



Toolkit

Tailoring Health Communications Materials for Refugee, Immigrant, and Migrant (RIM) Communities

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Stock photos. Posed by models.

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Purpose of This Toolkit

This toolkit will provide local health departments (LHDs), non-profit organizations (NPOs), and community-based organizations (CBOs) resources and tools known to support sociocultural tailoring of health messaging for refugee, immigrant, and migrant (RIM) communities. Examples and a case study also are provided.

Who Should Use This Toolkit

This toolkit is intended for LHD administrators, program managers, and staff delivering direct services to RIM communities, as well as NPO and CBO personnel interested in learning about and identifying tools and resources to support the facilitation of health and wraparound services supporting RIM populations.



Background

The number of people forcibly displaced from their countries due to conflict, persecution, or violence [has more than doubled](#) over the past decade, to over [108 million](#).^{1,2} Today, 1 in 74 people, mainly from the global south, are members of refugee, immigrant, and migrant (RIM) communities worldwide. These [trends speak to increasing geopolitical upheaval, climate change, and economic inequities](#) that have disproportionately [impacted low-income countries](#).³ These shifts often occur with little warning, [resulting in significant trauma](#) that has had deleterious impacts on the social support systems and physical and mental health of RIM communities. RIM populations bear a disproportionate [burden of neuropsychiatric conditions](#), including depression and post-traumatic stress disorder (PTSD), as well as cardiovascular disease and COVID-19.^{4,5,6} Despite the [need for health services](#), RIM community members, including those in the U.S., face significant barriers to treatment and care.⁷ These include restrictive and punitive immigration policies,⁸ which can deter RIM community members from engaging with [institutional settings](#), as well as a lack of culturally and linguistically [aligned clinical and behavioral health providers](#).⁹

RIM communities often experience ongoing marginalization and social disadvantage exacerbated by language and cultural barriers in the new countries where they call home. Despite institutional barriers and disadvantages faced by people in RIM communities, they possess and leverage multiple strengths and resources that they leverage to survive and thrive in their home countries. LHDs, NPOs, and CBOs support these efforts by providing people in RIM communities access to clinical and behavioral health support services.

However, encouraging the uptake of health services in RIM communities requires culturally and linguistically relevant and [aligned communications](#).¹⁰ Materials that clearly and concisely provide information about health programs and services, particularly during emergencies, can dramatically increase and improve the health outcomes of RIM communities. However, producing health materials for RIM audiences [requires understanding their cultural and social norms](#).¹¹ Information disseminated in an inaccessible format, such as producing printed flyers for a RIM community that primarily uses verbal or visual communication, may confuse or offend the intended audience, spread inaccurate information, or [even engender medical mistrust](#).¹² These communication gaps, in turn, can result in [additional barriers to health services and potentially widen health disparities](#).¹³

Supporting RIM communities, therefore, begins with deliberate, thoughtful communication strategies featuring materials tailored to the needs of RIM communities. These materials must encompass memorable, effective, and culturally and linguistically appropriate information delivered in a format that fits the preferences and needs of their intended audiences.

Tailoring Materials for RIM Populations: Getting Started

Tailoring health information involves customizing messaging, content, formats, and delivery mechanisms to a specific group's characteristics, needs, experiences, and preferences. Tailoring is significant for RIM populations, who disproportionately experience physical and mental health inequities. The tailoring process must be systematic, involving more than mere translation or general communication strategies.

To ensure that materials are tailored appropriately, groups should partner with community members. These representatives, including popular opinion leaders, can be identified through strategic partnerships with organizations within or serving the communities. While not always possible, particularly in smaller communities, organizations may consider [establishing a community advisory board](#). Popular opinion leaders and community advisory board members can lend their experience and lived experience to providing feedback on and helping to create sound, successful, and linguistically and [culturally appropriate](#) messaging. These individuals should be compensated for their time or benefit from bilateral partnership opportunities. Organizations also might consider hiring additional staff or offering financial incentives to existing staff to assist with these activities.

Factors to keep in mind:

Tailoring begins with context. Health materials for RIM communities must reflect the lived experiences and perspectives of the RIM community receiving them. There is no “one size fits all.” RIM communities possess unique histories of migration and sociocultural context encompassing their documentation status, length of time in the U.S., language and/or dialect, health literacy, religious beliefs and practices, and social norms around factors such as gender and uses of traditional and Western health practices.

Technology access. RIM access to health information may vary due to their technological access, depending on their circumstances. While some communities may rely on web- and email-based information accessed through computers, others may be limited to radios, televisions, and phones. Indeed, many RIM communities may have limited resources, making free and publicly available messages, such as video, images, and audio posts disseminated through text/ WhatsApp, mobile apps, and social media ideal. Still, other RIM communities may not have access to electronic media and depend on flyers, posters, and other printed media or word of mouth.

Note about special needs. Some refugees may have special needs, such as visual or hearing impairments, that require specific formats like sign language interpretation or braille. These should be taken into consideration when developing messaging. Note that sign language and braille vary by language and, in some cases, dialect.

Literacy. In addition to technology, tailoring also needs to keep in mind the literacy of the intended audiences. Literacy levels can vary significantly between RIM communities, particularly with English. Audiovisual messages, such as short videos and infographics without text, can be readily delivered through WhatsApp, text messages, or social media. They often are well-received, regardless of literacy level.

Linguistic and cultural alignment and engagement. Culturally and linguistically appropriate storytelling can make materials more effective and memorable (compared to one-way communication), encouraging dialogue and uptake in recommended health behaviors and actions. This should include visuals and language that align with the norms of local audiences.

Reliability and trust. Reliability of a message format is essential, particularly during times of crisis. For example, radio can reach people even when the Internet or electricity is unavailable. RIM communities may be highly mobile, which makes certain message formats, such as social media posts and text messages, easier to update and disseminate.

Tailoring messaging begins with a review of your message and who your intended audience should be. For instance, if you want to encourage vaccination of infants, you might want to tailor your messages to younger couples and/or women who are more likely to have children that age. Consult leaders (and your community advisory board, if possible), considering the following:

- What messaging, imagery, and formats work best for the intended RIM community audience?
- Who makes health care decisions in RIM communities? In individual households? For example, in the case of vaccination uptake for infants, addressing mothers or mothers-in-law may make more sense in RIM communities where they may be the health decision-makers for the family.
- Are there community leaders with whom you can partner to refine and disseminate your messages? For instance, you may want to feature faith-based community leaders who can assure their congregants that [vaccines](#) are safe and that their use does not cross religious rules or customs.
- What details are most important and appropriate for your audience if creating image-based messages? Are there cultural euphemisms for public health issues (e.g., language and imagery) that you can strengthen your message? Some RIM communities may push back at social media images promoting free menstruation products in schools, but be receptive to radio announcements about the program that use euphemistic language.
- Are you able to use some text, or should they be image-based? Will your intended audience access the information through radio, television, online, print, or multiple modalities?

Approaches to Culturally Informed Translation

Successful, effective translation of materials from English into the languages of RIM communities requires more than simply converting text from one language to another. Messages must be translated in a straightforward manner that maintains the original meaning and intent of the message. The translation process generally involves hiring a translator or translation team fluent in the written language and/or dialect of the RIM community receiving the messages. (They differ from interpreters, who are trained to provide meaning during spoken interactions, often in real-time.)

Some things to keep in mind during the translation process include:

Hire translators for whom the RIM language is their first language and/or one with which they have extensive training. Translators should be able to interpret/convey meaning from English into their own language beyond simple word-for-word translation. This is especially important for health messages, due to the differences in sociocultural norms around health information and its presentation in different formats and modalities.

Translations should fit the medium. Translators should not assume that the messages should be text only. Messages may be recorded for video and audio dissemination via radio, television, social media, and so on. While most community advisory boards will not have a professional translator on board, they or a community leader may be able to offer feedback on the translation.

Note: Artificial intelligence translators, such as those powered by ChatGPT, may serve as a starting-off point, but must be heavily vetted before being circulated. These services often provide rote translation, with little nuance. However, as AI solutions continue to evolve, they may become more useful. Several free mobile apps, such as Tarjimly, offer high-powered message translation grounded in machine learning and natural language processing that may make them ideal communications support tools during times of emergency. However, even high-quality automated translations need vetting.

Provide the translator with clear, plain language of the message. Jargon-heavy messages often are challenging to translate and may be meaningless to the intended audience.

Ensure the message is appropriate for the intended communications vehicle(s) and audience(s). For example, audio- and video-based posts distributed through texts and social media may be more appropriate for communities grounded in oral traditions than flyers and written emails. When presenting messages in English and another language, keep in mind the design and delivery of the message since some languages require more words than English to convey meaning when a direct translation is unavailable.

Have a staff person from the community, a community leader, or a community advisory board review the translation. This can involve the following:

- **Translation review:** Community members and translators representative of the intended audience(s) review the translated documents for accuracy and appropriateness, proofing for grammatical (linguistic) and cultural vantage. This process is integral to:
 - Quality assurance, including finding and fixing missing, mistranslated, or misused words, phrases, and idioms that may undermine intended meaning.

- Avoiding inappropriate or out-of-date language that obscures the message, is stigmatizing or denigrating, or is misaligned with the population(s) cultural and current lived context.
- Ensuring the language and imagery used align with the dialect(s) and literacy level(s) of the intended audience(s).
- **Cultural validation:** This [process](#) involves [bilingual, bi-cultural community members reviewing and providing feedback](#) on the content before translation, ensuring materials (print, audio, video, web, artwork/imagery, graphics, etc.) have the best possible framing and approach for the intended audience. Those facilitating [cultural validation](#) share characteristics with the intended audience (i.e., dialect, ethnicity, gender, resettlement experience). Their feedback will inform whether messages need to be updated or slightly different versions distributed to ensure maximum reach among various subgroups, such as youth, adults, elders, LGBTQ+ persons, mothers and fathers who work, single parents, and others.

This process is integral to ensuring materials communicate the subject matter in a way best understood by the intended audience(s) and identify any misaligned language and imagery. Reviewers can suggest alternatives, maximizing changes in cultural resonance and uptake of the behaviors promoted in the message. Cultural validation is most important for legal, medical, contracts, legal documents, or other materials requiring linguistic fidelity and not open to [interpretation](#).

A complete guide to translation review and cultural validation is available on the [NRC-RIM website](#).

[Translators](#), translation reviewers, and cultural validators may be identified through staff members and community leaders. (Organizations may have a translator on staff as well.) Organizations that cannot afford translation services may want to consult with agencies that can provide such services either free or at a discounted rate. These include organizations such as:

- [International Catholic Migration Commission Support Center](#)
- [The Greater Sum](#)
- [Refugee Translation Project](#)
- [Translators Without Borders](#)

Some organizations or individuals may be open to in-kind donations as well. Consider offering to write a letter of recommendation, help coordinate a volunteer event, or other non-monetary compensation.

Additional support can be found through:

- [The American Translators Association's Directory](#)
- Targeted search for community groups on communication/social platforms (LinkedIn, Slack groups, professional networking groups)
- Targeted search online for local communities in the U.S. for respective languages
- Contacting NPOs and field offices of organizations that have resettled refugees

Producing Outreach Products for RIM Populations

Once you have crafted and translated plain-language material for your intended audience, it is time to package it appropriately for dissemination. This process begins with identifying the vehicle that aligns with the information provided, and the technology and communication modality preferred and most accessible to the intended audience(s). Messaging often works best when sent across platforms in [partnership](#) with like-minded organizations, programs, and/or influencers who can serve as spokespersons, review messages, and help repurpose content.

Flyers:

- Low-cost and shareable via print, electronically, and online.
- Can leverage imagery/visuals to engage populations of all literacy levels.
- Accurate translation can be challenging and costly; it is best used in combination with outreach activities.
- Example here: <https://nrcrim.org/initiating-covid-19-vaccine-conversation-through-flyers>

Social Media:

- Low-cost, tailored information for diverse populations via community forums, pages, etc.
- Can use posts to share links to flyers, infographics, etc.
- Requires computer/mobile device, Internet access, and technological literacy.
- Useful for people who communicate orally.
- Can attract negative engagements and misinformation.
- For more information, view this guide from NRC-RIM: <https://z.umn.edu/6kob>

Streaming and Creating Content Using Meeting and Webinar Platforms (e.g., Zoom, YouTube Live, Facebook Live, and StreamYard)

- Often low-cost or free and can be used to communicate in real time via computer or phone.
- Can feature multiple speakers, including community members, health specialists, and other leaders.
- Supports moderated conversations and question/answer sessions.
- Most can be automatically accessed at a later date by viewers.
- Can be disseminated through social media, as well as via radio and television.
- Allows users to record public service announcements, interviews, and conversations (without necessarily being Livestreamed) that can be shared, edited, and disseminated through other messaging platforms, such as websites, emails, and social media platforms (e.g., YouTube and Facebook).
- Example here: <https://nrcrim.org/facebook-videos-engage-communities>



Short Messaging Service (SMS) Platforms

- Low-cost/free information and file-sharing vehicles, like the mobile texting apps, WhatsApp and WeChat.
- Frequently used in RIM groups, though their use can vary across communities and age groups.
- Users can disseminate links, images, and videos. Organizations are encouraged to seek out WhatsApp business apps and other free bulk SMS services, like Privyr, Telesign, and Mobile Text Alerts.
- Some SMS platforms, like WhatsApp, have features like voice memos or audio PSA capabilities that are popular with people who are grounded in oral traditions.
- Example here: <https://nrcrim.org/whatsapp-reach-and-engage-rim-communities>



In-Language Newspapers, Radio, and Television

- Traditional in-language media – newspapers, radio, and television – are often trusted by immigrant communities, though their uptake varies by population, age, generation, literacy, etc.
- Example here: <https://nrcrim.org/reaching-communities-through-diverse-media>

While working with [community advisory boards](#), popular opinion leaders, and translation and cultural validators, follow [best practices in producing communications](#), including:

- As noted, you may want to work with aligned partners and other stakeholders to create messages. Community leaders and influencers, as well as representatives from community and [faith-based organizations](#), civic and social organizations, and others, can contribute to script, content, and feedback and help distribute messages to RIM communities. Leaders in these entities may serve as ambassadors (e.g., [Youth Ambassadors](#), [Faith Ambassadors](#)) of the information provided. These outlets may be able to dedicate part of their programming to delivering translated information, resources, and services. These entities can help identify and design events for specific subgroups, such as women-only, women and children, etc.
- Produce materials using readily available software. Organizations can readily create clean designs using word processing software (Word, Pages) and free online design tools like [Canva](#), [Zoom](#), and [Capcut](#).
- It is recommended that materials, particularly videos and images, be saved at as high resolution as possible (preferably 720 DPI or above) to ensure clarity on diverse platforms. For printed materials, the resolution depends on production. If it is digital, lower-resolution pieces may work fine. Materials slated for production with a professional print house must conform to their requirements.
- Text, imagery, video, and audio should be [culturally appropriate](#), featuring people who reflect the community, and independently verified by your community members and partners.
- When possible, offer other organizations serving RIM communities, community organizations, leaders, and influencers access to ready-to-use published products and customizable templates that allow communities to add their images, URLs, logos, etc.
- Organizations may want to expand and disseminate their tailored materials promptly using a message aggregator, like Hootsuite and the calendar tool in Canva. These tools enable you to schedule messages in advance, and target them to specific organizations (using @handles and #hashtags) across multiple platforms, including YouTube, TikTok, Facebook, Instagram, and LinkedIn.

Tailored and Translated Materials Planning Tool

Use the tool below to help you plan and design communications and materials for RIM communities.

Consideration	Answer
What health concerns need to be addressed?	
Who are your priority audiences for your health messaging?	
Are there special sociocultural considerations and norms to consider (around gender, age, ethnicity, etc.)?	
Is there a language into which the material will be translated, including a specific dialect?	
What is the intended tone? (scholarly, friendly, etc.)	
What potential partners/stakeholders can assist with this message? (Enter N/A if not applicable.)	
Who will be the spokesperson? (Enter N/A if not applicable.)	
How is the information being created? (Check all that apply.)	<input type="checkbox"/> Text – Digital <input type="checkbox"/> Text – Print <input type="checkbox"/> Audio <input type="checkbox"/> Video – Live <input type="checkbox"/> Video – Watch on demand <input type="checkbox"/> Other: _____
In what format is the message going to be created?	<input type="checkbox"/> Canva or Piktochart <input type="checkbox"/> Capcut or Animoto <input type="checkbox"/> YouTube and TikTok creation <input type="checkbox"/> Zoom, StreamYard, Facebook Live <input type="checkbox"/> Adobe Creative Suite Applications <input type="checkbox"/> Other: _____

Who will be the translator?	
Who will provide feedback on the materials' messaging, translation, and content?	
How are you disseminating this information?	<ul style="list-style-type: none"> <input type="checkbox"/> Organizational Website <input type="checkbox"/> Partner Website <input type="checkbox"/> Social Media <ul style="list-style-type: none"> <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> X (Twitter) <input type="checkbox"/> SMS <ul style="list-style-type: none"> <input type="checkbox"/> Texting <input type="checkbox"/> WhatsApp <input type="checkbox"/> Facebook Messenger <input type="checkbox"/> Video sharing Platforms <ul style="list-style-type: none"> <input type="checkbox"/> YouTube <input type="checkbox"/> LinkedIn <input type="checkbox"/> TikTok <input type="checkbox"/> Podcasts (e.g., Apple Podcasts) <input type="checkbox"/> Printed Materials (disseminated in clinics, in public areas, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Palm cards/Postcards <input type="checkbox"/> Posters <input type="checkbox"/> Flyers <input type="checkbox"/> Other: <input type="checkbox"/> Television <input type="checkbox"/> Video – Livestream <input type="checkbox"/> Video – Watch on demand <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____

Ebenezer Healthcare Access: Using Data and Social Media to Address Health Misinformation During COVID-19

Ebenezer Healthcare Access, a non-profit organization dedicated to helping RIM communities navigate language and cultural barriers to access healthcare services and other community resources, and Public Health – Dayton & Montgomery County, a county health department in Dayton, OH, partnered in 2022 to create COVID-19 materials tailored to the sociocultural and linguistic needs and lived contexts of the communities they serve. These materials addressed COVID-19 misinformation and vaccine hesitancy within the refugee immigrant population and among health workers.

Among Montgomery County's 530,000 residents, 5 percent are foreign-born, and 6 percent speak a language other than English at home. Among these are ~30,000 RIM community members, including people from East Africa, Central America, Russia, and Turkey, all of whom speak diverse languages, including French, Kinyarwanda, Spanish, Swahili, and Turkish. Due to social and structural inequities, these communities often have poorer health outcomes than the general population—disparities that became more pronounced during the COVID-19 pandemic. Data concerning the exact impact of COVID-19 on RIM community members is not available. However, its impact is known to be considerable by assessing data related to incidence and hospitalizations among Black and Hispanic persons. In 2020, 42.3 percent of COVID-19 cases and 42.7 percent of COVID-19 hospitalizations occurred among Black people, though they comprised only 22.7 percent of the overall county population. Similarly, Hispanic residents accounted for 7.0 percent of local COVID-19 cases and 8.6 percent of local COVID-19 hospitalizations, despite representing only 3.3 percent of the overall county population.

The high rate of COVID-19 reflected a lack of culturally and linguistically accessible materials available in RIM-facing communications. These conditions were often compounded by members of RIM communities' over-representation in the service-industry positions. Low-level delivery, retail, and healthcare positions often burdened staff with high rates of exposure to COVID-19. Many RIM community members experienced financial insecurity due to under/unemployment, lack of access as immigrants to Federal government support (e.g., stimulus checks), and a growing lack of trust in health communications overall. These issues often were exacerbated by language barriers, the digital divide, and medical mistrust.

To counteract these negative messages, Ebenezer Healthcare Access produced multilingual COVID-19 information and vaccine education materials that reached a significant portion of RIM communities. This process started with a needs assessment to determine what messaging would be needed for the communities they would need to reach. The partnership also ensured that clinical and medical content would be presented in a culturally and linguistically appropriate manner across multiple RIM communities. The initiative successfully engaged 20 percent of the county's RIM community, providing COVID-19 information through 2,392 in-person and 1,763 phone engagements. The materials they created included:

Multilingual Educational Sessions: They conducted 1,468 educational presentations on COVID-19 across various churches and community events, utilizing PowerPoint presentations translated into multiple languages, including Kinyarwanda, Kirundi, Swahili, and French.

Social Media Engagement: The partners reached local RIM communities through culturally and linguistically appropriate social media and minority health month Zoom sessions. Educational videos were produced in several languages to inform the RIM population about COVID-19 and vaccination.

Printed Handouts: The team created and circulated 7,000 brochures in multiple languages through a network of community health workers and ambassadors.

Hotline and Telehealth Services: Ebenezer Healthcare Access leveraged its multilingual staff to facilitate a hotline. They facilitated 1,763 calls, offering COVID-19 information and assistance scheduling medical appointments. A telehealth station was also established to facilitate healthcare access.

Integrated Healthcare Network: They built a bi-directional referral system with 29 regional healthcare organizations to enhance resource sharing and support within RIM communities they serve.

Community Ambassador Program: Four ambassadors fluent in languages including Swahili, French, and Kinyarwanda extended COVID-19 information and community resources to their respective communities.

Special Events and Training: Significant events such as “Refugee Day” and community events were organized, reaching 2,092 individuals and providing undocumented immigrants with local IDs for accessing community resources.

The partnership has notably advanced, with Ebenezer Healthcare Access becoming a Care Coordination Agency, receiving referrals from immigrant churches, schools, and health systems. The efforts underscore the continuous need to adapt and update information shared with RIM communities. The organizations remain dedicated to improving their reach, evaluating their effectiveness, and consistently addressing the evolving needs of RIM populations through education, promotion, and strategic health planning.

Resources

Information about RIM Communities

[*Immigrant and Refugee Health Fact Sheet*](#). Immigrant and Refugee Health Branch, CDC. 2023.

[*The Long Road to America - One Refugee's Experience*](#). Division of Global Migration Health (DGMH). CDC 2022.

[*Vaccine Central*](#)

Partnerships

[*Guiding Principles for Working with RIM Communities*](#)

[*Partnerships*](#)

[*Outreach to Faith-Based Organizations*](#)

Community Advisory Boards

[*Guide: Supporting and Co-Creating Meaningful Community Advisory Boards*](#)

[*Promising Practice: The Benefits of Community Advisory Boards*](#)

[*Sample: CAB Member Information Form*](#)

[*Sample: CAB Ground Rules*](#)

[*Sample: CAB Memorandum of Understanding \(MOU\)*](#)

Traditional and Social Media

[*WhatsApp to Reach and Engage RIM Communities*](#)

[*Reaching Communities Through Diverse Media*](#)

[*Initiating the COVID-19 Vaccine Conversation Through Flyers*](#). Lessons learned here can be applied to other diseases and contexts.

[*Facebook Videos to Engage Communities*](#). Many of the lessons learned here can be applied to other social media platforms, like TikTok.

Cultural Validation and Translation

Cultural Validation and Translation Review Form

Translation Request Form

Dos and Don'ts of Cultural Validation and Translation Review

Toolkit for Written Translation. Minnesota Department of Health. 2019.

Understanding and using the “Toolkit Guidelines for Culturally Appropriate Translation.” U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services.

Toolkit for Written Translation

Tips for Translating Materials

Language, Interpretation, and Translation. A clarification and reference checklist in service of health literacy and cultural respect. National Academy of Medicine. 2020.

Toolkit Guidelines for Culturally Appropriate Translation. U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services (CMS). 2010.

Additional Resources

Translation Is Not Enough. Cultural adaptation of health communications materials. European Centre for Disease Prevention and Control.

Medical Interpreting Standards of Practice. International Medical Interpreters Association

Toolkit for Making Written Material Clear and Effective. U.S. Department of Health and Human Services. CMS. 2010.

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