St. Catherine University

SOPHIA

Evaluating the Effectiveness of Public Health Messaging in the Immigrant and Refugee Community in Minnesota

Sabrina Kubisa

Evaluating the Effectiveness of Public Health Messaging in the Immigrant and Refugee Community in Minnesota

Abstract

      A lack of access to effective health communication can be a threat to people's health, especially during a pandemic. Effective health communication, as described by the World Health Organization's Principles of Effective Health Communication, must be accessible, actionable, relevant, timely, and understandable (WHO, 2020). During the Coronavirus 2019 pandemic (COVID-19), accessing effective health messages on time has been of the utmost importance to ensure that people know how to protect themselves and others. As information regarding the new findings is updated each day on the Minnesota Department of Health website, everyone must be informed about those changes. However, for the refugee and immigrant population living in Minnesota, who do not speak English as their first language, there are many barriers related to language, health literacy levels, as well as the cultural competency of the people creating the messages. Ensuring that these populations are informed about the latest news related to the pandemic is essential.

      Using in-depth interviews of public health professionals who are creating the messages for the immigrant and refugee population as well as surveys of immigrant and refugee students who receive these messages, this project will attempt to answer the following questions to highlight the importance of effective health communication: Who is creating public health messages for the immigrant and refugee populations in Minnesota? Are these messages relevant and understandable? How are these populations accessing effective messages regarding the pandemic? Is there any misinformation of health messages in these communities? Who and what is the source of misinformation? Finally, how can we ensure that this important segment of our

Minnesotan population continues to receive effective health information even after the pandemic?

Background/ Literature Review

Health Communication is "the study and the use of communication strategies to inform and influence individual and community decisions that enhance health'' (The Community Guide, 2016). The World Health Organization emphasizes that health communication aims to "provide information, advice, and guidance to decision-makers to prompt action that will protect the health of individuals, families, communities, and nations'' (WHO, 2020). To achieve this goal, health communication uses different channels and tailors messages to particular populations of interest. Some channels used to communicate health messages include television broadcasts, radio commercials, public service announcements, brochures, billboards, newspaper articles, newsletters, videos, books, etc (The Community Guide, 2016). Lately, the prevalence of online health messages has increased and has become a barrier to people with limited literacy skills or limited experience using the Internet (Healthy People 2020, 2020). According to Looi, during the COVID-19 pandemic, excessive media exposure has led to the increase of misinformation which can affect people's mental health and their ability to make informed decisions regarding their health (Looi, 2021). In some ways, it is difficult, if not impossible, to avoid media exposure during the COVID-19 pandemic given that people are encouraged to isolate and avoid contact with others as much as possible. A lot of people rely on information that they received from sources that could reach them in their houses and their environments such as televisions, radio, or social media. The need to constantly receive information updates and the lack of ways to assess the credibility of different information could push people to consult sources that are not reliable and be misinformed.

For health communication to be effective, the World Health Organization's Principles of Effective Health Communication suggest that it should be accessible, actionable, relevant, timely, and understandable (WHO, 2020).

- Accessibility: evaluates how the population is accessing the information they need to improve their health

- Actionability: assesses how much public health professionals understand their population of interest to create effective interventions

- Credibility: looks at the level of trust that policymakers put in public health messages and recommendations as well as how they address their decisions

- Relevance: evaluates people's understanding of the risk of health issues and their severity

- Timeliness: understands if the population has access to important information when they need it on time

- Understandability: evaluates the language used by health professionals to communicate health messages

Remembering that "the effectiveness of public health strategies designed to promote health via messages depends largely on the perception of the messages by the public" can help public health professionals to understand the needs of their audiences before creating health messages (Buckton, 2015). Even though every person can manage their health to a certain extent, "most people need additional information, skills, and supportive relationships to meet their health needs" (Healthy People 2020, 2020). As mentioned earlier, health professionals need to tailor health messages to meet the needs of their populations of interest (The Community Guide). The researcher, Schiavo, recognizes that despite the improvement of health communication in many

communities, there are also many underserved groups such as the immigrant and refugee population that still experience inequalities in the way they access health information (Schiavo, 2016). These populations can face many challenges related to cultural differences, language differences, level of education, health literacy, lack of information that is tailored to reach their needs, or even lack of health professionals who are equipped to create effective health messages for this audience. To achieve health equity, however, different communication techniques, strategies, and channels should be used to ensure that everyone has access to effective health messages (Healthy People 2020, 2020).

Many factors can influence the effectiveness of public health messages such as the type of language used to communicate a message to a specific audience. A 2015 study that looked at the perception of terms that are used to communicate health messages related to eating disorders found that the terminology used to communicate messages related to food, health, and diet can be confusing and that public health professionals need to strengthen their campaigns by tailoring the approaches to also meet the literacy needs of the population of interest (Buckton, 2015). This is also true for all public health messages. Language is an important component of healthcare because every aspect of healthcare is communicated through some form of language including spoken, written, and gestures.

Research Methodology

Research method: In-depth interviews and surveys

This research was approved by the Institutional Review Board of St. Catherine University and funded by the GHR Foundation.

Public health professionals who create health messages targeting immigrants and refugees in Minnesota were recruited through emails that were sent to public health and other organizations

in Minnesota. Immigrant and refugee students or students living with people who speak one or more languages other than English were also recruited through emails that were sent to student organizations and other cultural organizations at St. Catherine University. 4 Health professionals were interviewed and 34 students took surveys. Participants were required to be 18 years or older. The target population was chosen to fit the topic that is being explored. For instance, Public health professionals were chosen because they create health messages for immigrant and refugee populations, and students who speak a language other than English were chosen because they could give a good perspective on their and their family members' experience in accessing health messages in their native languages. Non-health professionals and students who only speak English and/or without any family members who speak another language were excluded from this research.

Participants were asked to answer and reflect on the questions related to the accessibility, actionability, relevance, timeliness, and understandability of health messages related to the pandemic. Using the GHR funds, $15 e-gift cards were provided to participants who responded to the survey as incentives, and $30 e-gift cards were provided to health professionals who were ethically able to accept the incentives. Consent was gained through an answer to the email asking participants to join the research in a written form and by electronically signing the consent form that was sent to participants.

This research will bring a better understanding of the resources that are available for people who speak English as their second language. It will also bring a better understanding of how they access health messages, not only during a pandemic but also daily. It will help health professionals reflect on the benefits of providing messages in different languages, and will support public health's mission to promote health and prevent diseases in all populations.

Research Findings

Survey questions for this research were created using Google Forms. Interview questions were reviewed by a committee of three professors from the public health department and the English department at St. Catherine University. The survey questions were tested in the Emergency Preparedness class at St. Catherine University where students provided feedback regarding how to better phrase certain questions or eliminate others that did not add value to the project. As a result, 4 interviews of public health professionals from government agencies, local, and international organizations were conducted. 34 survey responses from St. Catherine University students who self-identified as immigrants or refugees were collected.

Public Health professionals that I interviewed work in teams composed of community health workers, communication specialists, community outreach coordinators, translators, linguists, etc. They work with specific audiences in mind to make sure that the messages they provided are tailored to their audiences. They recognize that a lot of issues that the immigrant and refugee populations are currently facing have always existed although they are being amplified by the COVID-19. They recognized that many public health organizations need new ways to assess the effectiveness of their messages. In general, they receive feedback from their audiences through emails, word of mouth, social media likes and comments, or by looking at the number of people who clicked on a link, etc. However, these ways do not seem to report the whole experience of their audiences, especially those who do not speak English as their first language. Public Health professionals also face timeliness as a barrier because translating documents can take a long time. This causes a gap between the time health information is received in English and the time other populations that do not speak English get access to the same information. Public health professionals are also worried about the future of the

populations that they were in terms of receiving resources through different grants and services that are being provided during COVID. They acknowledged that the issues faced by these communities will still exist even after COVID.

The survey included 18 questions related to the platforms that students and their family members use to receive health messages (see Figure 1), their access to health messages in their native languages, their exposure to misinformation, and their feedback regarding health messages that they receive as well as recommendations to public health professionals who create those messages. Surveys were distributed to an English class in which most of the students are immigrants or refugees and speak many languages. The survey was also sent to former students from that English class as well as to the International student organization at St. Catherine University. Responses were collected in different formats using multiple-choice, long and short answers, checkboxes, and linear scales.

44.1% of students use television to receive their health messages, 20.6% use the Minnesota Department of Health website, 11.8% use Instagram, 11.8% use Facebook, 8.8% use YouTube videos, and 2.9% use Whatsapp (see Figure 1). Radio, newspapers, and employers were not selected as resources that students use to receive their health information. 64.7% of survey respondents did not receive health messages in their native language before the pandemic. 21 languages were reported to be spoken by the 34 survey respondents. Among the barriers related to health messages that the students and their family members encounter (see Figure 3), some that were reported in the survey include the lack of trustworthiness in the source of the information (66.7%), difficulty understanding medical terms (57.19), lack of trustworthiness in information (54.5%), cultural beliefs (45.5%), lack of access to COVID-19 health messaging (45.5%), lack of English proficiency (42.4%), lack of access to health messages in general

(21.2%). Here are a few quotes that came up in the survey when asking people to explain their answer to the previous question.

When asked to justify their answers to the previous question, here are some responses that the participants provided:

"There are very few medical terms in the Hmong language which makes it hard for translation. Also, there are disbeliefs and misinterpretations about COVID-19" (Survey Participant).

"It's just hard to understand what is going on every day because the [Center for Disease Control] keeps updating information when my family [has] still not [received] the old information in their language"(Survey Participant)

Survey participants were asked to evaluate an image from the Minnesota Department of Health using the WHO principles of effective health communication. Overall they thought it was understandable and that the image helped them understand the message better. They recommended providing some color codes that show the difference between what is recommended and what is not recommended so that people who are unable to read may associate a color to the correct recommendations. The majority of the survey participants are planning to receive or have already received the COVID vaccine mainly to protect vulnerable ones in their communities, or because they or their family members are essential workers. There were also a variety of answers to the question 'What do you wish health professionals who create public health messages knew about people who receive those messages?" The survey participants want public health care providers to advocate for the inclusion of more languages when creating health messages, to build relationships of trust with the immigrant and refugee communities, to provide more resources and services for these communities, to consider people's level of health literacy and cultural beliefs when creating messages, etc

How do you or your family members receive health messages related to the COVID-19 pandemic?
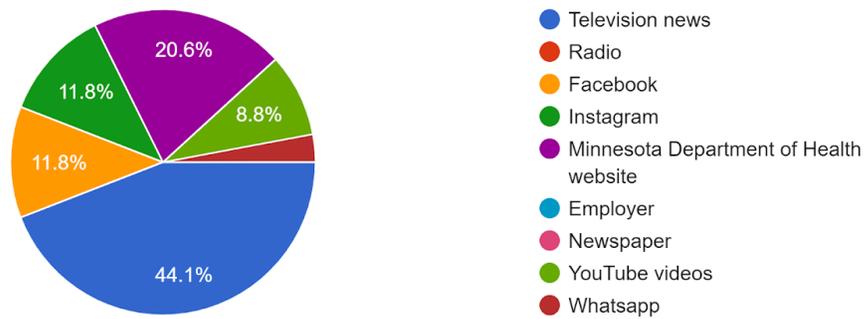
34 responses

Legend:
- Television news
- Radio
- Facebook
- Instagram
- Minnesota Department of Health website
- Employer
- Newspaper
- YouTube videos
- Whatsapp

Pie chart values: 44.1%, 11.8%, 11.8%, 20.6%, 8.8%

Figure 1

What language(s) other than English do you or your family member speak?

34 responses

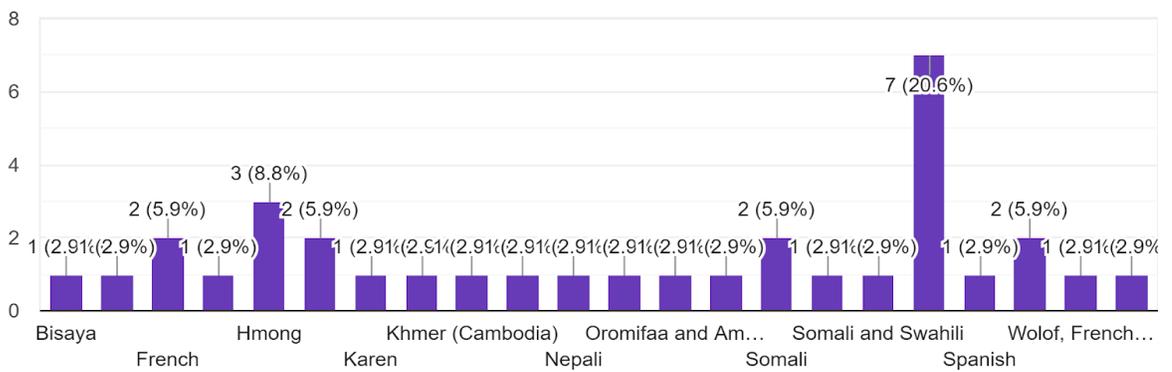*Figure 2*

What barriers have you or your family members encountered with health messages related to the COVID-19 pandemic?
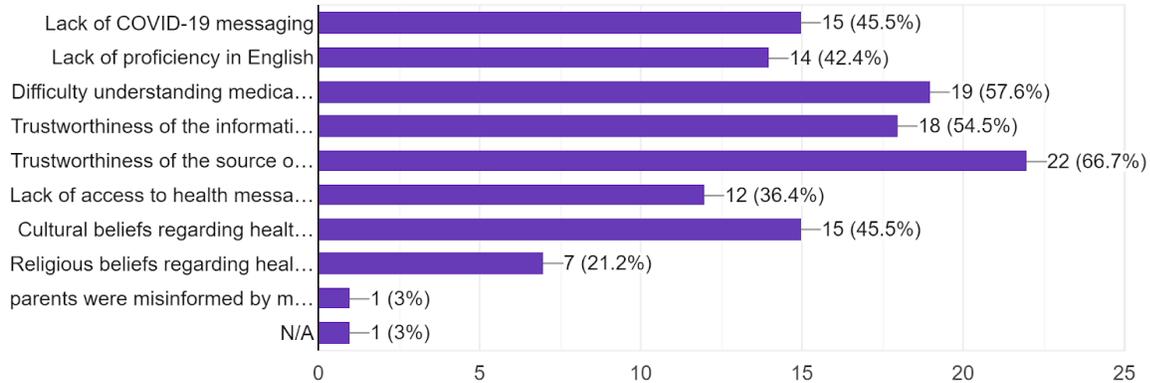
33 responses

Lack of COVID-19 messaging	15 (45.5%)
Lack of proficiency in English	14 (42.4%)
Difficulty understanding medica…	19 (57.6%)
Trustworthiness of the informati…	18 (54.5%)
Trustworthiness of the source o…	22 (66.7%)
Lack of access to health messa…	12 (36.4%)
Cultural beliefs regarding healt…	15 (45.5%)
Religious beliefs regarding heal…	7 (21.2%)
parents were misinformed by m…	1 (3%)
N/A	1 (3%)

Figure 3

Discussion

It is important to note that the people that were interviewed as well as the survey respondents are all educated people who can read, write, and understand English. Understanding this may help the reader critic the answers from the interviews and the surveys. It is very interesting to see that many languages are being spoken only by the students who participated in this survey. This shows us the diversity that exists and the need for effective health information that is available to all communities. Many answers from the survey touched on the WHO Principles of Effective Health Communication. Overall this research was captivating and evoked a lot of interest in many topics that came up from the interviews and survey responses. After looking at the survey responses and thinking about the WHO principles of effective health communication, people seem to lack access to health messages that are translated into their native languages, relevance also seems to be an issue because there seem to be a lack of trust in

the information and the source of the information. We also saw that timeliness and understandability came up in some responses. After evaluating the responses from the interviews and the survey, there seems to be a need for more research on this topic including more interviews and more surveys. I will continue to do more research on this topic and I hope to use it as the capstone for my Master's degree in May 2022.

References

Buckton, C. H., Lean, M. E., & Combet, E. (2015). "Language is the source of

   Misunderstandings''. Impact of Terminology on Public Perceptions of Health Promotion

   Messages. *BMC public health*, *15*, 579. https://doi.org/10.1186/s12889-015-1884-1

Demjen, Zsofia. (2020). Applying Linguistics in Illness and Healthcare Contexts.

Looi, J. (2021). Clinical update on managing media exposure and misinformation during

   COVID-19: recommendations for governments and healthcare professionals.

   Australasian Psychiatry., 29(1), 22–25.

Health Communication and Health Information Technology (October 8, 2020). Healthy People

   2020.https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-

   and-health-information-technology

Schiavo, R. (2016). The importance of community-based communication for health and social

   change. Journal of Communication in Healthcare., 9(1), 1–3.

Health Communication and Health Information Technology. (2016). The Community Guide.

   https://www.thecommunityguide.org/topic/health-communication-and-health-information

   -technology

Survey Questions

https://docs.google.com/forms/d/1cbWQ1BfaA9eurGa-iEE-R87ZpBizr-1hZGlwOvxreHw/edit