Encyclopedia of Health Communication

Immigrant Populations

Contributors: Raihan Jamil
Edited by: Teresa L. Thompson
Book Title: Encyclopedia of Health Communication
Chapter Title: "Immigrant Populations"
Pub. Date: 2014
Access Date: September 30, 2019
Publishing Company: SAGE Publications, Inc.
City: Thousand Oaks
Print ISBN: 9781452258751
Online ISBN: 9781483346427
DOI: http://dx.doi.org/10.4135/9781483346427.n268
Print pages: 693-696

Immigrant Populations

Immigrants are people who have left their home country and have moved to another one, for any number of reasons. Historically, health care delivery for immigrants raised important questions for migration across national boundaries. As more individuals, families, and groups migrate to new countries every year, migrant health concerns have taken a central role for policy makers across the globe. These migrations root from social, economic, and educational needs primarily in order to escape the harsh bindings of poverty in individuals' home countries (frequently in the global south).

Importance of Immigrant Health Concerns

A large focus of health care issues is on the social and economic aspects of health and illness among participating communities. This is especially true in cases of immigrant populations' health issues, as immigrants' socioeconomic and cultural experiences in their home countries directly influence their health outcomes in their newly adopted countries. It may be important for the new host country to know about health practices in the immigrant populations' home countries in order to provide for future health care. Another reason for studying immigrant health care characteristics would be to customize a host country's health care delivery policies toward specific immigrant needs. A third reason would be to understand the impact of social factors on human health. Finally, developed countries prefer to know the health conditions of immigrant populations in order to evaluate their impacts on existing citizens.

Literature on Immigrant Health

There is ample research on the health issues and determinants of communities based on their race and ethnicity, particularly in the United States. However, there is a lack of pertinent literature about the social determinants of immigrant health issues. Even that which is available sometimes subscribes to the view that social and economic determinants of health can be reduced to genetic and biological factors. In many of these studies, "race" and "culture" are problematically categorized as static and are thus boxed in under tight frames of already determined boundaries. Such boundaries include personal behavior, group norms, and one set of directions for all groups involved, among others. Such restrictions in understanding and conceptualizing the health of immigrant communities sometimes result in the economic and social marginalization of the participating community members. Some scholars believe that differences in an individual's economic and social circumstances can account for the racial differences in his or her health status in society. As such, scholars emphasize the need to understand the pre- and postimmigration lived experiences of immigrant community members, while providing space for accommodating ethnicity and culture in immigrants' adaptation of their new "homeland."

Some studies have shown that immigrants' health ranks better than national health indices of the host country. For example, one study showed how Canadian immigrants' health was better than existing Canadian citizens' health. One possible explanation of such instances is that many countries have strict health screening processes for immigrants; because of this screening process, only people with good health are let into the country. This notion is further supported by research that shows that over time, immigrant health becomes on par with local health indicators in terms of life expectancy, prevalence of chronic illnesses, dependency, and disability. Even then, there is insufficient research on the effects of education, social and physical environments, working conditions, and healthy development of children on immigrant health conditions. Available studies do, however, reflect a potentially strong impact of social determinants of health on immigrant community participants' health. One study, for example, showed how suicide among immigrant populations is linked to education, social support and integration, housing, and employment.

The few studies that did look into the effects of socioeconomic determinants of immigrant health issues have found a direct link between health and immigration. These studies either compared pre- and postimmigration health, or only looked at how postimmigration health impacts immigrant population. These studies evidence health effects on people's dietary habits, stress, depression, anxiety, anger, post-traumatic stress disorder, interracial conflict, communication difficulties, poverty, and intergenerational conflict, among other factors, as a direct result of immigration.

Other studies have shown similar health statistics between immigrant health in the new country and an individual's country of birth. For example, one study showed that the suicide rate among immigrants to Australia resembles that of the immigrants' birth countries. Although such research suggests effects of premigration socioeconomic factors' on health outcomes, they may not be very reliable; the studies were not done on an individual-level analysis.

In general, studies have shown that immigrant populations tend to enjoy better health in their new countries than the existing population of that country. Studies conducted on the immigrant population of Canada, Australia, and the United States, for example, have shown this positive immigrant health effect. These studies have also shown that immigrants from non-European countries tend to have longer life expectancy and fewer years of life living in disability or external dependency than local people. This was especially true when measured in terms of disability and chronic condition prevalence. However, again, these results tend to decline as immigrants' period of residence increases in the new host country. Improved health status of the immigrant population decreases as their residence time in the new country increases.

Some studies have looked into the relationship between social support and immigrant health status. Strong ethnic social support, especially social and psychological support, reduces mental distress and stressors among the immigrant population. Such support is a good source of psychological comfort for immigrant community members, and the opposite is also true. Lack of social support has been linked to increased psychological stress and poorer health among immigrants. This is further linked to immigrants' perceived social distance from the "mainstream" society. Some studies have shown lack of income and education in immigrant populations as sources of perceived social distance from the existing population of the new host country. This in turn suggests a possible psychological relationship between immigrant health status and social status.

Overall, available research suggests there are relationships between social determinants of immigration and health. More studies indicate a psychological impact on health than a physical one. Other studies have shown a direct relationship between mental well-being and physical health. But there still seem to be key gaps in the literature about the factors affecting the immigrant population's health and well-being. One criticism of existing immigrant health studies is the lack of voices among immigrant community members in their own health outcomes. It is theorized that for positive, sustainable changes to come for the immigrant communities, policy makers and policies must take community members' voices into consideration. In other words, voices from the community need to be listened to for the community's health improvement.

Listening to the Erased Voices

As the world shrinks in size due to the advent of technology, increased trade of goods and services, and a high rate of immigration across borders, health scholars have never been more interested in learning about the immigrant communities' health experiences. But even with such increased interest in this area, and with deep concern about public health outcomes, scholars have conceptualized and boxed immigrant communities as monoliths. Additionally, the voices of the immigrant community members have traditionally been absent from mainstream health program and policy discourses. It is important to know about the experiences of the immigrant community members, their resource accesses (and in-accesses), and their life health trajectories in order to plan and implement future health outcomes for this community. Understanding the community's cultural values, beliefs, and practices is fundamental for creating sustainable national health care policies.

Scholars and researchers of health outcomes in the United States have documented health disparities as experienced by different immigrant communities who come from poor backgrounds—specifically those with poor access to health care, low quality of health care, and limited access to health care resources and health information. These are communities with low socioeconomic status (SES). Overall, poorer immigrant communities have traditionally and historically been victims of large-scale health intervention disparities, and they have had to struggle more to obtain health rights that are easily available for the more privileged segments of society. For example, structural barriers

to health institutions, waiting time for doctors that cost a whole day's work, lack of access to health information, and visiting doctors only as a last resort are some of the key concerns migrant community members have shared with scholars during immigrant community participants' interviews regarding their health access and outcomes. However, such understanding and interpretations of community members are largely absent in the dominant/mainstream health scholarship.

To address this need for listening, scholars have offered the culture-centered approach as a framework to assist in understanding and appreciating the specific and localized health needs of participating community members in order to address the material/resource disparities in health care. The culture-centered approach (CCA) to health communication advocates alternate entry points to dominant health discourses by listening to community insiders and co-constructing their meanings of health to formulate policy developments. Centralizing the participating community's culture, CCA interrogates the absences and silences of the dominant health discourses in health policies. Culture here is a dynamic and complex fabric of localized meanings that interact with the material/structural systems surrounding the culture. Proponents of the CCA say that for designing effective health care policies and outcomes for the immigrant communities around the globe, the CCA is imperative to understand the meanings, needs, and articulations of health from

Senior Korean immigrants meet at the Korean Resource Center in Koreatown, Los Angeles, California, to evaluate the annual Immigrant Day program and plan future activities, June 2, 2006. The Korean Resource Center's Health Access Project seeks to improve the health status of Korean Americans, encourage the incorporation of health care into daily life, and ensure Korean American representation in health policy, funding, and education. Migrant health concerns have taken a central role for policy makers across the globe.

the voices of the immigrant community members. Only a solution that incorporates insiders' voices can be sustainable and effective in the long run. The Heart Health Campaign of Indiana (United States) and the STD/HIV Intervention Program (India) are good examples of how centralizing community culture could result in sustainable and effective health campaigns. Instead of trying to design one-size-fits-all health policies for immigrants, scholars suggest listening to immigrant communities' voices and incorporating them in mainstream health discourses.

Immigrant population health issues are vast. There are a lot of unexplored territories and a linear/dominant approach to understanding and addressing immigrant health needs may fall short of achieving any sustainable positive health outcomes. Centralizing immigrant communities' voices seems to be the key for achieving that.

Raihan Jamil
Zayed University

See Also: Alternative and Complementary Medicine; Culture-Centered Approaches; Health Campaigns; Health Care, Discrimination or Bias in; Health Disparities: Overall; Immigrant Families; Religion and Spirituality.

Further Readings

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Immunizations

When examining ways to improve immunization programs both domestically and abroad, the common focus of improving communication strategies must always be present. Consistent with Everett Rogers's diffusion of innovations theory, health workers must be sure to design immunization programs built around the idea that innovations, such as vaccines, are communicated through populations in a variety of methods. As such, it is the responsibility of health workers, in an effort to ensure the success of their health programs, to recognize that communication programs vary depending on the community in which one is working, and therefore, each program and program team must develop increased and improved interpersonal communication methods with the local population in order to ensure that the innovation is accurately and properly spread throughout the community.

The U.S. Centers for Disease Control and Prevention define an immunization as a process by which an individual or an animal becomes protected against a disease or illness. Immunization refers to the process by which a person becomes immune to a disease, either through vaccination or by becoming infected with the disease. A vaccination is typically given in the form of an injection or nasal spray, containing a "safe" version of the organism and/or disease that the individual is trying to protect him or herself against. In the United States and around the world, children from ages 0 to 6 are highly recommended to receive vaccinations for hepatitis A, hepatitis B, rotavirus, diphtheria, tetanus, pertussis, influenza, measles, mumps, rubella, meningococcal, and polio. For both adults and children, these immunizations are important because they not only prevent the individual from becoming ill and contracting the illness, but also because widespread, mass immunizations help keep diseases contained and prevent them from spreading around a region.

Immunization of Children

In the United States, mass immunization of children in the 1950s helped to essentially eradicate polio from the country. Due to the success of these mass immunization campaigns, the eradication of polio from the United States in the 1950s and 1960s has insured that children no longer need to receive the polio vaccine because the disease is no longer present in U.S. society. Similar vaccination campaigns have also helped eradicate other diseases from the United States, such as small