

Health Communication for Displaced Populations

Introduction

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Despite growing recognition of communication’s role in addressing health disparities, the experiences of refugees, asylum seekers, and migrants remain underrepresented in both scholarship and applied work. The persistent marginalization of displaced populations in health communication research and practice presents an urgent challenge to the field. Spanning rhetorical, ethnographic, interpretive, and quantitative approaches, the ten articles in this Special Section take up that challenge. Collectively, they examine how communication shapes health experiences in contexts marked by mobility, precarity, and adaptation—serving at times as a barrier, at others as a bridge. From institutional mistrust to family dynamics, digital access to language and literacy, these studies trace the complex realities of navigating, sustaining, and reimagining care among displaced populations. Individually, each article offers compelling conceptual and empirical insights. Taken together, they serve as something more: a call to the field to treat displacement not as an edge case but as a central point of inquiry—one that brings into sharper focus health communication’s obligations to equity, impact, and relevance, and expands the field’s capacity to engage with those most often left at its margins.

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Broadly speaking, special issues in academic journals can be divided into two categories: those that celebrate progress or abundance and those that go diving for pearls in the hope of calling attention to

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gaps in the literature. This Special Section belongs to the latter category. Even as the importance of communication in reducing health disparities and improving well-being gains wider recognition, research that specifically addresses the needs of displaced populations remains critically underdeveloped. Refugees, asylum seekers, and migrants face an “invisible wall” (Welsh, 2021) of complex and compounding barriers—linguistic, cultural, political, and structural—and they continue to be systematically overlooked in communication research and practice.

If health communication is to stay true to its original mission “to eliminate the current bureaucratic maze, simplify medical and behavioral jargon, and nurture supportive personal, family, work, and community environments” (Ratzan, 1996, pp. v–vii), then addressing the needs of displaced populations is surely among the most urgent and vital steps toward that goal. And if the true measure of any social scientific discipline lies in how it engages its most vulnerable populations, then health communication’s report card might read like that of a gifted but uneven student—full of potential but still finding its way.

To be sure, significant progress has been made in disciplines such as nursing, social work, public policy, and public health to improve the condition of displaced populations; however, these efforts often remain siloed within their respective fields. Furthermore, much of this work tends to underplay the critical role that communication can play in either enhancing or attenuating health disparities. This gap is particularly urgent given that linguistic and cultural differences are among the most immediate challenges faced by resettled individuals and communities.

Communication’s deep focus on the exchange of information, the negotiation of meaning, and the construction of relationships positions the field as uniquely equipped to connect insights across disciplines. Communication theory offers valuable tools and frameworks to address the barriers of linguistic, cultural, and structural inequities that displaced populations face—barriers that often transcend the purview of any single field. In this regard, the discipline can and should be a leading voice in the conversation, serving as connective tissue that unites diverse fields and stakeholders around a comprehensive, interdisciplinary approach to communication for the benefit of displaced populations. Responding to these imperatives, the broad goal of this collection is to bring barriers to the forefront, showcasing how communication can play a central role in illuminating and mitigating inequities. This Special Section of the *International Journal of Communication* takes on the challenging task of combining immediate contribution with disciplinary self-discovery.

The call for papers invited scholars from a diverse range of fields into conversation, encouraging varied perspectives that could challenge entrenched assumptions and provoke new inquiries. Like a good mixtape, the resulting collection is more than the sum of its parts. The articles here span methodological and theoretical approaches as they engage with the common theme of displacement—whether driven by conflict, instability, or broader structural inequalities—to spark dialogue about theory, practice, and ethics.

Opening the issue with a historical perspective, Flynn’s article, “Narratives of Dispossession: Reading Antecedents of Public Health Rhetoric in Reconstruction,” traces the origins of public health rhetoric in the Reconstruction era. Flynn explores how narratives of sanitation and interdependence shaped public health ideologies in post-slavery America, with dispossession and displacement taking a central role in health

narratives and debates. Challenging readers to reflect on the biopolitical roots of health communication, Flynn's work anchors the contemporary studies that follow with a reminder that the health inequalities we witness today are deeply embedded in historical policies and practices.

Building examination of contemporary structural and material inequities, Rhaman, Dhutta, and Elers' "Living Through Food Rations: A Culture-Centered Study with Rohingya Refugees," uses an ethnographic approach to explore the barriers to food security among Rohingya refugees in Cox's Bazar, Bangladesh. Highlighting the intersection of material conditions and health outcomes, the authors illustrate how food insecurity, driven by inadequate access to culturally appropriate provisions, directly impacts the health and well-being of refugees.

Turning from structural conditions to the conceptual frameworks used to study immigrant health, Robbins and Hagood's "The Limits of Language: New Directions for Measurement of the Buffering Effects of Social Support on Acculturative Stress" challenges dominant approaches to acculturation research. Drawing on survey data with Hispanic/Latinx populations in the United States, they introduce a multidimensional model emphasizing family cohesion, cultural retention, and neighborhood belonging as key buffers against acculturative stress. Their critique of language-based proxies and call for culturally grounded measures adds a layer of theoretical reflection.

Three studies follow that explore the role of health care professionals and settings in shaping health outcomes for displaced and immigrant populations, highlighting the unique communicative and cultural barriers that arise in these interactions. Misra-Latty's article, "Medical Advocacy in a 'Culture of Disbelief': A Critical-Interpretive Study of Asylum Medicine," examines how asylum medicine practitioners must balance their roles as medical experts and advocates in the highly politicized Refugee Status Determination process, navigating a "culture of disbelief" surrounding asylum claims. Similarly, Khraisheh's study, "Cultural Competence in U.S. Health Care: Voices of the Arab Community," explores how cultural competence—or the lack thereof—among health care professionals shapes the health experiences of Arab Americans, with biased assumptions, language barriers, and cultural ignorance often leading to negative outcomes. Nimako and Chadwick's article, "Communicatively Constructing Health and Healing: Cultural and Behavioral Determinants of Prostate Cancer Screening Among Ghanaian Men in the United States," complements these by examining how cultural norms and mistrust of the medical system shape prostate cancer screening behaviors among Ghanaian men in the United States. Together, these studies highlight the critical need for communication strategies that foster trust and cultural understanding in healthcare settings.

Delving deeper into communicative barriers and dynamics within migrant communities and families, Park and Ahmed's study, "Knowledge, Attitude, and Behavior About COVID-19: The Roles of Health Literacy and English Proficiency Among Korean Immigrants in the United States," highlights linguistic divides that can hamper health behaviors and interventions, once again underscoring the need for tailored public health messaging. Vo and Brannon's study, "Exploring Relationships Between Family Communication Patterns and Willingness to Communicate About Health Topics Among Vietnamese Americans," shifts the focus to family units, examining the crucial role of intergenerational communication patterns and norms in shaping discussions around health.

As the COVID-19 pandemic reshaped health care around the world, technology became both a barrier and a potential solution for displaced populations, as explored in two studies in this issue. Kim and Doerfel's article, "Digital Inequality and Resilience in Humanitarian Refugee Organizations," investigates the role of digital disparities in refugee-oriented humanitarian organizations during crises. Their study reveals digital inequality as both an individual issue and one that spans entire organizations, affecting their ability to provide essential services to refugees. The issue concludes with Disney, Ahmed, and Moon's forward-looking article, "Using a Modified Technology Acceptance Model and Communication Inequality Theory to Evaluate Telehealth Acceptance Among Resettled Refugees," which identifies a mismatch between the telehealth platforms that refugees prefer and those commonly used by health care providers. Tellingly, this juxtaposition highlights opportunities to develop more equitable and culturally appropriate systems to better serve minoritized populations, including refugees.

The articles in this Special Section collectively highlight key challenges that arise at the individual (micro), community (meso), and system (macro) levels. At the individual level, displaced populations encounter barriers such as language proficiency and health literacy that profoundly shape their health behaviors and interactions with healthcare systems. At the community level, family dynamics, social networks, and cultural practices play significant roles in health outcomes. At the system level, material and structural inequities—such as digital access, food security, and cultural competence in healthcare—are often deeply entrenched, exacerbating the vulnerabilities of marginalized groups. These challenges are multifaceted, deeply rooted in historical and sociopolitical contexts, and require communication strategies that are as nuanced as the issues themselves.

Spanning rhetorical analyses, ethnographic research, critical-interpretive explorations, and quantitative surveys, this collection of studies strikingly illustrates the breadth of perspectives necessary to grapple with the complex health challenges facing displaced communities. Yet the diversity of approaches is anchored in a clear disciplinary grounding, underscoring the unique role and capacity of communication studies to lead in addressing these challenges.

At its core, this Special Section demonstrates that communication is not a peripheral concern in addressing health disparities but is central to any effort aimed at improving outcomes for displaced populations. By bringing together diverse scholarly perspectives and emphasizing the intersection of material, social, and cultural factors, this collection offers a starting point for developing more effective, equitable health communication strategies.

As we bow out to give centerstage to the authors' work, it is important to acknowledge the contributions of our anonymous reviewers and the editorial staff at *International Journal of Communication*. One would be hard-pressed to find a more supportive ensemble that shows tremendous commitment to scientific rigor. The hope is that this Special Section sparks ongoing dialogue and action toward a more inclusive health communication agenda—one that fully recognizes and responds to the needs of displaced populations as some of the most vulnerable among us. Failing to act would be a disservice to the communities most in need of equitable communication strategies. The risk of falling short is real, but so too is the opportunity to lead. Can health communication rise to meet this challenge? We sincerely hope so. The rewards are significant—for both the field and those it aims to serve.

References

Ratzan, S. (1996). The status and scope of health communication. *Journal of Health Communication, 1*(1), 25-42. doi:10.1080/108107396128211

Welsh, T. (2021, June 30). "Invisible wall" bars refugees, migrants from COVID-19 vaccine access. Retrieved from <https://www.devex.com/news/invisible-wall-bars-refugees-migrants-from-covid-19-vaccine-access-100273>