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Disaster Preparedness in a Resettled Refugee Community: Qualitative Findings

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Abstract

Introduction: Under-resourced communities face disaster preparedness challenges. Research is limited for resettled refugee communities, which have unique preparedness needs.

Study Objective: This study aims to assess disaster preparedness among the refugee community in Clarkston, GA.

Methods: Twenty-five semi-structured interviews were completed with community stakeholders. Convenience sampling using the snowball method was utilized until thematic saturation was reached. Thematic analysis of interviews was conducted through an inductive, iterative approach by a multidisciplinary team using manual coding and MAXQDA.

Results: Three themes were identified: First, prioritization of routine daily needs took precedence for families over disaster preparedness. Second, communication impacts preparedness. Community members speak different languages and often do not have proficiency in English. Access to resources in native languages and creative communication tactics are important tools. Finally, the study revealed a unique interplay between government, community-based organizations, and the refugee community. A web of formal and informal responses is vital to helping this community in times of need.

Conclusion: The refugee community in Clarkston, GA faces challenges, and disaster preparedness may not be top of mind for them. However, clear communication, disaster preparedness planning, and collaboration between government, community-based organizations, and the community are possible areas to focus on to bolster readiness.

Background

Compared to the 1980s, disasters occur 3 times more often. In 2022 alone, there were 18 climate disasters in the United States that cost over 1 billion dollars each.[1] It has been shown that under-resourced communities are the most vulnerable to disasters and are disproportionally impacted by disaster fallout.[2–4]

Although often overlooked, the under-resourced refugee community makes up a significant portion of immigrants into the United States. According to the United Nations 1951 Refugee Convention, a refugee is defined as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, and membership of a particular social group, or political opinion."[5] Since the 1970s, there have been over 3.5 million refugees admitted to the United States. While in recent years refugee resettlement numbers have fallen, numbers are once again rising and in 2023 the United States is allowing the resettlement of up to 125 000 refugees.[6,7]

Prior literature has mostly focused on disaster preparedness in vulnerable communities including immigrants but there are currently gaps in research, specifically on disaster preparedness in refugee communities.[4,8,9] DeYoung and Marlowe did find that a positive sense of community and community response contributed to preparedness, and Sibanda showed how refugee women used indigenous water management knowledge to improve water sanitation. Lejano showed how a communication workshop can combat disempowerment by increasing agency and hope.[10–13] Yet, the available literature does not address disaster preparedness of a refugee community at large.

The refugee community has unique disaster preparedness needs. When refugees come to a new country, they face many challenges in navigating their new day-to-day reality. They need to integrate into a new culture, find work, and understand new healthcare and educational systems – all while often learning a new language. Refugees may initially have difficulty navigating basic home-safety issues like the safe use of electric appliances, fire safety, and using

Table 1. Demographic information for interviewees and their organizations

	NA (N = 4)	Government (N = 6)	Not-for-Profit (N = 15)	School / Education (N = 4)	Overall (N = 29)
Religious Affiliation					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
N/A	0 (0%)	6 (100%)	10 (66.7%)	4 (100%)	20 (69.0%)
Christian	0 (0%)	0 (0%)	5 (33.3%)	0 (0%)	5 (17.2%)
Target Population					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
Clarkston Refugees (subset)	0 (0%)	1 (16.7%)	1 (6.7%)	2 (50.0%)	4 (13.8%)
Clarkston Refugees & Residents	0 (0%)	1 (16.7%)	3 (20.0%)	0 (0%)	4 (13.8%)
Clarkston Residents	0 (0%)	2 (33.3%)	0 (0%)	0 (0%)	2 (6.9%)
DeKalb County Residents	0 (0%)	2 (33.3%)	0 (0%)	0 (0%)	2 (6.9%)
Clarkston Refugees	0 (0%)	0 (0%)	5 (33.3%)	1 (25.0%)	6 (20.7%)
Clarkston Refugees & New Americans	0 (0%)	0 (0%)	3 (20.0%)	0 (0%)	3 (10.3%)
N/A	0 (0%)	0 (0%)	3 (20.0%)	1 (25.0%)	4 (13.8%)
Staff Size					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
10 to 50	0 (0%)	1 (16.7%)	4 (26.7%)	3 (75.0%)	8 (27.6%)
More than 100	0 (0%)	2 (33.3%)	1 (6.7%)	1 (25.0%)	4 (13.8%)
unknown	0 (0%)	3 (50.0%)	4 (26.7%)	0 (0%)	7 (24.1%)
<10	0 (0%)	0 (0%)	5 (33.3%)	0 (0%)	5 (17.2%)
More than 50	0 (0%)	0 (0%)	1 (6.7%)	0 (0%)	1 (3.4%)
Year Established					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
2000-2010	0 (0%)	1 (16.7%)	3 (20.0%)	0 (0%)	4 (13.8%)
Before 1960	0 (0%)	1 (16.7%)	0 (0%)	0 (0%)	1 (3.4%)
unknown	0 (0%)	4 (66.7%)	5 (33.3%)	0 (0%)	9 (31.0%)
1990-2000	0 (0%)	0 (0%)	4 (26.7%)	0 (0%)	4 (13.8%)
2010-2020	0 (0%)	0 (0%)	2 (13.3%)	0 (0%)	2 (6.9%)
2020 onwards	0 (0%)	0 (0%)	1 (6.7%)	3 (75.0%)	4 (13.8%)
1960-1970	0 (0%)	0 (0%)	0 (0%)	1 (25.0%)	1 (3.4%)
Refugee Status					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
No	0 (0%)	5 (83.3%)	12 (80.0%)	0 (0%)	17 (58.6%)
Unknown	0 (0%)	1 (16.7%)	2 (13.3%)	1 (25.0%)	4 (13.8%)
Yes	0 (0%)	0 (0%)	1 (6.7%)	3 (75.0%)	4 (13.8%)
Country of Origin					
	4 (100%)	0 (0%)	0 (0%)	0 (0%)	4 (13.8%)
Eritrea	0 (0%)	1 (16.7%)	0 (0%)	0 (0%)	1 (3.4%)
Nigeria	0 (0%)	1 (16.7%)	0 (0%)	0 (0%)	1 (3.4%)
United States	0 (0%)	2 (33.3%)	0 (0%)	0 (0%)	2 (6.9%)
Unknown	0 (0%)	2 (33.3%)	8 (53.3%)	1 (25.0%)	11 (37.9%)
Afghanistan	0 (0%)	0 (0%)	1 (6.7%)	1 (25.0%)	2 (6.9%)
DRC	0 (0%)	0 (0%)	2 (13.3%)	0 (0%)	2 (6.9%)
Ethiopia	0 (0%)	0 (0%)	1 (6.7%)	0 (0%)	1 (3.4%)
Iraq	0 (0%)	0 (0%)	1 (6.7%)	0 (0%)	1 (3.4%)
Kenya	0 (0%)	0 (0%)	1 (6.7%)	0 (0%)	1 (3.4%)
Somalia	0 (0%)	0 (0%)	1 (6.7%)	0 (0%)	1 (3.4%)
Kurdistan	0 (0%)	0 (0%)	0 (0%)	1 (25.0%)	1 (3.4%)
Myanmar	0 (0%)	0 (0%)	0 (0%)	1 (25.0%)	1 (3.4%)

the emergency response system.[11,14] They may have experienced disaster in their country of origin or during the resettlement process which can impact how they relate to disaster preparedness.[10,11,15]

Each refugee and immigrant group has unique cultural and linguistic characteristics that should inform any attempt to work to address issues related to disaster preparedness. Effective communications with these groups require building trust over time and tailoring communication to the specific needs of each community. This is paramount in disaster preparedness and response.[11,16]

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Clarkston, GA is a thriving community east of Atlanta, GA and has been the first home in the United States to an estimated 60 000 refugees over time. Today, it's estimated that about 50% of the city is foreign-born.[17] This study aims to assess the barriers and facilitators to disaster preparedness among the refugee community in Clarkston, GA by conducting semi-structured interviews with community stakeholders.

Methods

A cross-sectional qualitative study assessing perspectives of disaster preparedness in the refugee community in Clarkston, GA, was completed. Twenty-five semi-structured qualitative interviews were completed with stakeholders in the refugee community. Stakeholders were contacted directly via email and were identified by either personal connection to a researcher or by the snowball method. An interview guide was developed to address the following topic areas: the stakeholder's role in the Clarkston community, their experience with disaster preparedness in the community, and their understanding of barriers and facilitators of disaster preparedness in the Clarkston community.

Interviews were conducted by a trained research assistant with experience in qualitative interviewing methods. Interviewees completed a written informed consent form. All interviews were facilitated in English and were audio recorded after obtaining participants' permission. All interviews were conducted either in person at a place of mutual agreement between interviewee and researcher or virtually via Zoom. Transcripts were reviewed for accuracy, de-identified, and securely stored on a database that only study team members had access to.

A qualitative analysis of transcripts was done by KN, NP, PP, ES and SS using an inductive, iterative approach. A preliminary codebook was developed based on the interview guide. Team members used the guide as they individually coded transcripts to develop a first draft of the codebook. Team members met and came to a consensus on early versions of the codebook. Subsequent transcripts were reviewed by 2 team members each, who subsequently met to resolve discrepancies and continued to refine the codebook. Groups of 2 to 3 team members coded each transcript and met to discuss any discrepancies following the application of codes. After all transcripts were coded, they were re-coded using MAXQDA qualitative software (VERBI Software, Berlin Germany) for analytic purposes. Emergent themes were discussed and agreed upon as coded transcripts were reviewed. This qualitative analysis follows guidelines established by the Consolidated Criteria for Reporting Qualitative Health Research. Institutional review boards' approval was obtained at Emory University and Children's Healthcare of Atlanta, reference number: STUDY00004122.

Results

Twenty-five semi-structured qualitative interviews were completed. The average interview length was 45 minutes (SD: 12 min). Participants included community leaders from non-profit and government/ civil service organizations including refugee resettlement agencies, elected officials, K-12, and university educators, as well as community health ambassadors and religious organizations. Four participants self-identified as refugees. Three key themes emerged from the data: prioritization of daily needs, communication, and preparedness planning.

Theme 1: Prioritization of Daily Needs

For many Clarkston residents, responding to everyday stressors, including financial insecurity and unexpected health challenges, as well as other daily hardships often take precedence over planning for future disasters. Organizational and individual resources – such as financial, health, and social services – are often directed towards meeting the immediate needs of residents as opposed to future disaster threats. Stakeholders acknowledge, both implicitly and explicitly, the impact these stressors have on disaster preparedness and response abilities. As a community-based organization (CBO) leader said:

> "How [many people are aware of] disaster preparedness? I can tell you, it's 0, people don't even talk about it; and I'm just realizing how very important this is for our community, and for our refugees. Why are people not prepared, why are people not informed about it? It's because people are always in survival mode: how to survive today, out to get their paycheck, to pay for rent, and food, and that's all, even for refugee organizations. They also put people in that survival mode when a family comes to the US." (Stakeholder 19)

Subtheme 1: Individual level – financial stressors

Financial insecurity can exacerbate everyday emergencies for many residents. Eighteen respondents emphasized this subtheme. These everyday emergencies can manifest, for example, as an inability to pay electric bills or lack of transportation to work. Furthermore, stakeholders reported that the onset of COVID-19 in Spring 2020 led to employment loss and compounded financial stressors for many. For example, non-profit leaders said,

> "When the pandemic started, all of the barriers that were already there were exacerbated. In terms of employment barriers, access to health care, you know, transportation, etc. People were fired for getting COVID." (Stakeholder 1)

> "I'm thinking of 1 specific instance where there was a grease fire in a house. The mum and the father both worked, and she had third degree burns so she spent two months at Grady [Hospital]. At the time, she didn't have insurance. So, I would say financial devastation would be the result. If we hadn't ('we' as in, the agency),stepped in to address those barriers, I mean, I don't think it's an exaggeration to say that would have led to financial ruin for the family." (Stakeholder 11)

Subtheme 2: Individual level – healthcare access

The refugee community faces significant challenges in accessing healthcare both for routine preventative care and for health emergencies. Seven respondents emphasized this subtheme. Healthcare is a necessity and utilizing resources to access healthcare has a significant impact on residents' ability to prioritize future disaster planning. Additionally, existing barriers to treatment are exacerbated during times of disaster including access to adequate and affordable preventive health services. Mental health is an additional challenge for the community, as detailed by the director of a community engagement non-profit,

> "Community members shared that they believe the most affected by the mental health issues right now, post COVID, are young people. They have huge issues with violence and substance abuse. One of the big topics last night was prevention. Instead of waiting to intervene and try to take care of people after they've had a crisis, what are some things that we can do for the community that would really help promote strong, resilient mental health? People in this community have already been through hell – whether they are refugees or African Americans. The disparities here are immense." (Stakeholder 9)

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Subtheme 3: Organizational level – resource constraints

Many local CBOs create a network of crucial community safety nets by prioritizing staff, funding, and related capacities to support residents' current, basic needs. While these services are paramount, CBOs' focus on basic needs delivery and resource constraints limit the provision of programming for long-term disaster planning. Fragmented institutional disaster preparedness complicates both population and organizational disaster response, recovery, and prevention. Ten respondents emphasized this subtheme; none were former refugees. A nonprofit leader highlighted the resource constraints of the organizations,

> "I think organizations scrambled to fit the needs of what people have right now. Hence, being prepared for a disaster may not be on their list of priorities. It's something they probably think about, but they just haven't had the space or the capacity to figure it out for themselves." (Stakeholder 23)

Theme 2: Communication

Refugees in the Clarkston community come from all over the world. They speak many different languages, have different cultures, and different experiences with disaster prior to relocation. This richness in diversity also provides communication challenges, as effective communication is paramount to disaster preparedness.

Subtheme 1: Language and interpretation

Communication plays an essential role throughout disaster preparedness, response, and recovery. Twenty-four respondents emphasized this subtheme. In such a diverse community as Clarkston, the language and culture of residents must be considered to effectively navigate disaster-related efforts and is evident in challenges the refugee community faces in accessing and understanding healthcare resources and other routine services. A community health ambassador reported lack of knowledge about the COVID-19 vaccine,

> "Because they are either limited in English or they don't speak English, a lot of them misunderstood what COVID-19 is and what is in the shot." (Stakeholder 21)

Some CBOs put effort into providing translation and interpretation services, but there are still challenges such as consistent and timely access to interpreters and a sufficient breadth of languages and dialects. A local school administrator described how dialect-specific language differences in a medical interpretation resulted in a father understanding that his child's health was improving when the child was terminal.

> "He complained his stomach hurts. Found out he had liver cancer. Never been to the doctor, ever so we call the dad who was working, who couldn't take off work, because he has 7 other children. If he doesn't work, he doesn't get paid. So we call Dad and ask "Hi, how's he doing?" He's like, "Oh, he's coming home." The hospital had been interpreting incorrectly so he thought the boy was getting better. Actually, they were telling him the boy would be moved to hospice. The translator had the whole language wrong, and the dad had no idea his kid was dying." (Stakeholder 6)

The refugee community also faces language barriers and health literacy issues to accessing key emergency services; for example, when calling 911 interpreters can be requested, but residents are often unaware of this resource. According to a director at the local board of health, it's essential to include planning for language interpretation/ translation in such emergency services, which are an essential component of disaster preparedness and response.

> "Well, if you have to communicate through your emergency system, it's all in English, and the people in the community speak Farsi, then it's sort of a waste of time, right? Well, as part of the preparation, someone ought to have addressed that issue." (Stakeholder 4)

Subtheme 2: Cultural diversity and previous experiences with disaster

Participants recommended tailoring communications about disaster preparedness to different country-of-origin communities, as decision-making is frequently influenced by experiences and connections from refugees' home countries. Eighteen respondents emphasized this subtheme. A local non-profit physician saw this during the COVID-19 pandemic.

> "It was very community specific, you know, people from the Congolese community didn't really care that a Karen person or Burmese person got pregnant after getting the vaccine. They needed examples from their own community." (Stakeholder 2)

Previous experiences with disasters from refugees' country of origin may additionally impact residents' knowledge of, and the ability to prepare for and respond to future disasters. For example, a community health ambassador explained how communities from his country of origin may be better equipped to handle natural disasters.

> "I think for tornadoes, floodings, and things like that, I think they might be more prepared in that aspect. Because, you know, like, a lot of them used to stay in the [refugee] camps, where the living conditions are not really ideal. With a pandemic or any communicable disease.[there is less awareness]." (Stakeholder 18)

Previous experiences with disaster and trauma can also create barriers to seeking support during times of disaster. A CBO staff member explained that some refugee community members may be hesitant to call 911 or interface with emergency officials due to prior experience with officials during times of catastrophe,

> "A generalized fear of authority and associating all emergency services to the police, which a lot of them are afraid of, primarily I'd say because of the reasons why they became refugees such as state-sanctioned violence at the hands of the government, military, or militarized police, wherever they came from." (Stakeholder 11)

Subtheme 3: Methods of communication

Community stakeholders have identified effective resources for translation and interpretation, such as apps that they use for information dissemination, and suggest that these would be vital to effective disaster preparedness efforts. Eighteen respondents emphasized this subtheme including all former refugees. Briefings in the newly arrived refugees' language or providing invitations in many languages to events such as school meetings, builds connection, trust within the community, and improves engagement. The local elementary school uses an app specifically designed to send phone messages with many interpretations,

> "Bloomz is an app that helps with interpretation. Statements such as "[We] will have Coffee and Conversation this Friday from 8:30 to 10:30. Please stand by for Karen, Nepali, Amharic, French, Swahili, Tigrinya etc., follow." I'm thinking, "Who's going to listen to all of those languages? But they show up. And what I realized is, it's the familiarity; if you care enough to find somebody to speak my language, I'm coming." (Stakeholder 6)

Social media applications, especially Facebook and WhatsApp, are other key avenues that were identified for sharing information with the Clarkston refugee community. However, these methods also present challenges including misinformation, technological barriers, and financial challenges that limit access to Internet and

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phone service. Community leaders are also key avenues for disseminating information. For example, non-profit staff report using WhatsApp groups with the community members they work with, who then pass the messages on to their communities. One staff member expressed this as,

> "If I'm trying to convey something important, I feel like it's better coming from someone in their own community than it is me, even if I have a good relationship with them. So sometimes that's the best practice, depending on what it is I'm trying to communicate." (Stakeholder 11)

While paper and other written communications can be useful, they often introduce literacy challenges. Thus, participants emphasize that using a variety of methods for communication is important. For example, in responding to the COVID-19 pandemic, participants used Zoom calls, and community sessions, as well as helplines, video media, voiceover text/word-of-mouth, and images. Representation of the different communities in messaging was additionally a key strategy for effective communication. The City of Clarkston utilized these tactics during the COVID-19 pandemic, putting culturally diverse visuals on banners and flyers to communicate basic protection, mask wearing, and vaccination events.

> "We made different banners for people who don't even read the language, made picture signs of different people wearing different ethnic dressings just to show how to wear basic masks, and keep your 6 feet distance. We also used similar tactics for vaccine drives by telling people where and how they could access vaccines." (Stakeholder 24)

Theme 3: Preparedness Planning

Stakeholders expressed various degrees and methods of planning for disasters. Much of this variation depended on the specific role each stakeholder or organization serves in the community.

Subtheme 1: Importance of disaster planning

While many participants recognized the importance of disaster preparedness, their organizations differed in the comprehensiveness and implementation of plans. Most of the government, civil service, and education institutions had preparedness plans ready for use; they regularly practice and revisit these plans, a total of 5 respondents. A local school administrator described their disaster protocols,

> "If there's an active shooter, I know what to do. If there's a tornado, I know what to do. If there's a fire, I know what to do; if you don't have a protocol, you have to establish them." (Stakeholder 6)

In contrast, non-profit CBOs generally did not have specific preparedness plans for potential disasters, a total of 11 respondents. If CBOs did have plans, it was usually for their immediate office spaces and not for the broader community served. As a non-profit staff member said,

> "You know, we are not set up to do a mass messaging out ahead of time to say, "Hey, guys, this is happening, make sure you do A, B, and C." (Stakeholder 22)

Subtheme 2: "Lending a hand" vs leading in a disaster

Although many CBOs did not have official, written plans for a disaster scenario, they readily discussed steps they would theoretically take in a disaster such as supporting messaging through call trees or WhatsApp, serving as central community locations for relief, and providing immediate financial support during recovery. Eighteen respondents supported this. Participants recalled actions they had taken during previous times of disaster, such as the 2014 ice storm in metro Atlanta and the COVID-19 pandemic, where they provided language services, and food aid to residents. Additionally, the individual and family level emergencies they frequently deal with, such as apartment fires, and financial devastation, provide them with a template on which to base theoretical plans for larger disasters. A non-profit leader described their organizational response to emergent crises as,

> "What we have going on a daily basis is a template for responding to community needs. A lot of times the definition of emergency in the community may not be a fire or an infectious disease, it might be a life changing event. I feel like our team is equipped with responding to emergencies anyway." (Stakeholder 15)

While participants often recognized the role their organizations could play in the case of a disaster, they usually placed themselves in supportive roles and were sometimes unsure of who would lead disaster response efforts. Eight respondents emphasized this subtheme.

> "I don't see us being the leaders in that, but I do see us dropping what we're doing and lending a hand." (Stakeholder 1)

Discussion

In this evaluation of the barriers and facilitators of disaster preparedness in the diverse refugee community in Clarkson, the prioritization of daily needs, communication challenges, and diverse levels of preparedness planning came out as important themes.

The prioritization of daily needs is similar to findings from work with specific migrant populations. Like Carter-Pokras,[18] where Latin American immigrants reported illness and house fires among other examples of emergencies, participants in our interviews frequently identified the need to address personal daily emergencies as hindrances to preparing for larger-scale disasters. In New Zealand, Marlowe also found that resettled refugees' understandings and experiences of disasters are affected by everyday hardships such as finances and food security,[16] and that adequately addressing these needs is crucial to engage the community to plan for potential future disasters. For example, decisions on whether to evacuate in the setting of a disaster often depends on financial means, as seen during hurricane Katrina.[4] Effective, community-based disaster planning efforts must take note of challenges associated with financial insecurity, healthcare access, and organization resource limitations. In many cases, these everyday stressors compound and often affect the entire family unit or organization, leaving little capacity to adequately prepare for disasters.[16,18]

This study highlighted the importance of considering language and culture when communicating about disaster risk. Thus, as noted by our participants and in other studies by Marlowe,[16] and Eisenman,[4,8] trusted community or other family members are often the most effective messengers for disaster communication. These trusted members are also important to understand barriers that may exist and facilitate cooperation amongst the community.[16]

Existing research is split on whether prior experience with disaster is a strength or weakness, in disaster preparedness. Xin found that Vietnamese refugees in the United States who had prior experience with natural disasters in Vietnam described residual coping skills,[19] but that knowledge and strategies to cope with future disasters, especially in the United States, were lacking, especially given language barriers and unfamiliarity with a new setting. On the other hand, Tay demonstrated increased prevalence

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of mental health disorders amongst Rohingya refugees resettled in Bangladesh as negative consequences of experiences with disaster,[20] which could be prohibitive in preparing for disasters. In this study, prior experience may lead to emotional resilience, but it can also be a risk for mental illness and does not negate other barriers to disaster preparedness.

This study revealed a unique interplay between government and CBOs in Clarkston. Generally, while governmental organizations often had disaster preparedness plans for the community, CBOs did not. CBOs often engaged in hypothetical disaster situations during the interviews, describing themselves as trusted messengers and effective mobilizers of the communities. This fits with their role in assisting with other issues that arise in the local community they serve. There has been little research on collaboration between government and CBOs or among CBOs during disaster preparedness efforts in refugee populations, but this may be a helpful future direction. In Puerto Rico, Engelman assessed the preparedness and response capacity of CBOs after Hurricane Maria and found that in the absence of government infrastructure, CBOs have the capacity to lead the preparedness efforts.[21] However, this cannot be generalized without assessing the capacity of individual CBOs. Further research would elucidate how government and CBOs can effectively work together.

Limitations

Despite aiming to evaluate a diverse refugee community, 1 limitation to this study is that the results are specific to the refugee community in Clarkston, GA. Our findings may not be generalizable to all resettlement communities, and future research is needed in other resettled refugee settings to compare findings. It is important to note that while this study targeted the refugee community in Clarkston, there are residents and groups in this community who were not resettled by the UN refugee program. This includes some recent immigrants from Afghanistan and Syria, as well as other immigrant communities. Additionally, there are non-immigrant communities within Clarkston to consider when implementing city-wide preparedness efforts. Many of the perspectives shared with us in interviews referred to all residents of the community, not only refugees. The interview guide contained questions solely about the refugee community, so our results may not be transferable to groups with other backgrounds. Interviews were with community stakeholders, some who were refugees, however we did not speak to other refugee families. Another limitation is that all interviews were conducted in English. Though our participants were fluent in English, some were not native English speakers and some of the nuances of interview questions and answers may have been affected.

Conclusion

The refugee community in Clarkston, GA faces many challenges, and disaster preparedness may not be top of mind for community leaders, and members. However, clear communication and disaster preparedness planning are possible areas to focus on to bolster the strength of this community to respond to disaster. While the community remains vulnerable, the COVID-19 pandemic provided an opportunity for the community to rally together with both CBOs and governmental organizations to respond to a larger challenge, showing the strength and resilience of the Clarkston refugee community and providing a building block for future preparedness initiatives.

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Competing interests. The authors declare no conflict of interests.

Abbreviations. CBO, Community-based Organization.

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