

Mini-review

Meeting the health literacy needs of immigrant populations

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Abstract

Objective: Immigrant populations are vulnerable to serious health disparities, with many immigrants experiencing significantly worse health outcomes, such as higher rates of morbidity and mortality, than other segments of society. Immigrants disproportionately suffer from heart attacks, cancer, diabetes, strokes, HIV/AIDS, and many other serious diseases. These health risks demand effective health communication to help immigrants recognize, minimize, and respond effectively to potential health problems. Yet, while the need for effective communication about health risks is particularly acute, it is also tremendously complicated to communicate effectively with these vulnerable populations.

Methods: A literature review using online databases was performed.

Results: Immigrants often have significant language and health literacy difficulties, which are further exacerbated by cultural barriers and economic challenges to accessing and making sense of relevant health information.

Conclusion: This paper examined the challenges to communicating relevant information about health risks to vulnerable immigrant populations and suggested specific communication strategies for effectively reaching and influencing these groups of people to reduce health disparities and promote public health.

Practice implications: Communication interventions to educate vulnerable populations need to be strategic and evidence-based. It is important for health educators to adopt culturally sensitive communication practices to reach and influence vulnerable populations. Community participative communication interventions are a valuable strategy for integrating consumers' perspectives into health education efforts and building community commitment to health communication interventions.

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1. Introduction

There are many significant health risks confronting the public today, including the risk of heart disease, cancer, diabetes, stroke, HIV/AIDS, and other serious health threats [1,2]. Effective health communication is needed to help those members of the public who are at greatest risk (most vulnerable) for these threats to recognize, minimize, and respond effectively to these potential health problems [3,4].

2. Immigrant populations and health communication

Immigrant populations are among the most vulnerable members of modern American society for experiencing cancer-related health disparities [5]. Similar problems with high levels

of cancer morbidity and mortality exist for poor and immigrant populations across the globe, particularly in low and middle-income countries [6]. Unfortunately, current efforts are sorely insufficient to provide immigrant populations with relevant health information to empower them to make informed decisions about their best health care choices [7]. Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts, including health professional–patient relations, individuals' exposure to, search for, and use of health information, individuals' adherence to clinical recommendations and regimens, the construction of public health messages and campaigns, the dissemination of individual and population health risk information, images of health in the mass media and the culture at large and the education of consumers about how to gain access to the public health and health care systems [8].

The need for effective communication about health risks and benefits is particularly acute, yet also tremendously complex, for reaching immigrant populations in the US, the

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most vulnerable health care consumer populations who are at greatest risk to suffer significantly higher levels of morbidity and mortality than other segments of the population [9]. These vulnerable immigrant populations, typically the poorest, lowest educated, and most disenfranchised members of modern society, are heir to serious disparities in health outcomes, resulting in alarming levels of morbidity and mortality, especially in comparison to the rest of the public [10–12]. Vulnerable populations often have significant health literacy difficulties and are challenged by intercultural communication barriers to accessing and making sense of relevant health information [13,14]. These consumers are often confused and misinformed about health care services, early detection guidelines, disease prevention practices, treatment strategies, and the correct use of prescription drugs, which can lead to serious errors and health problems [15,16].

Members of vulnerable immigrant populations who suffer significant health disparities are desperately in need of culturally relevant, accurate, and timely health information [5]. Members of these vulnerable groups often include elderly, immigrant, socio-economically deprived, and minority health care consumers [17]. Many vulnerable immigrant consumers in the US are non-native English speakers and encounter serious language barriers and health literacy challenges that necessitate adaptive, culturally sensitive communication strategies to provide them with needed health information [18–21]. Furthermore, consumers with serious and chronic medical conditions, as well as individuals who confront physical and mental disabilities, are often particularly vulnerable to health risks and have unique communication needs that have to be adequately addressed to provide them with the relevant health information they need to preserve their health [22]. This paper examines strategies for using culturally sensitive communication programs for providing vulnerable immigrant consumer populations with the relevant health information they need to evaluate health risks, make informed health care decisions, and direct their health behaviors.

2.1. *Focus on cultural issues*

Consumers' unique cultural backgrounds and orientations have powerful influences on their communication practices that must be carefully accounted for in strategic health communication efforts [23]. It is critically important to identify and examine the relevant cultural issues that are likely to influence the ways consumers, particularly members of vulnerable populations, respond to communication about health and health care [22]. Several of the key cultural variables that influence health communication outcomes include the unique health beliefs, values, norms, and expectations that different consumers bring to health situations [22]. It is also important to assess consumers' culturally based language skills and orientations, their health literacy levels, their motivations to seek health information, and their unique media use patterns [24,25]. Examination of these key cultural factors provides relevant information for determining how to best design and deliver key messages for effectively communicating complex health information to diverse populations [22]. For instance,

Pecchioni et al. [26] found that in the U.S. older adults are perceived highly negatively and often receive negative remarks or experiences from people in younger age groups [26]. However, the authors found that in Hispanic cultures, the elderly have authority in their families and are treated with respect. Elderly Hispanic men and women emigrating to the U.S. may go through culture shock as they are faced with negative stereotypes that the American culture places on them as older adults relative to the higher status they had in their native countries.

Sometimes, health care providers may have trouble communicating in cross-cultural conversations due to language barriers. These instances can lead to what seem like confounding messages regarding causes of illness and appropriate treatment when cancer patients are from different cultures. Additionally, stereotypes can also inhibit openness among patients and providers when they view their patients' differing cultural beliefs or values about illness and treatments as inferior to their own [26]. Due to this factor, researchers have found that people frequently seek out health care providers who share similar cultural backgrounds as their own, with the belief that they share the same values, or they may commonly rely on family members (who may or may not have medical knowledge) to provide care [26]. This is a type of conversion strategy in which people seek out others who are similar to them-selves. Culturally sensitive health communication is essential to providing vulnerable consumers with relevant information about health promotion and health care [22,23].

2.2. *Strategic health communication*

Health education messages must be carefully designed to be effective. The critical factor in strategic message design is adapting health education messages to meet the unique needs and communication orientations of specific audiences. This means that effective health communication efforts should adopt a consumer orientation to health education [27]. Careful audience analysis is essential to identifying the salient consumer characteristics for guiding message design [28]. Messages should be designed to appeal to key beliefs, attitudes, and values of targeted audience members, using familiar and accepted language, images, and examples to illustrate key points [29]. It is wise to pre-test sample health education messages with representatives of targeted audiences before implementing health communication intervention programs. Formative evaluation data gathered through message pre-testing is essential to refining health education messages [29]. This is a form of user-centered design, where health education messages are shaped and refined by representatives of the actual audiences targeted in health communication interventions [30]. Pre-testing is also a strategy for increasing audience participation in health education efforts, which can increase not only the cultural sensitivity of health communication efforts, but can also enhance audience receptivity and cooperation with the health promotion effort [29]. Health communication scholars, as well as health practitioners have utilized Prospect Theory by using the framing postulate as a way to understand the communication involved in risky decisions

[31]. The theory suggests that individuals will act differentially to information presented as gains or losses. The framing postulate further hypothesizes that individuals avoid risks when considering gains but prefer risks when considering losses. Patients from different backgrounds may differentially face decisions about particular treatments relative to their unique characteristics and life circumstances (e.g., chemotherapy regimens, etc.) in considering gains and losses germane to the specific underserved population [32]. Involving consumers, their family members, key members of their social networks, and community representatives can increase the support and social encouragement for paying attention to, accepting, and utilizing health education messages [33,34]. To be most effective it is wise to plan multiple message strategies for reaching vulnerable audiences with health education information, utilizing the communication principles of redundancy and reinforcement to enhance message exposure and impact [35]. Multiple messages can help to capture audience attention, reinforce message content, and illustrate key health education concepts. The use of vivid imagery in health communication interventions through the use of narrative and visual illustrations can also reinforce message content, especially to audiences with limited health literacy and problems with numeracy that make it difficult for them to understand statistics and numerical risk estimates [36–39]. A powerful new approach to designing health messages to meet the unique needs of individual is the use of tailored communication systems, where relevant background information from an individual informs customized use of messages for that person [40]. Typically, tailored communication systems employ interactive computer systems that gather relevant background information from consumers on key communication variables through questions posed to these individuals, including questions eliciting information about individual demographic, psychographic, and health belief/behavior information. Once key background information is gathered from the individual, the information is used to select specific messages stored in a library of messages that match the unique background features of users. In this way, information about the individual health risks and orientations of a specific consumer, for example an elderly, Japanese, female health care consumer with a history of breast cancer and diabetes, will automatically be selected and content-appropriate health information will be provided by the tailored health information system to the user. As the consumer continues to interact with the tailored health information system, providing the system with additional background information, the computer program is able to continually refine information responses to this consumer to match his or her unique personal characteristics and interests.

In addition to developing strategic messages that match the cultural orientations of at-risk consumers, it is critically important to determine the most effective communication channels for reaching targeted populations of consumers. The best communication channels to utilize are those that are close, familiar, and easily accessible for targeted audience members [41]. For example, it is important to employ communication channels that are easy for members of the intended audience to use. It would be a serious error to develop an online health education website for consumers who do not have access to

computers and are not sophisticated computer users. Communication channels that are dramatic and memorable can have strong influences on audience attention and interpretation of health messages [42]. Health educators should consider using communication channels that can be accessed over time, channels that can retain important information for later review, and even interactive channels that enable consumers to ask questions and receive clarifications about complex health information.

It is important to decide what the best sources are for delivering key messages to immigrant populations who have their own unique media channels, as well as social and professional communication networks [22]. It is crucial to identify the most credible sources of health information for members of the intended audiences [41]. Decisions need to be made about whether it is best to utilize familiar sources of information, expert sources, or perhaps peer communication may be most influential with different audiences. Just as with the use of strategic messages, it is a good idea to pre-test different information sources and different communication channels with target audiences [42].

2.3. *Evaluating communication interventions*

A critical juncture in communicating health care and health promotion information to vulnerable immigrant audiences is evaluating how well different communication strategies work to educate these targeted audiences about important health issues [41]. It is important to assess how well consumers really understand the health information being communicated and what difference communication programs are making in promoting informed consumer decision-making. A first step is to establish clear baseline measures of consumer understanding before introducing new health education programs. These baseline measures can be used as a starting point for tracking the influences of communication efforts [42]. Feedback mechanisms, such as consumer surveys, focus groups, hotlines, help-desks, and comment cards, should be introduced as integral parts of communication interventions for tracking and evaluating consumer understanding of health messages. The data gathered through these feedback mechanisms can be used to refine health communication programs and track progress in health education.

3. Policy and practice implications for strategic communication

What policies and best practices are needed to guide effective communication of health information to vulnerable immigrant populations? First and foremost, communication interventions to educate vulnerable populations need to be strategic and evidence-based. This is too complex a process to be handled without careful planning and data. It is also critical for health educators to adopt culturally sensitive communication practices to reach and influence vulnerable populations. Community participative communication interventions are a valuable strategy for integrating consumers' perspectives into

health education efforts and building community commitment to health communication interventions. It is a good idea to consider introduction of relevant communication technologies, such as tailored information systems, to support health education efforts. It is also a good idea to incorporate health communication training for both health care providers (educators) and consumers to enhance the quality of cross-cultural communication efforts.

Several lessons have been learned from past efforts to increase the effectiveness of health communication interventions with vulnerable populations. These include:

- Involving and empowering vulnerable and at-risk consumers in health communication efforts;
- Developing inter-organizational partnerships to support intervention efforts;
- Providing appropriate training and support for both consumers and providers;
- Designing culturally appropriate messages and materials for communication efforts;
- Focusing on the family and the community for delivering and reinforcing messages;
- Providing consumers with choices and options for promoting their health.

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Conflict of interest

None.

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