

**EVIDENCE SUMMARY
MAY 2020**

What are the best strategies for emergency preparedness and emergency information dissemination among resettled refugees?

The evidence in this area is suggestive. Within these suggestive studies, there is broad consensus on four key points related to emergency preparedness and emergency information dissemination among resettled refugees:

- Pre-existing partnerships among refugee communities, community-based organizations (CBOs), and local emergency planners are vital.
- People who serve as social bridges between refugee communities and governmental and community-based organizations are important conduits for emergency information dissemination.
- Emergency messaging must be simple and consistent, delivered in refugees' native languages and made available through multiple communication channels.
- Refugees may meet disasters with resiliency.

Given the ethical and logistical challenges of conducting impact evaluation studies in disasters, the recommendations of these suggestive studies should be viewed as best practices at this time.

Purpose of this summary

This evidence summary aims to identify the best strategies for emergency preparedness and emergency information dissemination among resettled refugees. The intended audience is U.S. refugee service providers and other interested stakeholders. This evidence summary seeks to answer the following questions:

- What strategies are there for helping resettled refugees prepare for emergencies?
- What strategies are there for disseminating emergency information to resettled refugees?
- What is the strength of the evidence about the effectiveness of the above strategies?

What is meant by “emergency preparedness”?

Emergency preparedness encompasses the planning and response to disasters. A disaster is defined by the World Health Organization (WHO) as a sudden phenomenon of sufficient magnitude to overwhelm the resources of a hospital, region, or location, requiring external support.¹

What does the evidence show?

Pre-existing partnerships among refugee communities, community-based organizations (CBOs), and local emergency planners are vital.

- Preexisting partnerships with organizations that have long-standing, trusted relationships with immigrant communities play an important role in helping detect and respond to disease outbreaks (Koeller et al., 2009) and prepare for disasters (Wiley, 2012). Emergency preparedness approaches should be community-based and participatory (Carter-Pokras et al., 2009).
- An example is the Immigrant Worker Disaster Resilience Workgroup, a community-university-labor union partnership created to strengthen connections to disaster preparedness systems and increase community resilience among Latino immigrant communities in New York and New Jersey. The partnership aimed to build CBOs’ knowledge about and connections to disaster preparedness agencies, thus increasing their sustained participation in local disaster preparedness activities. The workgroup met monthly to develop disaster preparedness training and outreach materials and arranged meetings with governmental and nongovernmental disaster-related agencies. Building ongoing ties among workers, community-based organizations, and local disaster preparedness systems provided mutual benefits to disaster planners and local immigrant communities. Further, the group’s expertise was subsequently applied in two disasters in other parts of the country (Cuervo, Leopold, & Baron, 2017).

People who serve as social bridges between refugee communities and governmental and community-based organizations are important conduits for emergency information dissemination.

- Identifying influential refugee community leaders who can serve as bridges between agencies and the refugee population is helpful in disseminating vital educational materials (Lenz & Warner, 2011). These social bridges serve as trusted, effective communication channels (Truman et al., 2009). People who often serve or can serve bridging functions include community religious or other leaders (Truman et al., 2009), promotores (community health workers in Latinx communities) (Carter-Pokras et al., 2009; Eisenman et al., 2009), medical interpreters, and bilingual school staff (Ike, 2015).
- Young people from refugee backgrounds represent an important resource for disaster risk reduction within their respective communities. The experiences of young people from refugee backgrounds during the 2010–2011 Canterbury earthquakes in New Zealand highlighted their capacities as cultural brokers and mediators, as they ensured that their respective communities had access to disaster-related information that was translated and interpreted. The authors concluded that young people from refugee backgrounds represent a bridge that can connect

¹Puryear B, Gnugnoli DM. Emergency Preparedness. [Updated 2019 Jan 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537042/>

people from their ethnic communities to key disaster information through their linguistic capital, digital literacies and social networks to support the recovery process (Marlow & Bogen, 2015).

Emergency messaging must be simple and consistent, delivered in refugees' native languages, and made available through multiple communication channels.

- In communicating emergency information to refugee communities, messages should use familiar terminology and provide clear, concise, prioritized information (Eisenman et al, 2009). The information should be coordinated to avoid overload, and messages should be simple and consistent (Wiley, 2012). The use of small-group discussions and hands-on learning to deliver education is also recommended (Eisenman et al., 2009). For refugees who are not literate in their native languages, information needs to be provided in audiovisual or audio form (Lenz & Warner, 2011).
- Mass media efforts need to be considered with local broadcasting companies, including the potential development of radio or television programs to share news and information in refugee languages (Lenz & Warner, 2011; Wiley, 2012). Service providers should avoid over-reliance on web-based information; it should be available in hard copy also (Wiley, 2012). Finally, emergency planners should ask refugee community leaders and service providers what information they want translated (Wiley, 2012).

“Unless emergency preparedness agencies take affirmative steps to overcome barriers such as language and distrust, low English Proficient families may not have access to important information and programs to help them prepare for and respond to emergencies.”

(Wang & Yasui, 2008)

Refugees may meet disasters with resiliency.

- A study of Latinx immigrants' knowledge and perceptions of emergency preparedness reported that prior experiences with emergencies influence one's response to a new emergency (Carter-Pokras et al, 2009). Similarly, a study of refugees following earthquakes in New Zealand found that participants drew upon their past refugee experiences to put their present situation into perspective (Marlowe & Lou, 2013).
- A study of the Bosnian refugee community in St. Louis found that the community was capable of responding to a natural disaster because of its individuals' aggregated coping skills learned during the war. The community also had a strong capacity for social networking, social cohesion, coping, and economic development needed in case of a natural disaster (Xin, Karamelic-Muratovic & Cluphf, 2016).

What are the implications for practice and research?

Refugee service providers should foster coalitions with other CBOs in order to collaborate with local and state emergency planners and responders.

- Resettled refugees are a small part of the larger vulnerable population of low-income immigrant and minority groups. While the unique situation of refugees must not be overlooked, broader coordinated collaborations with CBOs serving other similarly vulnerable populations are likely to foster more effective and efficient emergency planning and response.

Refugee service providers should identify and nurture refugee community members who can serve as social bridges.

- In addition to traditional cultural brokers such as religious leaders, the capabilities of refugee youth and young adults should be harnessed in emergency planning and response. Capitalizing on these resources will also reduce demands on service providers and other staff.

Emergency preparedness should be added to existing assessments of refugee clients' vulnerabilities and resiliencies.

- Assessment of clients' emergency preparedness should occur at intake and regular intervals thereafter. Individualized service plans should include goals and action steps related to emergency preparedness when so indicated by the assessment.

More rapidly disseminated evidence is needed about the role and impact of current technology and social media in helping resettled refugees in emergency preparedness.

- The published literature on refugee emergency preparedness lags far behind technological developments in the field.

Research is needed to prevent and reduce stigma and mitigate its effects.

- Certain disasters such as pandemics trigger stigma against groups believed by some to be the source of the pandemic (Schoch-Spana et al., 2010; Truman et al., 2009). More research is needed on prevention and mitigation of stigma against refugees in these contexts.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by their strength of evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms.

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, as well as purely qualitative techniques.

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2000. To identify evidence related to emergency preparedness among refugees, we searched the following websites and databases using the following population, methodology, and target problem terms:

Websites and Databases	Population Terms	Methodology Terms	Target Problem Terms
Campbell Collaboration	refugee	evaluation	“disaster prepared*”
Cochrane Collaboration	OR	OR	OR
Mathematica Policy Research	immigrant	impact	“emergency prepared*”
Evidence Aid	OR	OR	OR
Urban Institute	“unaccompanied	program	pandemic
Migration Policy Institute	minor”	OR	
HHS OPRE	OR	intervention	
Medline	asylee	OR	
ASSIA	OR	policy	
Social Services Abstracts	“temporary protected status”	OR	
Social Work Abstracts	OR	Project	
ReliefWeb	“victims of traffick*”	OR	
ALNAP	OR	train*	
	“traffick* victims”	OR	
	OR	therapy	
	T-Visa	OR	
	OR	treatment	
	U-Visa	OR	
	OR	counseling	
	Cuban	OR	
	OR	workshop	
	Haitian	OR	
	OR	review	
	Amerasian	OR	
		meta-analysis	
		OR	
		synthesis	

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant filters available. All search terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former. As noted earlier, for the present topic of refugee emergency preparedness, no meta-analyses, systematic reviews, or impact evaluations were available; thus, suggestive studies were included.

Studies Included

106 studies were identified through database and website searching. After removing duplicates, 72 studies were then screened. Of these, 29 were determined to be irrelevant to this search. 43 full-text articles were assessed for eligibility. 29 full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. 14 studies were eligible for inclusion. A list of studies included may be found below, with hyperlinks to the abstracts or full text (when available). The full list of studies included and the data extracted from them [here](#).

Meta-Analyses and Systematic Reviews

None.

Impact Evaluations

None.

Suggestive Studies

Carter-Pokras, O., Zambrana, R.E., Mora, S.E., & Aaby, K.A. (2007). Emergency preparedness: Knowledge and perceptions of Latin American immigrants. *Journal of Health Care for the Poor and Underserved*, 18(2), 465-81. doi:10.1353/hpu.2007.0026. [Full text](#).

Cuervo, I., Leopold, L., & Baron, S. (2017). Promoting community preparedness and resilience: A Latino immigrant community-driven project following Hurricane Sandy. *American Journal of Public Health*, 107(S2), S161-S164. [Full text](#).

Eisenman, D.P., Glik, D., Maranon, R., Gonzales, L., & Asch, S. (2009). Developing a disaster preparedness campaign targeting low-income Latino immigrants: Focus group results for Project PREP. *Journal of Health Care for the Poor and Underserved*, 20(2), 330-345. doi:10.1353/hpu.0.0129. [Full text](#).

Ike, B. R., Calhoun, R., Angulo, A. S., Meischke, H., & Senturia, K. D. (2015). Medical interpreters and bilingual school staff: Potential disaster information conduits? *Journal of Emergency Management*, 13(4), 339-348. [Abstract](#).

Koeller, S., Meyer, D., Shearer, M. P., Hosangadi, D., Snyder, M., & Nuzzo, J. B. (2020). Responding to a mumps outbreak impacting immigrants and Low-English-Proficiency populations. *Journal of Public Health Management and Practice*, 26(2), 124-130. [Abstract](#).

Lenz, B. K., & Warner, S. (2011). Global learning experiences during a domestic community health clinical. *Nursing Education Perspectives*, 32(1), 26-29. [Abstract](#).

Marlowe, J., & Bogen, R. (2015). Young people from refugee backgrounds as a resource for disaster risk reduction. *International Journal of Disaster Risk Reduction*, 14, 125-131. [Abstract](#).

Marlowe, J., & Lou, L. (2013). The Canterbury earthquakes and refugee communities. *Aotearoa New Zealand Social Work*, 25(2), 58. [Full text](#).

Nagler, E. (2017). Filling the gaps: Inequitable emergency preparedness and disaster relief policies serving immigrant and refugee communities. *The International Undergraduate Journal for Service-Learning, Leadership, and Social Change*, 6(2), 10-22. [Full text](#).

Schoch-Spana, M., Bouri, N., Rambhia, K., & Norwood, A. (2010). Stigma, health disparities, and the 2009 H1N1 influenza pandemic: Burdens on Latino farmworkers in the US. *Biosecurity and Bioterrorism*, 8(3). [Full text](#).

Truman, B. I., Tinker, T., Vaughan, E., Kapella, B. K., Brenden, M., Woznica, C. V., ... & Lichtveld, M. (2009). Pandemic influenza preparedness and response among immigrants and refugees. *American Journal of Public Health*, 99(S2), S278-S286. [Full text](#).

Wang, T., & Yasui, L. (2008). Integrating immigrant families in emergency response, relief and rebuilding efforts. *The Annie E. Casey Foundation and Grantmakers Concerned with Immigrants and Refugees*. [Full text](#).

Wylie, S. (2012). Best practice guidelines: Engaging with culturally and linguistically diverse (CALD) communities in times of disaster. Christchurch, NZ: Community Language Information Network Group

(CLING). [Full text](#).

Xin, H., Karamehic-Muratovic, A., & Cluphf, D. (2016). A Bosnian refugee community's hidden capacity in preparation for a natural disaster in the United States. *Global Journal of Health Education and Promotion*, 17(1). [Full text](#).