Health Status of Refugees from Bhutan

Office of Health Disparities and Health Equity

Division of Public Health Nebraska
Department of Health & Human Services

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Bhutanese Refugee Health Status Report

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Nebraska Refugee Needs Assessment Project

According to the United Nations High Commissioner for Refugees (UNHR), the population of displaced people rose from 33.9 million in 1997 to 65.6 million at the end of 2016 calendar year. Of this 65.6 million, 40.3 million were internally displaced (displaced within their country of origin), 22.5 million were refugees, and 2.8 million were asylum-seekers. In the 2016 calendar year, the United States admitted96,900 of those refugees.[1]

In the 2016 fiscal year, Nebraska admitted 1,441 refugees.[2] This was more refugees per capita than any other state, amounting to 76 refugees resettled per 100,000 residents.[3] In the past fifteen years, the top refugee groups arriving in Nebraska have come from Burma, Bhutan, Iraq, Sudan and South Sudan, and Somalia. Nebraska has seen consistent growth among these populations due to continuing conflicts in these countries. The chart below shows the number of refugee arrivals in Nebraska from 2002-2016.

Refugee Arrivals in the Past 15 Years

Country of Origin	Total Arrivals (2002-2016)	Percent of Total Arrivals
Burma	4,481	43.0%
Bhutan	1,446	13.9%
Iraq	1,056	10.1%
Sudan	1,043	10.0%
Somalia	689	6.6%
Other	1703	16.4%
Total Arrivals	**10,418**	

Source: Office of Refugee Resettlement, Refugee Arrival Data, 2002 – 2016

Refugees face many barriers to achieving adequate education, work, and health services. While resettlement and social service agencies are in place to assist refugees with integrating into their surrounding communities, more support is needed to adequately address refugee needs. In particular, refugees have unique health needs and often face barriers to receiving appropriate and timely health care. Understanding refugee health needs and barriers to health services is imperative to helping refugees succeed in their new home.

[1] United Nations High Commissioner for Refugees. (2017). Global trends: forced displacement in 2016. Geneva: United Nations High Commissioner for Refugees.
[2] Office of Refugee Resettlement. (2016). Refugee arrival data.
[3] US. Census Bureau. (2016). 2016 Population Estimates.

In part due to the many barriers faced by refugees, there is limited data addressing refugee health status, risk factors, and needs. To better serve Nebraska's refugee populations, the Office of Health Disparities and Health Equity (OHDHE) conducted its first statewide Refugee Needs Assessment Survey in 2017. The survey focused on identifying key risk factors for the five largest refugee populations (listed above) in Nebraska. OHDHE has published four refugee health status reports based on the Nebraska Refugee Needs Assessment data which can be accessed on the OHDHE website. The published reports are listed below:

- Nebraska Refugee Statewide Health Status Report
- Karen Refugee Health Status Report
- Lincoln Refugee Health Status Report
- Omaha Refugee Health Status Report

Additional reports expected to be published by 2023 based on Nebraska Refugee Needs Assessment data include:

- Somali Refugee Needs and Health Status Report
- Iraqi Refugee Needs and Health Status Report
- Sudanese Refugee Needs and Health Status Report

This report will specifically present the Nebraska Refugee Needs Assessment data findings for refugees from Bhutan.

Methodology

Project Development

In an effort to gain a deeper and more comprehensive understanding of the health needs of refugee communities in the state, the Nebraska Office of Health Disparities and Health Equity conducted its first statewide Refugee Needs Assessment Survey in 2017.

Mixed Method Design

An exploratory sequential design approach was used in this project. The quantitative phase of data collection and analysis follows the qualitative phase of data collection and analysis. Qualitative research was first conducted through focus groups and task force meetings with refugee communities and partner organizations. These focus groups and task force meetings served to address survey strategies, including training and other logistics issues, and were fundamental to the creation of the statewide quantitative needs assessment. In the quantitative phase of data collection , We used proportional stratified random sampling method, which involved taking random samples from stratified groups, in proportion to the refugee population.

Based on the Nebraska 2007-2016 Refugee Resettlement data, the needs assessment primarily targeted the top five refugee populations from Burma, Bhutan, Iraq, Somalia, and Sudan. This report will focus exclusively on refugees from Bhutan.

Survey Design

Combining the findings of the focus group discussions and task force meetings, the Nebraska Refugee Behavioral Risk Factor Surveillance System Questionnaire was developed, consisting of 123 questions.

Eligibility Questions

At the beginning of the survey, participants were asked three eligibility questions. The first two questions were designed to ensure that each participant was at least 18 years of age and had come to the United States as a refugee. The third question was added to confirm that the participant was not a second-generation refugee or born in the United States.

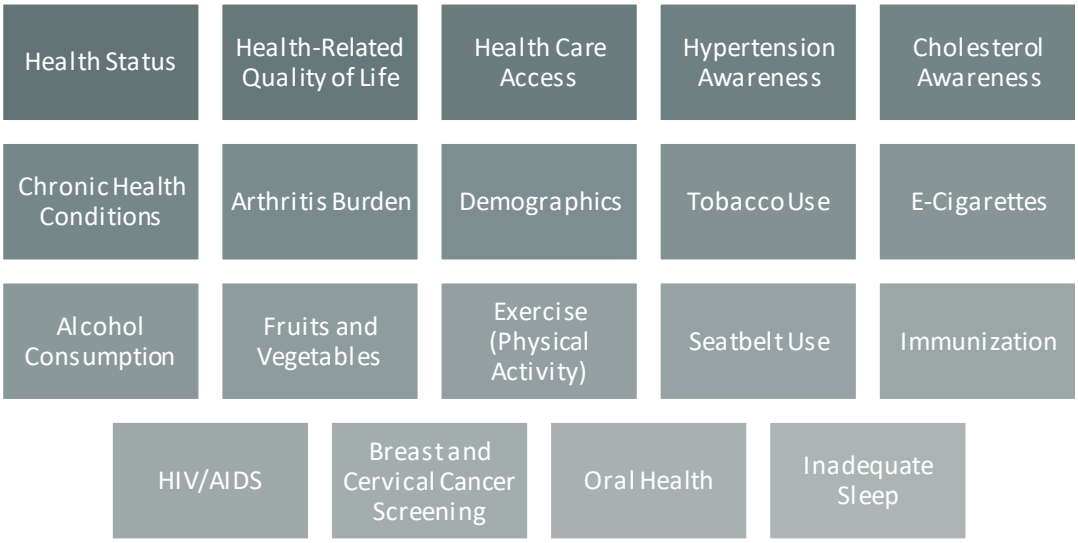
State-Added Questions

The next section included 19 state-added questions. These questions were chosen and composed after discussions between the Office of Health Disparities and Health Equity and partner organizations during focus groups and task force meetings. Many of these questions are refugee-specific demographic questions aimed at gathering detailed information about each participant, such as their home country, native language, and English level. Other questions focused on overall needs and challenges and navigating the health care system.

Core Questions

The majority of the questions in the survey were standardized questions from the Nebraska Behavioral Risk Factor Surveillance System (BRFSS). The Nebraska BRFSS has been conducting surveys annually since 1986 in order to collect data on the prevalence of major health risk factors among adults residing in the state. This surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three of the U.S. territories. Information gathered through the BRFSS can be used to target health education and risk reduction activities in order to lower rates of premature death and disability. Of the survey questions, 101 questions came from the 2016-2017 CDC BRFSS core questions. These questions were grouped into the 19 sections shown below.

Core Question Sections



Implementation

Interviews and Training

Before conducting the interviews, more than 60 interpreters were trained by OHDHE staff in a series of 20 workshops to ensure that the survey was given in a standardized manner. The training included in-depth explanations of each assessment questions as well as method to ensure data accuracy and consistency. To overcome language barriers, all interviewers selected were translators that spoke both English and the native language of the respective refugee group which included Karen, Burmese, Chin, Nepali, Dzongka, Somali, Arabic, Dinka, Nuer, Kurdish, and Kurmanji. Each interviewer went through a couple of practice interviews before starting the assessment.

Interview Method and Quality Control

The surveys were all completed in face-to-face interviews. Participants were anonymous and informed that their answers would be kept confidential. Participants were also able to skip any question they did not want to answer and could end the interview at any time.

In order to ensure the validity and integrity of the data collected, quality control measures were put in place. These measures included selecting at least 5% of participants at random and contacting them by phone or in-person to confirm selected answers. The quality control calls were completed by a different interpreter than the individual who conducted the initial interview with the participant.

Methodology Limitations and Challenges

Surveying Nebraska's refugee populations presented unique challenges. While using a mixed methods approach and working closely with the refugee communities and interpreters helped to mitigate certain challenges, the employed methodology is still subject to limitations.

The validity of the data is always a primary concern when using questionnaires, as the information collected relies on the honesty of participants. Participants may hesitate to answer sensitive questions truthfully for a variety of reasons. Social desirability bias, or the tendency of participants to answer questions in a manner they may view as socially acceptable, can lead to skewed results. For example, in a culture where alcohol consumption is not accepted, participants may be reluctant to answer alcohol-related questions honestly.

Information also heavily relies on the participant's understanding of the questions. During training, interpreters were instructed to translate the questions as written and to not explain the questions to limit misinterpretation. While questions were written to ensure consistency, misinterpretation may still occur, in part due to cultural and linguistic differences. Additionally, even when the questions are interpreted as intended, the participants' answers rely on their ability to accurately recall information.

According to the Centers for Disease Control and Prevention, priority health concerns among many refugee populations include various infectious diseases, such as intestinal parasites and malaria.[4] These diseases are often treated overseas before the departure of refugees to their host countries. Due to this reason, and the fact that many refugees in Nebraska have already been in the country for numerous years, such diseases were not investigated in this survey.

The population sizes of certain refugee communities were not large enough to conduct a meaningful analysis. In these cases, grouping populations together helped to reach the population sizes needed to develop reliable statistics.

[4] Centers for Disease Control and Prevention. (2013). Refugee health guidelines. Retrieved from www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html

Bhutanese Ethnic Background

Geography

Bhutan is located in the Himalayan Mountains between India and China. The ethnically Nepali, Nepali-speaking Bhutanese, or *Lhotsampas* ("People of the south"), are a largely Hindu people who moved from Nepal to Bhutan.

History

The Lhotsampas lived peacefully in Bhutan until the mid-1980s when Bhutan's king and the ruling Druk majority feared that their population could overrun the majority group and dilute the traditional Buddhist culture of the Druk Bhutanese. A cultural campaign known as "One country, one people," or "Bhutanization," was initiated in Bhutan to forge a Bhutanese national identity. The policies forced the Druk dress code, religious practices, and language on all Bhutanese regardless of heritage. These adopted policies alienated the Lhotsampas by attempting to forcibly integrate them into the majority culture.

During this time, difficult requirements for proving citizenship were imposed on the Lhotsampa people. Many were unable to fulfill these requirements to prove their Bhutanese citizenship although the majority of them came from families who had been living in Bhutan for more than two centuries. Thousands of Lhotsampa people were driven out of Bhutan, as they were considered "illegal immigrants" by the government. Even those who could provide documentation were usually denied citizenship. Human rights violations were commonplace and by the early 1990s, the "One country, one people" campaign had precipitated a humanitarian emergency.

Since 1990, more than 105,000 ethnically Nepali Bhutanese refugees temporarily migrated to neighbouring Nepal, which was where their ancestors had been from, establishing in refugee camps in the east of the country.[5] However, after 15 years living in exile in Nepal, many of them have migrated to the U.S., Europe and Australia.

Language

The majority of Bhutanese refugees are bilingual. Most speak Nepali at home, but some also speak the Bhutanese language, Dzongkha. Younger members of the refugee community have also been exposed to English in the camps in Nepal. The UNHCR estimates that about 35% of refugees in Nepali camps have a functional grasp of English. Among the older refugees, those not born in camps, men speak

[5] "Issue". Bhutanese Refugees. Retrieved 9 June 2022..

more English than women. Nepali interpreters, however, were required for nearly 90% of Bhutanese refugee post-arrival medical screening examinations carried out from 2008-2011 in Texas. Among Bhutanese refugees, the literacy rate in their native language is estimated at 65%.[6]

Education

According to the 2015 data released by the Pew Research Center, the Bhutanese community has one of the lowest educational attainment level in the entire U.S. with 82% of all Bhutanese Americans 25 years old and older have a high school education or less.[7]

Religious Beliefs

Approximately 60% of the refugees in the U.S. are Hindu, 27% are Buddhists, 10% are Kirat (an indigenous animistic faith), and the remaining refugees are Christian.[8]

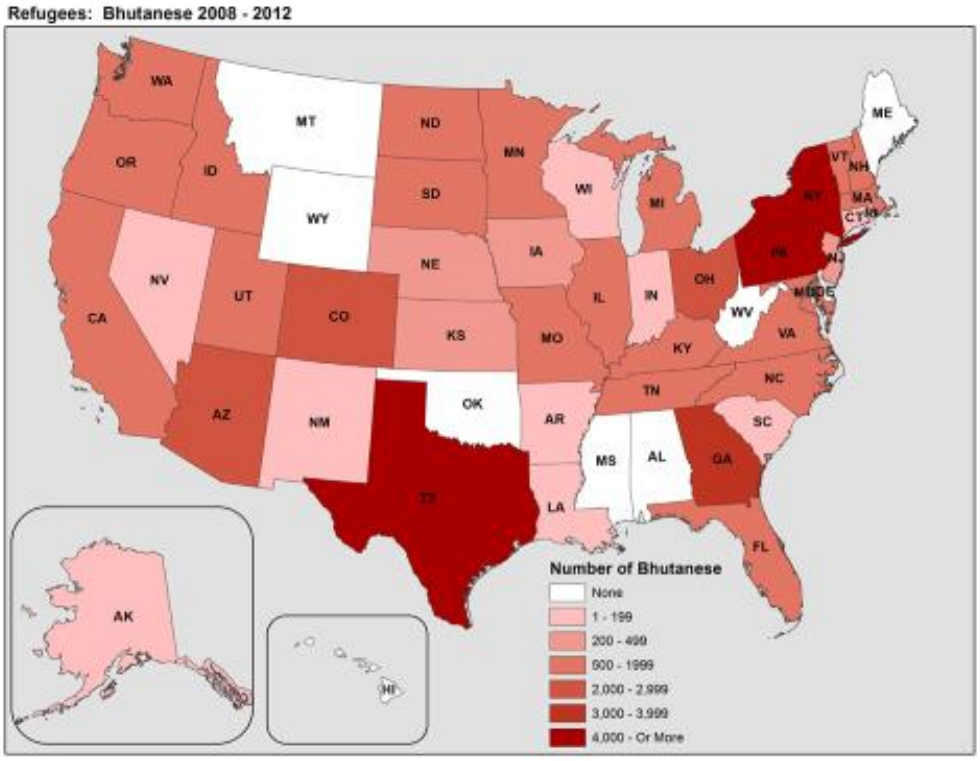
View on Health Care

Bhutanese refugees often use home remedies as first-line treatment for illness and seek outside medical advice only if their symptoms are not relieved. Traditional healers, called *dhami-jakhri*, also continue to play a role in health care for many resettled refugees. Patients may need encouragement and positive reinforcement to feel comfortable sharing their use of traditional practices with American providers.[9] Bhutanese refugees tend to seek out care in response to a serious health problem rather than seeking preventive care. The reluctance of the community to seek care unless severely ill may be amplified by the fact that refugees may not have adequate health coverage after the eight-month period of federal resettlement benefits ended, and may be unable to meet the financial costs of medical care. Health care utilization is often also impacted by gender. While many Bhutanese women have utilized prenatal care when they had access to it, they are often more willing to talk about their health concerns within their own family than to discuss them with a medical provider. Younger Bhutanese women may talk amongst themselves about gynecological problems, but they are typically will not discuss these issues with their elders, men, or medical providers.[10]

[6] Texas Department of State Health Services (2009-2011), Electronic System for Health Assesment of Refugees (eShare Database).
[7] Pew Research Center analysis of 2013-2015 American Community Survey (IPUMS).
[8] Ranard D. (2007). Bhutanese refugees in Nepal. Center for Applied Linguistics. http://www.cal.org/co/pdffiles/backgrounder_bhutanese.pdf
[9] Maxym M, et al. Nepali-speaking Bhutanese (Lhotsampa) cultural profile. 2010. http://www.ethnomed.orgexternal icon. Accessed 9 June 2022.
[10] Maxym M, et al. Nepali-speaking Bhutanese (Lhotsampa) cultural profile. 2010. http://www.ethnomed.orgexternal icon. Accessed 12 Mar 2011.

Bhutanese Refugees in the United States

From 2008 to 2011, between 5,000 and 15,000 Bhutanese refugees arrived annually in the United States. This emigration to the U.S. is due, at least in large part, to a program coordinated by the U.S. State Department and the U.N. High Commissioner for Refugees. In October 2013, the U.N. High Commissioner for Refugees estimated that around 71,000 Bhutanese refugees living in the U.S.[11]Refugees have been resettled in 41 states, with Pennsylvania, Texas, New York, and Georgia each receiving ≥ 7% of total arrivals. However, once refugees arrive in a state, they are free to relocate elsewhere, and secondary migration to join an already established Bhutanese community is common. Most (60%) Bhutanese refugees resettled inthe United States are young adults aged 15–44 years, 15% are 45–64 years old, 5% are 65 years or older, and the remainder are children under 15 years old (Figure 5).[12]



[11] "First of 60,000 refugees from Bhutan arrive in U.S. - CNN.com". Edition.cnn.com. Retrieved 9 June 2022.
[12] US Department of State, Bureau of Population, Refugees, and Migration (PRM), Worldwide Refugee Admissions Processing System (WRAPS).

Bhutanese Refugees in Nebraska

Since 2009, refugees from Bhutan have been among the largest arriving population in Nebraska. The table below shows the number of refugees arriving from Bhutan in Nebraska from 2012-2016. From 2010 to 2018, at least 100 refugees from Bhutan arrived in Nebraska yearly. The number of refugees from Bhutan peaked in 2012-2014, with 739 refugees from Bhutan arriving within those three years.

Refugee Arrivals from Bhutan in the Past 10 Years

Year of Arival	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bhutan	269	213	257	176	186	103	109	0	0	0

The chart below breaks down the arrival of refugees from Bhutan into five-year periods. From 2002-2006, no refugees from Bhutan were reported arriving in Nebraska. The rate of arrival began to annually increase in 2007-2011 with the arrival of 345 Bhutanese refugees in Nebraska. In 2007-2011, approximately one out of ten refugees arrived in Nebraska were Bhutanese. In the next five-year period, Nebraska resettled 1,101 refugees from Bhutan, which was 20% of the total number of refugees resettled in Nebraska in this period. The percentage of Bhutanese refugees arrivals in Nebraska keep growing to 18.7% by 2016.

Refugee Arrivals in Nebraska from Bhutan

Arrival Years	Number of Refugees	Total Number of Refugees	Percent of Total Arrivals
2002-2006	0	1,426	0.0%
2007-2011	345	3,514	9.8%
2012-2016	1,101	5,478	20.1%
2017-2021	212	2302	9.2%

It is important to remember that the demographic landscape of refugees in Nebraska is constantly changing. From 2002-2007, the top five refugee populations admitted into Nebraska included refugees from Vietnam and refugees from countries of the former Soviet Union and the former Yugoslavia.[13] More recently, the worldwide increase in refugees has been driven largely by the Syrian conflict. In 2016, Nebraska accepted its first refugees from the conflict and resettled 118 refugees from Syria. Though Syrian refugees are not currently one of the top five arrival groups in Nebraska, there are 5.5 million Syrian refugees worldwide.[14] The rise and fall of conflicts around the world has the potential to reshape resettlement patterns in Nebraska.

[13] Office of Refugee Resettlement. (2016). Refugee arrival data: 2002-2016.
[14] United Nations High Commissioner for Refugees. (2017). Global trends: forced displacement in 2016. Geneva: United Nations High Commissioner for Refugees.

Bhutanese Refugee Needs Assessment Key Findings

This report uses the data from the 2017 Refugee Needs Assessment to explore the health status and needs of the Bhutanese refugees in Nebraska. The following are key findings from the report and represents the 368 surveyed Bhutanese refugees in Nebraska.

Challenges and Needs

- Just under three-fourths of refugees from Bhutan (72.5%) reported that language barriers were their biggest challenge. This was by far the most commonly reported challenge.
- The second most commonly reported challenge was navigating and understanding US systems. Approximately 3 in 10 refugees from Bhutan (32.0%) reported that navigating and understanding US systems was a challenge.
- The most commonly reported urgent needs for refugees from Bhutan were healthcare at 51.5% and education at 45.7%.
- Approximately 3 out of 10 refugees from Bhutan reported interpretation to be their most urgent need while just over 11% reported their most urgent needs were financial.

Social Determinants of Health

- Over three-fourths of refugees surveyed from Bhutan (76.1%) did not completed high school.
- Approximately one-third of refugees surveyed from Bhutan (36.7%) had no education or only attended kindergarten and approximately 24% attended some elementary school or middle school.
- Approximately 20% of refugees surveyed from Bhutan reported being either unable to work or unemployed. 18.0% reported being unable to work, and 3.6% reported being unemployed.
- Refugees from Bhutan were most likely to report a household income between $20,000-$25,000 (36.6%) and $25,000-$35,000 (25.3%).
- Just under two-thirds of refugees from Bhutan surveyed reported having limited English proficiency.
- Approximately 95% of refugees from Bhutan surveyed (94.7%) reported speaking a language other than English at home.
- Approximately 73% of refugees from Bhutan (72.5%) reported being married. A similar percentage of those who reported being married was seen in both male and female refugees.

- Approximately 45% of refugees from Bhutan reported owning their home. Male refugees (47.3%) were slightly more likely than female refugees (43.5%) to own their homes.

Health Status

- Over one-fourth (27.6%) of refugees from Bhutan perceived their health status as fair or poor.
- Overall, 9.8% of refugees from Bhutan reported that their physical health was poor on 14 or more of the past 30 days. Female refugees from Bhutan (13.5%) were more than twice as likely as male refugees from Bhutan (6.3%) to report their physical health was poor on 14 or more days of the past 30 days.
- Overall, 5.7% of refugees from Bhutan reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.

Access to Health Care

- Overall, approximately 36% of refugees from Bhutan (36.1%) reported not having health care coverage.
- Approximately 30% of refugees from Bhutan (31.9%) reported not having a personal physician.
- Just under half of the refugees from Bhutan (45.1%) reported that it was very difficult to understand spoken information from health care providers.
- Just over one-third of refugees from Bhutan (34.5%) reported that it was very difficult to understand written health information in English.

Chronic Disease

- Just over 7% of refugees from Bhutan (7.4%) reported having ever been diagnosed with diabetes. The rate of female refugees from Bhutan with diabetes (8.1%) was almost 2 percentage points more than the rate of male refugees from Bhutan with diabetes (6.5%).
- Overall, 4.1% of refugees from Bhutan reported having ever been diagnosed with diabetes. Male refugees (5.4%) were almost twice as likely as female refugees (2.8%) to report having ever been diagnosed with asthma.
- Among Bhutanese refugees, 6.5%reported having ever been diagnosed with high cholesterol. Male refugees from Bhutan (7.7%) were somewhat more likely than female refugees from Bhutan (5.2%) to report having ever been diagnosed with high cholesterol.
- Approximately 17% of refugees from Bhutan (16.8%) reported having ever been diagnosed with high blood pressure.

Mental Health

- Overall, 9.8% of refugees from Bhutan reported that their mental health was poor on 14 or more of the past 30 days. Female refugees from Bhutan (13.5%) reported a higher percentage of those with poor mental health compared to male refugees (6.3%).
- Overall, 4.6% of refugees from Bhutan reported having ever been diagnosed with a depressive disorder. Male refugees (6.1%) were almost twice as likely as female refugees (3.2%) to report having ever been diagnosed with a depressive disorder.
- Just under 14% of refugees from Bhutan reported having difficulty concentrating on 10 or more days in the past two weeks. Female refugees (21.7%) were over three times as likely as male refugees (6.9%) to report having difficulty concentrating on 10 or more days in the past two weeks.

Health Behaviors

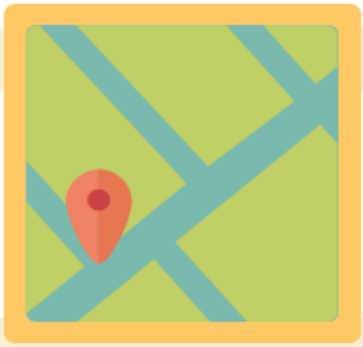
- Over half (54.6%) of refugees from Bhutan reported having had a routine checkup in the past two years.
- Just over 2% of female refugees ages 21 to 65 (2.1%) reported having had a Pap test in the past three years.
- Just under one-fifth (17.3%) of female refugees age 40 and older reported having had a mammogram in the past two years.
- Overall, only 1.7% of refugees from Bhutan reported having ever been tested for HIV. More than 3% of the male refugees from Bhutan reported ever been tested for HIV, whereas none of the female refugees reported the same.
- Among refugees from Bhutan, 41.5% reported sleeping less than seven hours daily.
- Just over 40% of refugees from Bhutan (42.3%) reported consuming fruit less than once daily.
- Approximately 66% of refugees from Bhutan (66.4%) reported consuming vegetables less than once daily.
- Overall, 9.7% of refugees from Bhutan reported being current smokers.
- Just under 7% of refugees from Bhutan reported binge drinking in the past 30 days. Male refugees (8.8%) were over two times as likely as female refugees (4.3%) to report binge drinking in the past 30 days.
- Overall, 57.1% of refugees from Bhutan were overweight or obese.

Demographics

Native Language

- Though Dzongkha is the official and national language of Bhutan, there are 19 other languages are spoken in the country.
- Approximately 98% of refugees from Bhutan reported Nepali as their native language.

Current Residence



- Approximately 98.1% of refugees from Bhutan reside in Douglas County and 0.3% reside in Sarpy County.

Age

~50% of refugees surveyed were between the age of 18 and 34.

~20% of refugees surveyed from Bhutan were between the age of 35 and 44.

~26% of refugees surveyed from Bhutan were between the age of 45 and 64.

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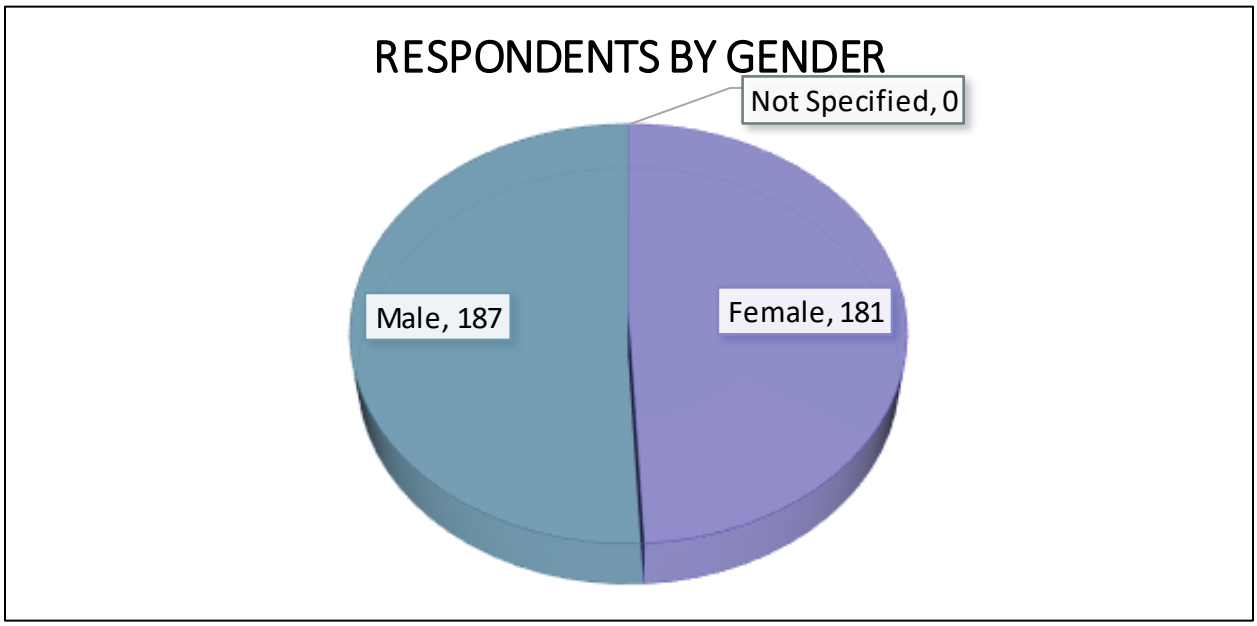
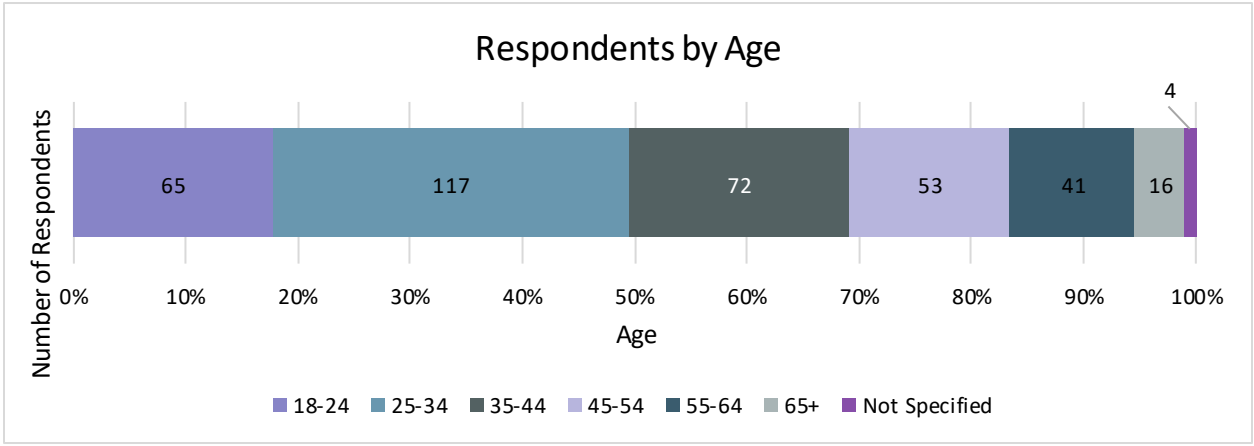
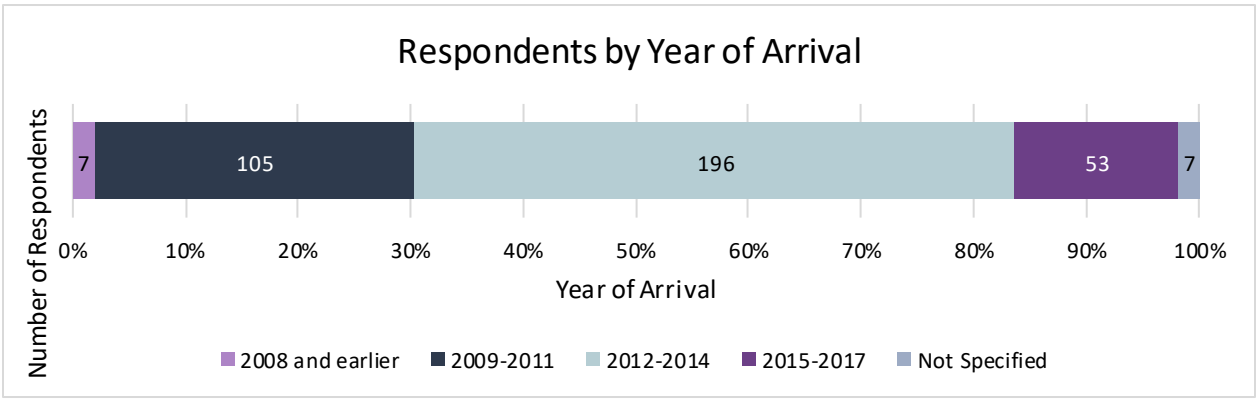
Respondents Demographics

More than 2,300 surveys were completed in Lincoln, Omaha, Grand Island, Lexington and other cities and towns across Nebraska. Among those surveys, a total of 368 surveys were completed by refugees from Bhutan. The Charts below shows the number of respondents based on gender, age group, and year of arrival.







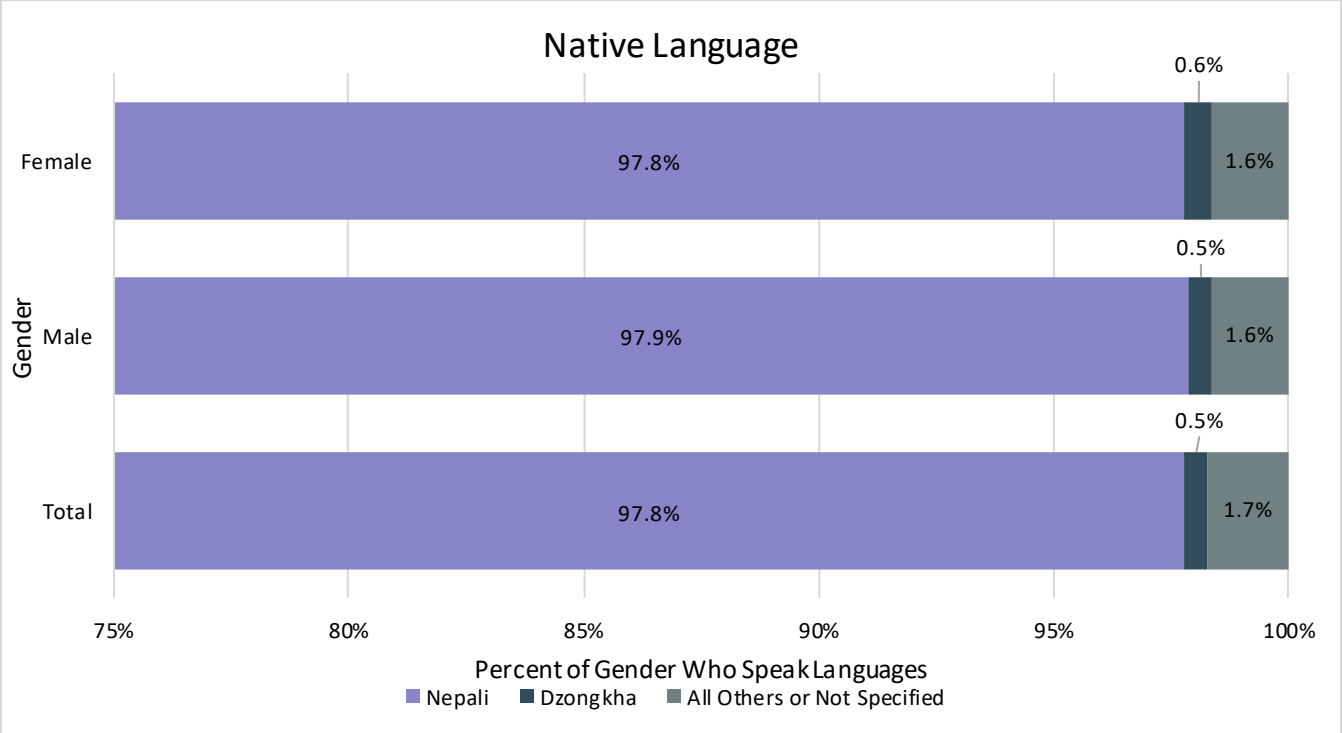
Native Language

Though Dzongkha is the official and national language of Bhutan, there are 19 other languages spoken in the country. Other languages include Tshanglakha (Sharchokpa), Lhotshamka (Nepali), Bhumthangkha, and Hindi.

Lhotshamka, also known as Nepali, is often spoken by Bhutanese living in the southern region of the country. The chart below represents the native languages of refugees from Bhutan.

Key Findings

- Approximately 98% of refugees from Bhutan reported Nepali as their native language.
- All other native languages, including Dzongkha, were reported by less than 3% of refugees surveyed.



Current Residence

By Gender

While the majority of refugees from Bhutan have settled in Douglas County (Omaha), a small percentage of Bhutanese refugees have also settled in Sarpy County (Papillion).

The table below represents the county of residence reported by refugees from Bhutan at the time of the survey.

Key Findings

- Approximately 98.1% of refugees from Bhutan reside in Douglas County and 0.3% reside in Sarpy County.
- A slightly higher percentage of Douglas County residents was seen among female refugees (98.7%) from Bhutan compared to male refugees (97.5%) from Bhutan.

County of Residence	Total	Male	Female
Douglas	98.1%	97.5%	98.7%
Sarpy	0.3%	0.6%	0.0%
Other	1.6%	1.9%	1.3%

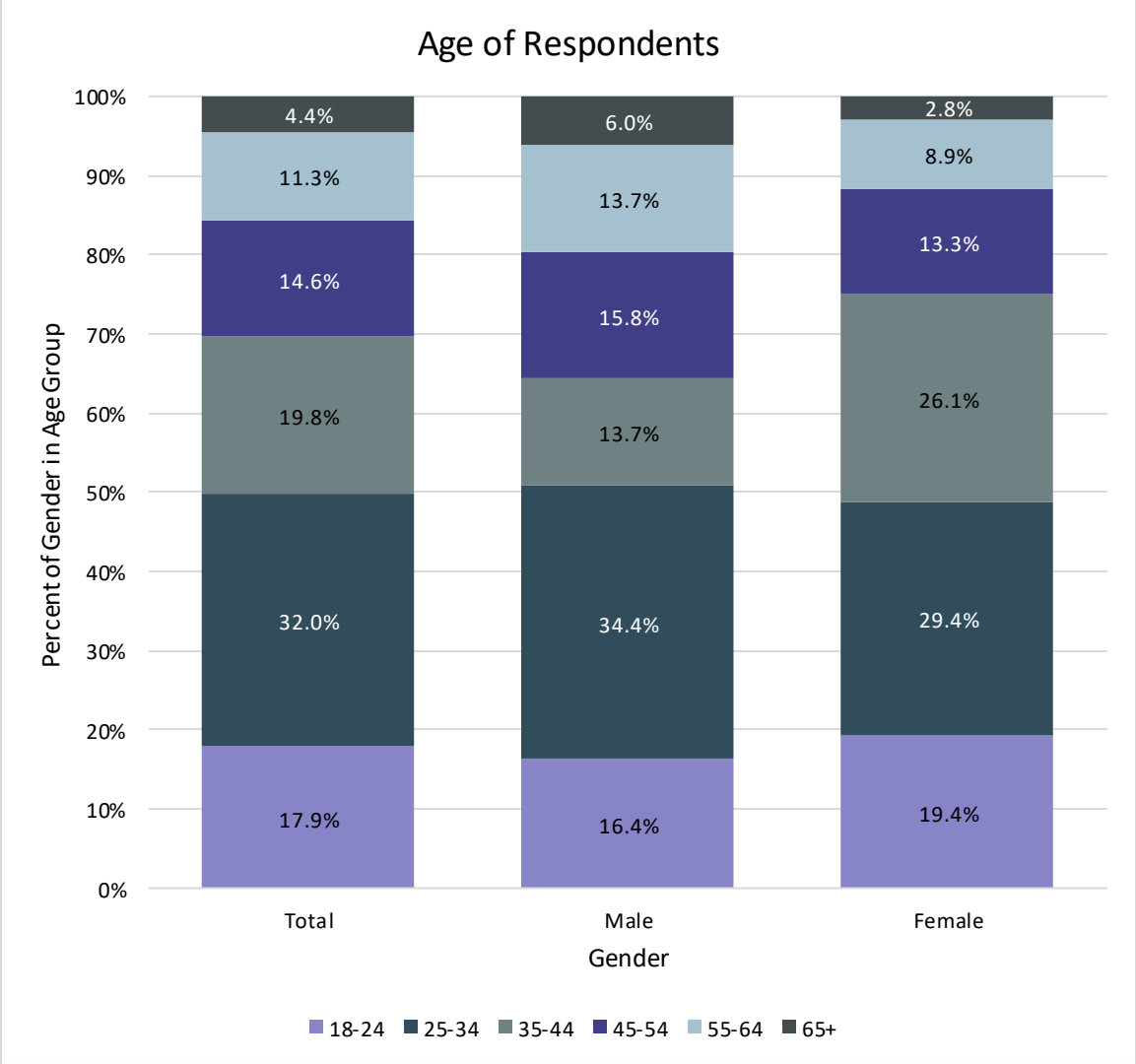
Age

By Gender

The table below represents the age of refugees from Bhutan surveyed.

Key Findings

- Approximately 50% of refugees surveyed were between the ages of 18 and 34. Of those refugees, 32% were between 25 and 34 years of age and just under 20% were between the ages of 18 and 24.
- Approximately 20% of refugees surveyed from Bhutan were between the ages of 35 and 44, and 14.6% were between the ages of 45 and 54.
- Just over 11% of refugees surveyed from Bhutan were between the ages of 55 and 64 and 4.4% were 65 years of age or older.



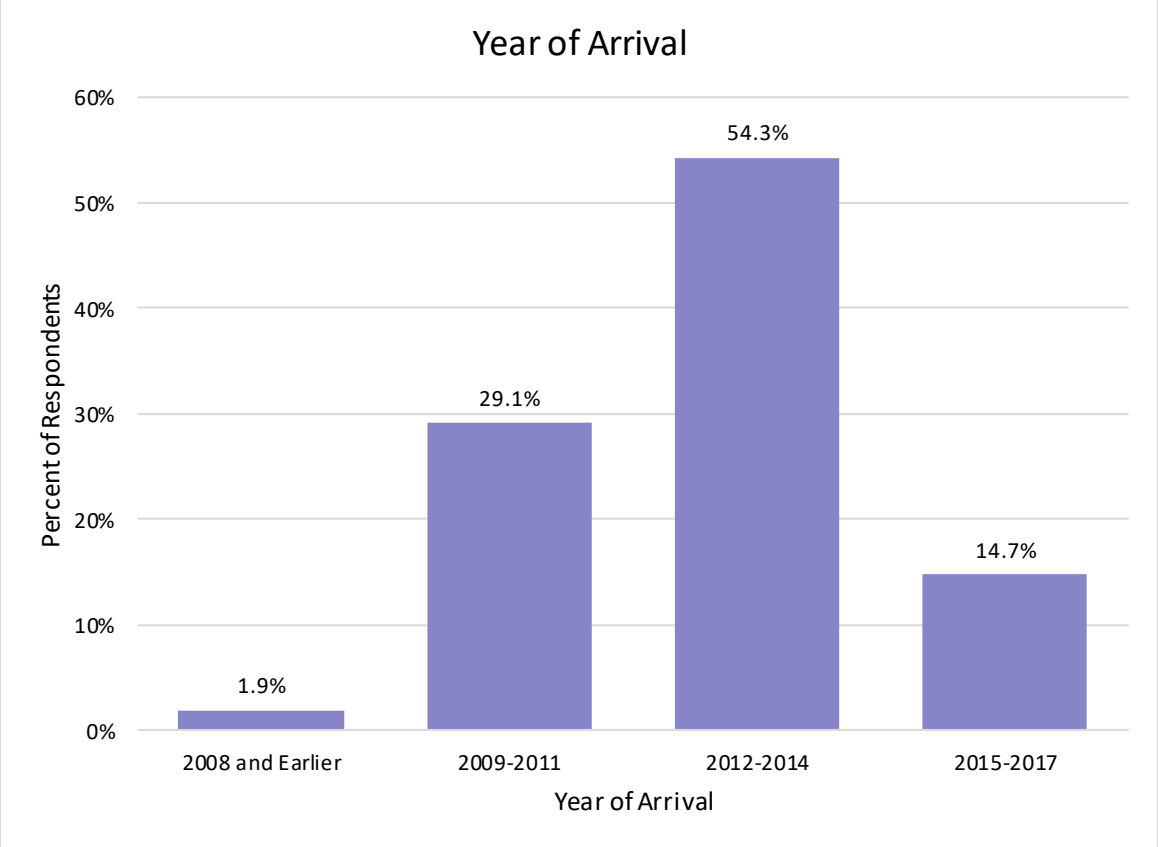
Year of Arrival

Total

The chart below represents the year in which refugees from Bhutan arrived in the United States.

Key Findings

- Approximately 2.0% of refugees surveyed from Bhutan arrived in 2008 and earlier (1.9%) and just under 15.0% arrived in 2012-2014 (14.7%).
- Just over one-half of refugees from Bhutan arrived in 2012-2014 (54.3%).
- Approximately 30.0% of refugees surveyed from Bhutan arrived in 2009-2011 (29.1%).



Challenges and Needs

Biggest Challenges

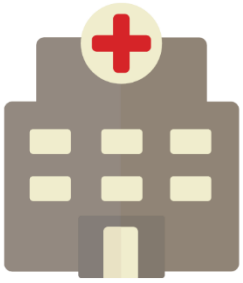
72.5% of refugees from Bhutan reported language barrier as their biggest challenge.

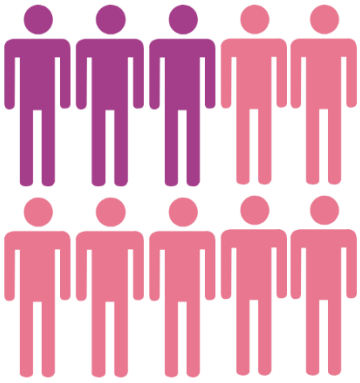
Approximately **3 in 10** refugees from Bhutan reported that navigating and understanding US systems was a challenge.

Female refugees were almost **twice more likely** than male refugees to report discrimination and oppression as their biggest challenge.

Most Urgent Needs

The most reported urgent needs reported by refugees from Bhutan was healthcare at **51.5%** and education at **45.7%**.





Approximately **3 out of 10** refugees from Bhutan reported interpretation to be their most urgent needs.

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Challenges and Needs

The following section examines the reported biggest challenges and most urgent needs of Bhutan refugees surveyed. For both questions, participants could choose more than one response and had the option of writing in any challenge or need not listed. The pre-listed responses to these questions were generated through discussions with refugee communities prior to the creation of this survey. These two questions are listed below.

What are your biggest challenges?

Language Barriers	Mental Health Issues	Discrimination and Oppression
Transportation Issues	Documentation and Bill Pay	Navigating and Understanding U.S. Systems
Access to Health Services	Other	

What are your most urgent needs?

Financial	Social Support	Education	Work
Housing	Food	Healthcare	Legal
Interpretation	Other		

The question regarding biggest challenges focuses on hurdles in everyday life, including language barriers, having access to transportation, and other issues that may prevent refugees from thriving in Nebraska. The second question, which asks specifically about most urgent needs, identifies those areas where refugees feel they need the most immediate support, such as education, employment, or housing.

The responses to these questions, presented in the following pages, are important to understanding the situation of Bhutanese refugees in Nebraska on a broader level. Identifying and examining Bhutanese refugees' biggest challenges and most urgent needs will help to ensure that future projects and support intended for the Bhutanese community are relevant and successful. To this end, it is also important to consider the differences in responses depending upon the date of entry into the United States. While there are clear trends among the overall Bhutanese population, these variances are integral to understanding specific populations.

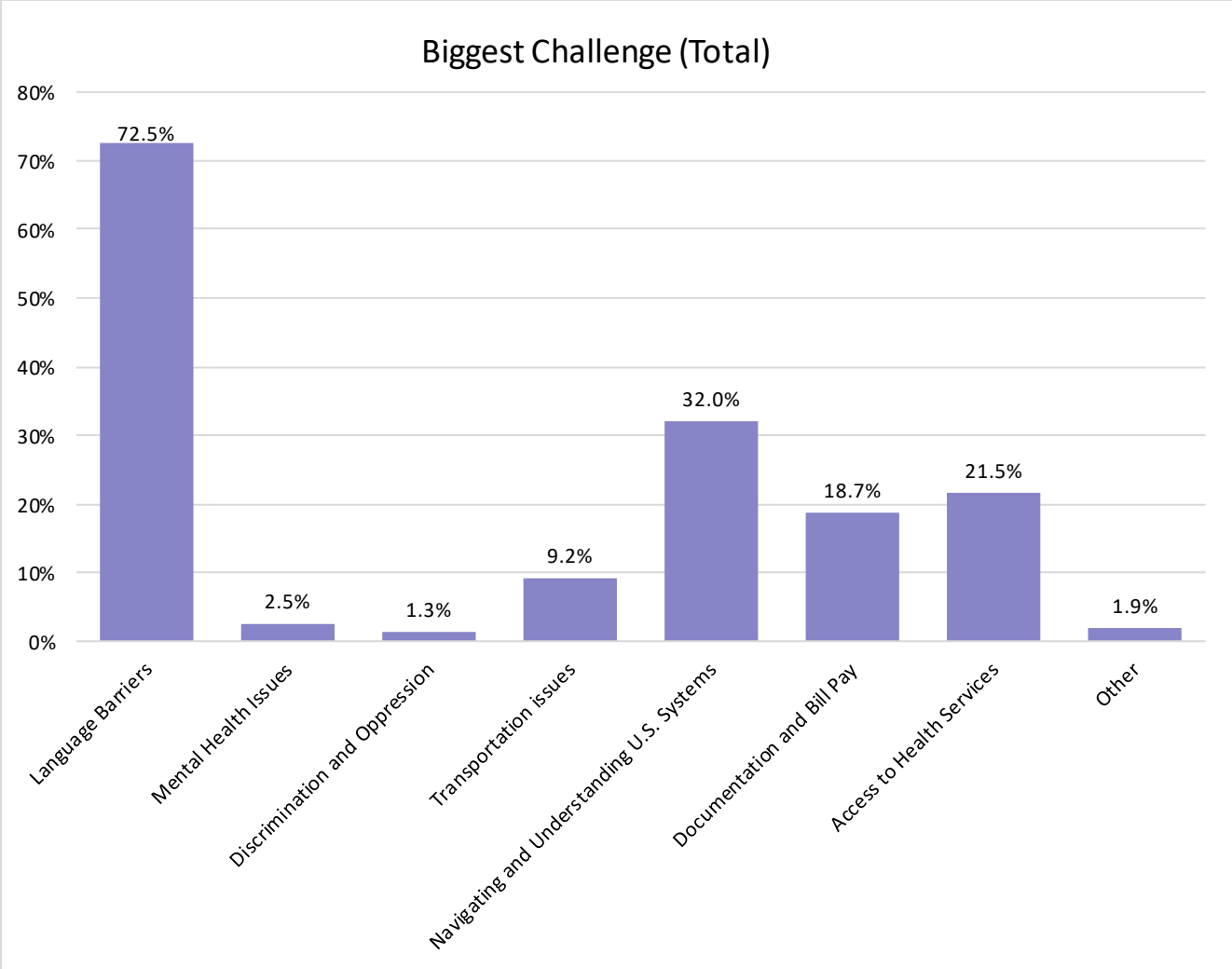
Biggest Challenges

Total

The chart below represents the biggest challenges reported by refugees from Bhutan.

Key Findings

- Just under three-fourths of refugees from Bhutan (72.5%) reported that language barriers were their biggest challenge. This was by far the most commonly reported challenge.
- The second most commonly reported challenge was navigating and understanding US systems. Approximately 3 in 10 refugees from Bhutan (32.0%) reported that navigating and understanding US systems was a challenge.
- Access to health services (21.5%) and documentation and bill pay (18.7%) were the next most commonly reported challenges by Bhutanese refugees.



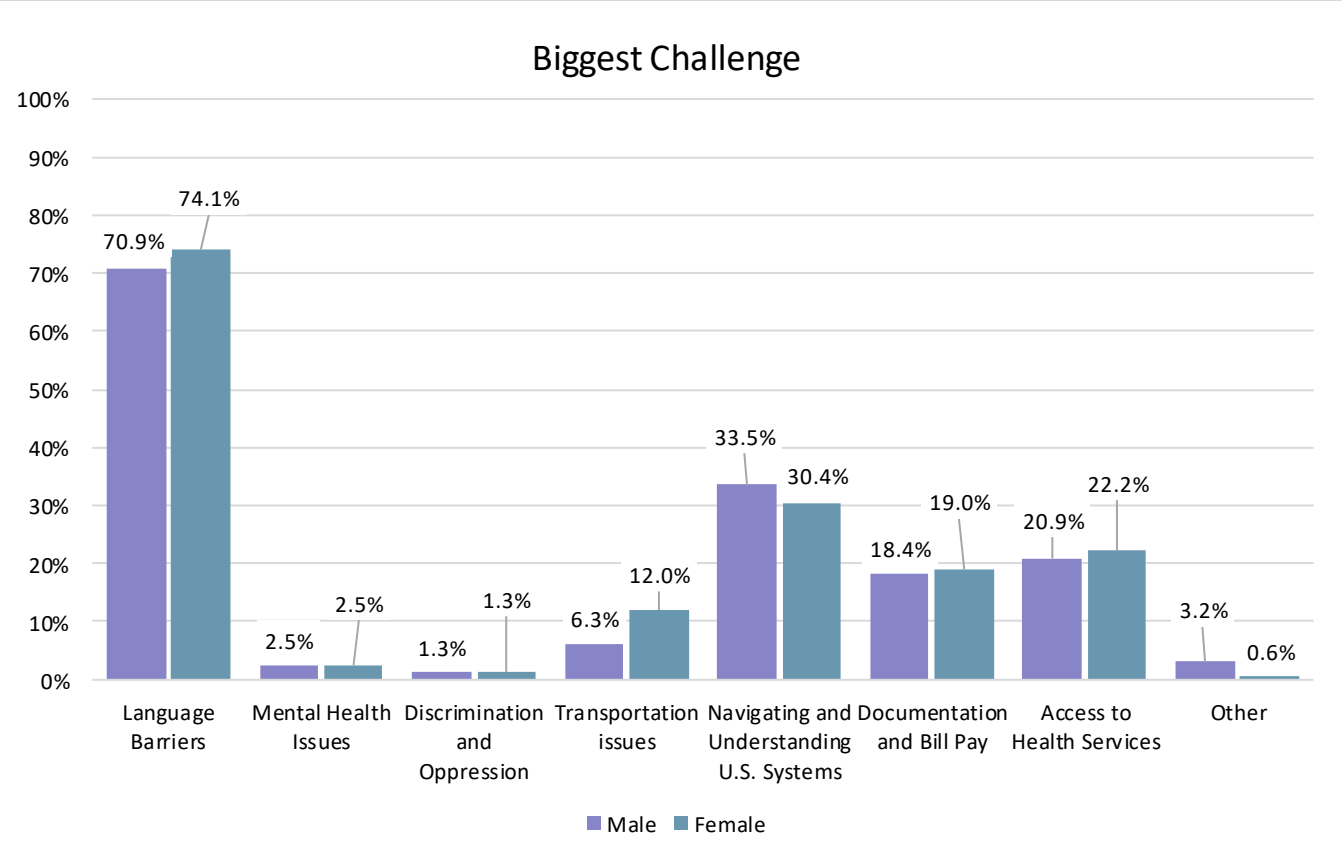
Biggest Challenges

By Gender

The below chart represents the biggest challenges reported by refugees from Bhutan.

Key Findings

- The biggest challenges reported by refugees from Bhutan were somewhat similar among males and females. The most reported challenge among both males (70.9%) and females (74.1%) was language barriers.
- Male refugees from Bhutan (33.5%) were slightly more likely than female refugees from Bhutan (30.4%) to report navigating and understanding US Systems as their biggest challenge.
- Female refugees (12.0%) were almost twice as likely as male refugees (6.3%) to report discrimination and oppression as their biggest challenge.



Biggest Challenge

By Year of Arrival

The tables below represent the biggest challenges reported by refugees from Bhutan.

Key Findings

- The most commonly reported challenge by each arrival group was language barriers. The refugee group from Bhutan with the longest stay (2008 & earlier) was most likely to report language barriers as their biggest challenge at 85.7%.
- Every refugee arrival group had navigating and understanding US systems as the second-most reported biggest challenge, with the most recently arrived refugees (2015-2017) reporting the highest percentage at 43.1%.
- Refugees who arrived in 2008 and earlier only reported language barriers (85.7%) and navigating and understanding US systems (14.3%) as their biggest challenges.

2008 and Earlier: Top Five Biggest Challenges			2009-2011: Top Five Biggest Challenges		
Rank	Biggest Challenge	Percent	Rank	Biggest Challenge	Percent
1	Language Barriers	85.7%	1	Language Barriers	66.7%
2	Navigating and Understanding US Systems	14.3%	2	Navigating and Understanding US Systems	23.6%
			3	Documentation and Bill Pay	18.1%
			4	Access to Health Services	16.7%
			5	Transportation Issues Mental Health Issues	2.8% 2.8%

2012-2014: Top Five Biggest Challenges			2015-2017: Top Five Biggest Challenges		
Rank	Biggest Challenge	Percent	Rank	Biggest Challenge	Percent
1	Language Barriers	72.4%	1	Language Barriers	74.5%
2	Navigating and Understanding US Systems	33.7%	2	Navigating and Understanding US Systems	43.1%
3	Access to Health Services	22.1%	3	Documentation and Bill Pay	31.4%
4	Documentation and Bill Pay	16.0%	4	Access to Health Services	29.4%
5	Transportation Issues	9.9%	5	Transportation Issues	15.7%

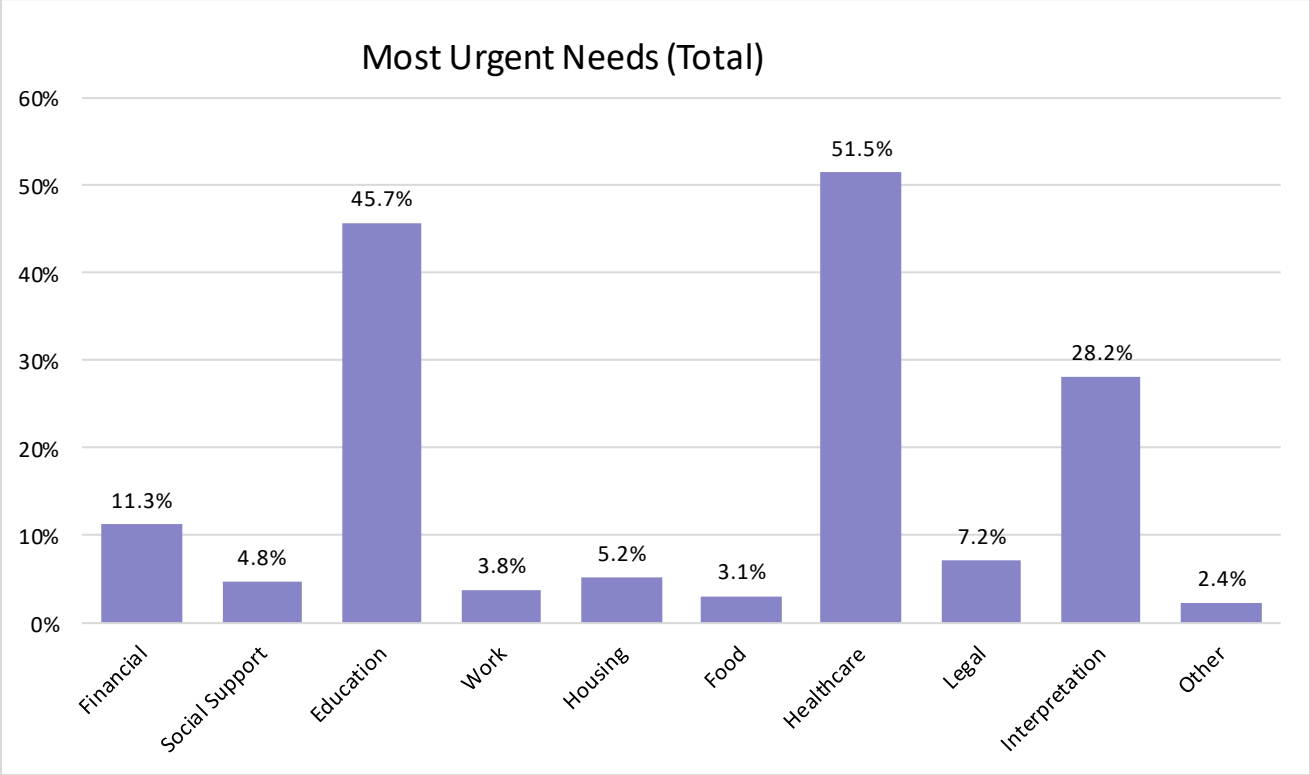
Most Urgent Needs

Total

The chart below represents the most urgent needs reported by refugees from Bhutan.

Key Findings

- The most commonly reported urgent needs for refugees from Bhutan were healthcare at 51.5% and education at 45.7%.
- Approximately 3 out of 10 refugees from Bhutan reported interpretation to be their most urgent need while just over 11% reported financial as their most urgent need.
- Food was the least reported most urgent need for refugees from Bhutan at 3.1%.



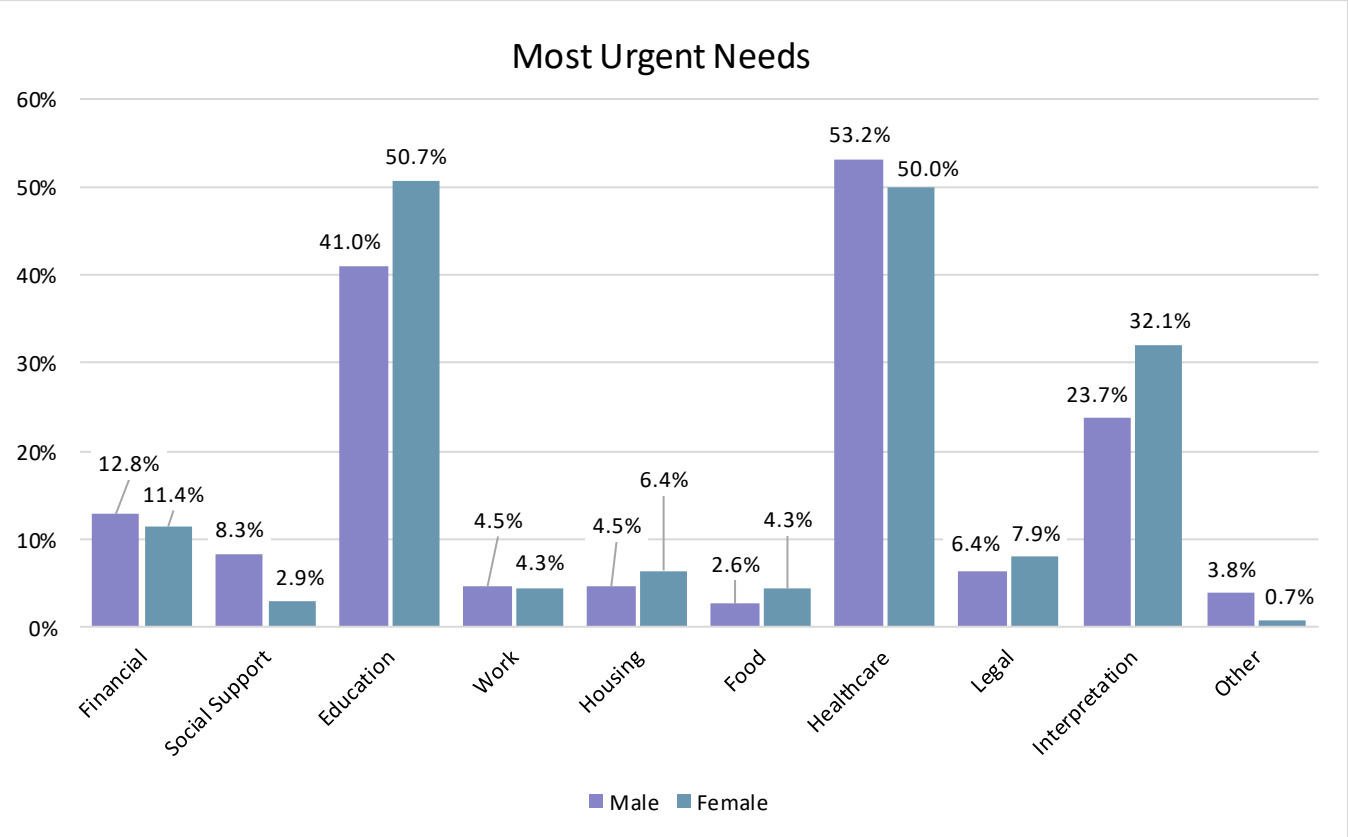
Most Urgent Needs

By Gender

The chart below represents the most urgent needs reported by refugees from Bhutan.

Key Findings

- Male refugees from Bhutan (53.2%) were slightly more likely than female refugees from Bhutan (50.0%) to report health care as their most urgent need.
- Female refugees from Bhutan (50.7%) had a higher percentage of those who reported education as their most urgent need compared to male refugees from Bhutan (41.0%). A similar gap (approximately 10%) was seen among female (32.1%) and male (23.7%) refugees who reported interpretation as their most urgent need.



Most Urgent Needs

By Year of Arrival

The chart below represents the most urgent needs reported by refugees from Bhutan.

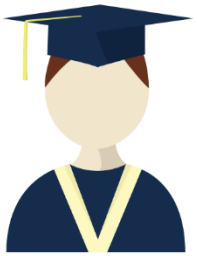
Key Findings

- Education and health care were reported the most by each arrival group as most urgent needs. Bhutanese refugees who arrived in 2008 and earlier and 2012-2014 reported education as their most urgent need, whereas those who arrived in 2009-2011 and 2015-2017 reported healthcare as their most urgent need.
- Bhutanese refugees who arrived in 2015-2017 reported interpretation as their second most urgent need at more than 50%, whereas other arrival groups reported interpretation as their third most urgent need.
- Financial, social support, and legal needs were also among the top five most urgent needs reported by each Bhutanese refugee arrival group.

2008 and Earlier: Top Five Most Urgent Needs			2009-2011: Top Five Most Urgent Needs		
Rank	Need	Percent	Rank	Need	Percent
1	Education	66.7%	1	Healthcare	50.0%
2	Healthcare	50.0%	2	Education	28.6%
3	Interpretation	16.7%	3	Interpretation	12.9%
4	Other	16.7%	4	Financial	8.6%
			5	Social Support	8.6%

2012-2014: Top Five Most Urgent Needs			2015-2017: Top Five Most Urgent Needs		
Rank	Need	Percent	Rank	Need	Percent
1	Education	49.4%	1	Healthcare	63.8%
2	Healthcare	48.8%	2	Education	55.3%
3	Interpretation	29.8%	3	Interpretation	46.8%
4	Financial	10.1%	4	Financial	21.3%
5	Legal	7.7%	5	Social Support	14.9%

Social Determinants of Health



Over 75% of refugees from Bhutan did not graduate high school.

Just under 50% of the refugees from Bhutan own a house they call home.

Almost 80% of refugees from Bhutan earned less than $35,000 annually.

Approximately 95% of Bhutanese refugees did not speak English at home.

How do social indicators affect health?

The conditions where individuals live, work and learn can have a large and lasting effect on health. For example, poverty can limit an individual's access to healthy food options, and education and stable housing have long been linked to better health. Understanding these social determinants of health and how they affect certain populations is important to improving health outcomes for all groups.

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Educational Attainment

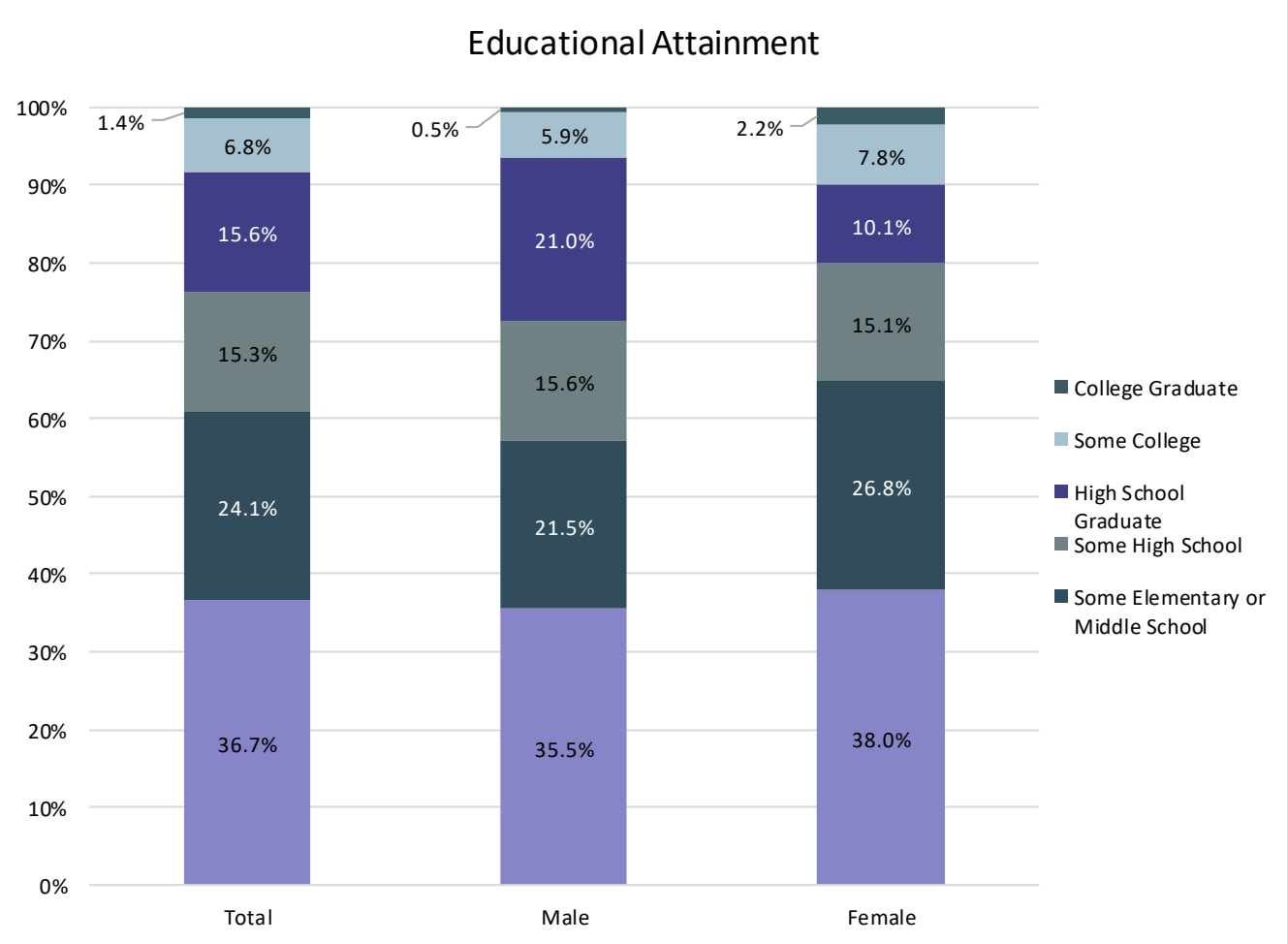
By Gender

Education has long been positively associated with health. Individuals with higher educational attainment live longer and are generally healthier than are those with fewer years of schooling.[15]

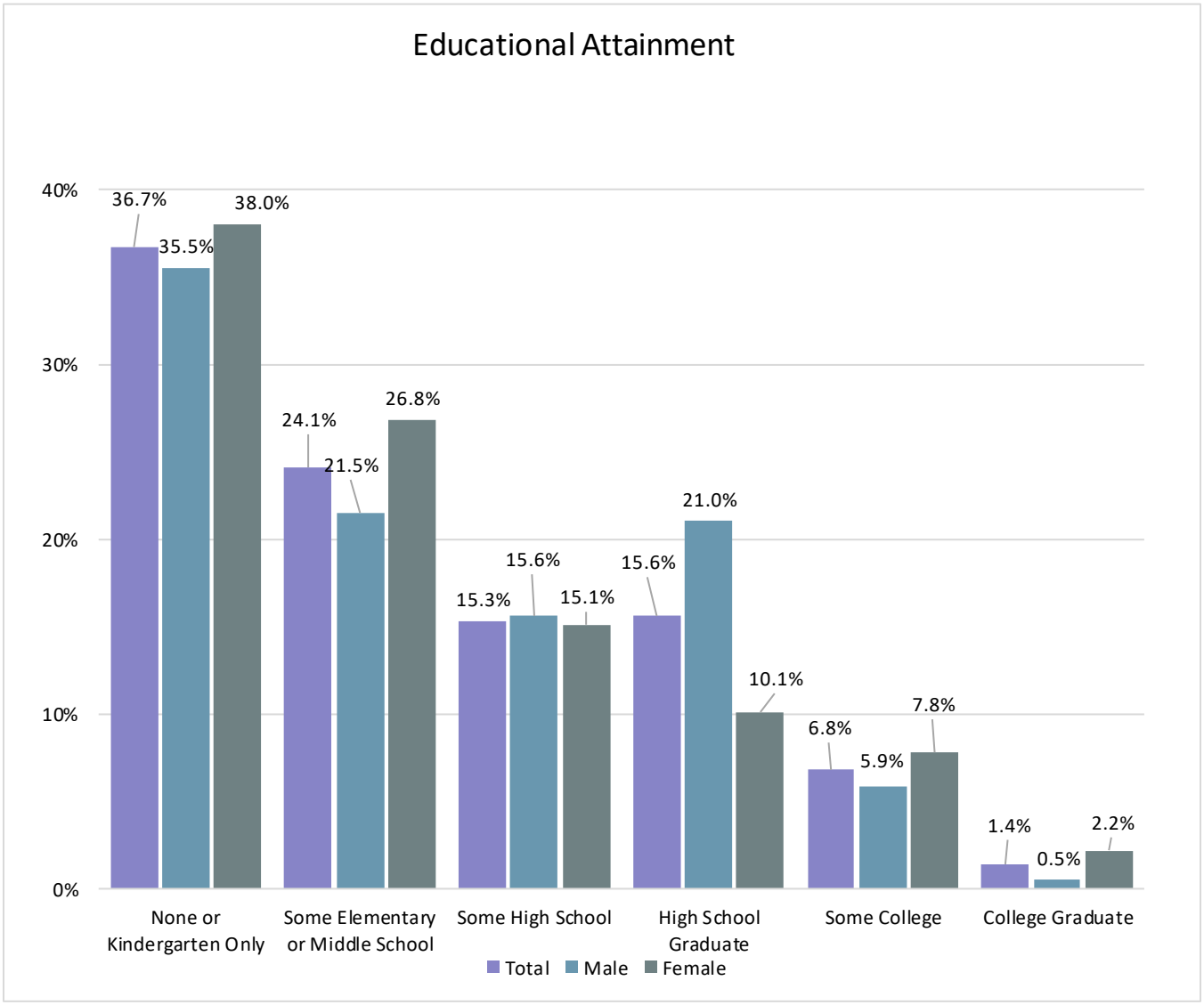
The chart below represents the educational attainment of refugees from Bhutan.

Key Findings

- Over three-fourths of refugees surveyed from Bhutan did not completed high school.
- Approximately one-third of refugees surveyed from Bhutan had no education or only attended kindergarten and approximately 24% attended some elementary school or middle school.
- Although the percentage of those who attended and graduated high school was higher among male refugees, the percentage of those who attended or graduated college was higher among female refugees.



[15] Zajacova, A., & Lawrence, E. M. (2018). The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. Annual review of public health, 39, 273–289. https://doi.org/10.1146/annurev-publhealth-031816-044628


Educational Attainment
40%
30%
20%
10%
0%
36.7%
35.5%
38.0%
24.1%
21.5%
26.8%
15.3%
15.6%
15.1%
15.6%
21.0%
10.1%
6.8%
5.9%
7.8%
1.4%
0.5%
2.2%
None or Kindergarten Only
Some Elementary or Middle School
Some High School
High School Graduate
Some College
College Graduate
Total
Male
Female

Employment Status

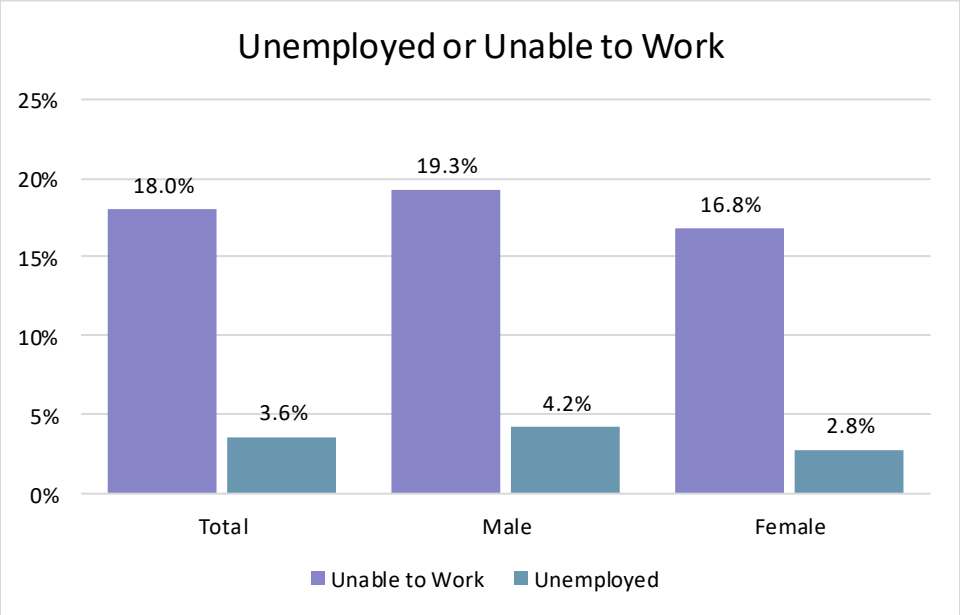
By Gender

A secure job that pays well makes affording health care and maintaining a healthy lifestyle easier. In contrast, unemployed individuals are more likely to lack funds for health services and to be diagnosed with depression or develop a stress-related condition.[16]

The chart below represents the employment status of refugees from Bhutan.

Key Findings

- Approximately 20% of refugees surveyed from Bhutan reported being either unable to work or unemployed. 18.0% reported being unable to work, and 3.6% reported being unemployed.
- Male refugees (19.3%) were slightly more likely than female refugees (16.8%) to report being unable to work and unemployed.
- Female refugees from Bhutan were 6 times more likely than their male counterparts to report being unable to work (16.8%) rather than to be unemployed (2.8%). Male refugees from Bhutan also reported a higher percentage ofbeing unable to work (19.3%) rather than unemployed (4.2%).



[16] Jin, R.L., Shah, C.P., & Svoboda, T.J. (1995). The impact of unemployment on health: a review of the evidence. *Canadian Medical Association Journal, (153)*5, 529-540.

Household Income

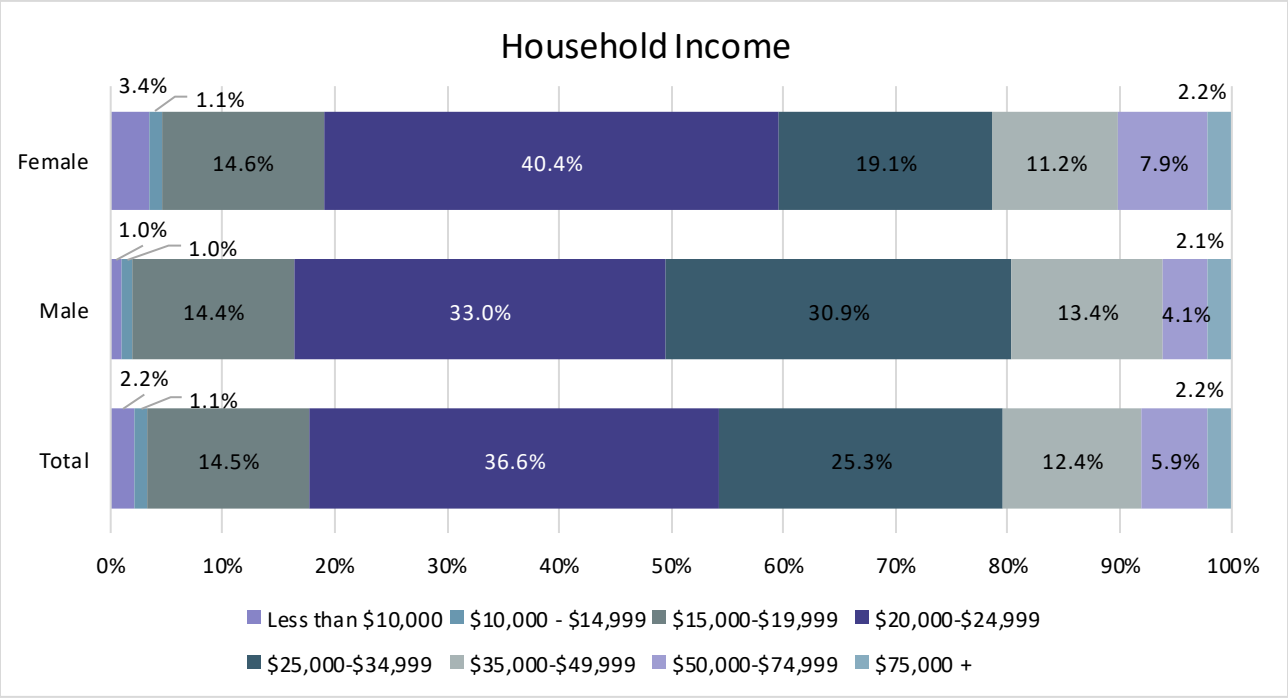
By Gender

The link between income and health is complex, but it is clear that higher income is positively correlated with lower rates of death and disease.[17] Those with higher incomes are often more likely to live in better areas and to be able to purchase healthier groceries, while those with lower incomes are often faced with limited funds to spend on health care needs.

The table below represents the household income of refugees from Bhutan.

Key Findings

- Refugees from Bhutan were most likely to report a household income between $20,000-$25,000 (36.6%) and $25,000-$35,000 (25.3%).
- Just over 2% of refugees surveyed from Bhutan (2.2%) reported a household income of less than $10,000. Female refugees (3.4%) were more likely than male refugees (1.0%) to report a household income of less than $10,000.
- Female refugees (19.1%) were slightly more likely than male refugees (16.4%) to report a household income of less than $20,000.
- Only 8.1% of refugees from Bhutan reported a household income of $50,000 or more.



[17] National Center for Health Statistics. (2012). Health, United States, 2011: with special feature on socioeconomic status and health. Retrieved from www.cdc.gov/nchs/data/hus/hus11.pdf

Limited English Proficiency

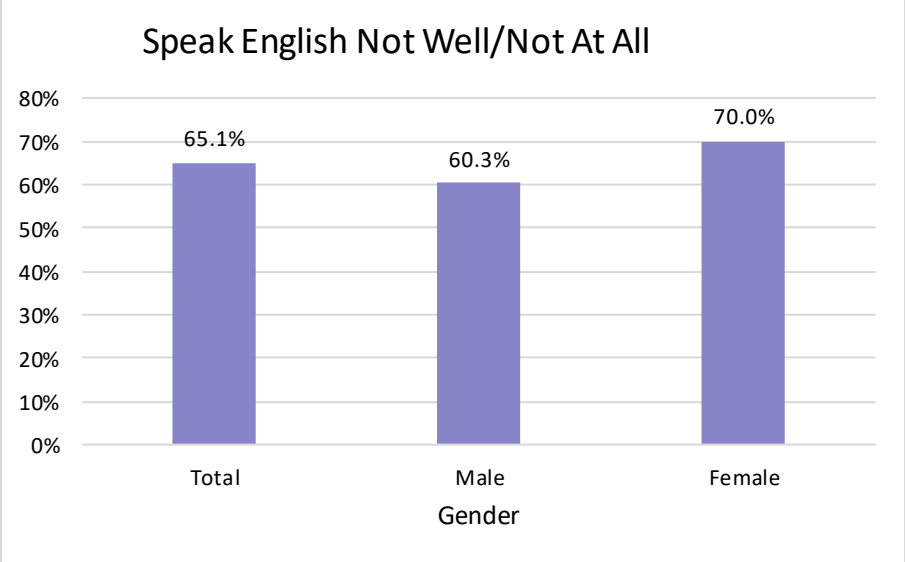
By Gender

In Nebraska, English language knowledge is often essential in navigating the health care system. Research has shown that those with limited English proficiency are more likely to have difficulty understanding medical situations, more likely to have more trouble understanding labels, and more likely to have adverse reactions to medications.[18]

The chart below represents the proportion of refugees with limited English proficiency. Refugees considered to have limited English proficiency are those who reported speaking English "not well" or "not at all".

Key Findings

- Just under two-thirds of refugees from Bhutan surveyed reported having limited English proficiency.
- Female refugees (70.0%) were slightly more likely than male refugees (60.3%) to report having limited English proficiency.



[18] Wilson, E., Chen, A.H., Grumbach, K., Wang, F., & Fernandez, A. (2005). Effects of limited English proficiency and physician language on health care comprehension. *Journal of General Internal Medicine, 20*, 800–806.

English Not Spoken at Home

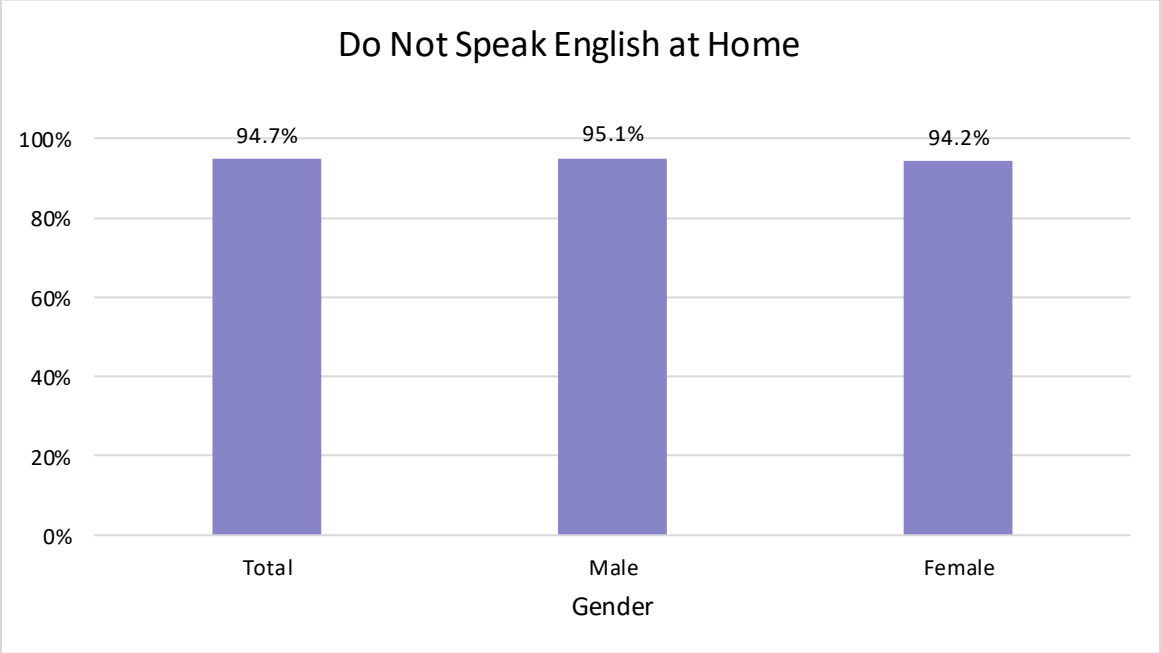
By Gender

Language spoken at home can be a useful indicator when evaluating health care needs. While this indicator is not an accurate measure of English proficiency, research has shown that children and adults from non-English primary language homes report lower health outcomes in several areas.[19]

The chart below represents the percentage of refugees from Bhutan who reported speaking a language other than English at home.

Key Findings

- Approximately 95% of refugees from Bhutan surveyed (94.7%) reported speaking a language other than English at home.
- Male refugees (95.1%) were slightly more likely than female refugees (94.2%) to report speaking a language other than English at home.



[19] Lau, M., Lin, H., & Flores, G. (2012). Primary language spoken at home and disparities in the health and healthcare of US adolescents. *Diversity and Equality in Healthcare, 9, 267-80.*

Marital Status

By Gender

Marital status and changes in marital status can have implications for an individual's health. Evidence has shown that, in general, married individuals are in better health and have lower mortality risks than those who are single. Additionally, children of married parents tend to be healthier.[20]

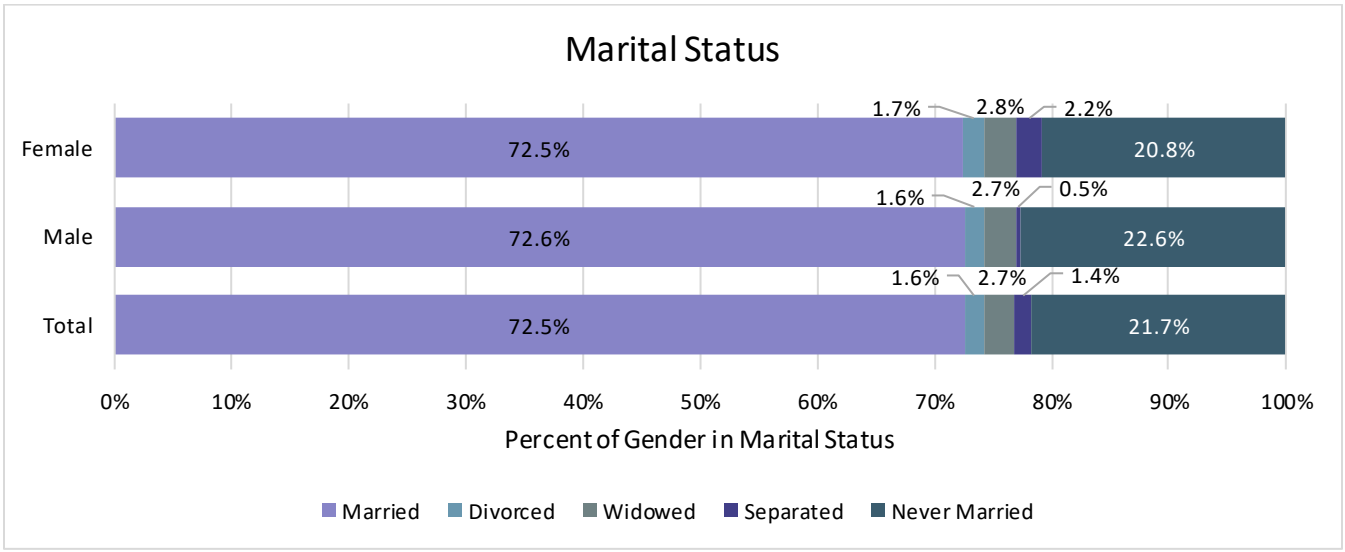
The table below represents the marital status of refugees from Bhutan.

Key Findings

- Approximately 73% of refugees from Bhutan (72.5%) reported being married. A similar percentage of those who reported being married was seen in both male and female refugees.
- Three percent of Bhutanese refugees reported being divorced or separated. Female refugees (2.2%) were noticeably more likely than male refugees (0.5%) to report being separated.
- Approximately 3% of Bhutanese refugees (2.7%) reported being widowed. Little difference was seen among female refugees (2.8%) and male refugees (2.7%) who reported being widowed.
- Approximately 22% of refugees from Bhutan (21.7%) reported having never been married. Male refugees (22.6%) were slightly more likely than female refugees (20.8%) to report having never been married.

	Married	Divorced	Widowed	Separated	Never Married
Total	72.5%	1.6%	2.7%	1.4%	21.7%
Male	72.6%	1.6%	2.7%	0.5%	22.6%
Female	72.5%	1.7%	2.8%	2.2%	20.8%

[20] Gallagher, M. & Waite, L. (2000) The case for marriage: why married people are happier, healthier, and better off financially. New York, NY: Broadway Books.


Marital Status
Female
Male
Total
72.5%
1.7%
2.8%
2.2%
20.8%
72.6%
1.6%
2.7%
0.5%
22.6%
72.5%
1.6%
2.7%
1.4%
21.7%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of Gender in Marital Status
Married
Divorced
Widowed
Separated
Never Married

Home Ownership

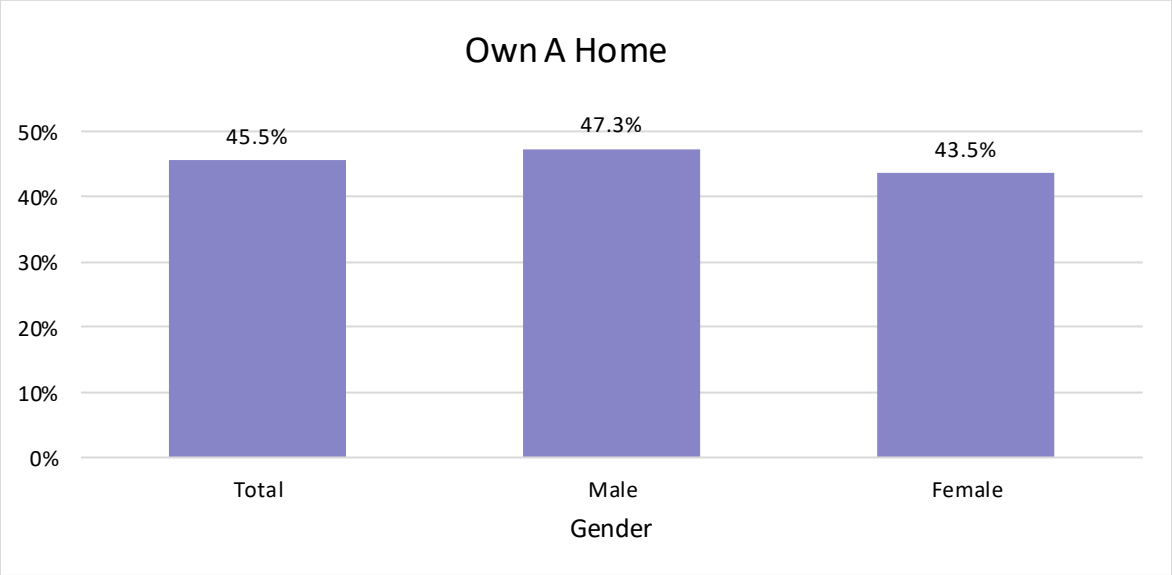
By Gender

Homeownership has been positively linked to physical and mental health. Studies have also found that the children of homeowners are more likely to perform better at school and have fewer behavioral problems.[21]

The below table represents the proportion of refugees from Bhutan who own their homes.

Key Findings

- Approximately 45% of refugees from Bhutan (45.5%) reported owning their home.
- Male refugees (47.3%) were slightly more likely than male refugees (43.5%) to own their homes.

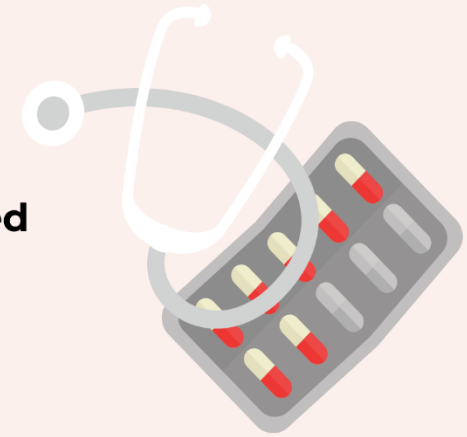


[21] Dietz, R. (2003). *The social consequences of homeownership.* Columbus, OH: Homeownership Alliance.

Health Status

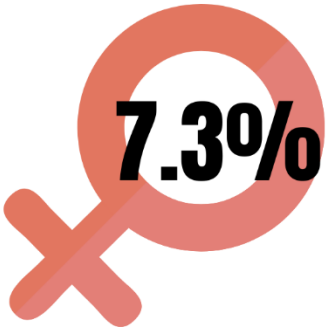
Almost 10% of refugees from Bhutan had poor physical health on at least 14 days in the past month.

Over 25% of Bhutanese refugees perceived their health status as fair or poor.



Activity Limitations

Female refugees were more likely to experience activity limitation due to poor physical or mental health compared to male refugees.



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Perceived Health Status

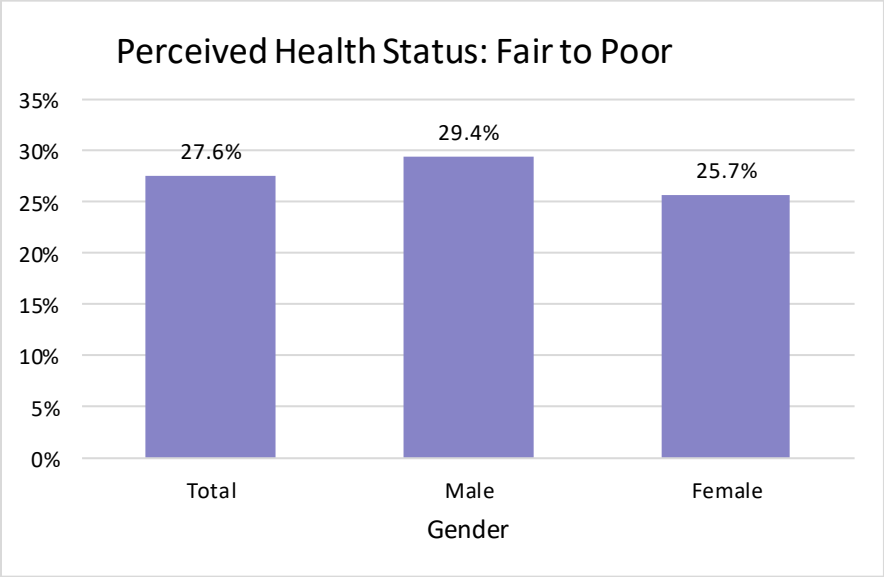
By Gender

Perceived health status measures how an individual views his or her health – excellent, very good, good, fair, or poor. Individuals who are poor or uninsured are more likely to report being in fair or poor health and have higher rates of hospitalization and mortality compared to those who report excellent or good health.[22]

The chart below represents the proportion of refugees from Bhutan who considered their health to be *fair* or *poor*.

Key Findings

- Over one-fourth (27.6%) of refugees from Bhutan perceived their health status as fair or poor.
- Approximately a quarter of female refugees (25.7%) reported their health status as fair or poor, compared to 29.4% of male refugees.



[22] United States Office of Disease Prevention and Health Promotion. (2016). General health status. Retrieved from www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status

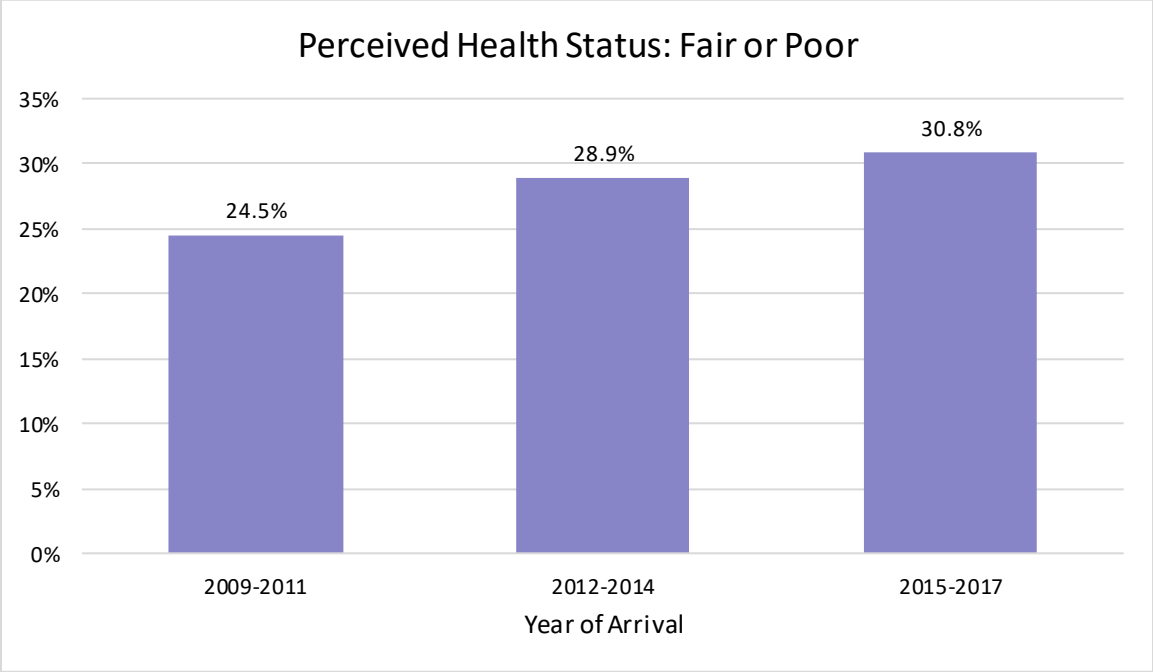
Perceived Health Status

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who considered their health to be *fair* or *poor*.

Key Findings

- The percentage of refugees from Bhutan who described their health status as fair or poor declined with the length of stay in the United States.
- The most recently arrived refugees reported the highest percentage of those who perceived their health status as fair or poor at 30.8%.
- Just under 30% of Bhutanese refugees who arrived in 2012-2014 (28.9%) perceived their health status as fair or poor.
- Approximately one-quarter of refugees who arrived in 2009-2011 (24.5%) reported fair or poor as the perceived health status.



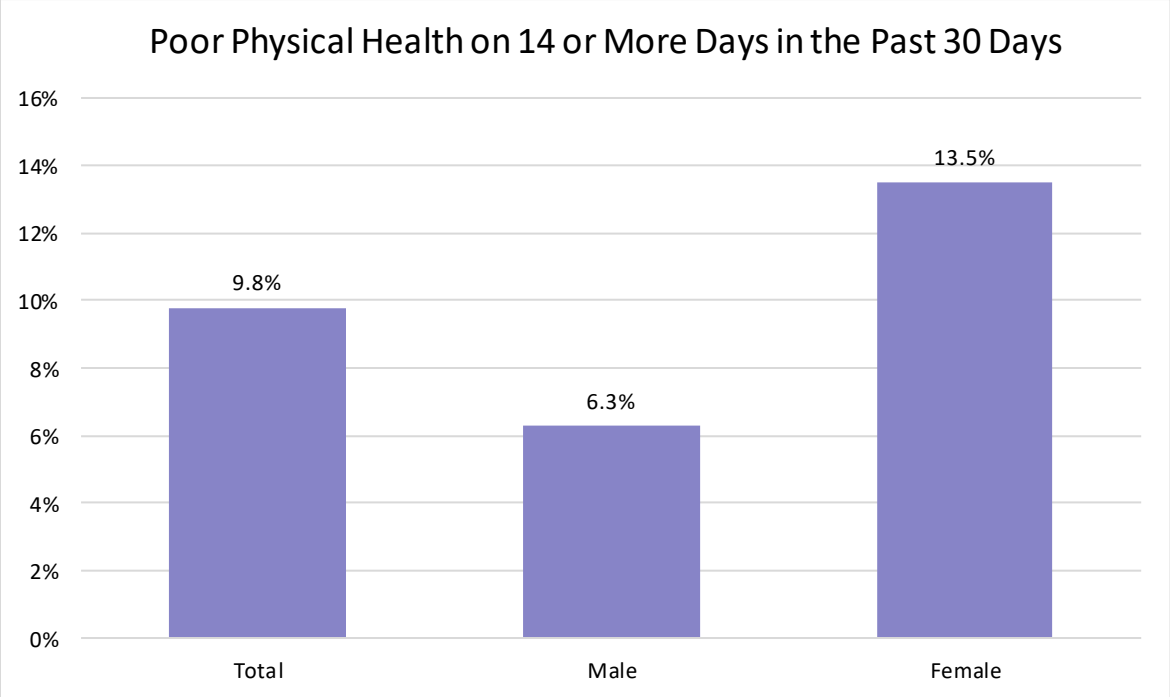
Poor Physical Health

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having poor physical health on 14 or more of the past 30 days.

Key Findings

- Overall, 9.8% of refugees from Bhutan reported that their physical health was poor on 14 or more of the past 30 days.
- Female refugees from Bhutan (13.5%) were more than twice as likely as male refugees from Bhutan (6.3%) to report their poor physical health on 14 or more days in the past 30 days.



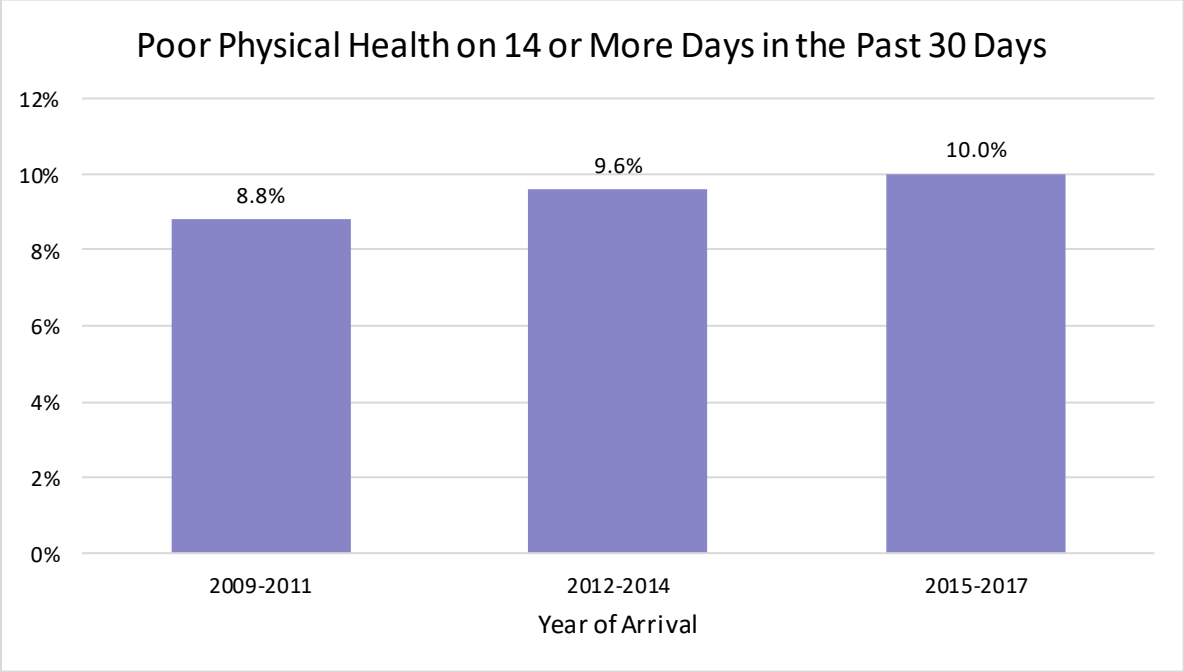
Poor Physical Health

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having poor physical health on 14 or more of the past 30 days.

Key Findings

- The most recently arrived group (10.0%) reported the highest percentage of those with poor physical health on 14 or more days in the past 30 days, followed closely by refugees from Bhutan who arrived in 2012-2014 (9.6%).
- Refugees from Bhutan who arrived in 2009-2011 (8.8%) were less likely to report being in poor physical health on 14 or more days in the past 30 days.



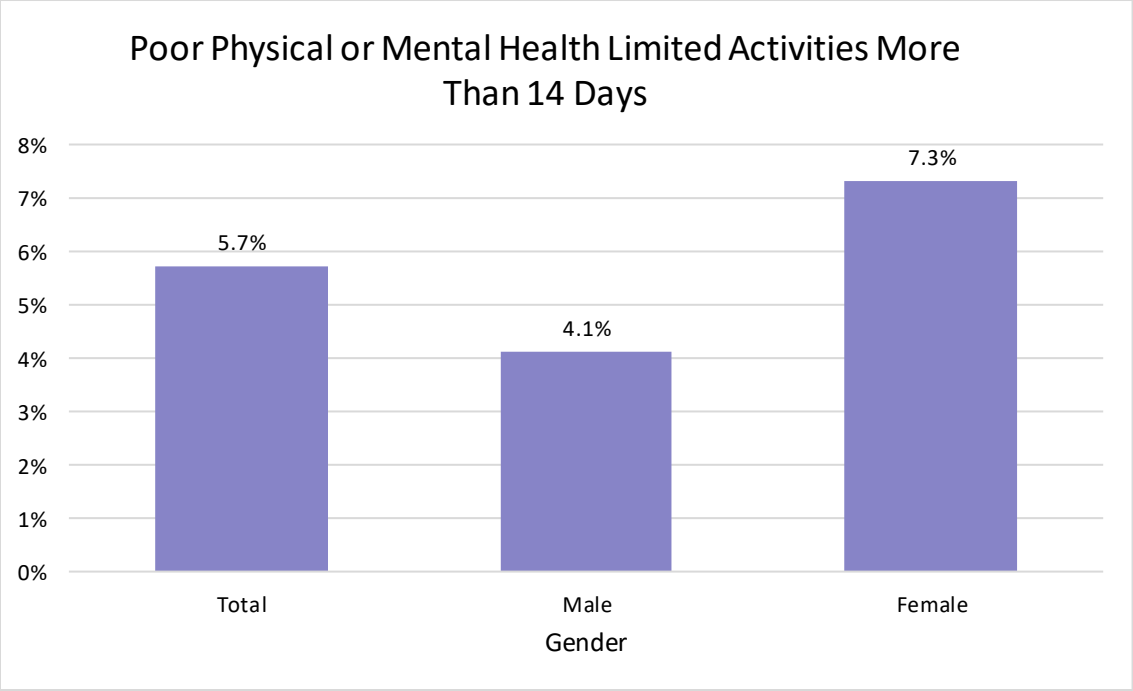
Activity Limitations

By Gender

The chart below represents the proportion of refugees from Bhutan who reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.

Key Findings

- Overall, 5.7% of refugees from Bhutan reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.
- Female refugees from Bhutan (7.3%) were slightly more likely than male refugees from Bhutan (4.1%) to report that poor physical or mental health limited their activities on 14 or more days in the past 30 days.



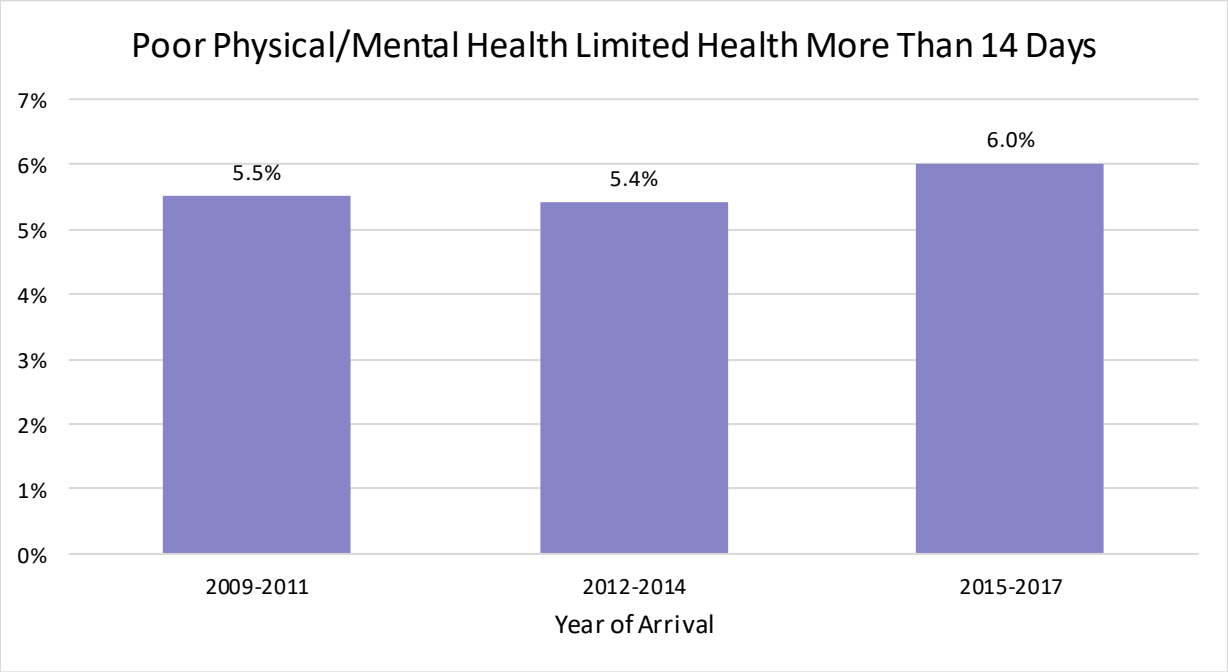
Activity Limitations

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.

Key Findings

- Refugees from Bhutan who arrived in 2015-2017 (6.0%) and those who arrived in 2009-2011 (5.5%) were most likely to report that poor physical and mental health limited their activities on 14 or more days in the past 30 days.
- Refugees who arrived in 2012-2014 (5.4%) were least likely to report that physical and mental health limited their activities on 14 or more days in the past 30 days.

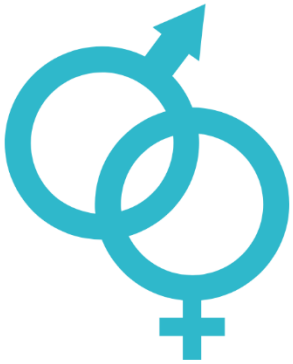


Access to Health Care

Health Care Coverage

Approximately 36% of refugees from Bhutan reported not having health care coverage.

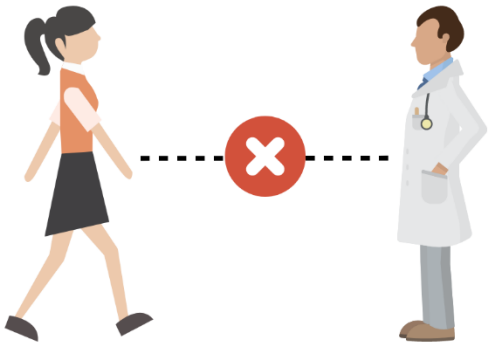
36%



Male refugees (39.7%) were more likely than female refugees (32.4%) to report not having health care coverage.

Personal Physician

Approximately 30% of refugees from Bhutan (31.9%) reported not having a personal physician.



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No Health Care Coverage

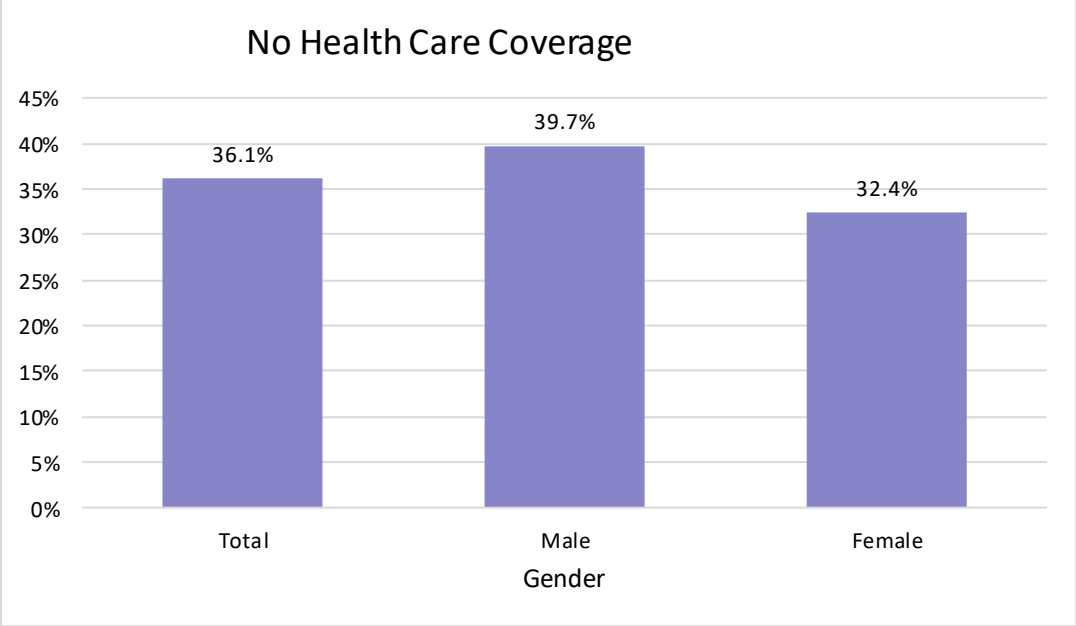
By Gender

Lack of a health care plan or inadequate insurance coverage prevents many individuals from receiving needed care, as they are financially unable to pay for services without the help of insurance. Individuals with health insurance are generally more likely to have a primary care provider and to have received appropriate preventative care, such as early prenatal care, immunizations, or health screenings.

The chart below represents the proportion of refugees who reported not having a form of health care coverage.

Key Findings

- Overall, approximately 36% of refugees from Bhutan reported not having health care coverage.
- Male refugees (39.7%) were more likely than female refugees (32.4%) to report not having health care coverage.



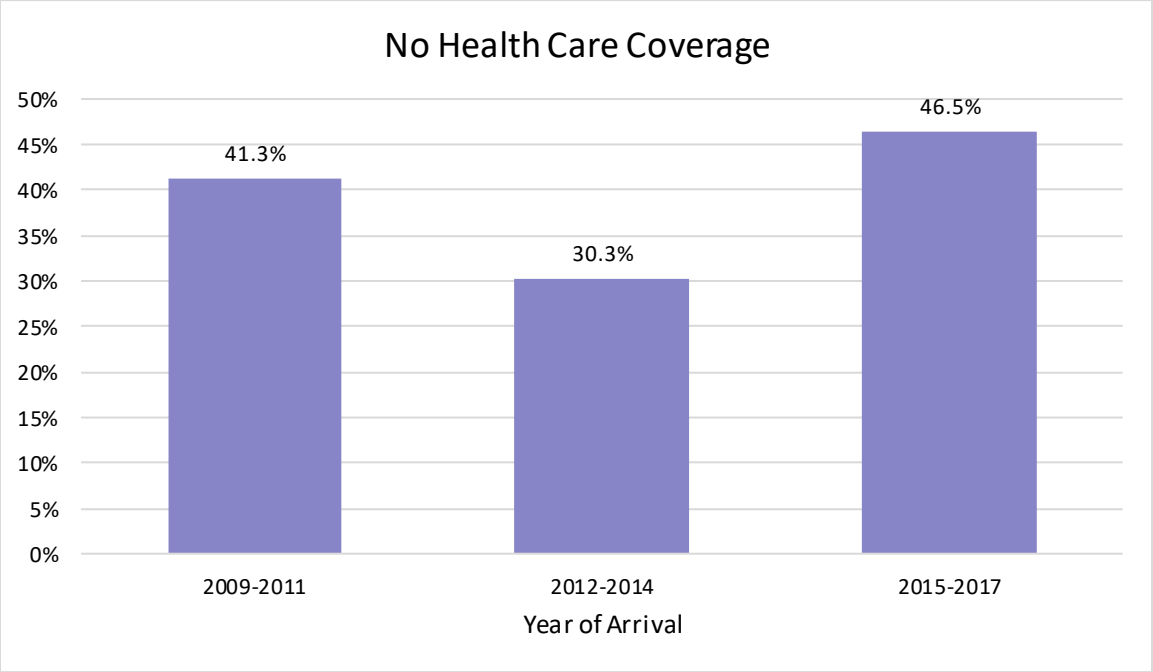
No Health Care Coverage

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported not having a form of health care coverage.

Key Findings

- Refugees from Bhutan arriving in 2015-2017 (46.5%) reported the highest percentage of those without health care coverage, followed by the refugees arriving in 2008 and earlier (42.9%) and 2009-2011 (41.3%).
- Refugees arriving in 2012-2014 were least likely to report having no health care coverage at 30.3%.



No Personal Physician

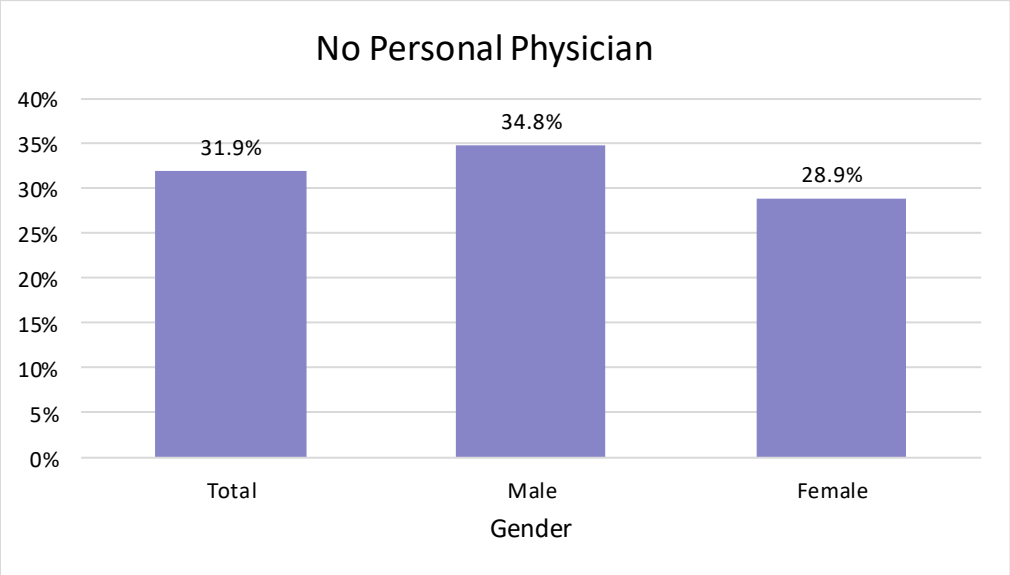
By Gender

Including various specialties in the medical profession, primary care physicians provide a combination of direct care and, as necessary, counsel the patient in the appropriate use of specialists and advanced treatment locations.

The chart below represents the proportion of refugees from Bhutan who reported not having a personal physician.

Key Findings

- Approximately 30% of refugees from Bhutan (31.9%) reported not having a personal physician.
- Male refugees (34.8%) were more likely than female refugees (28.9%) to report not having a personal physician.



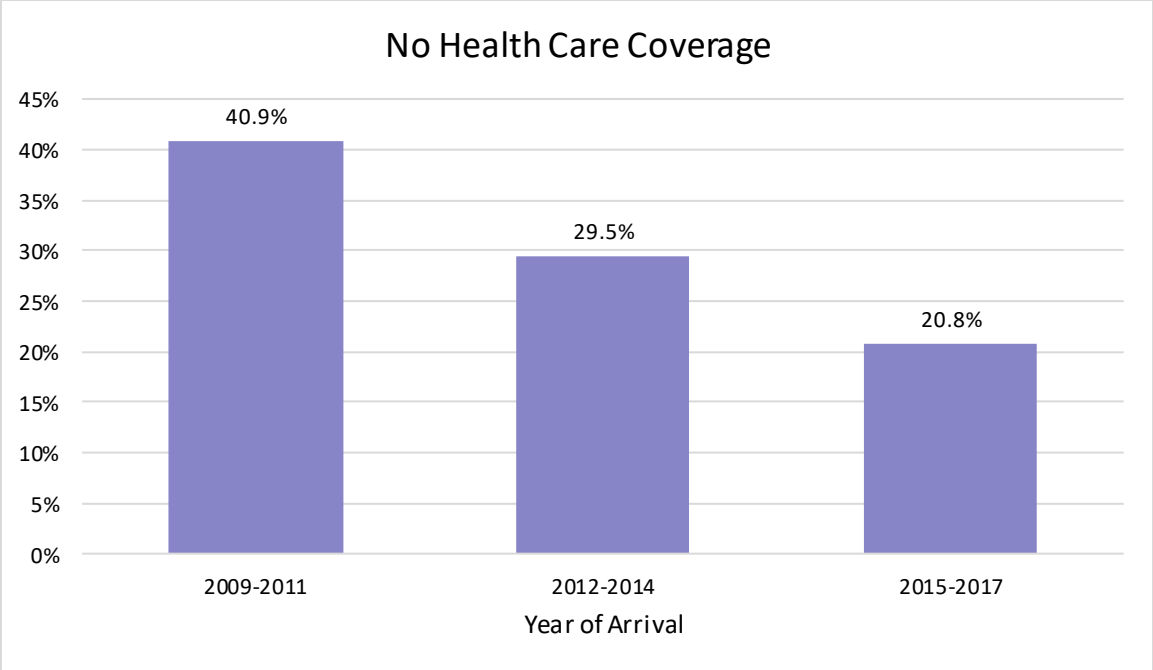
No Personal Physician

By Year of Arrival

The chart below represents the proportion of refugees who reported not having a personal physician.

Key Findings

- The rate of refugees from Bhutan without a personal physician increased with length of stay in the United States.
- Approximately 8 out of 10 refugees who arrived in 2008 and earlier (83.3%) reported not having a personal physician.
- Just over 40% of Bhutanese refugees who arrived in 2009-2011 reported not having a personal physician, whereas approximately 30% of those arrived in 2012-2014 reported the same.
- Refugees who arrived in 2015-2017 were least likely to report not having a personal physician.



Difficulty in Understanding Health Information

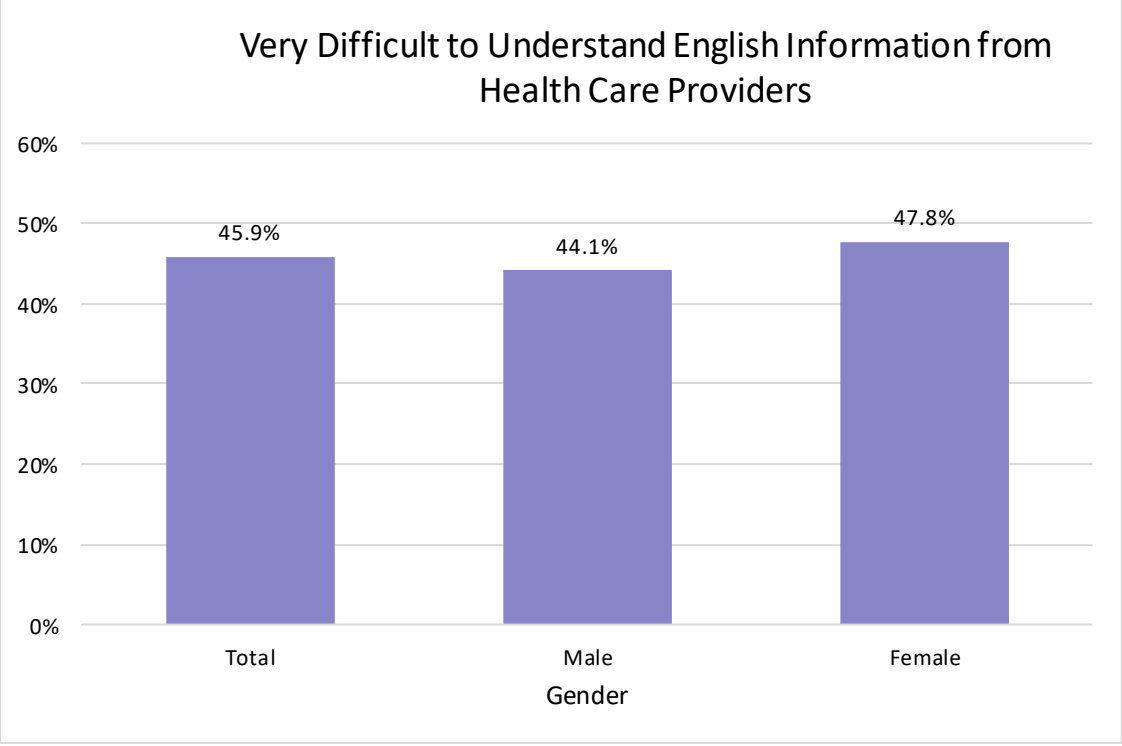
By Gender

Health literacy is defined as "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions."[23] Having the ability to understand spoken health information in English is essential to receiving necessary and adequate health services in Nebraska.

The chart below represents the proportion of refugees who reported that it was very difficult to understand spoken health information in English.

Key Findings

- Overall, just under half of the refugees from Bhutan (45.1%) reported that it was very difficult to understand spoken information from health care providers.
- Female refugees (47.8%) were slightly more likely than male refugees (44.1%) to report that it was very difficult to understand spoken information from health care providers.



[23] Title V of the Patient Protection and Affordable Care Act, 42 U.S.C. § 5002 (2010).

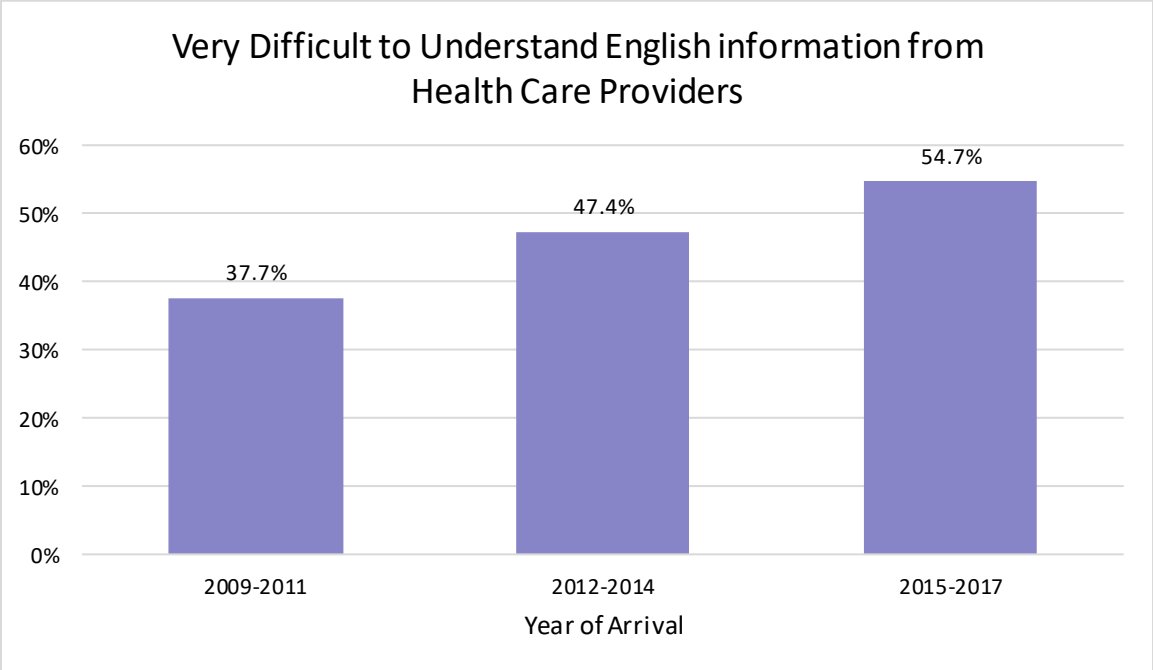
Difficulty in Understanding Health Information

By Year of Arrival

The chart below represents the proportion of refugees who reported that it was very difficult to understand spoken health information in English.

Key Findings

- The rate of refugees from Bhutan who reported that it was very difficult to understand spoken information from health care providers decreased with length of stay in the United States.
- Refugees from Bhutan who arrived in 2015-2017 (54.7%) and those who arrived in 2012-2014 (47.4%) were most likely to report having difficulty understanding information from health care providers.



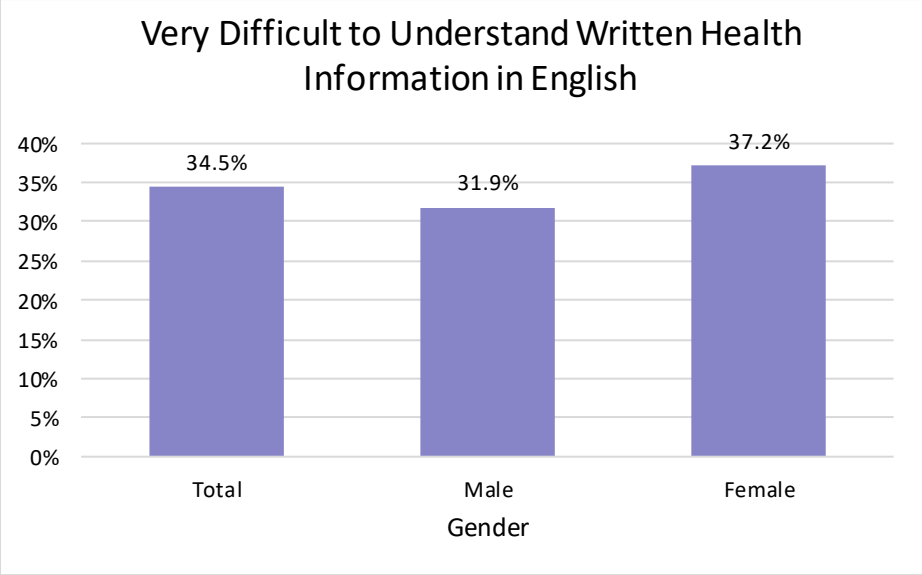
Difficulty in Understanding Written Health Information

By Gender

The chart below represents the proportion of refugees who reported that it was very difficult to understand written health information in English.

Key Findings

- Just over one-third of refugees from Bhutan (34,5%) reported that it was very difficult to understand written health information in English.
- Female refugees from Bhutan (37.2%) were slightly more likely than male refugees from Bhutan (31.9%) to report that understanding written health information in English was very difficult.



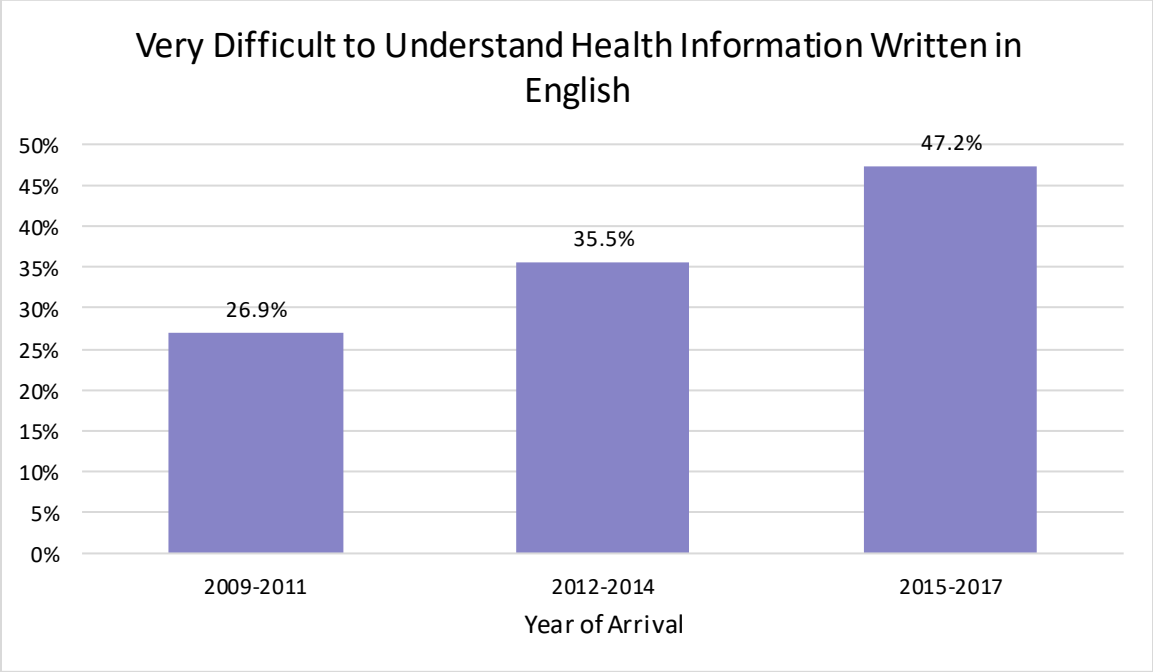
Difficulty in Understanding Written Health Information

By Year of Arrival

The chart below represents the proportion of refugees who reported that it was very difficult to understand written health information in English.

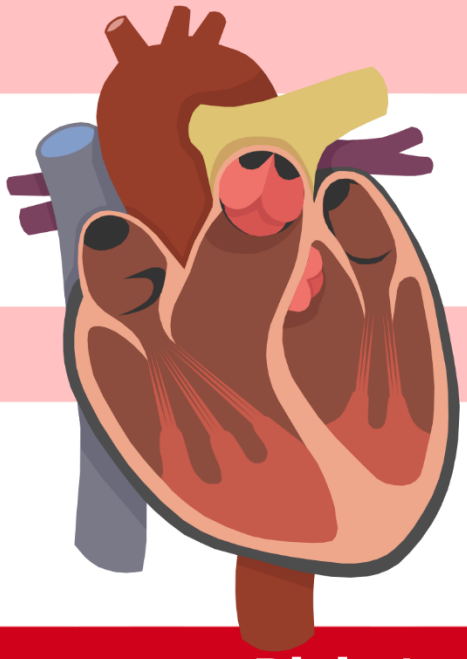
Key Findings

- Refugees who arrived in 2009-2011 (26.9%) were least likely to report it being very difficult to understand written health information in English.
- Over one-third of Bhutanese refugees who arrived in 2012-2014 (35.5%) reported that it was very difficult to understand written health information in English.
- As length of stay in the United States increased, the percentage of refugees from Bhutan who reported that it was very difficult for them to understand health information written in English decreased.



Chronic Disease

Heart Attack



Male refugees (1.6%) are slightly more likely than female refugees (0.6%) to report having ever been diagnosed with a heart attack.

Coronary Heart Disease

Overall, 1.9% of refugees from Bhutan reported having ever been diagnosed with coronary heart disease.

Diabetes

Over 7% of refugees from Bhutan reported having ever been diagnosed with diabetes.

High Blood Pressure

Approximately 17% of refugees from Bhutan reported having ever been diagnosed with high blood pressure.

Male refugees from Bhutan (17.5%) were more likely than female refugees (16.0%) to report having ever been diagnosed with high blood pressure.

17%

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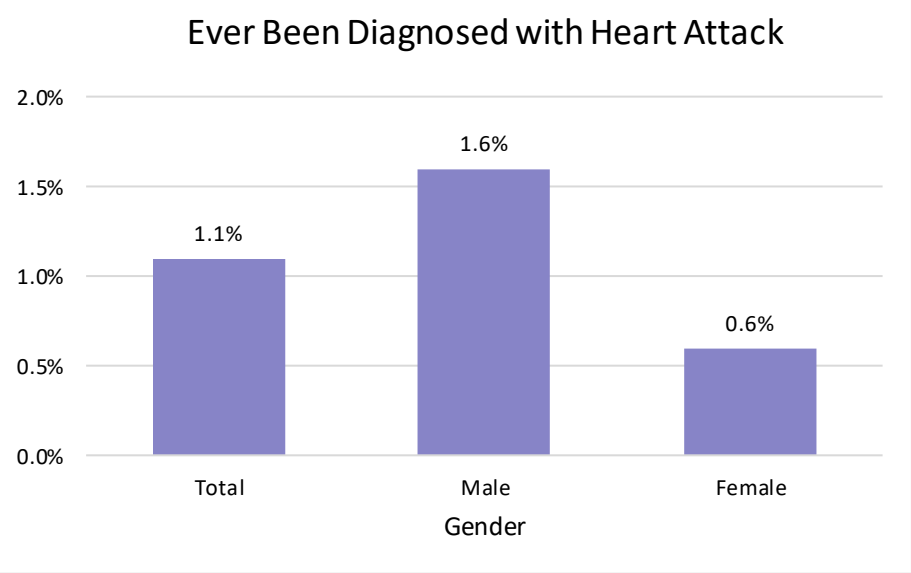
Heart Attack

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with a heart attack.

Key Findings

- Approximately 1% of refugees from Bhutan (1.1%) reported having ever been diagnosed with a heart attack.
- Male refugees (1.6%) are slightly more likely than female refugees (0.6%) to report having ever been diagnosed with a heart attack.



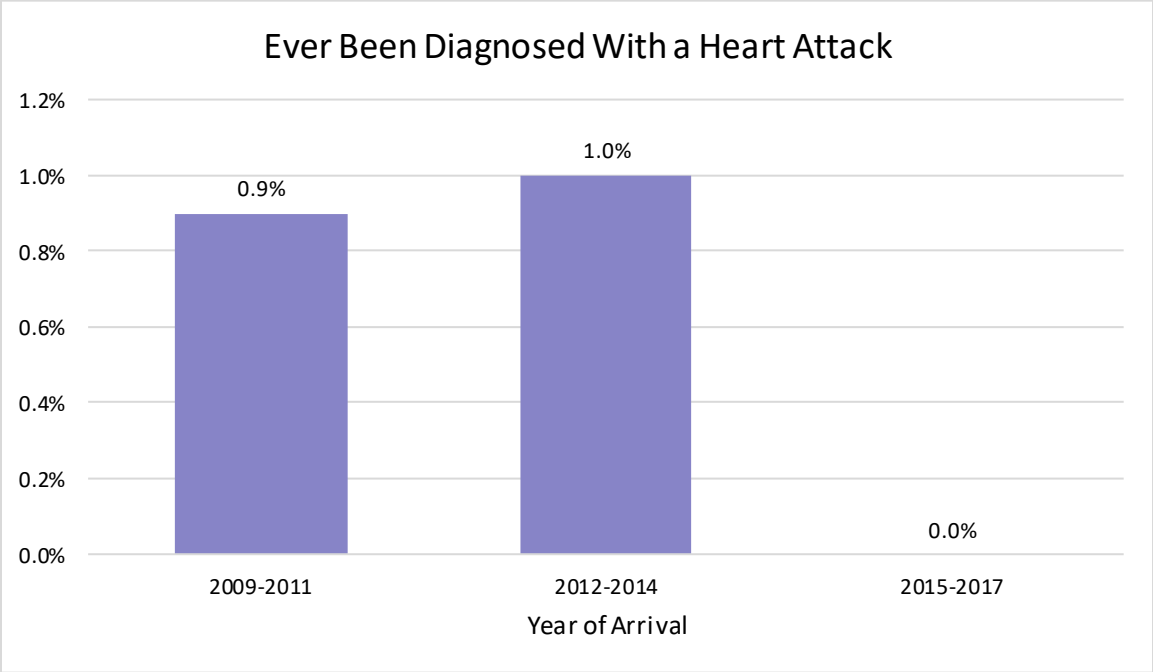
Heart Attack

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan whot reported having ever been diagnosed with a heart attack.

Key Findings

- Refugees who arrived in 2009-2011 (0.9%) and refugees who arrived in 2012-2014 (1.0%) were slightly less likely to report having ever been diagnosed with a heart attack.
- None of the most recently arrived refugees (2015-2017) reported ever been diagnosed with a heart attack.



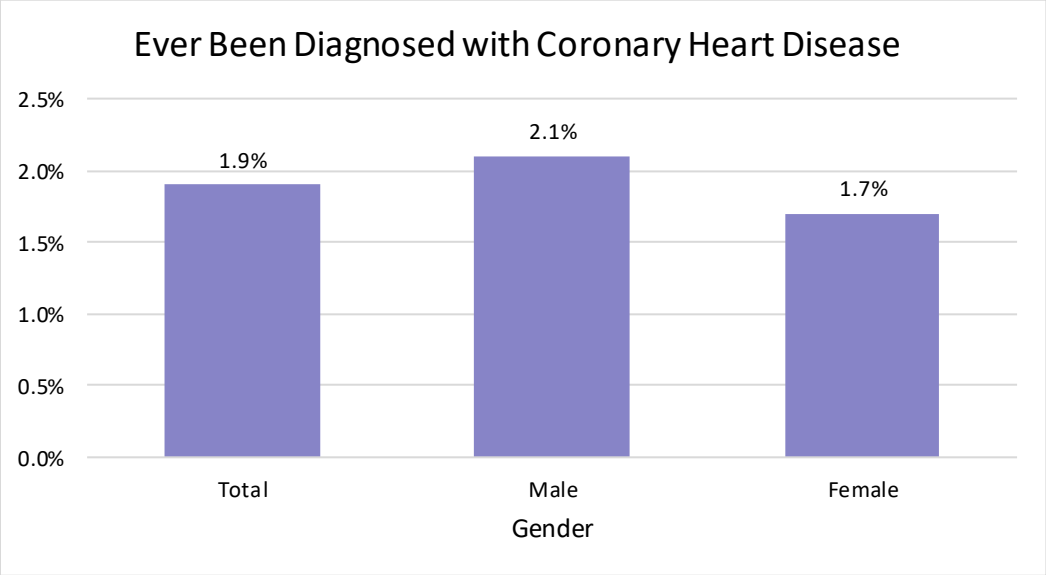
Coronary Heart Disease

By Gender

The chart below represents the proportion of refugees from Bhutan reporting having ever been diagnosed with coronary heart disease.

Key Findings

- Overall, 1.9% of refugees from Bhutan reported having ever been diagnosed with coronary heart disease.
- The percentage of male refugees (2.1%) ever been diagnosed with coronary heart disease is slightly higher than female refugees (1.7%).



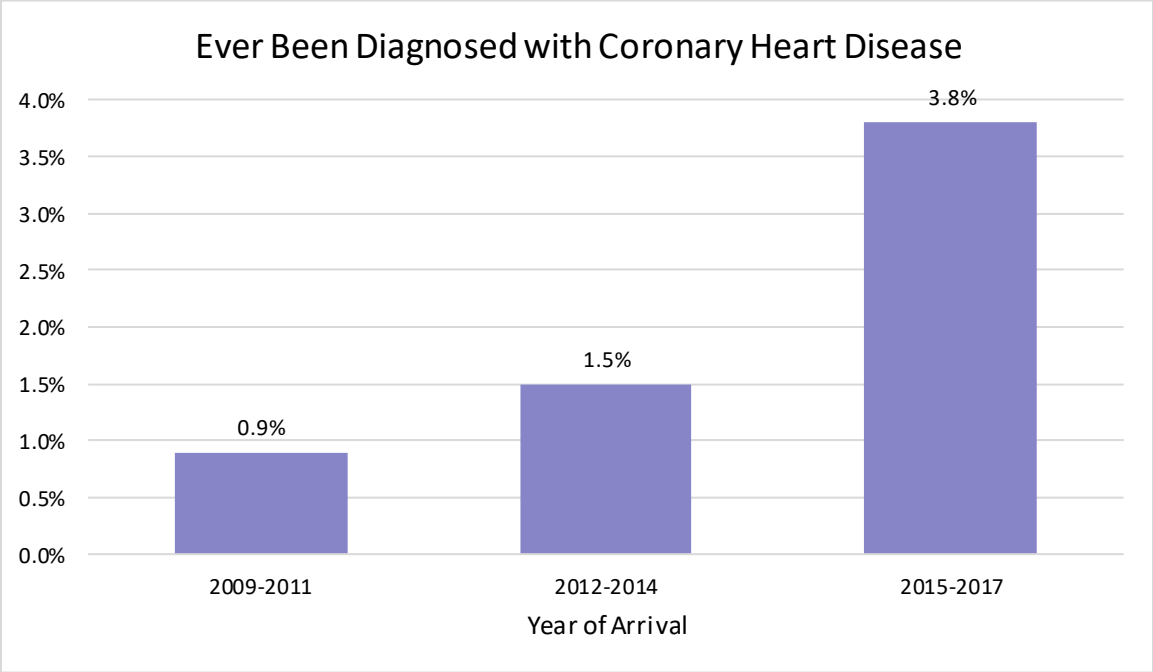
Coronary Heart Disease

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with coronary heart disease.

Key Findings

- The rate of coronary heart disease among refugees from Bhutan decreased with the length of stay in the United States.
- The most recently arrived group of refugees from Bhutan, those who arrived in 2015-2017, were the most likely to report having ever been diagnosed with coronary heart disease at 3.8%.
- Refugees from Bhutan who arrived in 2012-2014 (1.7%) were the second most likely population to report having ever been diagnosed with coronary heart disease, followed by those who arrived in 2009-2011 (0.9%).



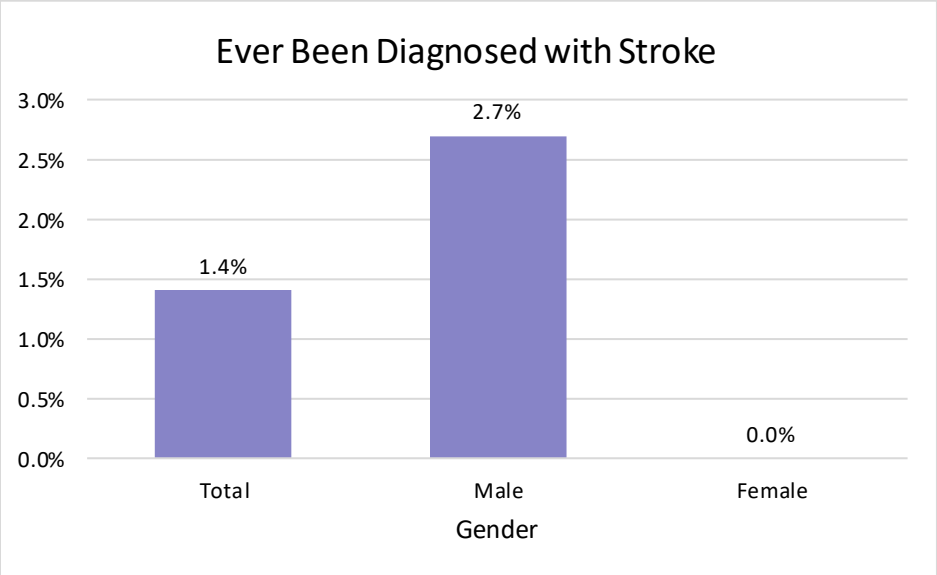
Stroke

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with a stroke.

Key Findings

- Just over 1% of refugees from Bhutan (1.4%) reported having ever been diagnosed with a stroke.
- Male refugees from Bhutan (2.7%) were more likely than female refugees from Bhutan (0.0%) to report having ever been diagnosed with a stroke.
- None of the female refugees ever reported ever been diagnosed with a stroke.



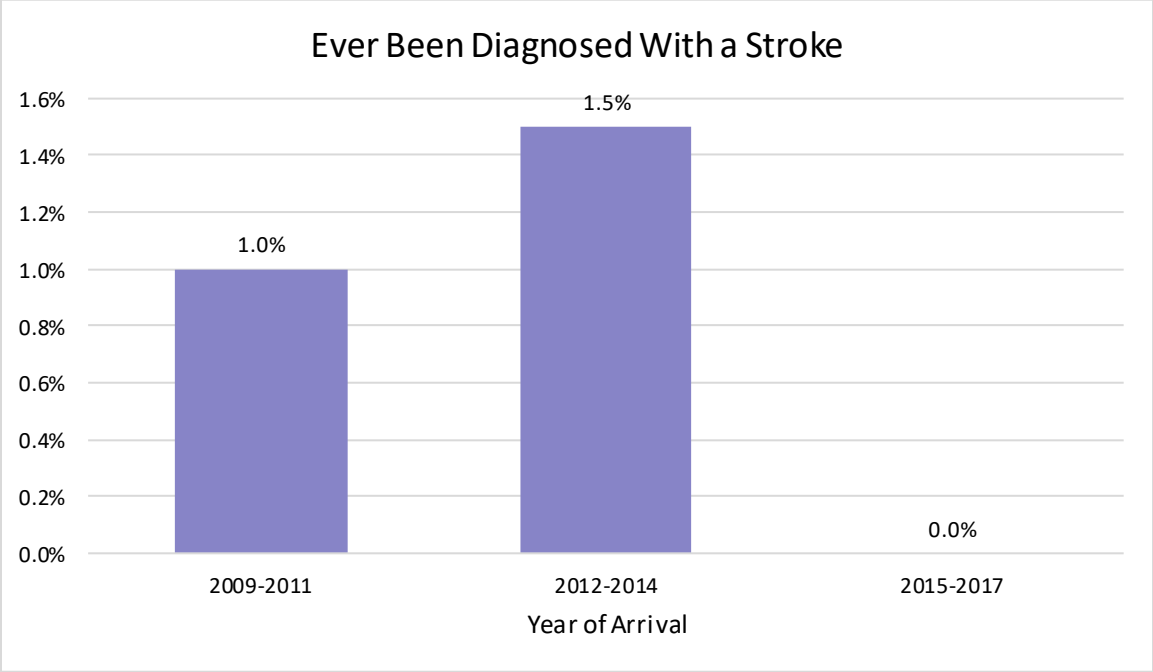
Stroke

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with a stroke.

Key Findings

- Refugees from Bhutan who arrived in 2009-2011 (1.0%) and 2012-2014 (1.5%) were less likely to report having ever been diagnosed with a stroke.
- None of the refugees who arrived in 2015-2017 reported having ever been diagnosed with a stroke.



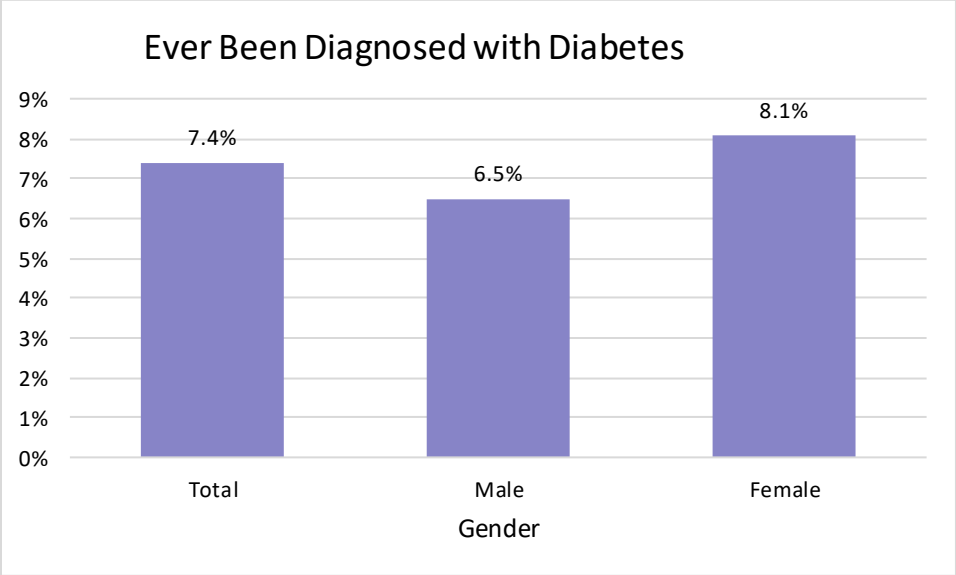
Diabetes

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with diabetes.

Key Findings

- Just over 7% of refugees from Bhutan reported having ever been diagnosed with diabetes.
- The rate of female refugees from Bhutan with diabetes (8.1%) was almost 2 percentage points more than the rate of male refugees from Bhutan with diabetes (6.5%).



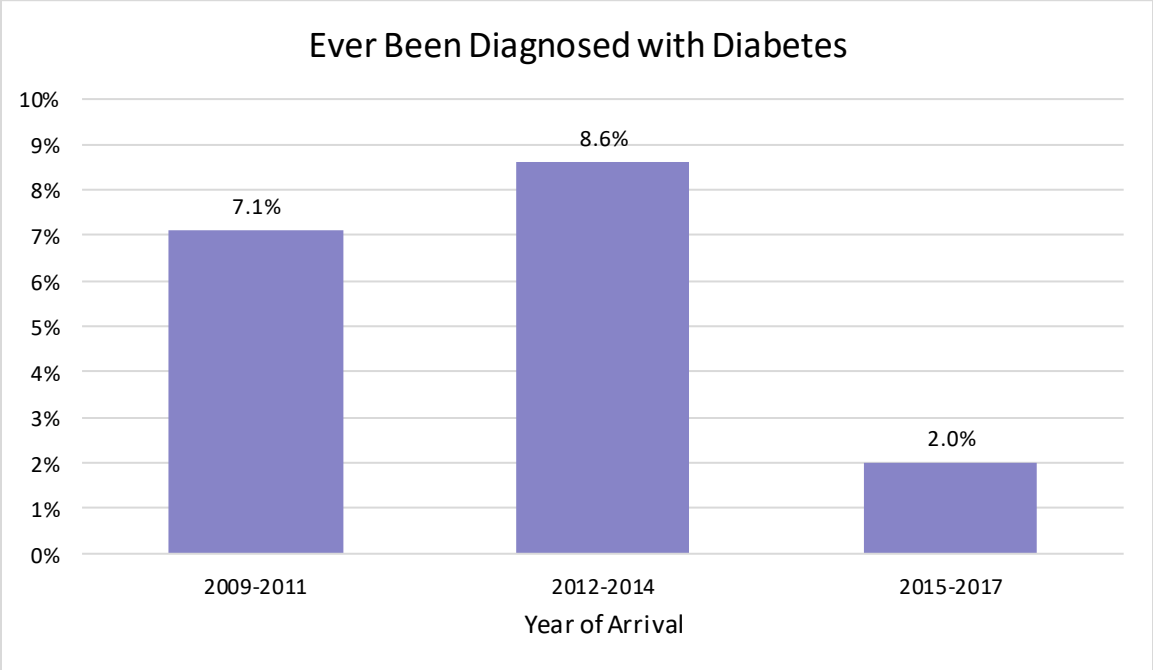
Diabetes

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with diabetes.

Key Findings

- Bhutanese refugees who arrived in 2012-2014 (8.6%) were most likely to report having ever been diagnosed with diabetes, followed by refugees arriving in 2009-2011 (7.1%).
- Refugees with the shortest length of stay in the United States, those who arrived in 2015-2017, were less likely to have ever been diagnosed with diabetes at 2.0%.



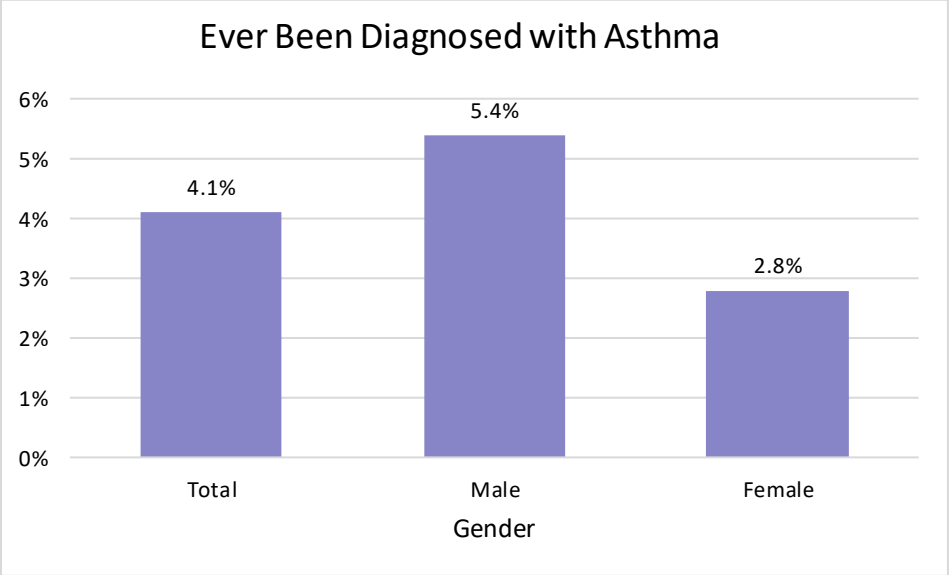
Asthma

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with asthma.

Key Findings

- Overall, 4.1% of refugees from Bhutan reported having ever been diagnosed with diabetes.
- Male refugees (5.4%) were almost twice as likely as female refugees (2.8%) to report having ever been diagnosed with asthma.



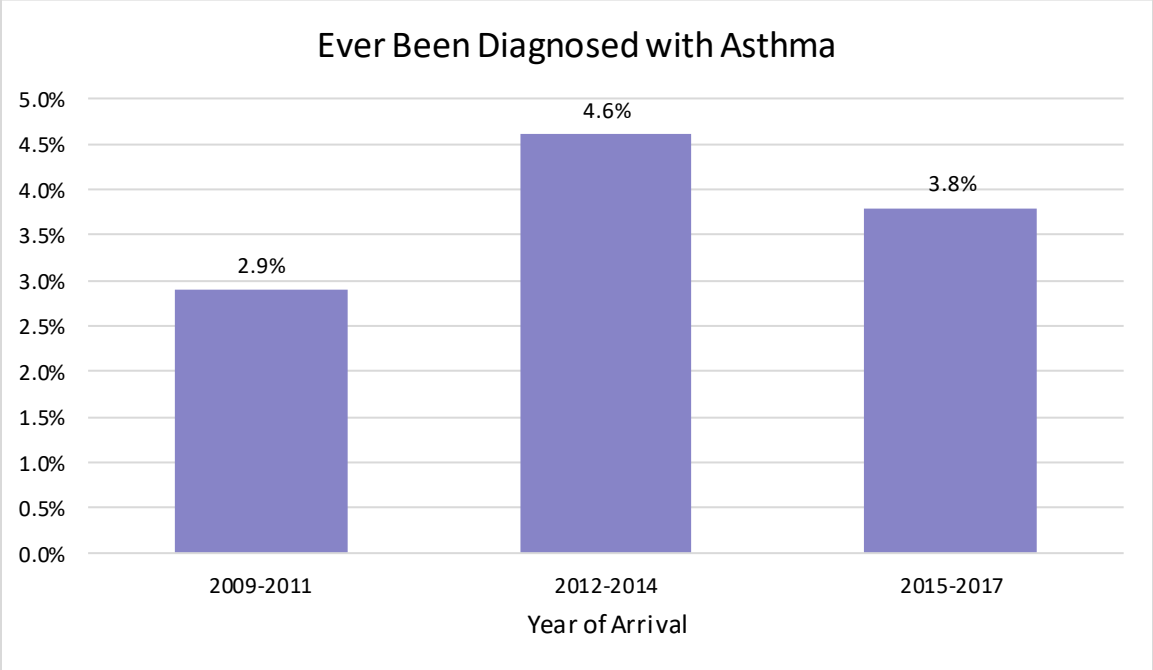
Asthma

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with asthma.

Key Findings

- Refugees who arrived in 2012-2014 (4.6%) reported the second-highest percentage of those ever been diagnosed with Asthma. The rate was three times less likely than the rate reported by the refugees who arrived in 2008 and earlier.
- Refugees who arrived in 2009-2011 and 2015-2017 were least likely to report ever been diagnosed with Asthma at 2.9% and 3.8%, respectively.



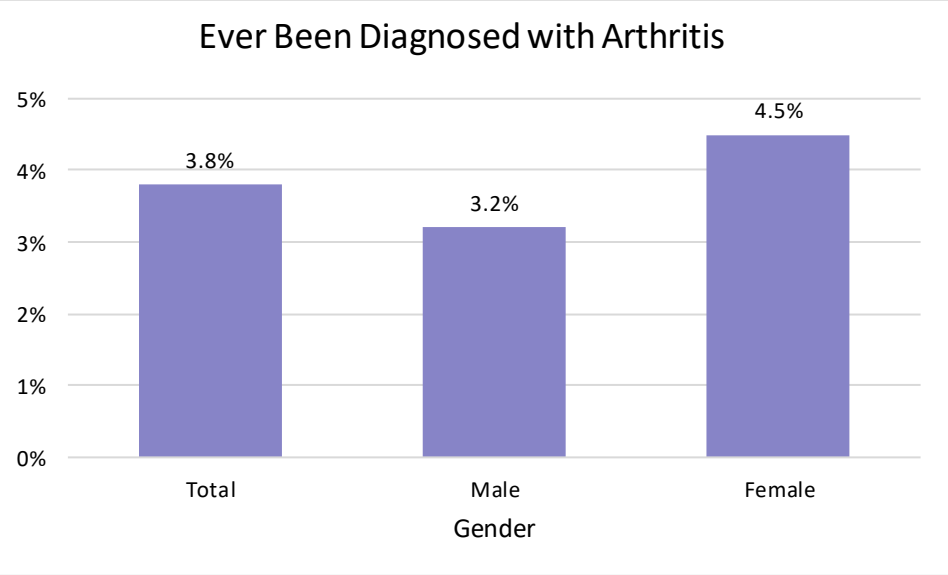
Arthritis

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with arthritis.

Key Findings

- Approximately 4% of refugees from Bhutan reported having ever been diagnosed with arthritis.
- Female refugees from Bhutan (4.5%) were approximately 1.5 times more likely than male refugees from Bhutan (3.2%) to report having ever been diagnosed with arthritis.



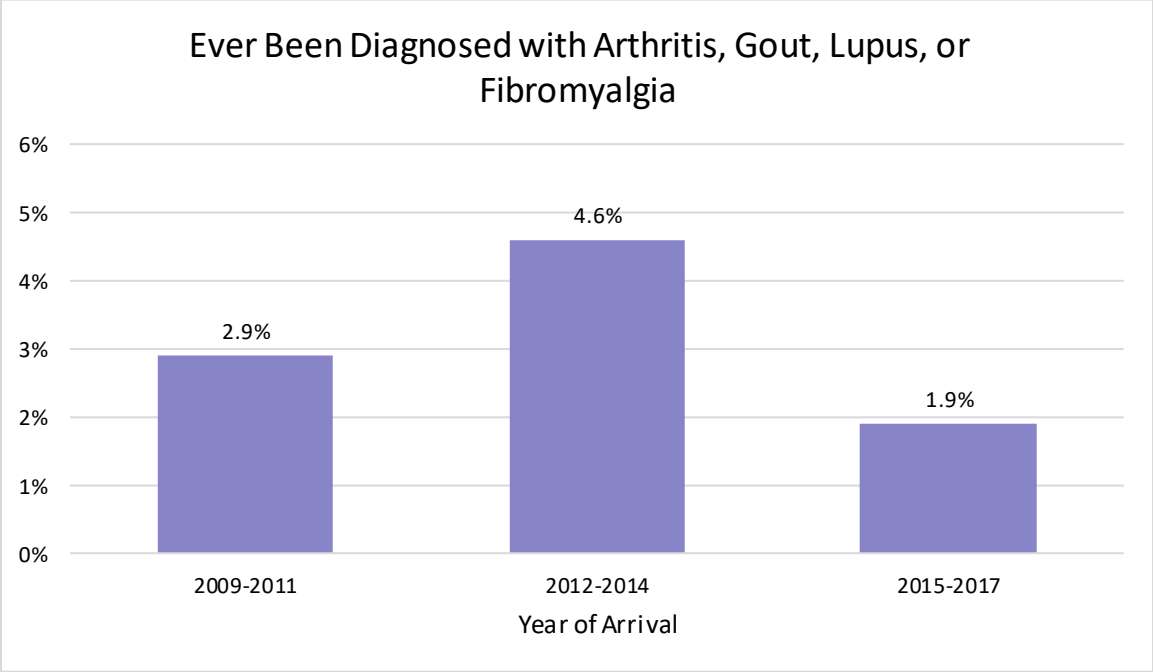
Arthritis

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with arthritis.

Key Findings

- Refugees from Bhutan who arrived in 2012-2014 (4.6%) were most likely to report having ever been diagnosed with arthritis, followed by refugees who arrived in 2009-2011 (3.9%).
- The most recently arrived refugees from Bhutan (2015-2017) were less likely to report ever been diagnosed with arthritis at 1.9%.



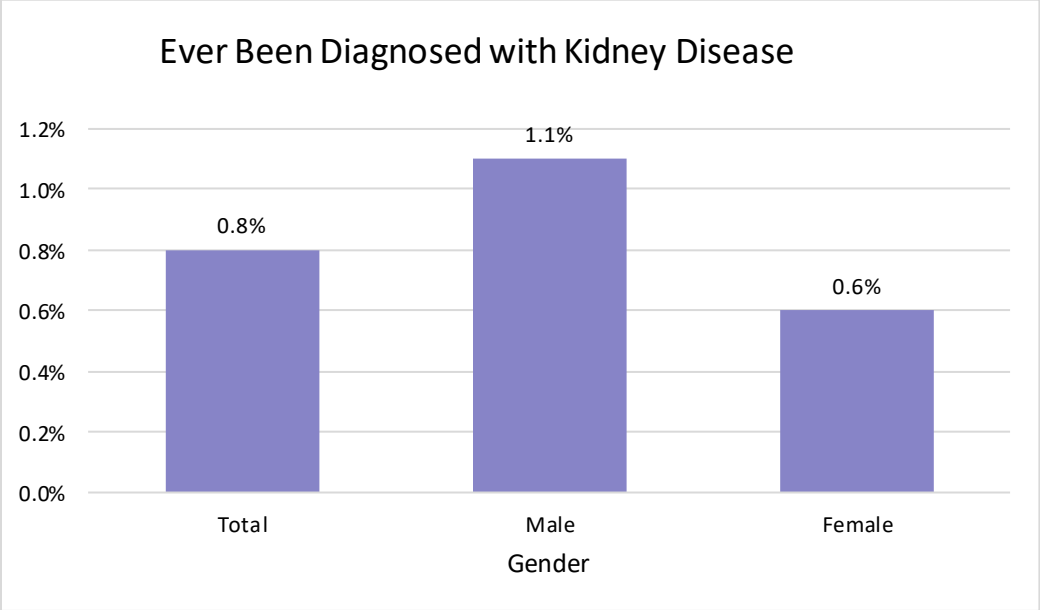
Kidney Disease

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with kidney disease.

Key Findings

- Overall, 0.8% of refugees from Bhutan reported having ever been diagnosed with kidney disease.
- Male refugees from Bhutan (1.1%) were almost twice as likely as female refugees from Bhutan (0.6%) to report having ever been diagnosed with kidney disease.



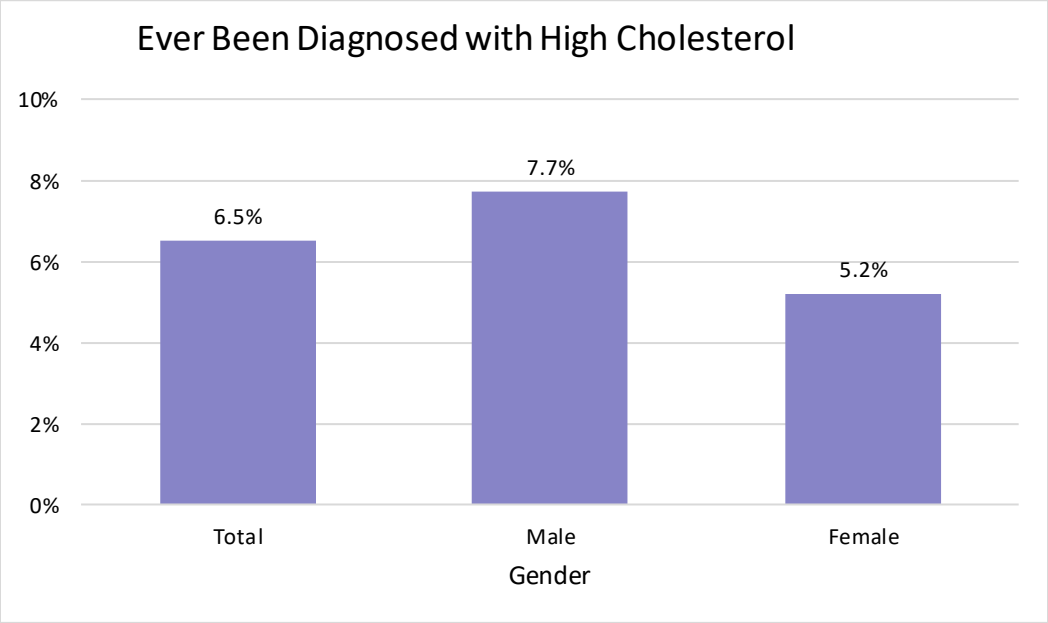
High Cholesterol

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with high cholesterol.

Key Findings

- Approximately 6.5% of refugees from Bhutan reported having ever been diagnosed with high cholesterol.
- Male refugees from Bhutan (7.7%) were somewhat more likely than female refugees from Bhutan (5.2%) to report having ever been diagnosed with high cholesterol.



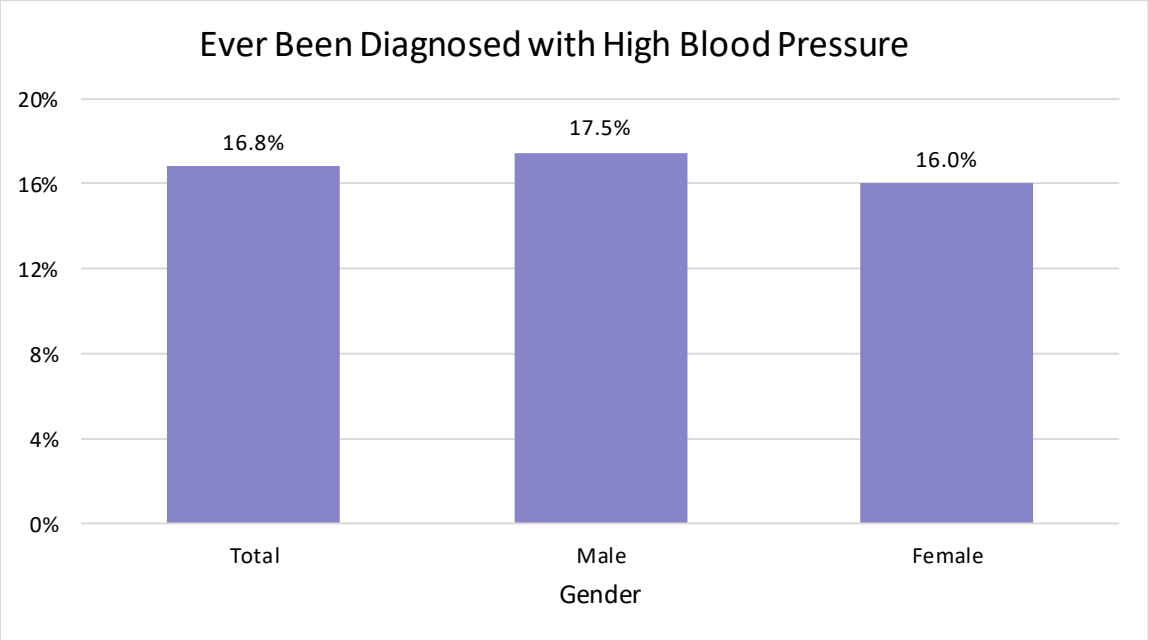
High Blood Pressure

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with high blood pressure.

Key Findings

- Approximately 17% of refugees from Bhutan reported having ever been diagnosed with high blood pressure.
- Male refugees from Bhutan (17.5%) were more likely than female refugees from Bhutan (16.0%) to report having ever been diagnosed with high blood pressure.



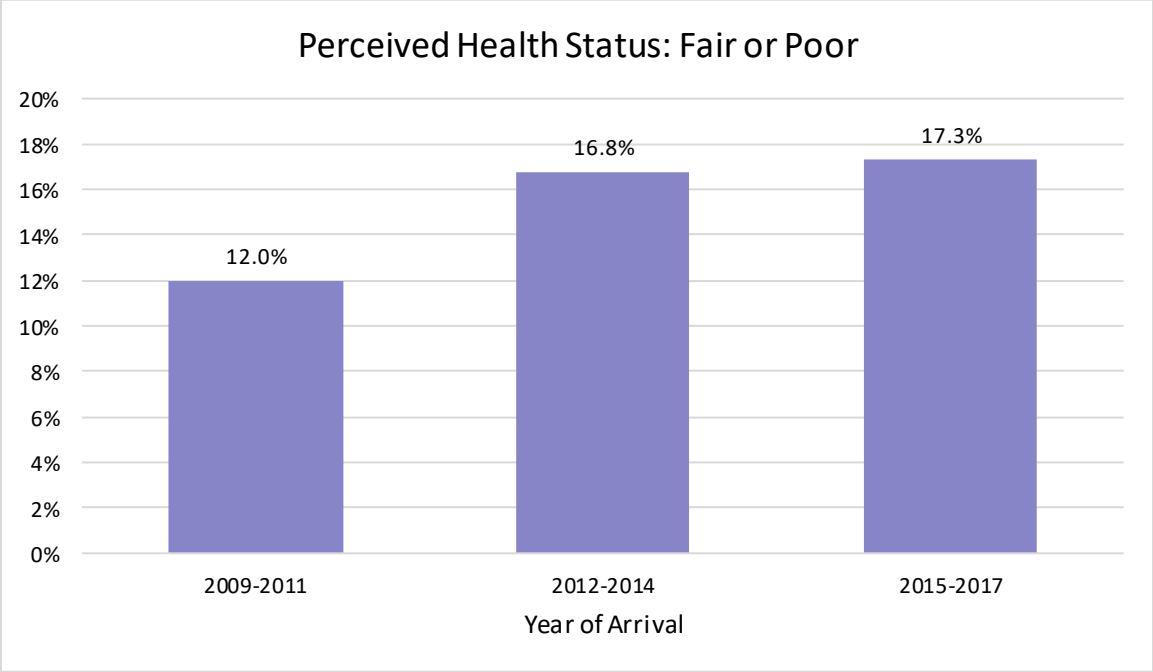
High Blood Pressure

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with high blood pressure.

Key Findings

- The most recently arrived group of refugees from Bhutan (2015-2017) were the most likely to report having ever been diagnosed with high blood pressure at 17.3%.
- Similar percentages of refugees who arrived in 2009-2011 (16.7%) and 2012-2014 (16.8%) reported having ever been diagnosed with high blood pressure.
- Refugees from Bhutan arriving in 2009-2011 (12.0%) were least likely to report having ever been diagnosed with high blood pressure.



Mental Health

Mental Health

9.8% of refugees from Bhutan reported that their mental health was poor on 14 or more days in the past 30 days.

Females from Bhutan had a higher percentage of those with poor mental health compared to males.

Depressive Disorder

4.6% of refugees from Bhutan reported having ever been diagnosed with a depressive disorder.

Difficulty Concentrating

Female refugees (21.7%) were over thrice as likely as male refugees (6.9%) to report having difficulty concentrating on 10 or more days in the past two weeks.

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Mental Health

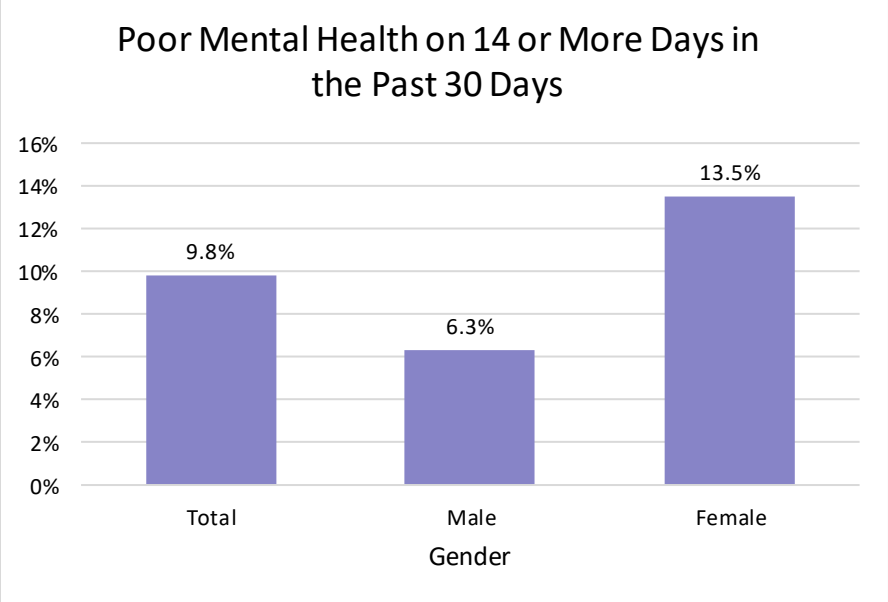
Poor Mental Health

By Gender

The chart below represents the proportion of refugees from Bhutan who reported having poor mental health on 14 or more of the past 30 days.

Key Findings

- Overall, 9.8% of refugees from Bhutan reported that their mental health was poor on 14 or more of the past 30 days.
- Female refugees from Bhutan (13.5%) reported a higher percentage of those with poor mental health compared to male refugees (6.3%).



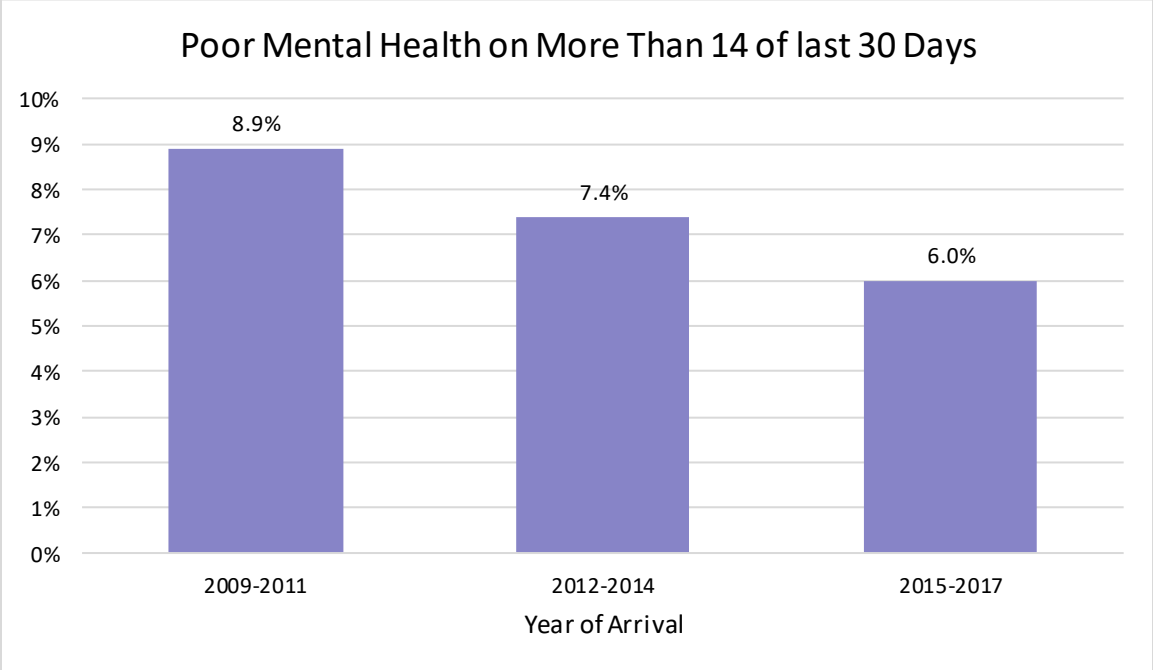
Poor Mental Health

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having poor mental health on 14 or more of the past 30 days.

Key Findings

- Bhutanese refugees that arrived in 2009-2011 (8.9%) reported the highest percentage of those with poor mental health on 14 or more days in the past 30 days, followed closely by those who arrived in 2012-2014 (7.4%).
- The most recently arrived (2015-2017) Bhutanese refugees were least likely to report being in poor mental health on 14 or more days in the past 30 days at 6.0%.



Depressive Disorder

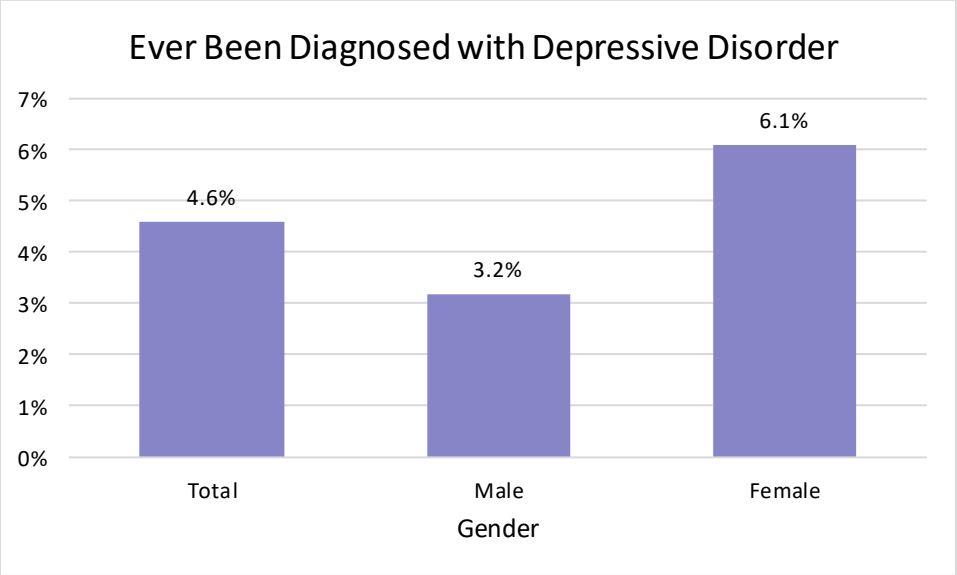
By Gender

Depressive disorders are often characterized by feelings of sadness and hopelessness, though individuals with a major depressive disorder may also experience loss of interest in activities, changes in weight or activity, insomnia and difficulties concentrating.[24] Depression is a major cause of illness and injury worldwide for both men and women. If not treated, individuals with depression face a higher risk of suicide, heart disease and other mental disorders.[25]

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with a depressive disorder.

Key Findings

- Overall, 4.6% of refugees from Bhutan reported having ever been diagnosed with a depressive disorder.
- Male refugees (6.1%) were almost twice as likely as female refugees (3.2%) to report having ever been diagnosed with a depressive disorder.



[24] Centers for Disease Control and Prevention. (2016). Depression. Retrieved from www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm
[25] Ibid.

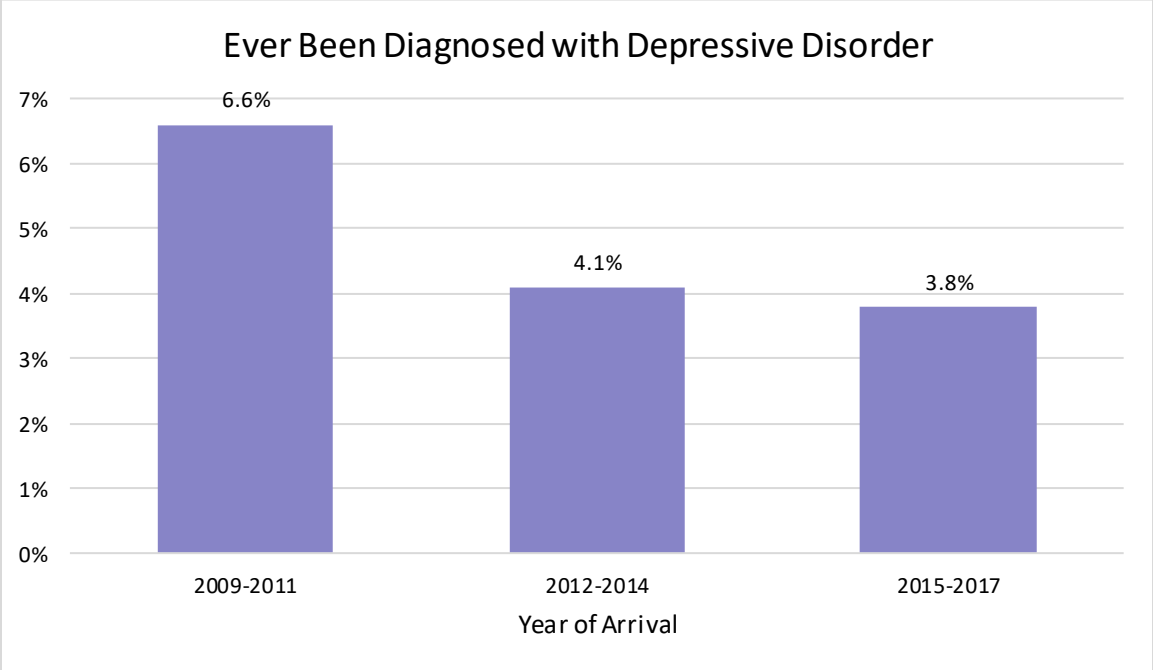
Depressive Disorder

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been diagnosed with a depressive disorder.

Key Findings

- Refugees who arrived in 2009-2011 (6.6%) were most likely to report having ever been diagnosed with a depressive disorder.
- Refugees who arrived in 2012-2014 (4.1%) were the second most likely to report having ever been diagnosed with a depressive disorder, followed by refugees who arrived in 2015-2017 (3.8%).



Difficulty Concentrating

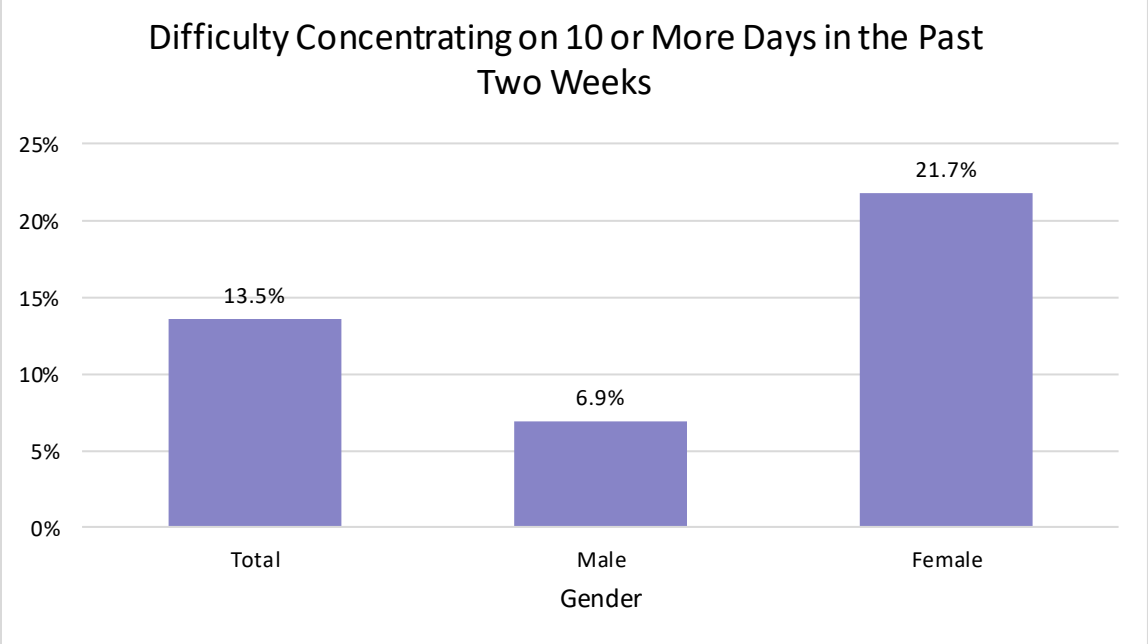
By Gender

The ability to concentrate, think clearly, and focus on a specific task can affect all areas of an individual's life. From working to attending school or even running errands, finding it difficult to concentrate can affect one's decision-making and wellbeing.

The chart below represents the proportion of refugees from Bhutan who reported having difficulty concentrating on 10 or more days in the past two weeks when doing things such as reading the newspaper or watching TV.

Key Findings

- Just under 14% of refugees from Bhutan reported having difficulty concentrating on 10 or more days in the past two weeks.
- Female refugees (21.7%) were over three times as likely as male refugees (6.9%) to report having difficulty concentrating on 10 or more days in the past two weeks.



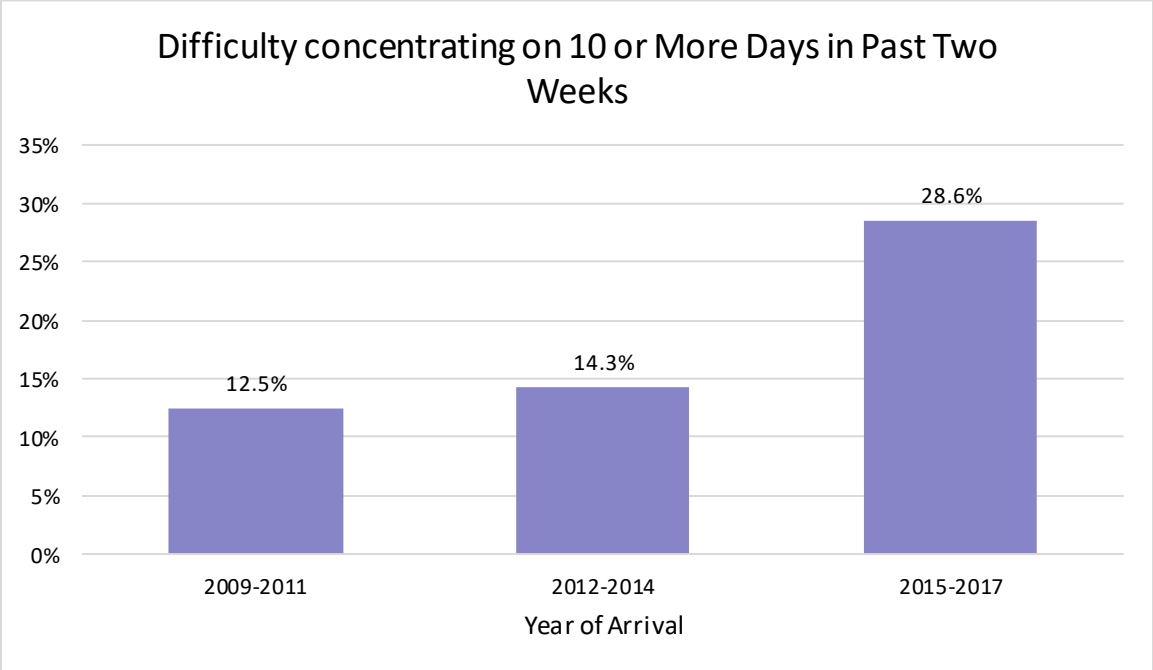
Difficulty Concentrating

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having difficulty concentrating on 10 or more days in the past two weeks when doing things such as reading the newspaper or watching TV.

Key Findings

- The percentage of refugees who reported having difficulty concentrating on 10 or more days in the past two weeks decreased with the length of stay in the United States.
- The most recently arrived group of refugees (2015-2017) was by far the most likely to report having difficulty concentrating on 10 or more days in the past two weeks at 28.6%.
- Over 10% of refugees who arrived in 2009-2011 (12.5%) and 2012-2014 (14.3%) reported having difficulty concentrating on 10 or more days in the past two weeks.



Health Behaviors

Routine Checkup

Over half of refugees from Bhutan reported having had a routine checkup in the past two years.

Pneumonia Vaccination

Over half of the refugees from Bhutan, aged 65 and older, reported having received a pneumonia vaccination.

Mammogram

Just under one-fifth (17.3%) of female refugees age 40 and older reported having had a mammogram in the past two years.

Dental Visit

Approximately 30.8% of refugees from Bhutan reported having visited the dentist in the past two years.

Sleep Insufficiency

< 8 hours

Approximately 41.5% of refugees from Bhutan reported sleeping less than seven hours daily.

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Routine Checkup

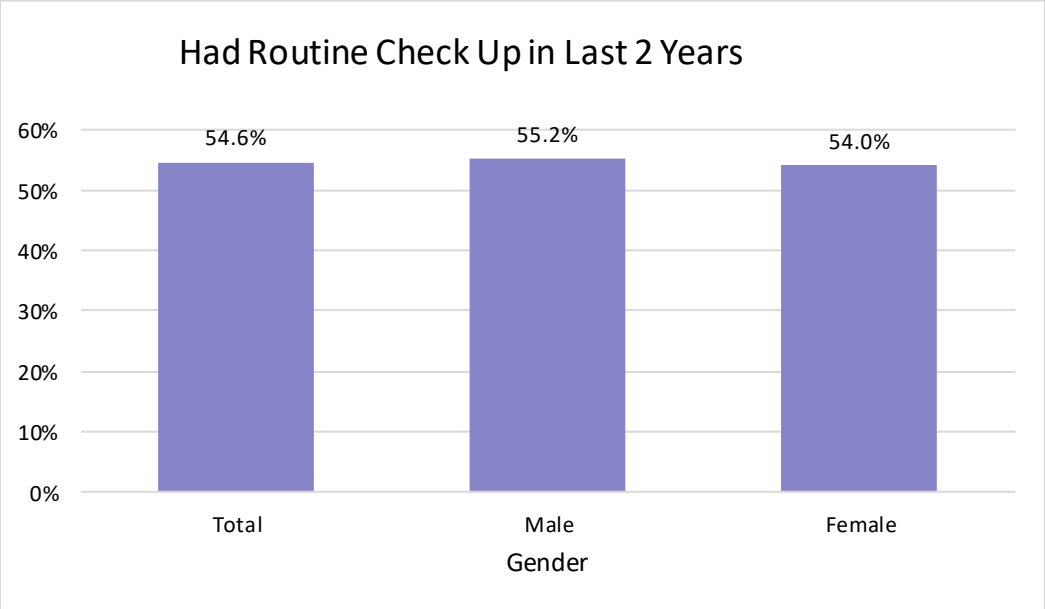
By Gender

Routine check-ups are helpful in finding problems before they become a cause for concernEarlier detection of problems allows for earlier treatment, which increases the chances of positive outcomes. Scheduling regular check-ups with a physician is an important step in maintaining a long, healthy life.

The chart below represents the proportion of refugees from Bhutan who reported having had a routine checkup in the past two years.

Key Findings

- Over half (54.6%) of refugees from Bhutan reported having had a routine checkup in the past two years.
- Female refugees (54.0%) were slightly less likely than male refugees (55.2%) to report having had a routine checkup in the past two years.



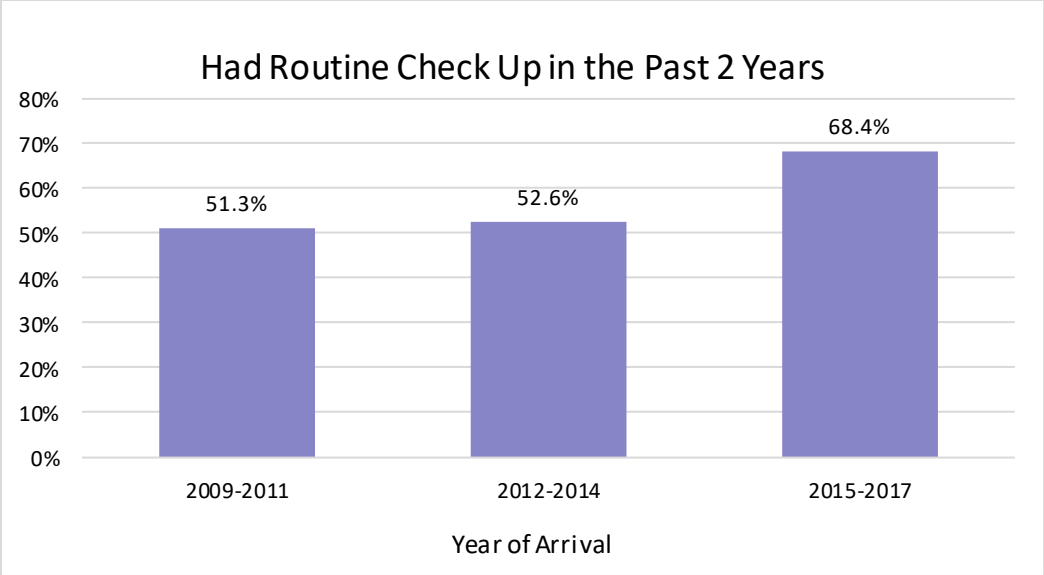
Routine Checkup

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having had a routine checkup in the past two years.

Key Findings

- Refugees who arrived in 2015-2017 were most likely to report having had a routine checkup in the past two years at 68.4%.
- Approximately three out of ten refugees from Bhutan who arrived in 2008 and earlier (60.0%) reported having had a routine checkup in the past two years.
- Refugees who arrived in 2009-2011 (51.3%) and 2012-2014 (52.6%) reported a similar percentage of those having had a routine checkup in the past two years at just over 50%.



Pneumonia Vaccination

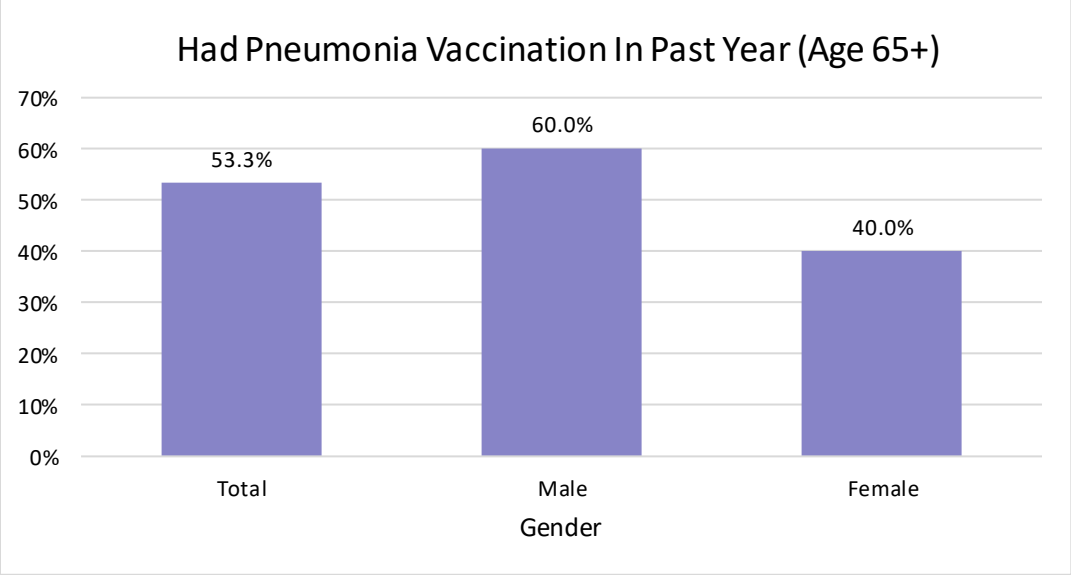
By Gender

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in an individual's lifetime and is different from a flu shot.[26] Pneumococcus can cause pneumonia (lung infection), ear infections, sinus infections, and meningitis. While pneumococcal disease is common in young children, adults over the age of 65 face the greatest risk of serious infection.

The chart below represents the proportion of refugees from Bhutan ages 65 and older who reported having ever received a pneumonia vaccination.

Key Findings

- Over half of the refugees from Bhutan, aged 65 and older (53.5%), reported having received a pneumonia vaccination.
- Male refugees from Bhutan aged 65 and older (60.0%) were more likely than female refugees (40.0%) to have ever received a pneumonia vaccination.



[26] Centers for Disease Control and Prevention. (2016). Pneumococcal vaccination: what everyone should know. Retrieved from www.cdc.gov/vaccines/vpd/pneumo/public/index.html

Pap Test

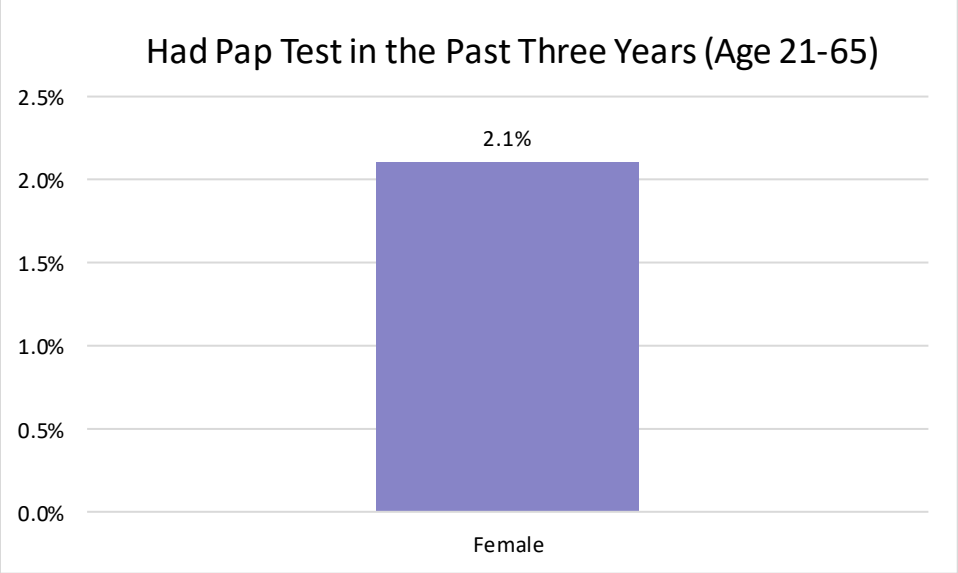
Female

The American Cancer Society recommends that women begin receiving a Pap test, a screening procedure for cervical cancer, at age 21.[27] Women should continue to get a Pap test every three to five years until age 65.

The chart below represents the proportion of refugees from Bhutan (age 21 to 65) who reported having had a Pap test in the past three years.

Key Findings

- Just over 2% of female refugees ages 21 to 65 (2.1%) reported having had a Pap test in the past three years.



[27] American Cancer Society. (2018). The American Cancer Society guidelines for the prevention and early detection of cervical cancer. Retrieved from www.cancer.org/cancer/cervical-cancer/prevention-and-early-detection/cervical-cancer-screening-guidelines.html

Mammogram

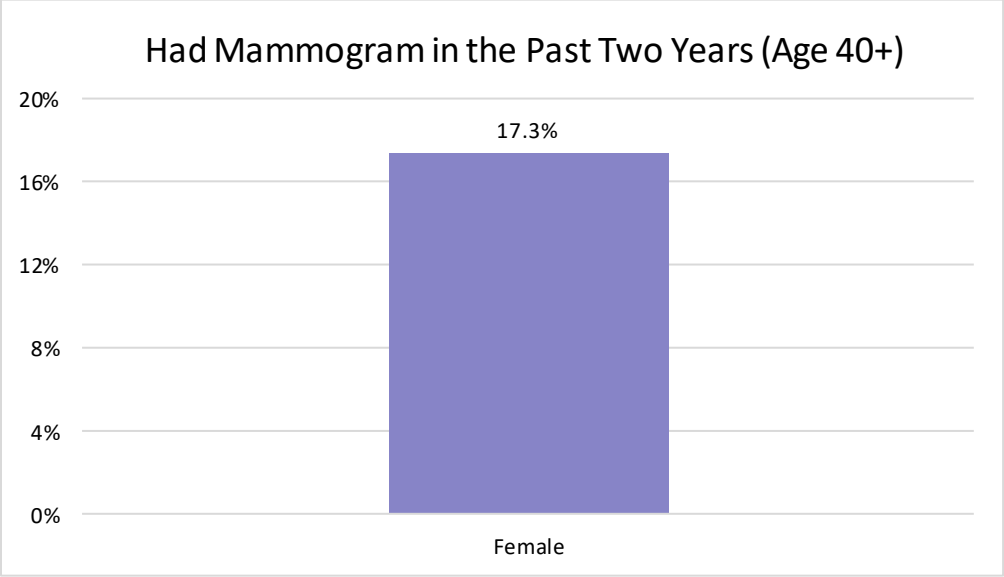
Female

Mammograms are X-ray pictures of the breast used to look for signs of breast cancer. The American Cancer Society recommends that women age 45 and older should get mammograms every one or two years and women ages 40 to 44 should have the choice to start annual mammograms.[28]

The chart below represents the proportion of refugees from Bhutan (age 40 and older) who reported having had a mammogram in the past two years.

Key Findings

- Just under one-fifth (17.3%) of female refugees age 40 and older reported having had a mammogram in the past two years.



[28] American Cancer Society. (2018). American Cancer Society Guidelines for the early detection of cancer. Retrieved from www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

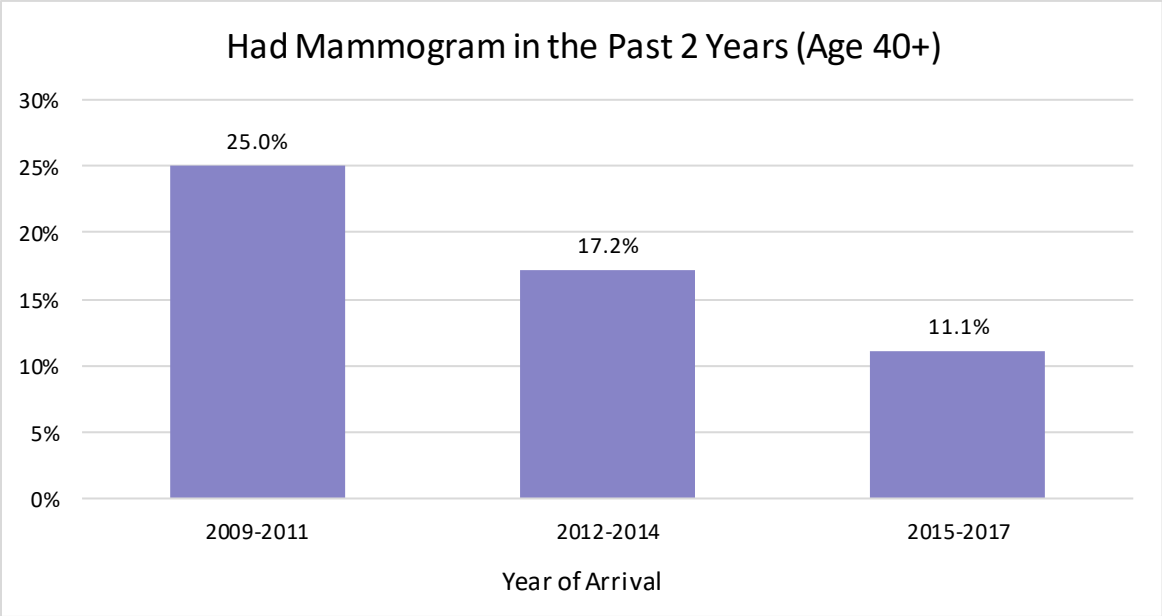
Mammogram

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan (age 40 and older) who reported having had a mammogram in the past two years.

Key Findings

- The percentage of female refugees reporting having had a mammogram in the past 2 years increased with the length of stay in the United States.
- The most recently arrived refugees (2015-2017) were least likely to report having had a mammogram in the past two years at 11.1%, followed by those who arrived in 2012-2014 at 17.2%.
- One-fourth of female refugees who arrived in 2009-2011 (25.0%) reported having had a mammogram in the past two years.



HIV Test

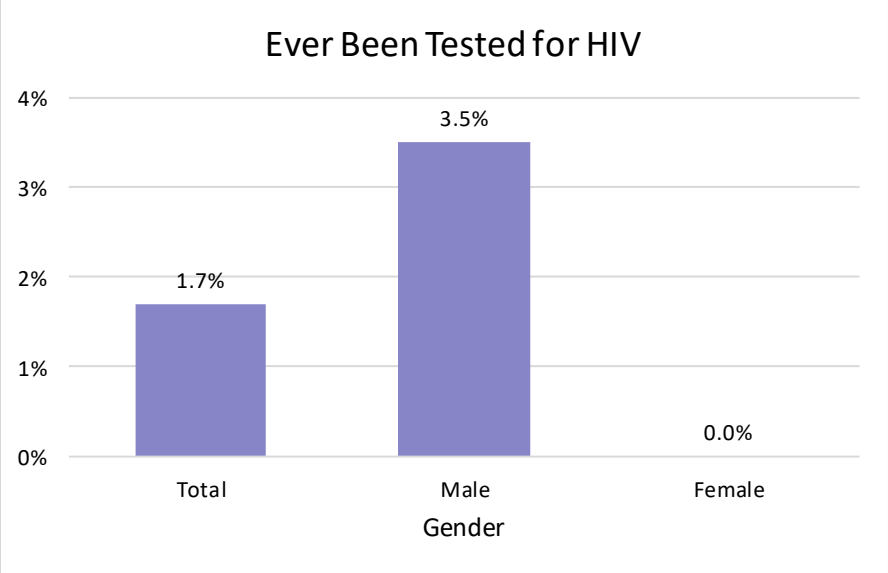
By Gender

While the human immunodeficiency virus (HIV) is quite similar to other viruses, the immune system cannot completely get rid of HIV. Over time, HIV is able to destroy cells that the body needs to fight off infections.[29] If untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS), which leaves the body extremely vulnerable to certain diseases and cancers.

The chart below represents the proportion of refugees from Bhutan who reported having ever been tested for HIV.

Key Findings

- Overall, only 1.7% of refugees from Bhutan reported having ever been tested for HIV.
- More than 3% of the male refugees from Bhutan reported ever been tested for HIV, whereas none of the female refugees reported the same.



[29] AIDS.gov. (2016). What is HIV/AIDS. Retrieved from www.aids.gov/hiv-aids-basics/hiv-aids-101/what-is-hiv-aids

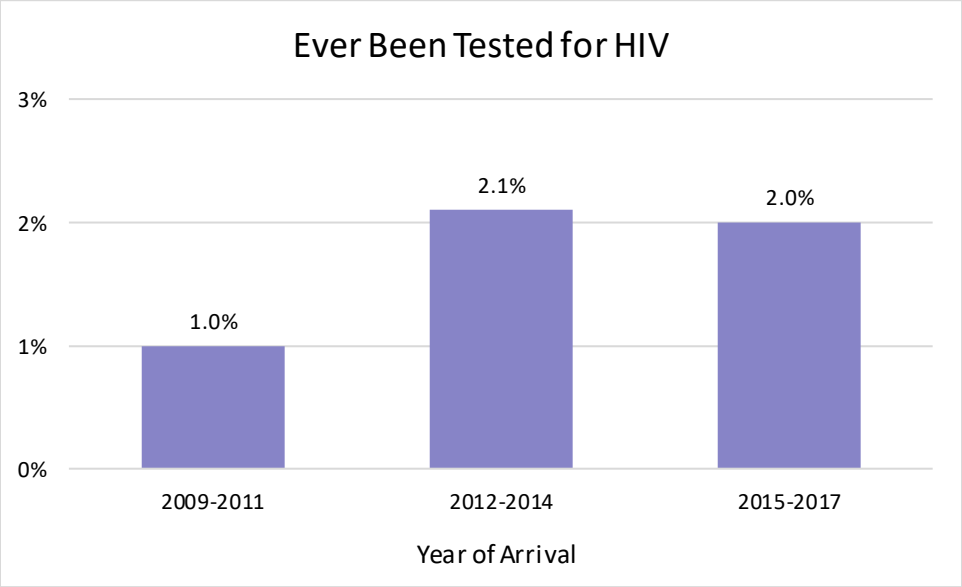
HIV Test

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having ever been tested for HIV.

Key Findings

- Refugees who arrived in 2012-2014 and 2015-2017 had similar percentages of those ever been tested for HIV at approximately 2.0%.
- Only 1% of refugees who arrived in 2009-2011 reported ever been tested for HIV.



Dental Visit

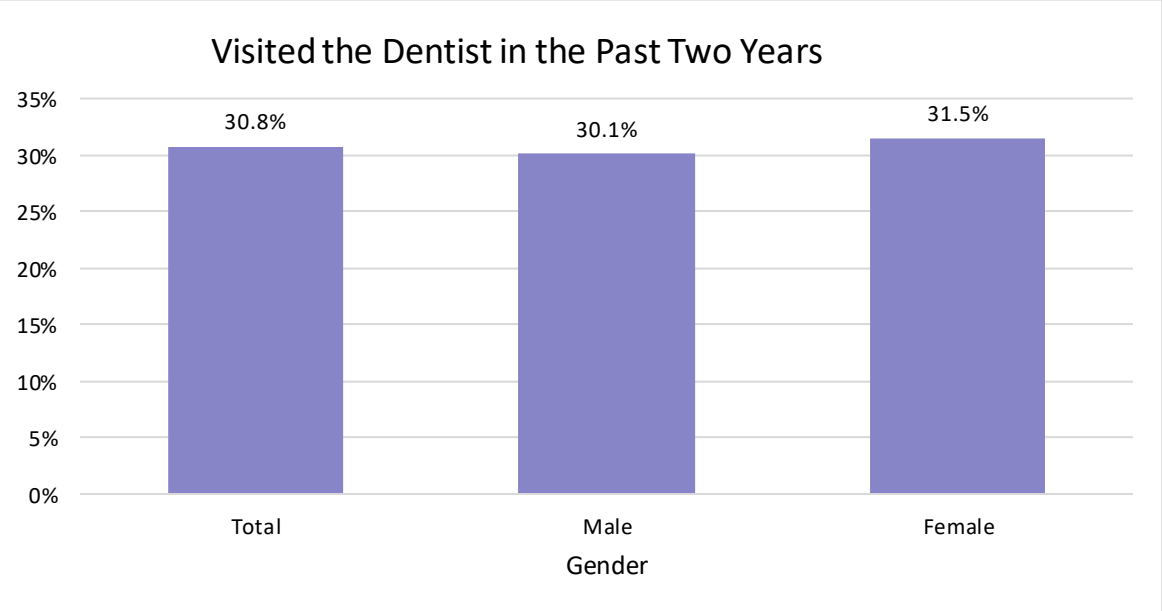
By Gender

Regular visits to the dentist are an important part of maintaining good oral health. Several of the most common oral health problems include untreated tooth decay (cavities) and gum disease. In fact, it has been reported that more than one in four adults in the United States have untreated tooth decay.[30] While factors such as aging and chronic disease can increase the chance of poor oral health, visiting a dentist on a regular basis can help to decrease and prevent the likelihood of oral health problems in the future.

The chart below represents the proportion of refugees from Bhutan who reported visiting a dentist in the past two years.

Key Findings

- Approximately 30.8% of refugees from Bhutan reported having visited the dentist in the past two years.
- Female refugees (31.5%) were slightly more likely than male refugees (30.1%) to report having visited the dentist in the past two years.



[30] Centers for Disease Control and Prevention. (2015). Dental Caries and Tooth Loss in Adults in the United States, 2011-2012. Retrieved from www.cdc.gov/nchs/data/databriefs/db197.htm

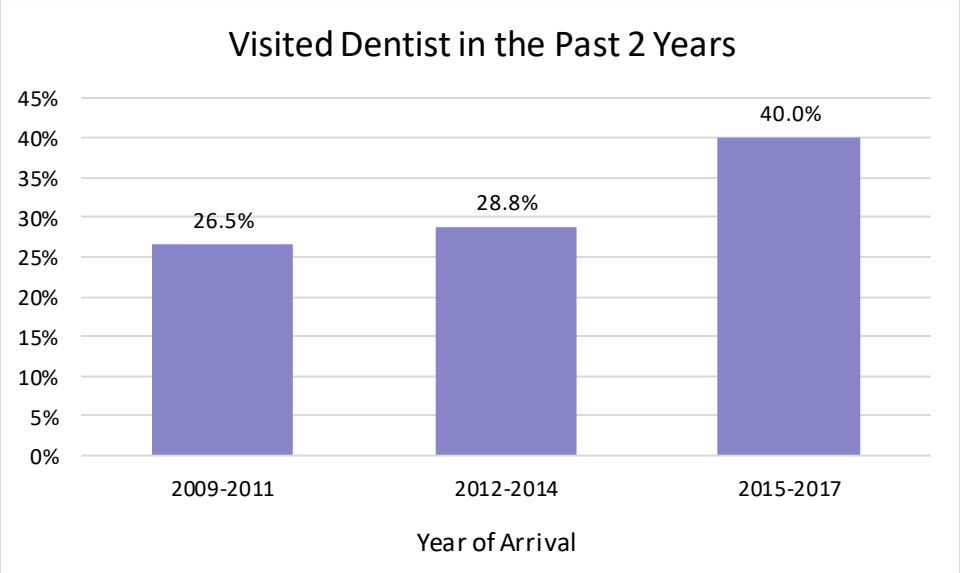
Dental Visit

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported visiting a dentist in the past two years.

Key Findings

- Refugees who arrived in 2009-2011 and 2012-2014 were least likely to report having visited the dentist in the past two years at 26.5% and 28.8%, respectively.
- Two in five refugees from Bhutan who arrived in 2015-2017 reported having visited the dentist in the past two years.



Sleep Insufficiency

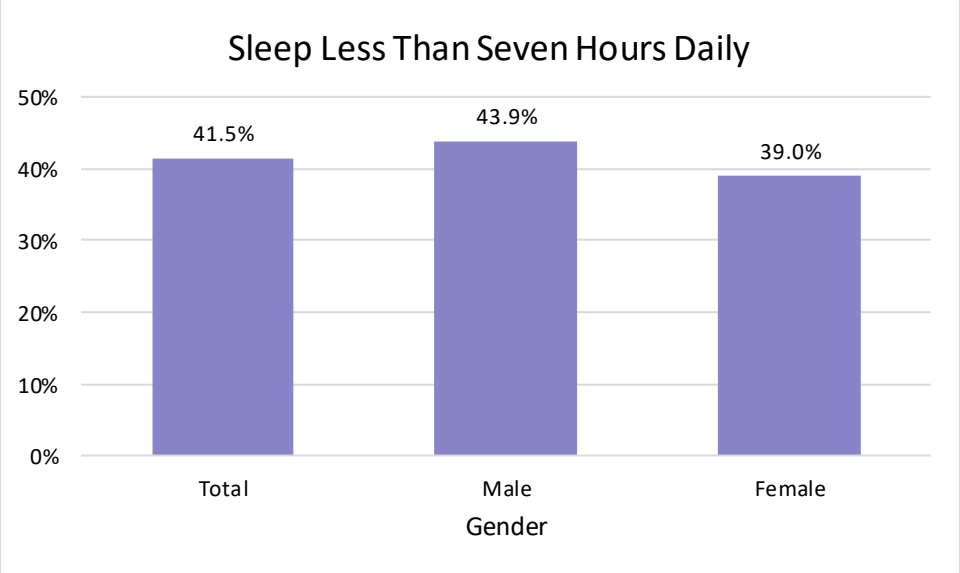
By Gender

Insufficient sleep has been linked to numerous chronic diseases, including diabetes, obesity, depression, and cardiovascular disease.[31] Additionally, insufficient sleep can be responsible for motor vehicle crashes, causing considerable injury each year.

The chart below represents the proportion of refugees from Bhutan who reported sleeping less than seven hours daily.

Key Findings

- Approximately 41.5% of refugees from Bhutan reported sleeping less than seven hours daily.
- Male refugees from Bhutan (43.9%) were slightly more likely than female refugees (39.0%) to report sleeping less than seven hours daily.



[31] Centers for Disease Control and Prevention. (2016). Sleep and sleep disorders. Retrieved from www.cdc.gov/sleep/index.html

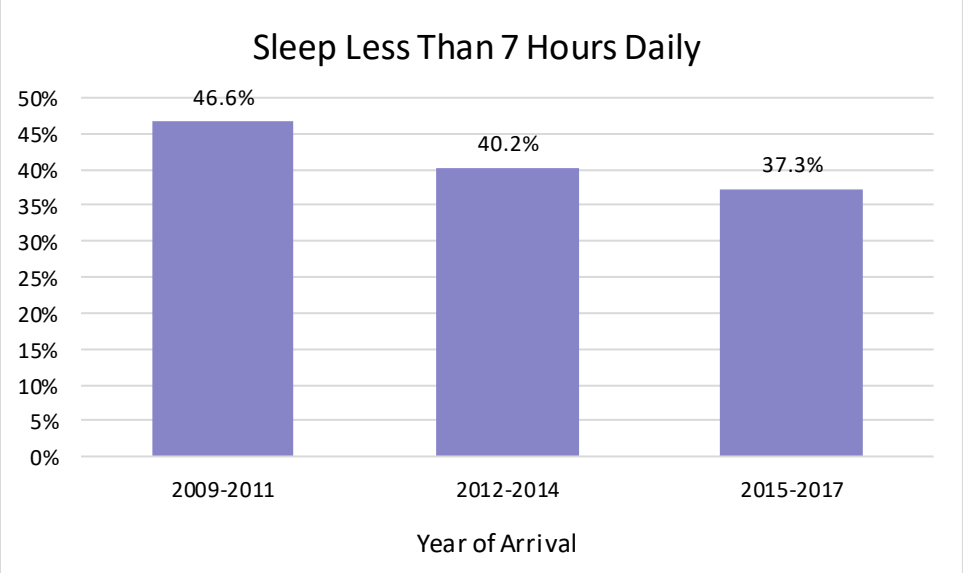
Sleep Insufficiency

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported sleeping less than seven hours daily.

Key Findings

- The percentage of refugees who reported having less than seven hours of sleep daily increased with the length of stay in the United States.
- , Just under 50% of refugees who arrived in 2009-2011 (46.6%) reported sleeping less than seven hours daily.
- The most recently arrived refugees from Bhutan (2015-2017) reported the lowest percentage of those having less than seven hours of sleep daily at 37.3%.
- Two out of 5 refugees who arrived in 2012-2014 reported having less than seven hours of sleep daily.



Fruit Consumption

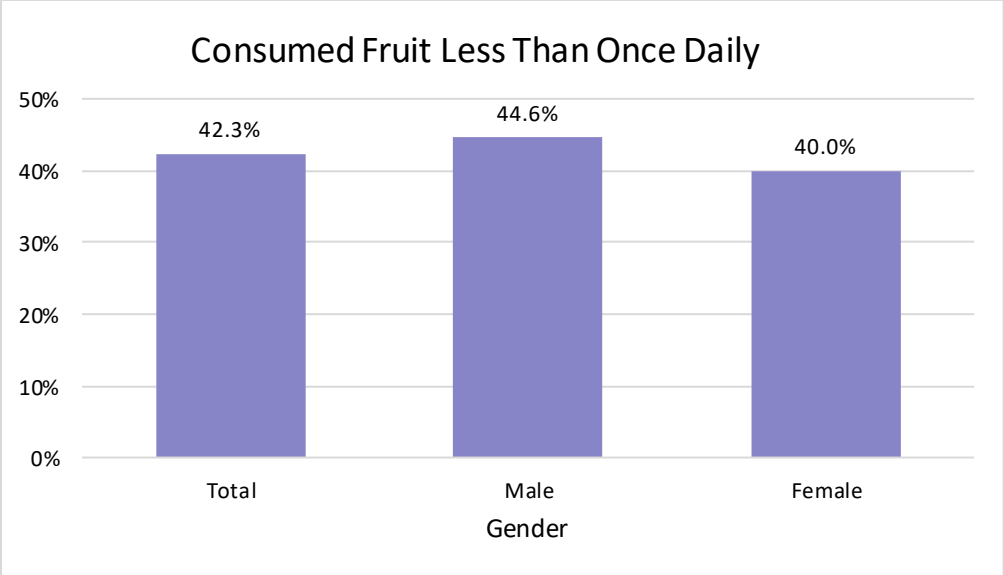
By Gender

Diets high in fruits and vegetables can reduce the risk for cancer and chronic disease.[32] Fruits and vegetables are a good source of essential vitamins and minerals. They also provide fiber, while remaining low in fat and calories. Half of one's dinner plate should consist of fruits and vegetables.

The chart below represents the proportion of refugees from Bhutan who reported eating fruit less than once daily.

Key Findings

- Just over 40% of refugees from Bhutan (42.3%) reported consuming fruit less than once daily.
- Male refugees from Bhutan (44.6%) had a slightly higher percentage of those consumed fruit less than once daily compared to the female refugees (40.0%).



[32] Centers for Disease Control and Prevention. (2015). Adults meeting fruit and vegetable intake recommendations. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm

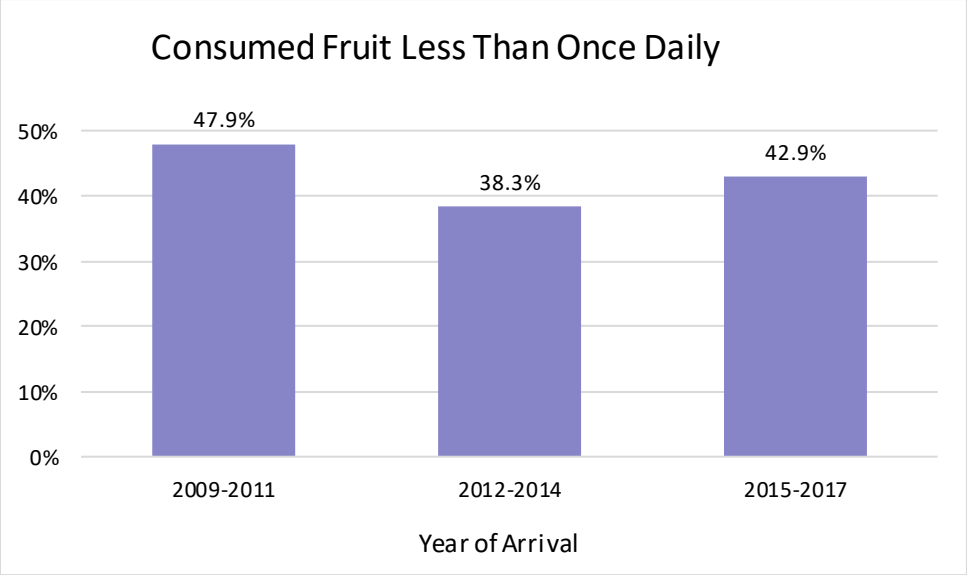
Fruit Consumption

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported eating fruit less than once daily.

Key Findings

- The percentage of refugees who reported consuming fruit less than once daily increased with the length of stay in the United States, starting from the group who arrived in 2012-2014.
- Less than half of the Bhutanese refugees who arrived in 2009-2011 (47.9%) and 2015-2017 (42.9%) reported consuming fruit less than once daily.



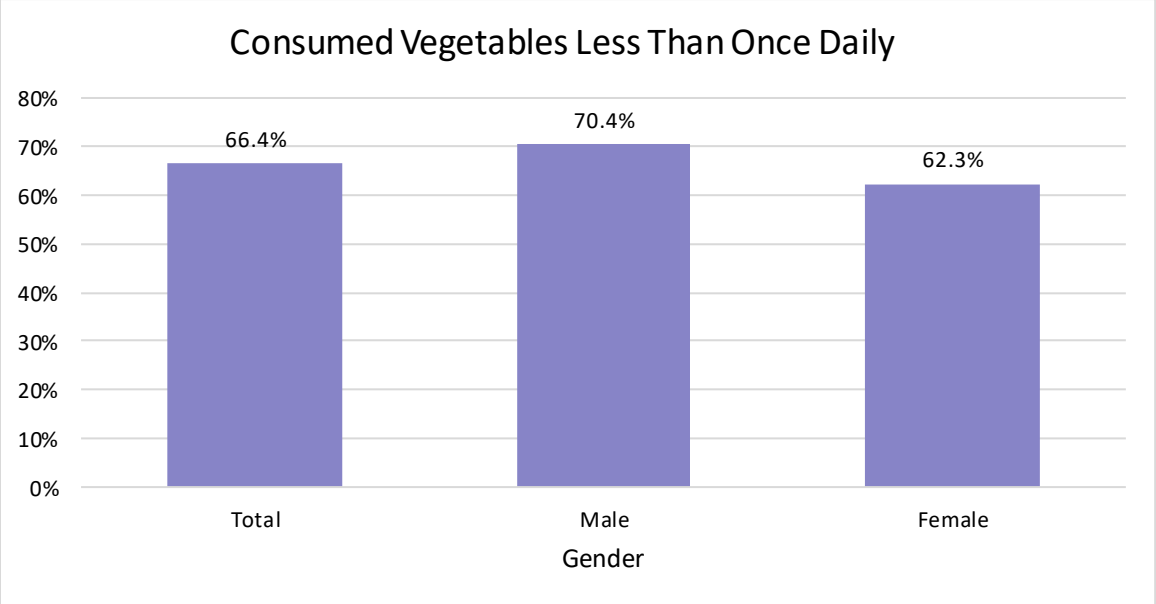
Vegetable Consumption

By Gender

The chart below represents the proportion of refugees from Bhutan who reported eating vegetables less than once daily.

Key Findings

- Approximately 66% of refugees from Bhutan reported consuming vegetables less than once daily.
- Male refugees (70.4%) were more likely than female refugees (62.3%) to report consuming vegetables less than once daily.



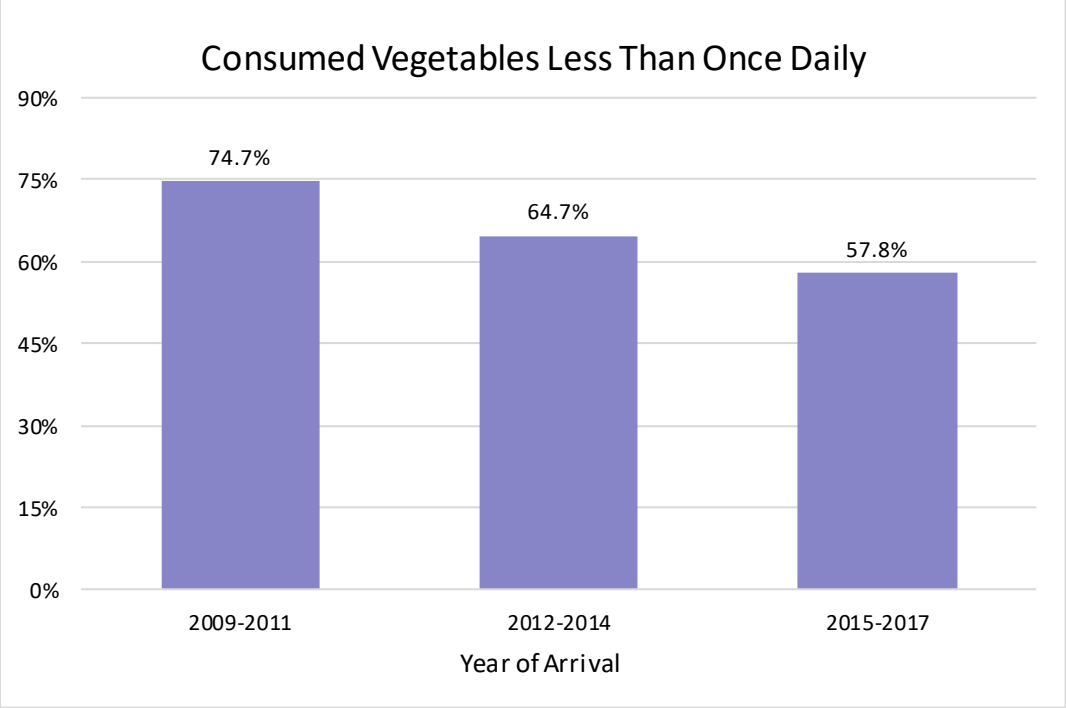
Vegetable Consumption

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported eating vegetables less than once daily.

Key Findings

- The percentage of refugees reported consuming vegetables less than once daily increased with the length of stay in the US.
- Refugees who arrived in 2009-2011 had the highest percentage of those consuming vegetables less than once daily.
- The most recently arrived refugees had the lowest percentage of those consuming vegetables less than once daily at 57.8%.
- Approximately one-third of refugees who arrived in 2012-2014 reported consuming vegetables less than once daily.



Current Cigarette Smoker

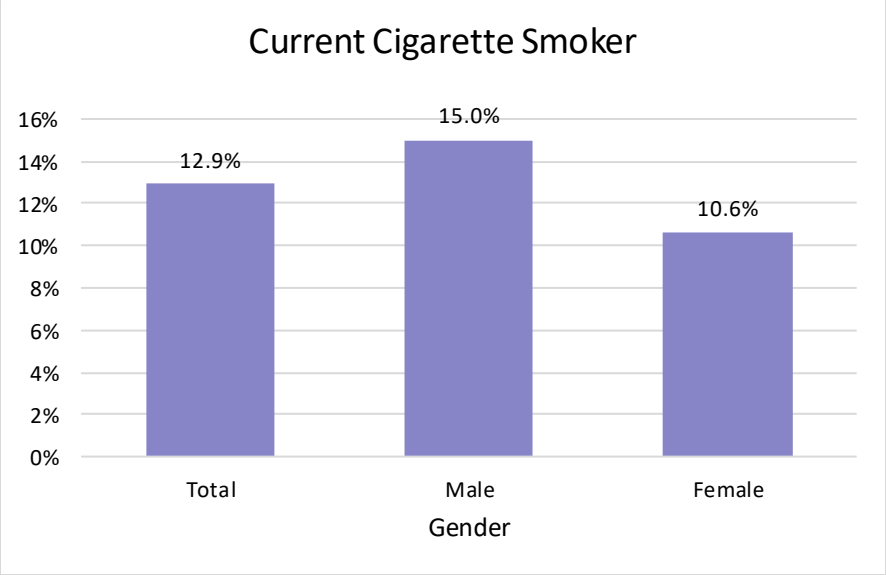
By Gender

Tobacco is the leading cause of preventable death and disease in the United States. Smoking increases the risk of chronic diseases like lung disease, coronary heart disease, stroke, and various cancers.[33] Cigarette smoking causes nearly one in five deaths each year in the United States.[34]

The chart below represents the proportion of refugees from Bhutan who reported currently smoking cigarettes every day or some days.

Key Findings

- Overall, 9.7% of refugees from Bhutan reported being current smokers.
- Male refugees (10.9%) were more likely than female refugees (8.5%) to report being current smokers.



[33] Centers for Disease Control and Prevention. (2016). Health effects of cigarette smoking. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

[34] Centers for Disease Control and Prevention. (2013). QuickStats: number of deaths from 10 leading causes. Retrieved from www.cdc.gov/mmwr/preview/mmwrhtml/mm6208a8.htm?s_cid=mm6208a8_w

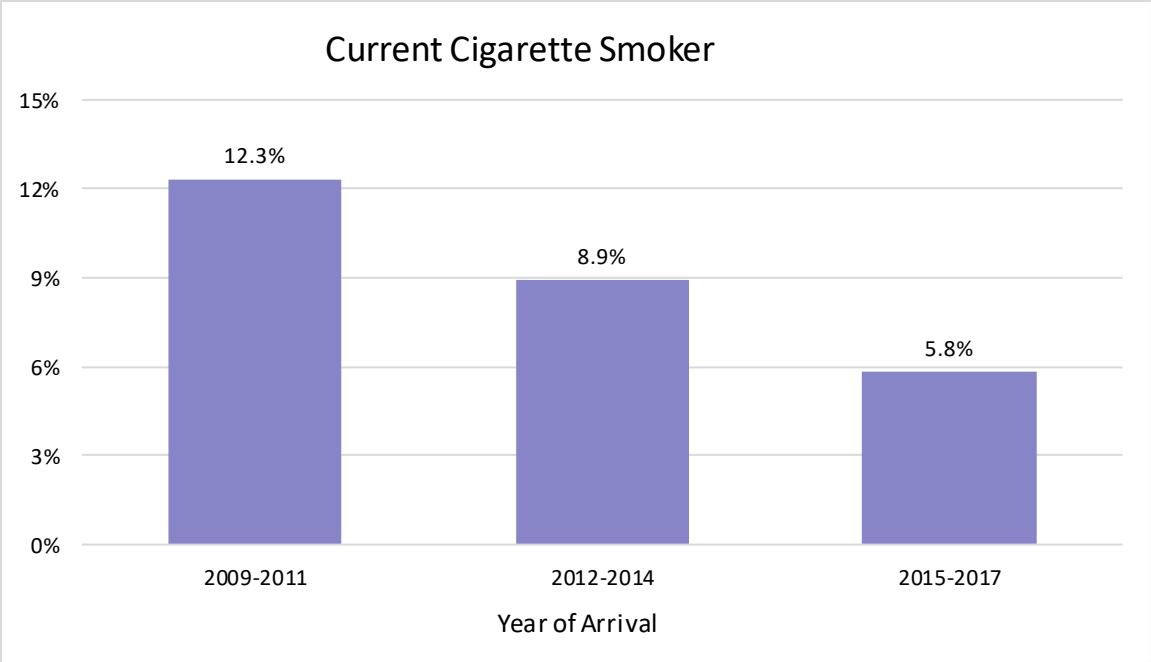
Current Cigarette Smoker

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported currently smoking cigarettes every day or some days.

Key Findings

- The percentage of refugees from Bhutan reported as current smokers increased with the length of stay in the United States.
- The most recently arrived group of refugees (2015-2017) was the least likely to report currently smoking at 5.8%, followed by refugees who arrived in 2012-2014 at 8.9%.
- Refugees who arrived in 2008 and earlier were most likely population to report being current smokers at 14.3%, 2 percentage points higher than the second-highest population to report the same.



Binge Drinking

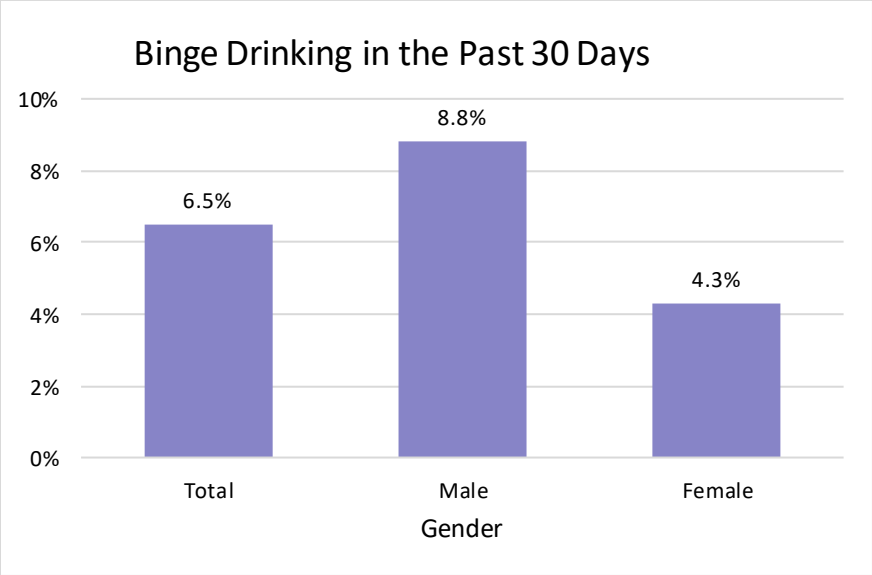
By Gender

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as drinking five or more alcoholic beverages on any one occasion.[35] The data comprised below includes individuals who had five or more drinks on any one day in the past month.

Thechart below represents the proportion of refugees from Bhutan who reported having four or more drinks (for women) or five or more drinks (for men) on any one occasion in the past 30 days.

Key Findings

- Just under 7% of refugees from Bhutan reported binge drinking in the past 30 days.
- Male refugees (8.8%) were over two times as likely as female refugees (4.3%) to report binge drinking in the past 30 days.



[35] National Institutes of Health. (2016). Drinking levels defined. Retrieved from https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

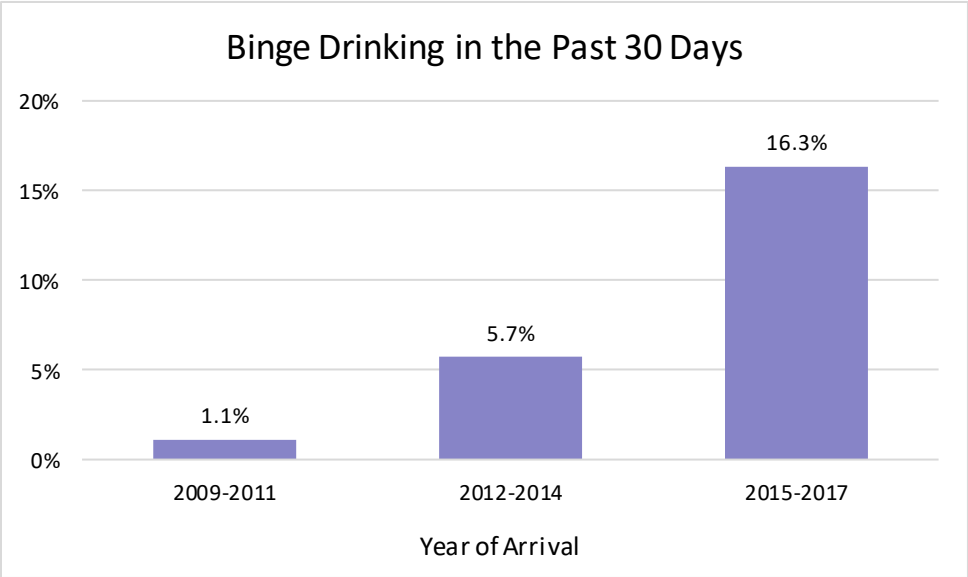
Binge Drinking

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan who reported having four or more drinks (for women) or five or more drinks (for men) on any one occasion in the past 30 days.

Key Findings

- Refugees who arrived in 2008 and earlier were most likely to report binge drinking in the past 30 days at 33.3%.
- The most recently arrived group of refugees (2015-2017) was the second most likely to report binge drinking in the past 30 days at 16.3%.
- Refugees who arrived in 2009-2011 (1.1%) and in 2012-2014 (5.7%) were the least likely to report binge drinking in the past 30 days.



Overweight or Obese

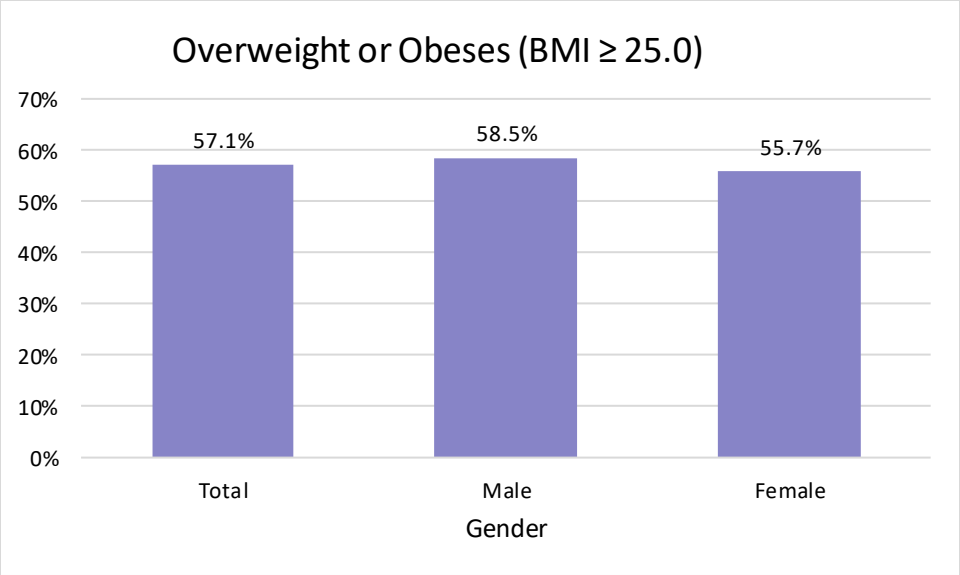
By Gender

Body Mass Index (BMI) is an estimated measure of an adult's body fat, which is determined by the ratio of one's height and weight. Higher BMIs can indicate a higher risk of heart disease, high blood pressure, type 2 diabetes, and certain cancers.[36] Individuals with a BMI of 25-29.9 are considered overweight. A Body Mass Index of 30 or higher is considered obese.

The chart below represents the proportion of refugees from Bhutan with a BMI of greater than 25.

Key Findings

- Overall, 57.1% of refugees from Bhutan were overweight or obese.
- Male refugees from Bhutan (58.5%) were more likely than male refugees from Bhutan (55.7%) to be overweight or obese.



[36] National Institutes of Health. (2016). BMI Tools. Retrieved from www.nhlbi.nih.gov/health/educational/lose_wt/bmitools.htm

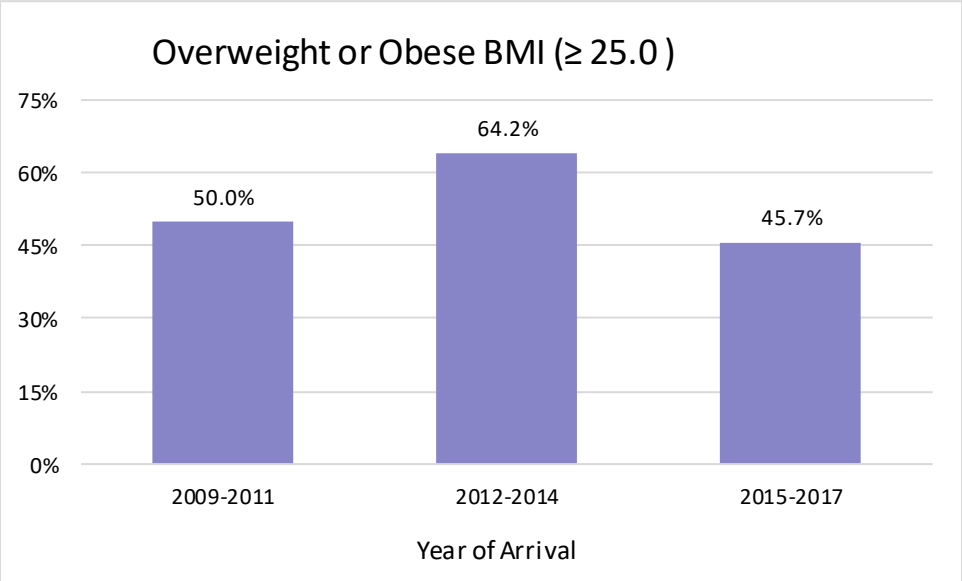
Overweight or Obese

By Year of Arrival

The chart below represents the proportion of refugees from Bhutan with a BMI of greater than 25.

Key Findings

- Refugees who arrived in 2008 and earlier were least likely to be overweight or obese at 42.9%, followed closely by refugees who arrived in 2015-2017 at 45.7%.
- The highest percentage of refugees who were overweight or obese was just over 60%, seen among the refugees who arrived in 2012-2014 (63.8%).
- One-half of the refugees who arrived in 2009-2011 were overweight or obese.



Underweight

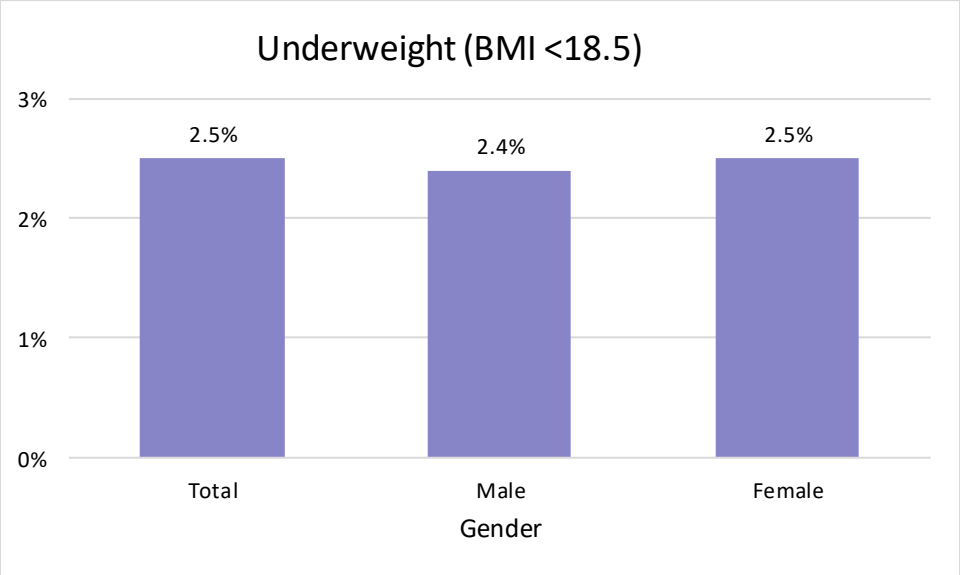
By Gender

Body Mass Index (BMI) is an estimated measure of an adult's body fat, which is determined by the ratio of one's height and weight. Individuals with a BMI lower than 18.5 are considered underweight. Being underweight can put individuals at a higher risk of not getting the amount of nutrients needed for the immune system to function properly.

The chart below represents the proportion of refugees from Bhutan with a BMI lower than 18.5.

Key Findings

- Overall, only 2.5% of refugees from Bhutan were underweight.
- Female refugees (2.5%) and male refugees (2.4%) from Bhutan were almost equally likely to be underweight.



Conclusion

The purpose of this report was to provide a snapshot of the health status and needs of the Bhutanese refugees in Nebraska using the data from the 2017 Nebraska Refugee Needs Assessment. The Bhutanese refugees surveyed reported that their biggest challenges were language barriers, navigating U.S. systems, and access to health services. Furthermore, the Bhutanese refugees surveyed reported their most urgent needs to be healthcare, education, and interpretation. The biggest challenges and most urgent needs are social determinants of health or strongly impact the social determinants of health.

Social determinants of health can have a long and lasting impact on the health. Refugees in the United States have long suffered from social and economic disparities. This is currently seen among the Bhutanese refugees in Nebraska. Just over 75% of refugees from Bhutan did not graduate high school. Higher educational attainment is associated with higher income. For the Bhutanese refugees, approximately 80% of this surveyed population earned less than $35,000 annually. Lastly, the rate of homeownership for the refugees surveyed was at 45.5%. These socioeconomic disparities greatly impact the health of the refugees and their access to health care.

Accessing health care has a great influence on one's health status. One out of every ten refugees from Bhutan reported access to healthcare as their biggest challenge. The language barrier is one of the largest challenges to accessing healthcare. Approximately 72% of refugees from Bhutan reported language barriers as their biggest challenge in everyday life and 65% of the population reported having limited English proficiency. Additionally, 45.9% of refugees from Bhutan reported having difficulty understanding health information from healthcare providers spoken in English. Access indicators provide another reason that Bhutanese refugees list access to health care as one of their biggest challenges. Only 36% of refugees from Bhutan reported having healthcare coverage. A little more than half of refugees from Bhutan reported having had a routine checkup in the past two years. Lack of access to health care is especially concerning when the health status of the Bhutanese refugees is considered.

Approximately one-fourth of refugees from Bhutan perceived their health as fair or poor. Those who perceive their health status as poor or fair have higher rates of activity limitations, hospitalizations and mortality. High rates of chronic disease were seen across the Bhutanese refugees. For example, 16%

of refugees surveyed had ever been diagnosed with high blood pressure, and 7.4% had ever been diagnosed with diabetes. One possibility for the high rates is that many chronic diseases are caused by negative health behaviors. Almost 40% of refugees from Bhutan reported sleeping less than seven hours per day. Two-thirds of Bhutanese refugees reported that they ate vegetables less than once per day, and 42% reported consuming fruit less than once per day. Health literacy education and improving access to health care will be important to improving health status for Bhutanese refugees.

Identifying and understanding where disparities exist among the Bhutanese refugees in Nebraska is a step in the direction of achieving health equity. The results from the 2017 Nebraska Needs Assessment Survey show there is a need for unified support across communities, health care providers, partner organizations, and government agencies in meeting the needs of the Bhutanese refugees in Nebraska. By acknowledging the barriers faced by this population, we can work to eliminate them and ensure everyone has an equal and fair opportunity to be healthy.

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