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Health Literacy of Older Refugees and Its Impact on Health Communication with Health Care Providers

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Abstract

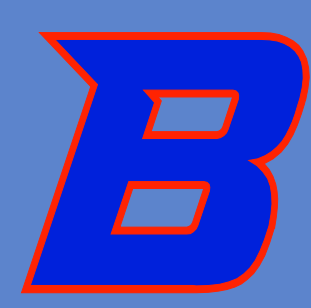
Senior refugees often face great challenges in the process of resettling in the United States. In addition to the struggle to gain Basic English language skills to pass the Citizenship Exam, they are most likely to suffer other health issues related to their age status. The purpose of this qualitative study is to look into barriers to health as they are related to health literacy in older refugee population enrolled in ELC program and its impact on their access to healthcare. Data gathering will be accomplished using three methods including: searching the materials presented in the (ELC)class for health literacy contents, gathering stories and information informally from class members about health needs and health communication skills needed to access health care, interviewing class instructor about her perception about health literacy and health communication presented in class, and gathering information from volunteers about their previous experience with material presented in class about health literacy. This study provides the foundations for further future research assessing health literacy in the older refugees population.

Keywords

refugees, Project SHINE, elders, health literacy

Disciplines

Public Health Education and Promotion



Health Literacy and Patient-Provider Communication among Elderly Refugees: an exploratory study

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Introduction

In 2012, according to the office of the United Nations High Commissioner for Refugees (UNHCR), there were over 280,000 people residing in the US who were categorized as refugees or asylum seekers. A refugee is an individual who is displaced from their homeland and forced to resettle. Approximately 50,000 refugees are resettled each year in the US (United States Department of State, 2012).

Refugee populations are at risk and are often faced with economical and health issues. Health risks include:

- Morbidity related to poor circumstances prior to resettlement
- Infectious diseases such as Malaria or parasites
- Physical injuries related to war or environmental hazards (Stauffer, 2013).

Older refugees, in particular, are more vulnerable than the younger refugee populations. In an effort to assist older immigrants and refugees integrate into American society Project SHINE (Students Helping in the Naturalization of Elders) program was developed. This national program is designed to help establish connections and minimize isolation among older refugee populations. In 2013, Boise State University, began implementing Project SHINE (Goodrich, 2013).

The focus of this study was to explore health issues and barriers to accessing health care for older adults including health literacy and communications skills. In addition, a qualitative study was conducted to identify and assess the class materials related to health literacy used with the older adult refugees involved in Project SHINE and studying in the English Language Center (ELC) Program.



Methods

Design: Data collection was accomplished using mixed methodology from January – March 2014. Materials developed by the ELC were reviewed for relevant information about health literacy and communication. In addition, informal information gathering with students participating in Project SHINE was conducted by the researcher.

Methods of Reviewing Materials: All course lessons related to health literacy were collected for analysis. The analysis was conducted to categorize class materials by subject or content. Additional analysis was conducted to evaluate the level of English proficiency required for the use of each lesson.

Methods used for Informal Information Gathering: Informal information gathering and observations were conducted as part of the researchers volunteer experience with Project SHINE. This included informal one-on-one and group meetings with older refugee students throughout the study period. Examples of the types of interactions include:

- A group meeting to gather information about the class materials related to health.
- Involvement of Arabic and Nepali interpreters to assist with communication.
- Use of the following open-ended questions to solicit input:
 - “What are you biggest concerns for health, for yourself and your family?”
 - “What health literacy topic/topics would you like to learn more about in future lessons?”

Results

Course Health Literacy Materials:

- In total, 75 health literacy course materials were analyzed.
- Course materials were categorized and divided into 6 focus areas and 7 sub-focus areas.
- Course materials were evaluated in terms of the level of English proficiency. There were 26 beginner lessons, 25 lower-intermediate lesson, 21 upper-intermediate lessons and 5 advanced lessons (see Table).

Assessment of needs of older adult refugees were:

- Frustration with understanding English in class.
- Desire to learn about nutrition, exercise, and gardening.
- The need for computer literacy.
- Interest in learning about medical insurance and coverage (Medicare and Medicaid).
- Desire to learn about self-management of chronic diseases.
- Desire to learn how to communicate with medical providers and how to ask about a medical issue.

Sample of Summary of Health Literacy Materials

Focus	Sub focus	# of lessons	Literacy Level	Suggestions
Medical appointments and doctor's visits		13	Beginner: 3 Lower-intermediate: 5 Upper-intermediate: 3 Advanced: 2	Students use real life example instead of simplified ones for the more advanced students.
Emergency		4	Beginner: 2 Lower-intermediate: 1 Upper-intermediate: 1 Advanced: 0	More resources are needed for advanced levels. Information about heart attacks and other age related emergencies are lacking.
General health literacy	Body Parts	2	Beginner: 7 Lower-intermediate: 9 Upper-intermediate: 5	Vocabulary such as internal organs including heart, lever etc.
	Symptoms and illnesses	11	Advanced: 2	Common chronic illnesses are lacking such as diabetes and hypertension.
	Mental health	6		Mental health issues related to aging and self-management of chronic morbidities is needed
	Family medicine	4		More advanced level needed
	Dental and eye health	2		Add more materials covering eye and dental health.
Lifestyle and nutrition	Food and nutrition	5	Beginner: 4 Lower-intermediate: 3 Upper-intermediate: 4 Advanced: 0	Add more advanced knowledge about healthy food choices to increase awareness
	Health Habits and exercise	6		Add information about how to incorporate exercise in one's daily life such as using the stair instead of the elevator, walking or using the bicycle.

Discussion and Conclusion

Findings were consistent with the literature about health literacy barriers in older refugee populations. Many instructional materials were available, but gaps in content and literacy levels were observed. Recommendations include the development of more materials specific to chronic diseases and aging and additional higher level literacy teaching tools. The students also expressed an interest in learning how to use the computer to access the internet and health information. Suggestions for future research include:

1. use of quantitative methods to determine the needs of the larger population of older adult refugees,
2. testing of interventions designed to improve health literacy,
3. more hands-on experience with using computers, health-related search engines, and electronic translation tools.

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