

# Building equitable health and social policy in Australia to improve immigrant health literacy

The COVID-19 pandemic has revealed that many immigrants in Australia are at an increased risk of infection, illness, stress and other issues associated with the virus, due to major barriers in accessing health and wellbeing information, activities and services.<sup>1</sup> Barriers to improved health such as low socioeconomic status, poor working conditions, low health literacy and others are deeply problematic given that a growing body of evidence shows the need to improve the health, social, education and employment outcomes for more people in a culturally and linguistically diverse Australia. In this editorial, we address the impacts on health and wellbeing for immigrants due to COVID-19. We describe how these are rooted in public policy and the complex processes associated with immigration and other social determinants of health. We demonstrate that developing more equitable and inclusive approaches to national policy and research, including more critical and holistic evaluation of health literacy initiatives, can play a vital role in better supporting a culturally and linguistically diverse Australia both now, and in the future.

In 2019, the Australian Bureau of Statistics (ABS) reported that 29.7% of the total Australian population, that is 7.5 million people, were born overseas.<sup>2</sup> In order of ranking, China and India are the top two non-English speaking countries, followed by Philippines, Vietnam, Italy, Malaysia and Sri Lanka being last on the list replacing Scotland.<sup>2</sup> Since 2018, Australia resettled 10 300 refugees mainly from Syria, Afghanistan and African countries such as Sudan.<sup>3</sup> It is evident that Australia is an immigrant nation. Whilst, Australia does not have an assimilationist policy like several countries in the European Union, the much-celebrated Australian multicultural policy fails to address social exclusion and equitable opportunities for all Australians particularly for Aboriginal and/or Torres Strait Islander people, refugees and immigrants. Australia aspires as a nation to promote equity and justice for all its citizens irrespective of race and language. This is also espoused in numerous national health-related policies, with an increasing emphasis on promoting health equity across Australia.<sup>4</sup>

Despite Australia's health and welfare policy commitment to health equity and social justice, the recent COVID-19 pandemic revealed – particularly in the Australian city of Melbourne – that residents in public housing were at a particularly high risk, with the majority of these being immigrants. Second, these were mostly immigrant men, or men who were welfare-dependent and had a drug and alcohol dependency.<sup>5</sup> Studies both in the United Kingdom and United States have established that for Hispanic, Black and older men the ability to navigate the health care system, following that

age-specific screening guidelines were far more challenging than any other category or group of persons. Additionally, low socioeconomic status and low education levels also meant that individual health literacy was significantly affected.<sup>6</sup> As news unfolded on the COVID 19 pandemic in Melbourne, it became evident that immigrant men in Australia are frequently employed as frontline workers, in jobs such as security guards, cleaners and taxi drivers. They often work in underpaid, casual and precarious jobs, which adversely impacts their socioeconomic status and offers them little to no capacity to take time off from work<sup>7</sup> and focus on activities to enhance their health and wellbeing. A comparative study on citizens from the European Union (EU) and non-EU migrants, revealed that health literacy is a complex “concept” and is even more complicated when measuring the equity outcomes for immigrants given the less favourable social position of migrants. That is, migration is a social determinant of health.<sup>8</sup> As migrants and refugees face compounded risks of social stratification, which produce health and wellbeing inequalities, a national approach to prioritise equity-focused health and social policy is an essential element for improving immigrant health literacy in Australia, particularly for communities of non-English speaking backgrounds.<sup>9</sup> This has been identified as a priority in the draft National Preventive Health Strategy.<sup>10</sup> Indeed, processes associated with immigration introduce numerous, and often complex intersections with multiple social, cultural and commercial determinants of health. Australia's tiered approach to social benefits shapes who have access to health and wellbeing services and who does not. For instance, people who hold non-citizen and migrant statuses have differential access to public education, Medicare and government funded legal assistance. This means that, in addition to culture, ethnicity, gender, age and linguistic background, an array of immigration and citizenship statuses must be considered as intersectional inequalities that situate people to have diverse, and highly uneven experiences relating to health and wellbeing.

Research on health literacy initiatives for immigrants in Australia is very limited. It is often restricted to the understanding of specific diseases such as childhood obesity, managing diabetes, cervical cancer screening and mental health.<sup>11</sup> Whilst these are critical, a holistic approach to understanding and mapping health literacy amongst immigrant communities needs to be prioritised. For example, the NSW Multicultural Health Communication Service (NSW, MHCS), which receives funding from the NSW Government, has dedicated one strand of their service delivery towards health literacy. They have previously funded research on mapping “mental health” literacies

of South Asian women in Australia. However, to date, South Asian men have not been captured in the data by the NSW, MHCS. Their current priority focuses on partnerships with key stakeholders, such as the Cancer Institute NSW, to undertake information podcasts on cancer screening. Previously, the NSW MHCS has undertaken projects with South Asian women and breast cancer screening, such as "The Pink Sari," project. No similar projects have been rolled out for South Asian men on male-specific cancers. Whilst, these initiatives are of significant impact, a nationally funded health communication service for each state and territory, followed by a systematic approach to map and evaluate specific health literacy strategies for immigrant communities in Australia should become a national priority.<sup>9</sup> These should also include an explicit gender lens, with intersections between gender, race, ethnicity and culture interrogated further. Additionally, comprehensive consultation and ongoing community engagement are necessary to capture the health literacy needs of migrant and refugee communities throughout the country.

As there has been little research focused on health literacies amongst migrants and refugees in Australia, it is necessary to develop and monitor the effectiveness of health literacy tools and frameworks that are appropriately tailored to people from culturally and linguistically diverse groups, including migrants and refugees in Australia. Drawing on recent Aboriginal and Torres Strait Islander health literacy scholarship, it is apparent that there are many synergies with immigrant groups in relation to the preservation of culture, tradition and intergenerational relationships.<sup>9</sup> For example, one study that explored the nexus between culture, age, gender and health literacy in Australia revealed that "outreach services in community-based settings were highly valued" by the participating Aboriginal and Torres Strait Islander communities.<sup>12</sup> A similar initiative with a particular emphasis on migrants and refugee communities would enhance opportunities to inform contemporary policy and practice approaches aimed at improving their health literacy.

Finally, the current period of pandemic recovery is a crucial time to address major barriers and opportunities for improved health and wellbeing of immigrants. With more nuanced research and evaluation of health literacy, supported by a national policy approach, it is possible to not only help reduce the risk of avoidable harms wrought by COVID-19 right now, but also take important steps towards more equitable and inclusive health and social systems for the long term.<sup>13</sup> Such steps are necessary to help sustain ongoing work in improving the health and wellbeing of more people in Australia, and to meaningfully build on Australia's commitment to health equity and social justice.

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

Devaki Monani<sup>1,2</sup>

James A. Smith<sup>2,3</sup>

Ben O'Mara<sup>4</sup>

Daile Rung<sup>2,3</sup>

Sarah Ireland<sup>5</sup>

Mpho Dube<sup>6</sup>

<sup>1</sup>School of Social Work, College of Health and Human Sciences, Charles Darwin University, Casuarina, NT, Australia

<sup>2</sup>Wellbeing and Preventable Chronic Diseases Division, Menzies School of Health Research Charles Darwin University, Casuarina, NT, Australia

<sup>3</sup>Freemasons Centre for Male Health and Wellbeing – Northern Territory, Menzies School of Health Research, Charles Darwin University, Casuarina, NT, Australia

<sup>4</sup>School of Arts, Social Sciences and Humanities, Department of Media and Communications, Faculty of Health, Arts and Design, Swinburne University, Melbourne, VIC, Australia

<sup>5</sup>Molly Wardaguga Research Centre, College of Nursing and Midwifery, Charles Darwin University, Casuarina, NT, Australia

<sup>6</sup>College of Nursing & Midwifery, Charles Darwin University, Casuarina, NT, Australia

#### Correspondence

Devaki Monani, School of Social Work, College of Health and Human Sciences, Charles Darwin University, Casuarina, NT, Australia.

Email: devaki.monani@cdu.edu.au

Editor: James Smith

#### REFERENCES

1. Smith JA, Judd J. COVID-19: vulnerability and the power of privilege in a pandemic. *Health Promot J Aust.* 2020;31(2):158.
2. ABS, Migration, Australia Statistics on Australia's international migration, internal migration (interstate and intrastate), and the population by country of birth: Reference period 2018-19 financial year; 2019 [cited 2020 December 7]. Available from: <https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release>
3. Refugee Council of Australia. How generous is Australia's Refugee Program compared to other countries?; 2020 [cited 2020 December 11]. Available from: <https://www.refugeecouncil.org.au/2018-global-trends/>
4. Fisher M, Baum F, MacDougall C, Newman L, McDermott D. To what extent do Australian health policy documents address social determinants of health and health equity? *J Soc Policy.* 2016;45(3):545–64.
5. O'Mara B, Carey G, Weier M. Community-based health promotion about alcohol and other drugs in a multicultural Australia—what works? a review of evidence. *Health Educ Res.* 2020;35(5):437–49.
6. Oliffe JL, Rossnagel E, Kelly MT, Bottorff JL, Seaton C, Darroch F. Men's health literacy: a review and recommendations. *Health Promot Int.* 2020;35(5):1037–51.
7. Bertone S, Monani D. Diversity and disadvantaged workers. In: Teicher J, Holland P, Gough R, editors. *Australian Workplace Relations.* Great Britain: Cambridge University Press; 2013. p. 174–90.
8. Lorini C, Caini S, Ierardi F, Bachini L, Gemmi F, Bonaccorsi G. Health literacy as a shared capacity: does the health literacy of a country influence the health disparities among immigrants? *Int J Environ Res Public Health.* 2020;17(4):1149.
9. Department of Health. Draft National Preventive Health Strategy 2021-2030; 2021 [cited 2021 March 11]. Available from: <https://consultations.health.gov.au/national-preventive-health-taskforce/draft-national-preventive-health-strategy/>

10. Rung DL. Processes of sub-citizenship: neoliberal statecrafting 'citizens', 'non-citizens', and detainable 'others'. *Soc Sci.* 2020;9(1):5.
11. Gallegos D, Do H, To QG, Vo B, Goris J, Alraman H. The effectiveness of living well multicultural-lifestyle management program among ethnic populations in Queensland, Australia. *Health Promot J Austr.* 2021;32(1):84–95.
12. Smith JA, Merlino A, Christie B, Adams M, Bonson J, Osborne R, et al. 'Dudes are meant to be tough as nails': The complex nexus between masculinities, culture and health literacy from the perspective of young Aboriginal and Torres Strait Islander males—Implications for policy and practice. *Am J Men's Health.* 2020;14(3):1–17.
13. Smith JA, Wells L, Gelbart L, Lawson T. (2021) Beyond COVID-19: Consumers call for greater focus on health equity. *Health Promot J Austr.* 2021;32(1):3–5.