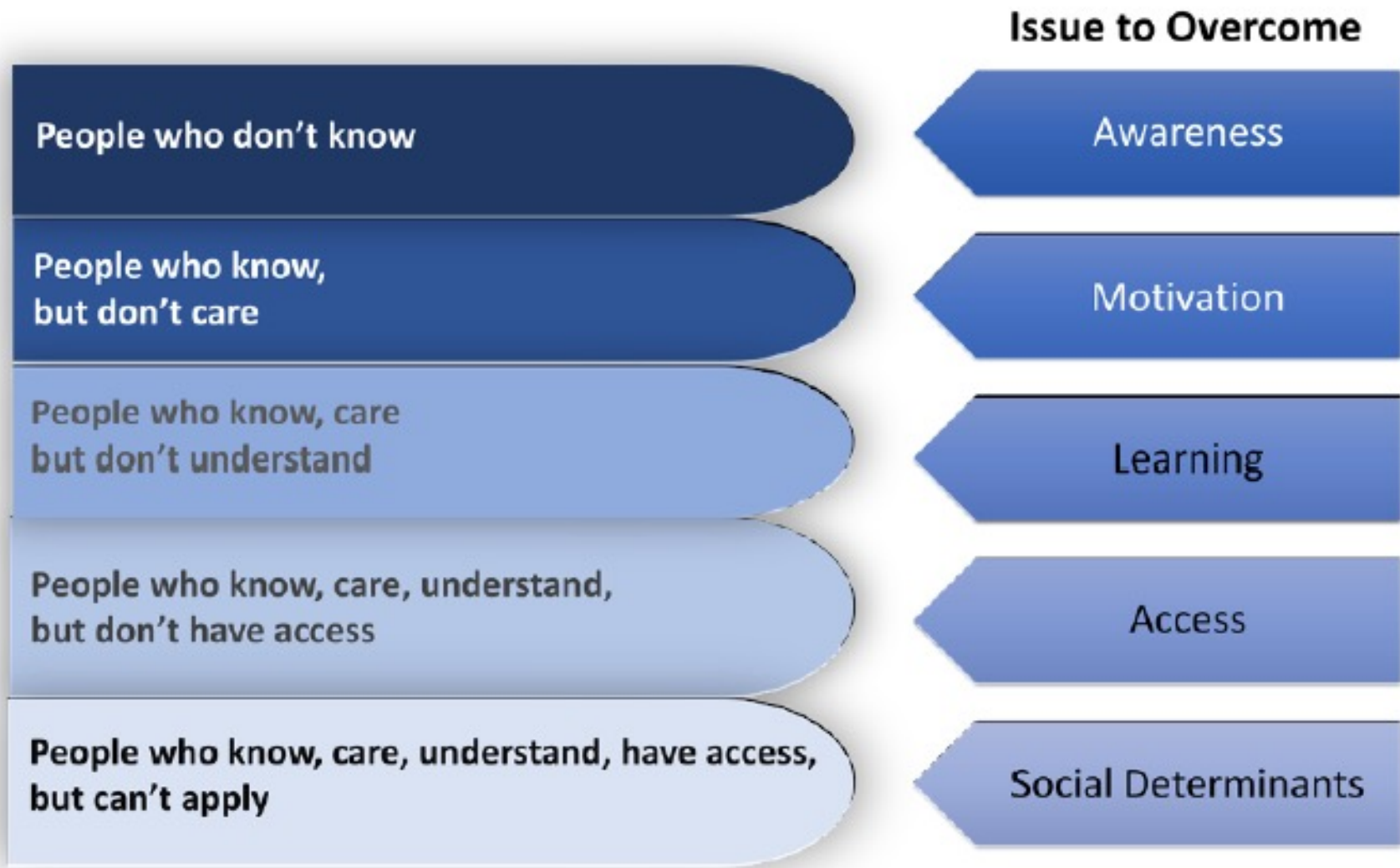


Figure 1. Different levels of Health Literacy needs in the grassroots community.



Thank You