

# Mosque-Based Health Literacy Sessions with Immigrant Seniors



**IREA**

**University of Alberta**  
**Prepared by IREA: Implementing**  
**Research for Equity in Aging**



# Project Team:

## PROJECT LEAD

### DR. JORDANA SALMA

- Associate Professor, Faculty of Nursing, University of Alberta
- Email: [irea@ualberta.ca](mailto:irea@ualberta.ca) | Telephone: 780-492-7555

## PROJECT TEAM

### MAHENAZ LAYTON

Seniors Program Coordinator, Muslim Association of Canada (MAC) - Edmonton Rahma Mosque

## PROJECT TEAM

### ALESIA AU

Research Coordinator, Faculty of Nursing, University of Alberta

## PROJECT TEAM

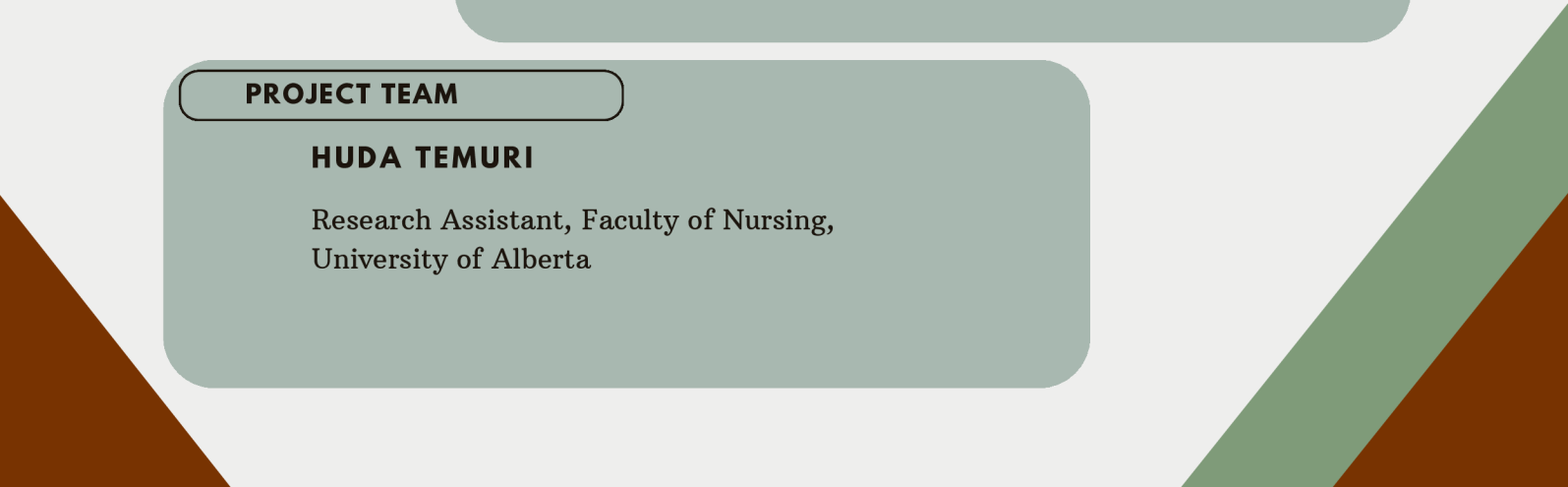
### PRAM THENNAKOONWELA

Research Assistant, Faculty of Nursing, University of Alberta

## PROJECT TEAM

### HUDA TEMURI

Research Assistant, Faculty of Nursing, University of Alberta



# Acknowledgement

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# Executive Summary

This project, conducted by the University of Alberta's Faculty of Nursing in partnership with the Muslim Association of Canada (MAC) at Edmonton Rahma Mosque, sought to address health disparities by providing culturally tailored health education sessions in Urdu and Arabic. Covering fall prevention, dementia awareness, urinary incontinence management, nutrition, mental health, hygiene, and physical activity, these sessions aimed to empower immigrant seniors to make informed decisions about their health. Participants reported high relevance, comprehension, and satisfaction, emphasizing the value of interactive, translated, and culturally sensitive information. Continuous improvements in finding culturally sensitive health education material, translating sessions more effectively, and increasing the number of topics the program covers, were highlighted as crucial for future health education initiatives for immigrant seniors.

## Project Objectives

- To address health disparities by improving access to health information on healthy aging amongst immigrant seniors
- To explore the acceptability of health information delivery methods



# Background

Health education for seniors leads to empowerment to make informed healthcare decisions, improves their overall health, prevents diseases, reduces healthcare costs (Maneri et al., 2022).



Immigrants and refugees in Canada face barriers to health promotion due to language, cultural and structural barriers (Bowen, 2001; Tong et al., 2022).

Co-designing solutions with immigrant and refugee seniors to meet their healthcare needs improves quality of care and reduces health inequities (Tong et al., 2022).

# Approach for Session Delivery

## Key Health Topics Selection

Topics chosen based on needs assessment findings. Selected topics include: Fall prevention, Dementia awareness, Urinary incontinence management, Nutrition, Mental health and Hygiene practices, Physical activity.

## Presentation Development

Customized presentations developed for each selected topic, focusing on cultural sensitivity and linguistic appropriateness.

## Ongoing Sessions

Regular sessions conducted monthly to maintain engagement and reinforce key health messages.

## Continuous Improvement

Based on evaluation findings and participant feedback, continuous improvements made to content and delivery of sessions.

## Needs Assessment

Conducted to identify specific health concerns and interests among Urdu and Arabic-speaking immigrant participants.

## Information Sourcing

Accurate and up-to-date health information sourced from reputable medical sources, including Alberta Health Services, peer-reviewed journals, and evidence-based guidelines.

## Collaborative Delivery

Sessions are facilitated by team members leveraging their strengths in relevant topics and cultural nuances, with interpreters conveying information in Urdu and Arabic, and a registered nurse present to oversee each session.

## Feedback and Evaluation

Feedback surveys were distributed to gather input on relevance, usefulness, communication strength, and overall satisfaction of sessions.

# Demographic Information

01

The seniors who participated in the education sessions were part of an established community group that convened for weekly sessions. They convene weekly sessions where they participate in activities such as yoga, field trips, discussions, prayers, and share meals together. Both the group leader and the members expressed keen interest in the information we were proposing to provide.

02

Group size: 8-12

03

Seniors aged 60 and up (range: 62-85), and those involved in the seniors program/the seniors lives (ie. volunteers, family).

04

10 women, and 2 men participants. Consistently had only 1 man participant come to the program, and the number of participants varied from 7-10 (1 of which is the program lead).

05

Languages spoken amongst group members: Urdu, English, Arabic, Somali, Gujarati, Punjabi, Sindi, Urdu.



Fig. 1. Word cloud of languages spoken in the group. The size of the language is reflective of the number of group members that speak the language.

# Key Findings

## Survey Overview:

Abbreviated Question	Full Questions	Options
Q3_Relevant	The session content was relevant to my health	1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree
Q4_Understandable	The information was easy to understand	
Q5_LearnedSomethingNew	I learned something new about my health from this session	
Q6_InstructorKnowledgeable	The instructor was knowledgeable about the topic	
Q7_InstructorCommunicatedWell	The instructor communicated the information well	
Q8_ComfortableRespectfulEnvironment	The instructor created a comfortable and respectful environment	
Q9_EngagingSession	The instructor kept me engaged throughout the session	
Q10_GoodPace	The session had a good pace (not too fast nor too slow)	
Q11_SlidesAndSheetsHelpful	The slides and handouts were helpful	
Q12_GoodLength	The session's length was good, and there was enough time for questions and discussions	
Q13_EmpoweredMe	I feel more empowered to manage my health after attending this session	
Q14_ValuableAndWouldRecommend	I believe this type of health education is valuable for other seniors, and would recommend this session to others	
Q15_Comments	Comments or suggestions (Answer in any language):	Fill in (Short Answer)





# Fall Prevention

*Data was not collected for the first session. Feedback forms were implemented following this session.*

## **Session Description:**

- The presentation was designed in a way that a risk would be presented, followed by prevention methods that could be taken to address that risk.
- A video on how to “penguin walk” over icy sidewalks was shared, followed by a live demonstration.
- Diagrams for how to get up after falls, and how to help someone get up after a fall was included, but the presenters ran out of time to run the demonstration and activity (practice getting up)
- Community Resources were included at the end.

## **What worked well:**

- The format of the presentation (risk followed by prevention strategy) was well-received and easy to follow.
- Diagrams and visual aids were especially helpful.

## **Areas for improvement:**

- The team ran out of time to complete the entire presentation. Interpretations increased the time required to present which was not accounted for during preparations. Better time management is required to account for this.





# Dementia

## Session Description:

- Recognized audience education level as grade 6 and below, so used simple language.
- Avoided technical terms unless necessary (e.g., meaning and types of dementia).
- Explained terms like dementia in simple language due to lack of direct translations in Arabic and Urdu.
- Incorporated feedback from other members prior to the presentation day to make information easy to understand.

## What worked well:

- Facilitated two-way interactive sessions with laughter to help seniors connect with the topic and enjoy the learning process.
- Attendees responded positively to the presenters Urdu speaking skills, often laughing at her jokes and maintaining eye contact.
- The Arabic translator enabled heightened attention from Arabic-speaking seniors
- Presenter's passion and proficiency in Urdu were praised, contributing significantly to the session's success.

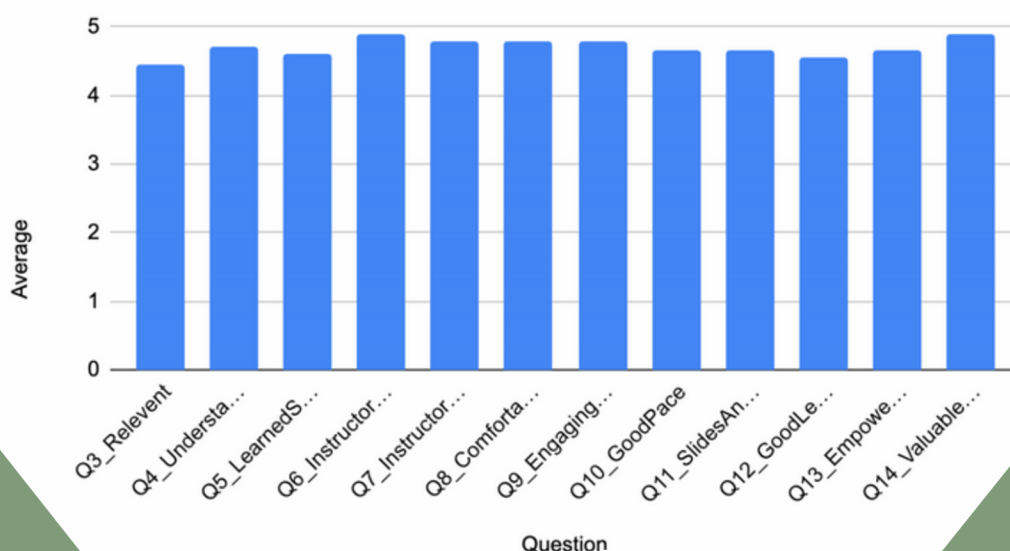
## Areas for improvement:

- Feedback forms were written in dictionary-style Urdu and had small fonts, making them difficult to read and understand.

- From here on, began to use simple daily linguistic script for feedback forms and increased the font size for easier reading and anonymity.

- Schedule classes at shorter intervals to avoid fatigue, and allow seniors to reflect on the information in smaller chunks.
- The Urdu speaking presenter's departure from the script posed challenges for the Arabic interpreter to convey the same information to Arabic-speaking attendees. Improve script consistency for better translation flow.

Dementia Session Average Scores



# Urinary Incontinence

## Session Description:

- A section to address common myths was added at the start.
- Types of incontinence were discussed.
- Risk factors were covered.
- Lifestyle changes that could be made for both prevention and to address urinary incontinence after development were covered.
- A demonstration video of kegel exercises in Urdu was included.
- Community resources were included at the end.

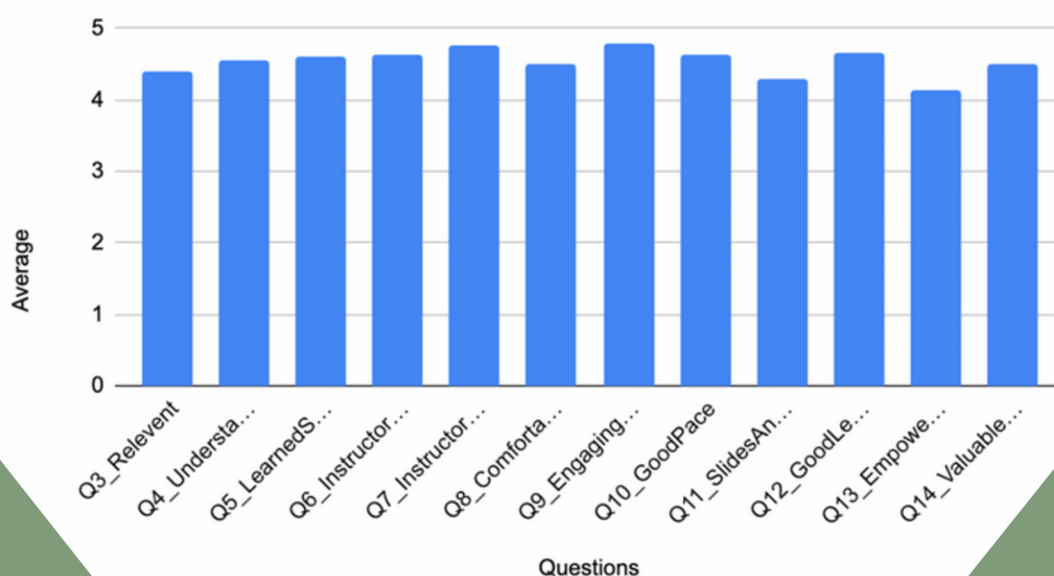
## What worked well:

- Overall, the session was well-received, with participants finding it very helpful, clearly explained, and a great program for seniors. They appreciated the contributions of the facilitators.

## Areas for improvement:

- Participants expressed a need for more visual aids and detailed explanations during the session, indicating that the inclusion of photos and additional explanations could enhance understanding.
- Expressed a desire for live demonstrations of exercises to complement verbal instructions.
- Suggestions were made for incorporating slides in Arabic and ensuring the presence of an Arabic interpreter.
- Attendees recommended covering more diverse topics and holding sessions weekly, reflecting a desire for more comprehensive health education.
- Some participants expressed a need for assistance in improving English language skills

Urinary Incontinence Session Average Scores



# Nutrition

## Session Description:

- The presentation aimed for clarity and accessibility, minimizing technical jargon. Where direct Urdu translations were lacking, explanations were provided to aid understanding. Initially, creating the slides was challenging due to the complex nature of nutrition.
- Using only Urdu left some Arabic-speaking seniors feeling excluded, as our sessions typically include both English and Urdu. Minor distractions, such as refreshments and interpreters, were noted. The realization emerged that a discussion-based approach would better engage seniors compared to a lecture-style format. Although numerous questions slowed the session, highlighting a desire for clarity on "right" and "wrong" foods, the focus remained on moderation and individual needs. Despite these challenges, seniors showed strong interest, and feedback was very positive, making the session successful in conveying diverse nutritional information.

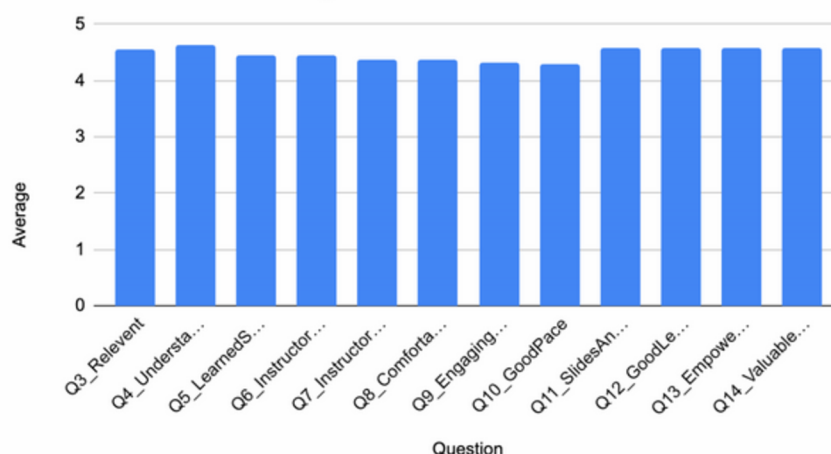
## What Worked Well:

- Participants found the session highly useful for their health and easy to apply in daily life. The detailed nutritional breakdown was especially appreciated, reflecting the instructor's clarity and expertise. The program lead's focus on slow eating and meaningful conversation aligned well with what was being taught, promoting healthy eating habits alongside nutritional education.

## Areas for Improvement and Recommendations for Future Sessions:

- Participants suggested providing easy access to workshop materials via a link for phone storage. A nurse observer recommended involving a community-based nurse or Registered Dietitian to enhance the content. They also proposed a pre-session assessment of participants' eating habits and recognizing attendance as a sign of good health.
- Managing interruptions for questions was noted, with the idea of asking questions after each step to maintain flow. To boost engagement, activities like surveys on expiry labels and nutrition label calculations were also recommended.
- To enhance clarity and encourage deeper discussions, future nutrition sessions could focus on more specific topics. This would allow participants to explore areas like understanding food labels in greater depth, making it easier to engage with the material. Conducting a pre-session assessment to understand participants' eating habits and familiarity with nutrition concepts would help tailor the content to their interests and knowledge gaps, ensuring a more personalized and engaging experience.

Nutrition Session Average Scores



# Mental Health and Hygiene

## Session Description:

- The presentation was designed to include both mental health and hygiene topics together, as during the needs assessment the seniors felt that the two were interrelated (when mental health needs are not met, hygiene needs tend to be unmet as well).
- Topics included what mental health meant, cultural stigmas and myths that exist, treatment options, and good mental health and hygiene practices.
- Community resources were included at the end.

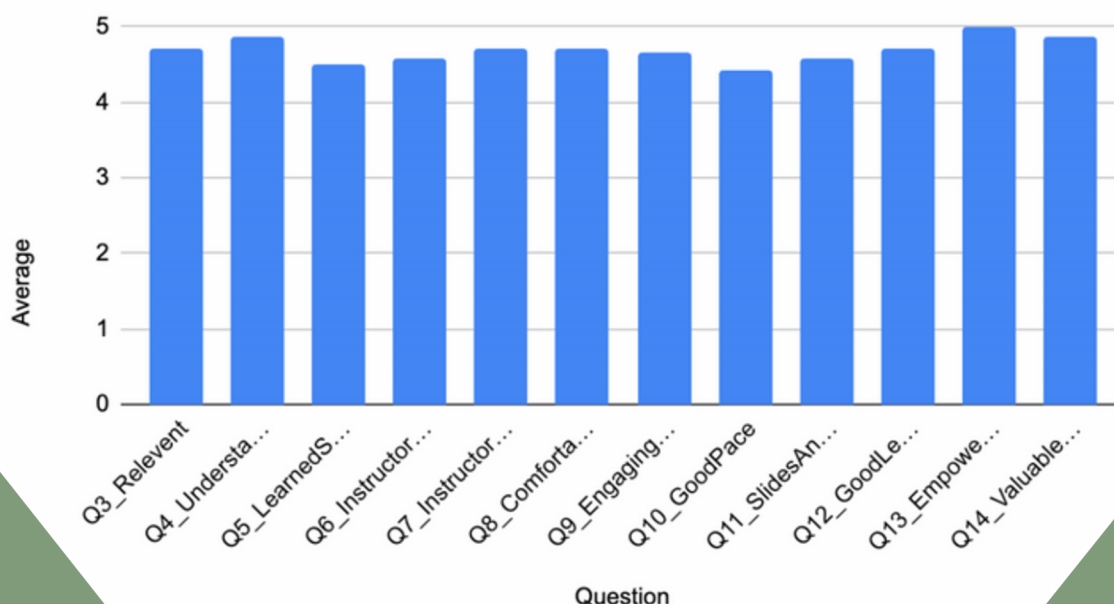
## What worked well:

- The comments reflect a strong emphasis on the importance of discussing mental health, particularly in light of its increasing prevalence and significance in contemporary society.
- Attendees found the lecture on mental health helpful and expressed a desire for more sessions on the subject, indicating a perceived benefit from the information provided and a willingness to engage further with the topic.

## Areas for improvement:

- Important to ensure timing of sessions don't overlap with prayer hours.
- Key considerations for future sessions include embedding translations into slides and encouraging participants to write translations for better comprehension. It was found to be difficult to translate mental health terminology accurately.

Mental Health and Hygiene Average Scores



# Physical Activity

## Session Description:

- Commonly held cultural myths about doing physical activity as you age were addressed.
- How to get into exercise for beginners was discussed.
- Benefits to various body systems were covered.
- Guidelines for seniors were covered.
- Different types of physical activity were explored.
- Diagrams and videos of simple chair exercises for seniors were shown, and printouts were provided.

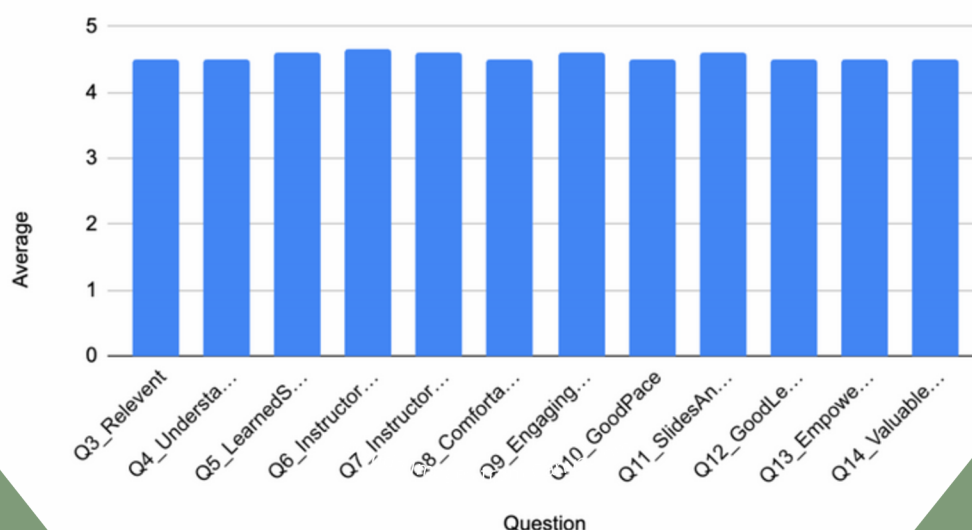
## What worked well:

- Discussion on physical activity myths revealed cultural health beliefs, sparking engagement among participants.
- Additionally, participants provided comments and suggestions, reflecting empowerment and interest in physical activity.

## Areas for improvement:

- The session commenced with the announcement that it would be the last due to resource limitations, particularly for a planned sexual and reproductive health session. However, interest in the topic was evident, especially from the senior group program lead, who stressed its importance across the lifespan.
- Resources, including slides and booklets, were distributed, yet language barriers necessitated clarification in Urdu, indicating the need for tailored support.
- Some obstacles with timing arised, such as the rushed demonstration of exercises, suggesting a need for more structured engagement.
- Beyond the session's scope, a male participant shared personal struggles with the healthcare system, shedding light on systemic issues requiring broader solutions.

Physical Activity Average Scores





## Project Success Highlights

The project was acceptable to participants and they were engaged in the session to learn and to inform the content delivered which provides insights on the needs and preferences of this population for future health literacy programs. The sessions fostered engagement through interactive formats, translation services, and culturally sensitive materials, empowering seniors to better manage their health. The participants appreciated the engaging delivery, knowledge of instructors, and the comfortable environment created during the sessions.

## Challenges & Improvements

However, challenges were encountered, particularly in time management, translation consistency, and the need for more comprehensive materials in multiple languages. The feedback also highlighted the importance of integrating live demonstrations, managing interruptions, and ensuring consistent interpretations to improve the effectiveness of future sessions.

## Language Proficiency Insights

Language notes: Participants/inclusion criteria was anyone who attended the seniors group, thus, the language proficiency of the participants in these languages varies. Urdu is a diverse language, and some participants had difficulties understanding the Urdu the session was delivered in. This also varied depending on their primary language. Some may understand Urdu better than they can speak it, thus impacting their level of interaction/participation (depending on fluency). Furthermore, some individuals were unable to fill out the feedback forms without support due to language writing barriers (also, the forms were only available in Urdu and English). Some indicated that they have low literacy in all languages.



Conclusion  
and Next  
Steps



## Challenges in Multilingual Interpretation

A key challenge in the sessions was managing simultaneous translations in Urdu and Arabic. Initially, both languages were offered, but due to disruptions and a lack of Arabic translators, the program switched to Urdu-only halfway through. Varying Urdu fluency among participants also impacted understanding and participation. The difficulty of providing accurate, culturally sensitive translations in two languages affected the session flow, leading to adjustments. As Im et al. (2016) note, while using multiple languages enhances inclusivity in research, it also introduces significant complexities.



## Complexities in Multilingual Collaboration

Collaboration complexity arises when team members from diverse cultural and linguistic backgrounds work together. Ensuring consistent translations across languages is key to maintaining data integrity, with conceptual equivalence crucial for conveying the same ideas. Cultural differences affect how research materials are perceived, requiring sensitive approaches in study design. These challenges demand careful planning to ensure multilingual research is both effective and equitable.



## Missed Health Session

We were unable to conduct a session on Sexual and Reproductive Health, even though that was a topic of interest for the seniors, due to a lack of access to health content on this topic that is culturally tailored for the needs of Muslim seniors.



## Ensuring Content Accuracy

Careful thought has to be put into how to maintain the currency and accuracy of health information delivered. For this project, for most presentations, we relied on nursing students and nurses who are generalists to confirm the material, but for sessions where we had a content expert with expertise in aging, we found increased content specificity and depth (ex. Dementia presentation, with presenter who has expertise in Dementia).



Conclusion  
and Next  
Steps  
Cont.

## Future Improvement Areas

Moving forward, continuous improvements can be made by expanding the range of health topics, providing more accessible materials, and fostering collaborative delivery methods. Tailoring resources to address language barriers and cultural nuances remains essential.



## Project Impact and Cross-Cultural Importance

Despite these challenges, the project successfully empowered seniors to make informed health decisions and underscored the importance of cross-cultural participatory research in addressing health disparities.



# Conclusion and Next Steps Cont.

## Project Success and Future Insights

In conclusion, the project successfully bridged gaps in health information accessibility among immigrant seniors and provided valuable insights for future initiatives aiming to address health disparities in similar communities.



## Future Recommendations

Conducting sessions at the mosque offered several advantages, including the active involvement of the seniors group organizers and participants' familiarity with both the environment and fellow attendees, which fostered a comfortable atmosphere. Transportation challenges were minimized, as many participants already utilized DATS or taxis for travel to the mosque, enhancing the effectiveness of in-person sessions compared to a virtual format. The pre-existing group dynamics also enabled the health literacy team to build rapport and trust more efficiently. However, certain topics proved sensitive, requiring additional resources and careful handling due to potential stigma. Moreover, the sessions were limited to existing group members, potentially excluding other individuals. Expanding the program to additional mosques could improve accessibility and contribute to the long-term success of the initiative.





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# Appendix

## 01 Detailed Approach for Session Delivery

A needs assessment was conducted within the Urdu and Arabic-speaking immigrant participants to identify their specific health concerns and interests. This involved a group discussion to gauge topics of interest and discussions with the program lead to determine the topics of greatest relevance and importance.

03 Based on the findings of the needs assessment, key health topics were selected for inclusion in the education sessions. These topics were chosen to address prevalent health issues within the community, including: fall prevention, dementia awareness, urinary incontinence management, nutrition, mental health, hygiene practices, and physical activity.

04 Accurate and up-to-date health information was sourced from reputable medical sources, including Alberta Health, peer-reviewed journals, and evidence-based guidelines. This ensured the reliability and credibility of the information presented during the education sessions.

05 Customized presentations were developed from scratch for each selected topic. These presentations were designed to be culturally sensitive and linguistically appropriate for the target population, utilizing simple language and culturally relevant examples to enhance comprehension.

06 A collaborative approach was adopted throughout the development process, involving the delivery of sessions based on team member strengths. For instance, dementia was developed and delivered by an Urdu speaking nurse who specialized in dementia, and nutrition was delivered by an Urdu speaking Bsc. Nutrition graduate.

07 Sessions were structured to use simple English, and were facilitated by team members knowledgeable about cultural nuances. Translators proficient in Urdu and Arabic then conveyed the information to participants.

08 Sessions were conducted on a regular basis (once a month) to allow for ongoing engagement and reinforcement of key health messages.

09 Feedback surveys were distributed to gather input on the relevance, usefulness, strength of communication, and overall satisfaction of the health education sessions.

10 Based on evaluation findings and participant feedback, continuous improvements were made to the content and delivery of the education sessions. This iterative process ensured that the project remained responsive to the evolving needs and preferences of the target population.



# Sample Slides:

Sample slide from Fall Prevention presentation. Image Source: <https://www.albertahealthservices.ca/assets/programs/ps-1051701-falls-prevention-guide.pdf>

## How to Get Up From the Floor by Yourself

1. Stay calm.
2. Check your body for injuries.
3. If hurt, call for help and stay warm.
4. If not hurt, find a sturdy piece of furniture, like a chair to help you get up.



Let your healthcare provider know after you have a fall.

Sample slide from Dementia presentation.

## Myths/Reality

26



### Myths

If I'm diagnosed with dementia, it means my life is over.

Sample slide from Dementia presentation.

## Myths/Reality

27



### Reality

You can live with dementia and, at the same time, live meaningfully and actively for many years.

Image from Nutrition presentation.

## Examples



Areis pilaf amb pibols, curri de pollastre i amanida  
مزرادسه پيدال، چاكي كوكبي اور سلاطه



Areis amb lletaines i amanida  
داڻل پائلي اور سلاطه



Curri de lletaines gregues, 1/2 chapati torregat amb amanida de cogombre i tomàquet  
چاكي ڊال ڪا ماسا ۽ گريڪي پائلي ڪرسي اور  
ٽوپنگ سلاطه



Curri d'espinacs amb chapati torregat, ou dur i amanida variada  
ڪرسي ۽ ماسا ۽ ڊال پائلي، ڪوڪو ۽ ڪرسي سلاطه