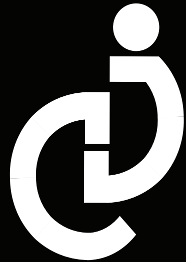

INITIAL RESEARCH

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Exploring healthcare literacy among non-anglophone immigrants and visual options for breaking language barriers

The bureaucracy of the immigration system is incredibly complex and long-lasting for immigrants, especially for applicants coming from non-commonwealth and non-english speaking countries. Language barriers and unfamiliarity make this a difficult endeavour, and are also long term factors in immigrants' cultural adjustments and ways of life in a foreign environment. Making these adjustments easier for newcomers requires extensive communications projects, and starting with a life necessity such as healthcare is crucial in relieving stress, confusion and healthcare issues. We can achieve this by focusing on healthcare literacy and the quality of communication between our healthcare services and non english speaking consumers. How can our healthcare services, especially mental health, be made increasingly accessible to non-english speaking immigrants through design and visual communication?

Literacy surrounding the Canadian healthcare industry cannot only be measured by understanding the rules and regulations around its use, but also through understanding how to identify problems so one can properly use the system. This is when we move into critical thinking and as cited by Dr. Laura Simich, "*Critical health literacy* describes the ability to use health information to exert greater control over life situations, and sees health literacy as a right and an issue of equity and citizenship that empowers people to achieve and maintain wellbeing" (Simich, 2009). Simich also recognized that critical health literacy is something where immigrants are especially disadvantaged, coming from various cultures where healthcare literacy is vastly different. Between a cultural shock due to an attempt to adapt to foreign systems, as well as a language barrier which divides certain portions of the population from healthcare workers, non-anglophone immigrants find themselves stuck in a position of unfamiliarity and miscommunication.

There are a few main supporting arguments solidified in research which help to identify the background of the problem and how it is affecting the studied population. These include specific studies carried out through the University of Toronto looking at immigrant health literacy, a study carried out through the *Patient Education and Counselling* journal as well as a study on South Korean immigrants and their troubles with the Canadian healthcare system in the *Social Science and Medicine* journal. The study carried out among physicians who had experience treating immigrants without English language skills provided a first person insight into the roadblocks that are encountered. When identifying these, a primary factor was singled-out as the physicians claimed to "find communication difficulties to be the key barrier". (Papic, Malak, & Rosenberg, 2012) Although this was attributed to the lack of access to linguistic translators and/or services offered in their industry, there are many other factors to misunderstandings and miscommunications which are illustrated through the research of Simich. This consists of points such as a greater risk of developing or obtaining mental health issues while having a decreased knowledge surrounding the subject and a decreased access to mental illness services. (Simich, 2009) Finally, the drastic elements of consequential actions were outlined through the study regarding the lack of successful health services provided to South

Korean immigrants. These actions being taken by the immigrants for themselves, although necessary, are extremely inconvenient and almost detrimental to the quality of life of this population, showing just how pressing this problem can be and how important it is to find an immediate solution.

As Canada becomes an increasingly diverse country due to its high rate of international immigration and open policies for refugees from around the world, the pool of cultures and languages continues to vastly increase as well. From a large pool of 598 family physicians surveyed (74% of them having French or English as their primary language and 69% of them being born within Canada) from many non-immigrant physicians that work with a large number of immigrant patients (at least 58%) (Papic et al., 2012). Not only had the physicians identified communication as the primary barrier (about 78%), but the second most voted barrier was identified as cultural difference, and the third being inappropriate use of resources (Papic et al., 2012). Compliance closely followed as fourth and while not in the top three, can also be seen as a result of insufficient health literacy within the patient (Papic et al., 2012). Starting with the primary barrier of communication, finding a solution to this would then allow us to quickly work through the other barriers, using education of health literacy as a tool. It would help to close the gap between the cultural differences, and would be the resource of which physicians currently have inappropriate use.

By focusing on a specific non-anglophone minority, the effects of communications barriers and roadblocks in healthcare service can be seen on a micro level. Ultimately, through social, cultural barriers and economic barriers that exist for the specific population in particular, South Korean immigrants had to resort to transnational health care services and seek resources back in their country of origin (Wang & Kwak, 2015). This not only enhances the mental and physical effect that the healthcare problems already have on the patients, but it also causes an increase in personal economical impact, and causes a wider reach of consequential effects to the people around them.

When looking at immigrant health literacy, Simich takes a specialized route into mental health literacy as this is an area where the disconnect and knowledge gap grows and the need for its services among immigrants grows simultaneously. Similar to the definition of health literacy, “mental health literacy entails knowledge and beliefs about mental health disorders that emerge from general pre-existing belief systems” (Simich, 2009). The latter part becomes incredibly important as not only is there a divide in pre-existing belief systems surrounding mental health within Western North American culture, but cultures from around the world carry these divides within them as well. It was even pointed out that “in some languages, there are no specific equivalent terms for mental illnesses” (Simich, 2009). Despite this predicament, it has been found that immigrants, and especially refugees, have a specific necessity for mental health care due to migration and pre-migration emprises which carry traumatizing side effects. (Simich, 2009) These health issues need to be dealt with but if the population cannot even identify the problem to seek out resources once they are made more accessible, then the healing process cannot be commenced. As was found and proven within the previous supporting articles as well, “this disparity in mental health services is partly due to lack of familiarity with, and mistrust of, mental health practitioners in Canada. It is also due to linguistic barriers and lack of culturally competent mental health services in the Canadian mental health care system” (Simich, 2009).

The systems currently set up and maintained to try and resolve these issues remain insufficient, and therefore, unsuccessful. It was reported that less than half of the family physicians which were surveyed had access to a translator or translation services, rendering them completely ineffective without that tool in the instance of a non-bilingual practitioner or immigrant patient (Papic et al., 2012). Even less of this group (about 10 percent) had access to ethnic resources to help them understand the background knowledge or anything to do with the culture of the patient. This means that besides communication, there would still be a knowledge and understanding gap between the two (Papic et al., 2012). One solution that was a step in the right direction was taken to play off of the insight that trust and word of mouth within immigrants communities was the primary resource for many, with the creation of a video ad showing community members using and interacting with healthcare services (Papic et al., 2012). This was an attempt to build trust within the community between the audience and the healthcare system, but in order to solve the larger issue of healthcare literacy, more drastic action needs to be taken in a way that diminishes the current language barrier.

Interacting with the audience means not only playing off of insights into their culture, but also placing the advertisements easily accessible to the community of non-english speaking immigrants. As Simich mentioned, “Mental health promotion and public education campaigns must therefore engage more actively with immigrant and established ethnolinguistic communities” (Simich, 2009). Design and visual communication through symbols, artwork and other creative non-verbal or linguistic avenues are heavily relied on for tourism and functional aspects in multi-lingual countries. Exploring this avenue can help to break down the language barrier and provide an introductory level method of communication and education surrounding healthcare. As anyone who has travelled in a country with a language foreign to them has experienced, imagery, symbolism, signals and other gestures of visual formulation of ideas is crucial and often the most effective was to break down a communication barrier in a matter of seconds. It has been established through research in healthcare communication that, “Pictures closely linked to written or spoken text can, when compared to text alone, markedly increase attention to and recall of health education information” (Simich, 2009). A step into an increasingly visual, inclusive and culturally based communication system between Canada’s health care providers and non-english speaking immigrants can be the correct step to developing a future feasible and sustainable solution.

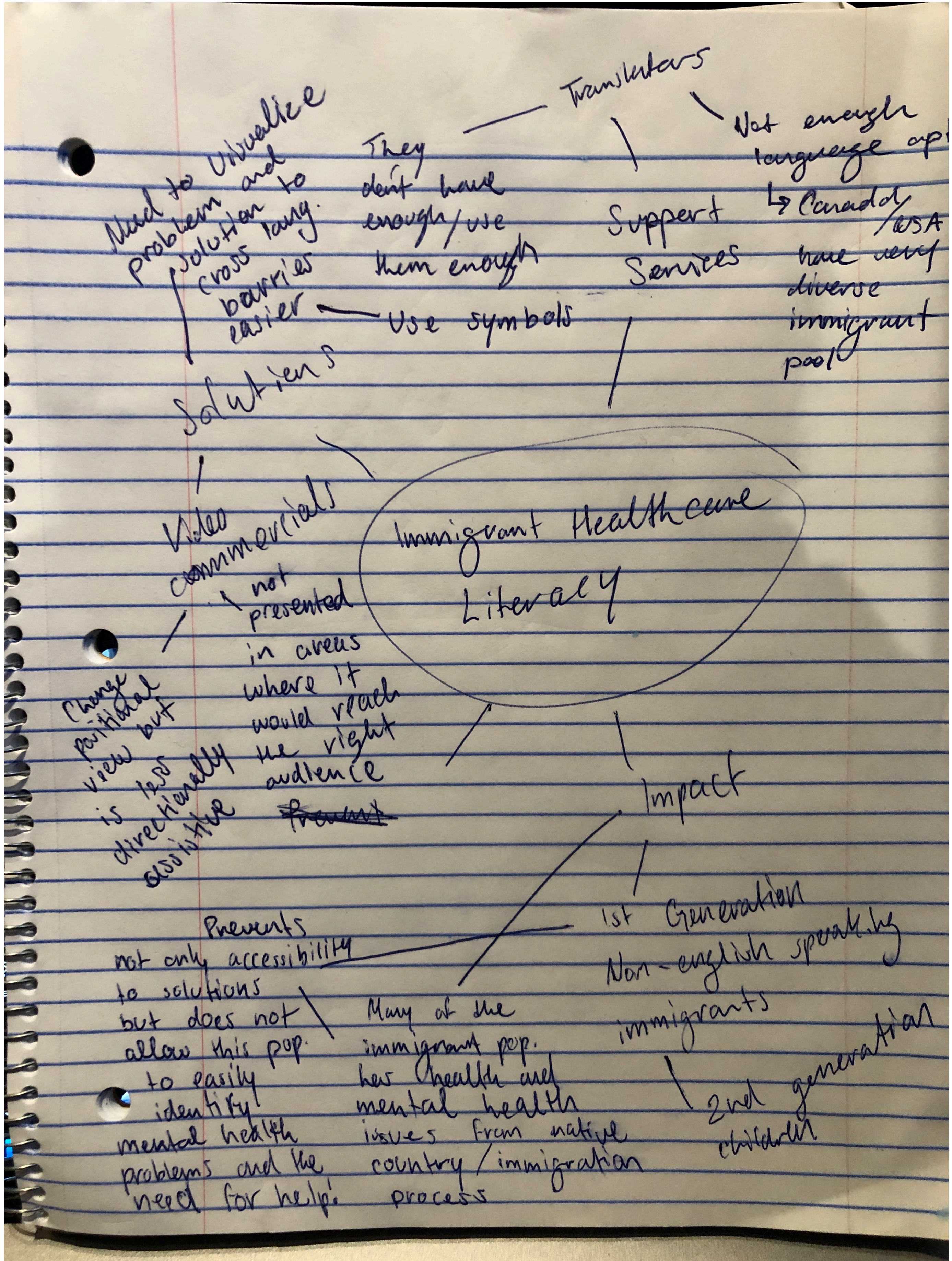

Figure 1.0: Analog Systems Map

Citations

Papic, O., Malak, Z., & Rosenberg, E. (2012). Survey of family physicians' perspectives on management of immigrant patients: Attitudes, barriers, strategies, and training needs. Patient Education and Counseling, 86(2), 205–209. https://doi.org/10.1016/j.pec.2011.05.015

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