Language as a Social Determinant of Health: Health inequalities experienced by Culturally, Ethnically and Linguistically Diverse people in the context of Covid-19

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Abstract

The Covid-19 pandemic has exacerbated health inequalities globally, indicating the need to reframe our understanding of the primary determinants of health as *social* and reveal the systematic link between health disparities and underlying social disadvantage (Bywaters, 2009). The social determinants of health (SDOH) provide a lens by which to interrogate the very "nature of society that leads to and tolerates inequalities in general" (Marmot 2017, p. 539). Accordingly, applying the SDOH to the Covid-19 context necessitates an understanding of the structural determinants that contributed to the disproportionate effects of the pandemic on vulnerable populations (Paremoer, Nandi, Serag & Baum, 2021). This paper will apply the SDOH of language, to the experiences of Culturally, Ethnically and Linguistically Diverse (CEALD) people in western Sydney, New South Wales (NSW), during the Covid-19 pandemic. An upstream lens will transcend reductionist conceptions of language as a deficit implicated in the current crisis, to instead interrogate how language is manifested as a broader factor in the marginalisation of CEALD people. In turn, it will be argued that incorporating the SDOH into social work practice can critically challenge the injustices perpetuated by the monolingual dominance of the English language.

Keywords

social determinants of health, language, Covid-19, CEALD, social work

Introduction

In Australia, a monolingual reliance on the English language to communicate information regarding Covid-19 systematically overlooked the needs of CEALD minorities (Piekkari et al., 2021). The Public Health Orders implemented over the June-October 2021 lockdown in NSW, were highly targeted towards Western and South-Western Sydney, areas in which, up to 39% of residents were born overseas in non-English speaking countries (Ayre et al., 2021). During this time, the media discursively constructed a deficit-focused narrative of deviance and othering, ignoring the crucial implications of language and the inaccessibility of information in determining health behaviours and outcomes, whilst legitimating targeted policing and fear tactics (Marcus et al., 2022; Green, Ashton, Bellis, Clemens & Douglas, 2021). By contrast, a strengths-based perspective importantly recognises language as a SDOH in the context of Covid-19, repositioning the responsibility for effective public health communication and subsequent uptake of prevention and safety behaviours in the hands of the government (Smith & Judd, 2020), rather than as a deficit of CEALD communities.

A community survey of CEALD people in Western and South-Western Sydney conducted by Ayre et al. (2021), found that out of 708 respondents, 41% of the sample reported having inadequate health literacy, with 31% reporting they did not speak English well or at all and 70% with no tertiary qualifications. While these statistics reflect the disproportionate challenges CEALD people experienced in understanding Covid-19 information, a strengths-based perspective shifts the focus away from hegemonically constructed deficits, and instead toward the need for accessible information channels and alternative communication mechanisms that recognise the role of language in determining health outcomes (Ayre et al., 2021; Green et al., 2021; Smith & Judd, 2020). Accordingly, integrating a strengths-based perspective with community development theory challenges the constructed narrative of deviance justified through notions of absolute linguistic difference, and instead highlights the pivotal role of upstream community initiatives which informed CEALD communities, and provided accessible healthcare during the pandemic.

Ayre et al.'s (2021) survey found that 50% of respondents did not report using an Australian official or public broadcaster as their main source of information during the pandemic. Alternative grassroots communication channels were crucial pillars of CEALD communities' response to the Covid-19 lockdowns in NSW, drawing on and valuing local knowledge, resources and connections. Ife (2013) argues that the horizontal communication and accountability measures imbued in community-based

structures and processes provide a more holistic, accessible, and sustainable alternative to the vertical structure of top-down or governmental processes.

The effectiveness of community-based initiatives is evidenced in the work of Dr Jamal Rifi who facilitated grassroots information channels and access to healthcare in the Canterbury-Bankstown Local Government Area (LGA) during the June-October 2021 lockdown. Dr Rifi and his family set up Belmore Respiratory Clinic, a Covid-19 testing clinic and vaccination hub, in the front yard of his home, responding to the insufficiencies they identified in the government's communication with the local CEALD communities and the need to fight health inequities (Chenery, Cheshire & Denyer, 2021). Whilst marginalisation can limit the ability to respond to large-scale disruptions (Hamiduzzaman et al., 2022), Dr Rifi facilitated effective and sustainable community-based initiatives which treated the local CEALD communities as "...partners, stakeholders and informants as well as recipients of health interventions" (Ballard & Syme 2016, p. 202) by providing linguistically and culturally safe and accessible healthcare following a horizontal communication structure (Ife, 2013). The Belmore Respiratory Clinic actively built upon the notion that "health happens in communities rather than in isolation" (Ballard & Syme 2016, p. 203).

In the context of Social Determinants of Health (SDOH)

The SDOH refer to the conditions in which we are born, grow, live, work, play and age (Hill, Friel & Collin, 2020). During the first year of the Covid-19 pandemic in Australia, the lowest socioeconomic groups experienced four times the number of deaths compared with the highest group (Marcus, Balasubramanian, Short & Sohn, 2022). These health outcomes are inextricably linked to social determinants, defined by social status and evidenced by the social gradient of health whereby in different socio-geographic contexts it is worse for your health to be socially disadvantaged (Marmot, 2017). The social gradient of health indicates the need to incorporate the SDOH into social work practice and public policy measures by highlighting the proportionate and interdependent nature of social status with health. In this sense, the gradient reveals that until social inequalities are eradicated, those who are socially disadvantaged will remain so, relatively and absolutely, and concurrently these individuals and groups will experience poorer health outcomes despite improved health for all (Marmot, 2017).

Interrogating the SDOH through a critical post-modernist and post-colonial lens highlights the ways in which social conditions create and reinforce "...structures and systems with deeply entrenched histories of oppression that systematically disadvantage... ...marginalised groups of people" (Spector 2019, p. 108). CEALD populations health is determined by a number of intersectional SDOH

including, lower socioeconomic status, poorer living conditions, the lived experience of diaspora, precarious and low paid employment, racism, discrimination, and language barriers (Hamiduzzaman, Siddiquee, McLaren, Tareque & Smith, 2022; Paremoer et al., 2021). A post-modern perspective situates language, in particular, as a SDOH which has systematically been used to racialise CEALD speakers and, in turn, normalise harmful homogenised and deficit-based perceptions of non-English speaking individuals and groups (Dovchin, 2020; Gorman, 1993). Post-colonialism further infers the nuance of this modernist attempt to homogenise linguistic boundaries as underpinned by Western hegemony over knowledge construction (Piekkari, Tietze, Angouri, Meyer & Vaara, 2021). This has problematically led to the discursive construction of non-English languages as inferior forms of communication, and subsequently marginalised their representation in English-speaking locations (Dovchin, 2020).

A SDOH lens incorporates an understanding that CEALD individuals and groups use of language is situated at the intersection of power and privilege in society, serving as a "hidden arena for social exclusion and inequality" (Piekkari et al. 2021, p. 588). The Covid-19 context has brought to light the ways in which these discursive processes have been utilised to "...conform, normalise and reformulate an unequal and uneven linguistic power between language users" (Dovchin 2020, p. 774), resulting in the disproportionate health effects felt by CEALD people during the pandemic.

The role of social work across SDOH & CEALD

Social work has the capacity to incorporate and respond to language as a SDOH. Anti-Oppressive Practice (AOP) can provide a holistic and empowering framework from which to work with CEALD people by politicising the ways in which unearned privilege, such as the ability to speak English, generate difficult and unfair social and health conditions for marginalised groups, such as CEALD people (Baines, 2017). AOP works at the level of small 'p' politics, recognising the need for the fundamental reorganisation of society to combat the multiple oppressions operating in the everyday lives of marginalised individuals and groups (Baines, 2017).

In working within this politicised framework, post-modernism and post-colonialism can encourage critical reconceptualization of deficit-based understandings of language and other SDOH, acting as a "...powerful mechanism of societal consciousness-raising and change" (Gorman 1993, p. 247). Emphasis on narrative in practice can help to re-story the lived experience of CEALD people and encourage practitioner reflexivity to recognise the intersubjective nature of knowledge building, particularly in contexts of linguistic diversity (Gorman, 1993; Dovchin, 2020). In this sense, social workers can understand and respond to the ways in which linguistic power and privilege shape

intersectional SDOH by critically understanding "...what it means to speak as a racialised subject in the highly diverse societies of the twenty-first century..." (Dovchin 2020, p. 775). This critical and politicised understanding of language as a SDOH can be operationalised in practice through upholding a strengths-based perspective which recognises the empowering role and importance of community development for CEALD individuals and groups. This integration of theory into practice forms a social work *praxis* (Gorman, 1993) which has the capacity to understand social oppression as "...shaped by one's access to power and resources..." as well as empower individuals and groups "...ability to use and expand this access in ways that are socially just and promote equity" (Baines 2017, p. 6).

In conclusion, a critical theoretical lens reveals the ways in which language is manifested as a broader factor in the marginalisation of CEALD people. As a SDOH, linguistic marginalisation operates as a "socially created injustice that threatens not only the quality of life but life itself" (Marmot 2017, p. 363) for CEALD people, particularly in the context of a health crisis. Consequently, the Covid-19 context has necessitated an upstream and politicised policy and social work practice framework which can interrogate the more discursive ways that social disadvantage, and consequently poorer health, is perpetuated. The socially created injustices outlined in this paper indicate how addressing the SDOH will involve critically understanding "...the consequences of what it means (not) to have access to knowledge, safety, justice, and voice..." (Piekkari et al. 2021, p. 590).

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