

Cross-national Consultations on Health and Learning Final Report on Adults with Literacy Challenges and Adult Immigrants and Refugees

Summary

Adult Working Group

*Sue Folinsbee and Wendy Kraglund-Gauthier
with Allan Quigley and H el ene Gr egoire.*

HEALTH AND LEARNING

Knowledge Centre

September 2007

Table of Contents

I.	Overview of the Consultations	2
II.	Limitations of the Consultations	2
III.	Consultation Outcomes	3
IV.	Participants’ Recommendations for Strategies to Address Identified Barriers	4
	A. Health literacy	
	i. Multi-faceted strategies.....	4
	ii. Plain language information	5
	iii. Communication and learning with interpreters.....	5
	iv. Health–literacy coalition	5
	v. Clear language Web site	5
	vi. Directory of doctors	6
	B. Developing and sustaining healthy communities	
	i. Discussion groups and workshops	6
	C. Strengthening the capacity of communities, practitioners, and agencies/systems	
	i. Poverty reduction	7
	ii. Affordable and secure housing	7
	iii. Affordable, appropriate, and accessible health care services	7
	iv. Recognitions of credentials of foreign doctors	8
	v. Access to jobs and recognition of foreign credentials	8
	vi. Learning for health providers: Sensitivity and awareness training.....	8
	vii. Language training and skills upgrading.....	9
	viii. Trauma counselling.....	9
	ix. Sessions for men	9
	x. Food for adult programs.....	9
V.	Adult Working Group Recommendations for Setting a Knowledge Agenda	10
	A. Supporting Research	10
	B. Knowledge Mobilization	11

I. Overview of the Consultations

From the consultations in 2006-2007, the Adult Working Group (AWG) of the Canadian Council on Learning's Health and Learning Knowledge Centre (HLKC) sought to identify themes, gaps, and needs related to health and learning as experienced by adults with low literacy skills and by immigrants and refugees. The consultation outcomes ultimately point to research priorities concerning the learning needed to improve the health of these groups and include a plan to generate, mobilize, disseminate, and translate research-based knowledge into policy and practice change. This, we hope, will result in a greater understanding of the relationship between health and learning and in initiatives to improve the health status of those groups across Canada.

The expressed views from the consultations are illustrative of the opinions of adults in two marginalized groups. We hope their views will ultimately contribute to research, to policy, and to improved access and services for marginalized Canadians.

Consultations were held in Vancouver, Regina, Toronto, Montreal, and in three communities in Nova Scotia through video conferencing. In all cases except Nova Scotia and Montreal, there were separate consultations with both adults with literacy challenges and with immigrants and refugees. In Montreal, the focus was solely on immigrants and refugees and providers who work with them. In Nova Scotia, the focus was solely on adults with literacy challenges along with practitioners who work with them. In all, there were 180 participants.

The AWG worked with local organizations and consultants to organize and conduct consultations. In addition, to this report, the AWG prepared detailed reports on the consultations in each community for a total of five separate reports. The Montreal consultation report is available in French.

II. Limitations of the Consultations

There are several limitations of the consultation outcomes. The number of participants was small and was selected based on the consultation facilitators and host organizations' ability to contact willing participants. For the most part, participants were from largely metropolitan/urban areas. In adult learning classrooms, host organizations asked literacy organizations and programs to refer students and their friends to volunteer for the consultations. In community organizations, hosts recommended clients whom they thought would be interested in participating.

Based on the informal methods of choosing participants, we caution against generalizing the results of these consultations across contexts. While generalizations cannot be made from the

consultation outcomes, the outcomes provide a good deal of insight with respect to areas of health and learning that need to be explored through systematic research.

III. Consultation Outcomes

This final report summary draws from the five individual reports that were prepared for each location. This section summarizes the outcomes from all AWG consultations for both immigrants and refugees and adults with literacy challenges according to major themes. These themes include:

- concepts of health and being healthy
- learning and getting information about health
- experiences with health services
- participants' recommendations for strategies to address barriers

There were consistent outcomes across the consultations both for immigrants and refugees and for adults with literacy challenges. Participants' responses and recommendations on health and learning reveal that it not just a matter of providing more information or education about health or providing it in clearer, more effective ways. Neither is health just about individual behaviour, lack of "motivation," or lack of knowledge about how to be healthy. Participants' stories and recommendations indicate that it is critical to address the larger social determinants of health such as poverty, racism and discrimination, lack of employment opportunities, substandard housing, and lack of recognition of foreign credentials, different cultural assumptions, and access to health services, including mental health services. People may know what it takes to be healthy but are simply not able to implement what it takes because of these other factors.

In terms of health literacy, the outcomes of the consultations suggest that multi-faceted strategies are needed to present information to these two priority groups. Print materials on health issues and accessing information on the Internet are the least preferred strategies for community members but are used by providers and literacy practitioners. Clear language materials and materials in the languages of newcomers are needed along with face-to-face contact and information on videos. It is clear that learning and getting information is two-way. Newcomers need access to language training to improve their language skills. Adults with literacy challenges need access to literacy classes. At the same time there needs to be clearer language in both oral and print communication. As well, more time needs to be taken in face-to-face communication with health-care providers to ensure understanding.

There is a large gap in terms of adequate, equitable, and accessible health-care services to these groups. There are many common concerns, as well as concerns that are specific to particular regions and groups of people. The outcomes also show that the barriers to health that participants face far outnumber the strategies and initiatives that are working well.

Participants' recommendations indicate that multiple factors affect health and that these larger systemic issues need to be addressed along with better health information and learning opportunities for adults with literacy challenges, immigrants and refugees, and the health-care professionals who work with both groups.

IV. Participants' recommendations for strategies to address identified barriers.

Overall, participants across the consultations agreed that everyone needs to do some learning. They emphasized that learning needs to go hand-in-hand with more systemic changes to improve health. Since many of the recommendations are similar for both adults with literacy challenges and immigrants and refugees, they have been included together. Where a recommendation only applies to one group, it is noted.

Perhaps the clearest outcome of the consultation process and participants' recommendations was that neither limited literacy nor the varied issues facing immigrants and refugees exist with health in some isolated state. For participants, "health and learning" means discussing the relationship of health to social factors, such as access to health services, poverty, racism, and unemployment. It also means looking at the impact of these and other social factors on individuals' sense of self-efficacy and whole communities' sense of powerlessness. Following are participants' recommendations with respect to the main areas that emerged as determinants of both health and learning about health.

A. Health literacy

i. Multi-faceted strategies

Across the consultations, participants from both groups stressed the importance of face-to-face communication as a strategy for sharing information about health.

Community members and providers from both priority groups would like to see more than print material as a way of providing information. Videos and visuals about health that are in different languages are important for newcomers.

ii. Plain language information

Some literacy students would like to see useful information on health in newspapers, magazines, talking books, phone-in lines and health centres. They would like this information to be in plain language.

iii. Communication and learning with interpreters and in one's own language

Immigrants and refugees identified the importance of providing interpretation and of having health providers who can speak their language. Workshops and information about health and the health-care system in the language of immigrants and refugees is important. Workshops should not be given too soon after newcomers arrive—that is, newcomers need time to adjust to their different environments before they are able to deal with new information. However, newcomers need information on how to access health-care services in their own language when they arrive in Canada. They should receive this information when they land.

iv. Health – literacy coalition

Providers in Toronto suggested that literacy groups and public-health and other health organizations could work in partnership to address issues around health literacy and develop an Website that would be useful for literacy workers and help them cut down on time to research health issues. This web site could include:

- questionnaires for learners on what to ask when they call [Telehealth Ontario](#)
- questions for learners to ask health care professionals
- traditional and alternative medicine approaches
- frequently asked questions
- learning materials on anatomy and what happens to your body
- a resource list and links to resources

v. Clear language Website

Some providers favoured a Website in clear language (and in a variety of languages if possible) that immigrants and refugees can access to get information about health and other important topics.

vi. Directory of doctors

Immigrant and refugee groups suggested having both a list of family doctors as well as a list of those doctors who have different language skills.

B. Developing and Sustaining Healthy Communities

i. Discussion groups and workshops

Understanding rights

Adults with literacy challenges and immigrants and refugees indicated that they need to learn how to question doctors more effectively and understand their rights as they pertain to all areas of life in Canada, but especially as they apply to accessing health-care services.

Workshops on health topics

Both adults with literacy challenges and immigrants and refugees would like to see discussion groups and workshops on health topics of interest to them. Adults not in literacy programs would like to have meetings where doctors and nurses come and they can ask questions.

Health component in literacy programs

Some adults with literacy challenges want to learn more from different sources on eating healthier, exercising more, and taking care of themselves. They would like to see more sharing on health issues among literacy programs. They would like to see a health component in their literacy curriculum. Some literacy providers said a plain language Website on health that could be trusted and was useable for adults with low literacy skills would be a good classroom teaching/learning tool.

Learning to help children

A common theme for adults with literacy challenges was the importance of learning to help their children. They would like to learn more to help their children. They would like to see more emphasis on learning about health in school and at day cares.

Classes on cooking and grocery shopping

Some adults with literacy challenges recommended that free cooking classes teaching healthy recipes using low-cost food be sponsored by food companies and major grocery stores. They also suggested programs designed to help students learn how to read labels and to grocery shop more effectively.

C. Strengthening the Capacity of Communities, Practitioners, and Public Agencies/Systems

i. Poverty reduction

Adults with literacy challenges and immigrants and refugees indicated that in order to be healthy, they need an adequate income. Most know what they need in order to be healthy, but are hampered by limited financial resources. They stress they cannot buy healthy food because they cannot afford it. They want to see fresh food that is affordable. They see health as directly linked to adequate financial resources.

Community members in the consultations would like to see a higher rate of social assistance and decent pay for the work they do. Some providers suggested raising the minimum wage. Another idea was to charge more income tax.

ii. Affordable and secure housing

The need for the government to provide affordable and secure housing was identified mainly by the immigrant and refugee community and their providers, but also by some adults with literacy challenges and providers who work with them. Providers indicated that people cannot learn or study under sub-standard housing conditions. Some providers noted that people's addresses are constantly changing and that their rooms/accommodations are not secure. One recommendation was to have co-op housing where people can share food and childcare.

iii. Affordable, appropriate and accessible health-care services

Both immigrant and refugee groups and adults with literacy challenges identified the need for more appropriate and affordable health care, including mental health care that is sensitive to their context. They want access to more doctors and shorter wait times in clinics and hospitals.

Participants want racism and discrimination addressed in access to health-care services.

Across the consultations, participants want doctors and health-care providers to treat them with respect, offer quality services, take the time to listen, explain things clearly, refer them to specialists in a timely fashion, and not to label them.

Some immigrant and refugee groups identified discrimination against refugees and non-status people as a need to be addressed. At the institutional level, access to health care by refugees and

people without status needs to improve. Participants indicated that refugees are not treated like other immigrants in terms of the infrastructure for settlement. They would like to see more community organizations involved.

For immigrants and refugees, access to providers and health services such as a health-line in their own language or at least with interpretation is important. Affordable care also includes free prescriptions, affordable glasses, counselling, dental services and ambulance services. In addition, more sustainable resources that focus on community health needs are required. In several consultations participants pressed for community activism to pressure policy-makers to deal with health-care issues they have identified.

Both adults with literacy challenges and providers in Nova Scotia called for addressing the barrier of lack of transportation to health-care facilities that people in rural areas have to go to outside their communities.

iv. Recognition of credentials of foreign doctors

Immigrants and refugees and providers who work with them agreed that Canada needs more doctors. They recommended that the legitimate credentials of doctors from outside Canada be recognized. This would be a solution to address the doctor shortage and would also ensure a pool of doctors who better understand the needs of immigrants and refugees.

v. Access to jobs and recognition of foreign credentials

Immigrants and refugees would like to see access to jobs and recognition of their own experience and diplomas from their own countries. They stressed the need to address the issue of making it easier, less time-consuming, and less expensive for immigrants and refugees to practice their profession in Canada. Without an adequate income, it is difficult, if not impossible to be healthy.

vi. Learning for health providers: Sensitivity and awareness training

Participants across the consultations for both priority groups emphasized the need for doctors and other health-care providers to do some learning. Providers indicated that doctors should receive sensitivity training on how to recognize and work with adults with literacy challenges and immigrants and refugees—particularly around gender issues. They said doctors should also learn more holistic approaches when they are in medical school, receive training on community health and on working with immigrants and refugees and adults with literacy challenges.

Participants not in literacy programs did not want to be labeled, seen as second class, or in some cases, “clumped as addicts.” They wanted doctors and health-care providers to understand their situation and to take time to listen. They would like doctors to explain what the tests actually mean and to refer them to specialists in a timely fashion.

vii. Language training and skills upgrading

Community members who are immigrants and refugees clearly show how not having English has limited their access to health and being healthy. One recommendation is to offer affordable and accessible language classes that they can participate in. They would like to see free accessible higher education and training programs where they can upgrade their skills. They would like to have English language training that is job specific.

viii. Trauma counselling

Some immigrant and refugees emphasized the importance of trauma counselling to address the trauma that people have been through in their countries of origin. This counselling should be available in the client’s own language. It is also important that men have access to this counselling.

ix. Sessions for men

Community members from immigrant and refugee groups and their providers indicated that there needs to be sessions, groups, and counselling not only for women, but for men too. Men have their own issues and concerns and may be reluctant to get help because they are embarrassed or because of cultural beliefs.

x. Food for adult programs

The Vancouver provider group working with adults with literacy challenges recommended breakfast programs in adult ABE and in ESL programs for people who cannot provide food for themselves. There needs to be money for the program and a buy-in from the senior administration. People need a full stomach if they are going to learn. The need for healthy food in schools was also recommended in the Vancouver session with students in literacy programs.

V. Adult Working Group Recommendations for Setting a Knowledge Agenda

The recommendations that follow are based on the results of the AWG's cross-national consultations. The recommendations are directed to the Health and Learning Knowledge Centre in terms of supporting: (A) a research agenda that addresses key areas from the consultations, and (B) knowledge dissemination and mobilization. As such, the recommendations have been organized according to these two categories.

A. Supporting Research:

The AWG recommends that HLKC support research by:

- providing funding for the areas listed below
- including the research topics listed as priorities for HLKC Request for Funding (RFP) proposals
- raising awareness that the research priorities are important
- providing opportunities for researchers to meet to collaborate on the types of questions the research provokes

The AWG recommends that the HLKC specifically support:

1. community-based participatory research on the interventions that could contribute to improving the access of groups such as adults with literacy challenges and immigrants and refugees to the health services and health information they need.
2. organized, coordinated, documentation of the systemic discrimination and racism that adults with literacy challenges and immigrants and refugees face in accessing health services, with a possible focus on specific types of institutions or health services that are proving problematic for these clients. The purpose of the research would be to develop strategies to address these lived-systemic barriers.
3. the development of an authoritative, plain language, HLKC or CCL Website, which could be pilot-tested in literacy/basic education programs across a province and/or territory in order that, through time, literacy teachers/tutors could gain a valuable teaching tool on health that their learners may access alone or with teacher assistance, thus building both health knowledge and literacy/technology skills.
4. develop/adapt and pilot test an authoritative, plain language, Website for practitioners who work with and support immigrants and refugees so that, based on the pilot-tested outcomes, a number of provincial/territorial Websites, with links, would be available as an up-to-date, accessible source on regional/national/international health resources and

relevant research. In both cases, ongoing maintenance of these Websites would be needed.

5. the use of an anti-racist lens in the development of further research, together with data collection tools and research methodologies that authentically capture the complexities of racial disparities and identify strategies to address them.
6. the growing research-in-practice work in adult literacy by promoting new research in practice projects that focus on aspects of health and learning identified by adults with literacy challenges in these consultations.
7. action research that involves the participatory development and testing of health-education strategies and interventions intended to help adults with literacy challenges gain control over the factors that affect their lives.
8. the evaluation of policy interventions designed to address poverty, housing, literacy, and other social determinants of health.
9. research on how changes to the Canadian health-care system such as long wait times affect the health of marginalized groups.
10. research and knowledge translation on social determinants of health in Canada and dissemination of results among the general population so they may understand the importance of social equity for health.
11. research that will improve understanding of how socio-economic/systemic factors impact the mental health of adults with literacy challenges and immigrants and refugees. This research would be important in understanding how to improve mental health service provision to address the root causes of mental health issues.
12. research that focuses on both the unique barriers and effective interventions faced by marginalized communities in accessing health and health information in rural and remote areas as discussed in this report.

B. Knowledge Mobilization

1. Ensure that that this consultation report is disseminated to a wide range of stakeholders including policy-makers, researchers, and practitioners who can act on the recommendations made by those adults who participated in the consultations.
2. Ensure that a wide range of stakeholders have access to the findings of the consultation report through fact sheets, briefs, newsletters, etc.

3. Support action research on the collaborative development of a health Website for adult literacy practitioners and providers who work with immigrants and refugees as indicated in recommendations from participants in the consultations.
4. Support action on the findings of this consultation report with respect to the social determinants of health. The AWG completed a state of the field report on health and learning that shows there is a great deal of research on the determinants already and a need for action.