Health Status of Lincoln Refugees

Division of Public Health
Nebraska Department of Health
and Human Services
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Nebraska Office of Health Disparities & Health Equity

Lincoln Refugee Health Status Report

Gary J. Anthone, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Susan A. Medinger, RD
Administrator, Community and Rural Health Planning Unit
Division of Public Health
Department of Health and Human Services

Josie Rodriguez, MS
Administrator, Office of Health Disparities and Health Equity
Division of Public Health
Department of Health and Human Services

Report prepared by:

Anthony Zhang, MA, MPhil
Epidemiology Surveillance Coordinator

Brittney Kapustina, MA
Program Analyst

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Asian Community and Cultural Center

Sheila Dorsey Vinton
Executive Director, Asian Community and Cultural Center

List of Interviewers
Duy Linh Bui
Yu Wai
Samia Ahmed Abdel Mawla
Sawsan Elias
Hassan Omar

Karen Refugee Team

Pa Naw Dee
Executive Director, Karen Society of Nebraska

Lincoln Team
Prisana Knyawtoo
Mu Mu
Soe Say Gay
Poe Dee
Wasana Somphatanapong
Lar Lah
Mu Hser
Lar Lay Nweh
Ku Htoo
Ker Myee Paw
Ku Say

Omaha Team
Tah Per
Rosanna Roland
Tee Shee Ku
PawTha Clay
Potet Robinson
Say Wai Soe
Cherry Juson

North Ford and Madison Team

Paw Shae
Eh Doh
Thalay Paw
He Ler Paw
Shaelah Htoo
Moo Thaw Paw
Ei She Co Lar

Cobza and Lexington Team

Soe Nyine
Shar Gi Moo
Runny Shell
Ywe Wah
Me Yu Maw

Iraqi Refugee Team

Interviewer

Barakat Hagz

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Methodology

Project Development

In an effort to gain a deeper and more comprehensive understanding of the health needs of refugee communities, the Nebraska Office of Health Disparities and Health Equity conducted its first statewide Refugee Needs Assessment Survey in 2017. A qualitative and quantitative mixed methods approach was used in this project. 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.

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. Refugees from Sudan and South Sudan were combined into one category, as many refugees came to Nebraska before South Sudan gained independence in 2011.

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.

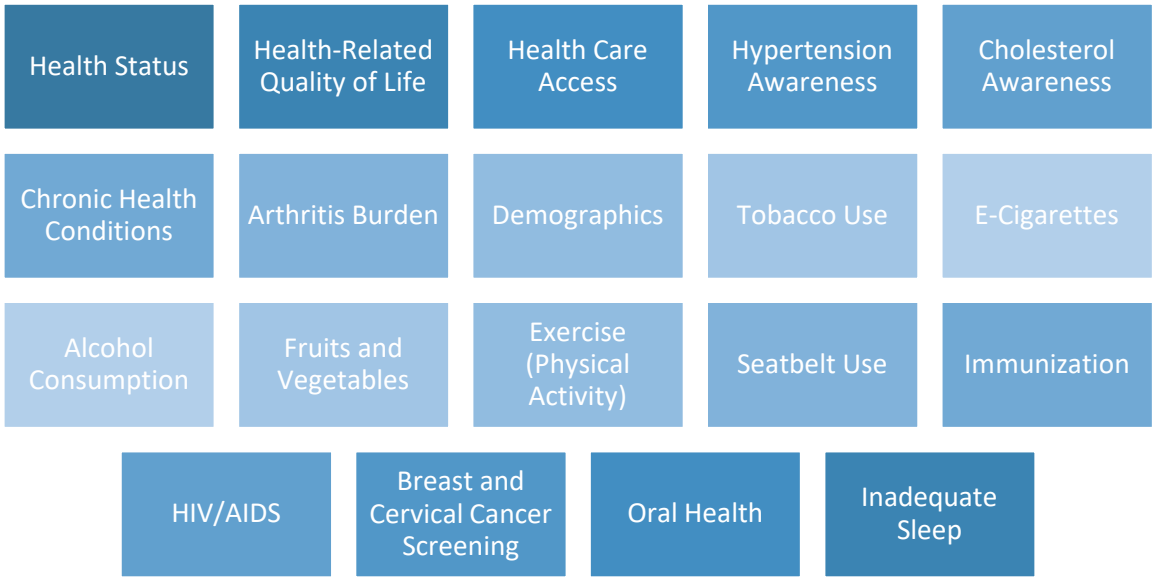
State-Added Questions

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

To implement the needs assessment, OHDHE contracted with several partner organizations, including the Karen Society of Nebraska and the Asian Community and Cultural Center. These organizations assisted in identifying participants and interpreters to conduct the interviews.

Before conducting the interviews, interpreters were trained by OHDHE staff to ensure that the survey was given in a standardized manner. More than 60 interpreters were trained in a series of twenty workshops. 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 questions 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 an interpreter other than the individual who conducted the initial interview with the participant.

More than 2,300 surveys were completed in Lincoln, Omaha, Grand Island, Lexington and other cities and towns across Nebraska. This report will focus exclusively on the 800 refugees who reported their current residence as Lincoln, Nebraska and the surrounding areas

This report will focus exclusively on the 800 refugees who reported their current residence as Lincoln, Nebraska.

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 in order to limit misinterpretation. While questions were written to ensure consistency, misinterpretation may still occur, in part due to cultural and linguistic differences. In addition, 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.[1] 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.

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

Lincoln's Refugee Population Demographics

Lincoln refugees surveyed come from

- Burma (Myanmar) **64.8%**
- Iraq **18.4%**
- Sudan & South Sudan **13.0%**

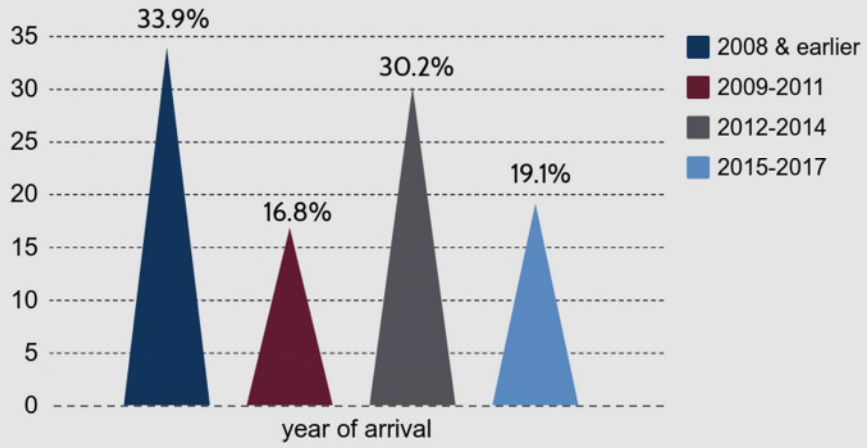
Top Five Languages

- Karen | 65.1%
- Arabic | 15.6%
- Nuer | 9.1%
- Kurmanji | 5.1%
- Kurdish | 2.1%

Age Groups Surveyed

- 43.2% Ages 18-34
- 42.4% Ages 35-54
- 14.4% Ages 55 and older

Year of Arrival in the U.S.



Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

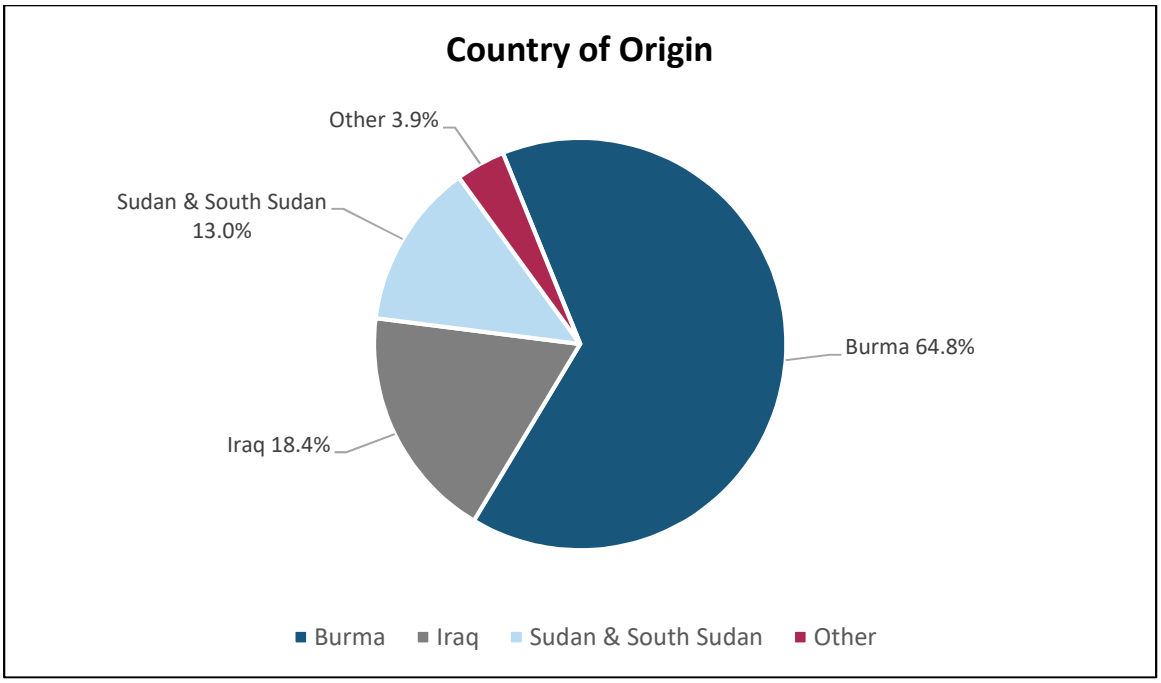
Nebraska Office of Health Disparities & Health Equity

Country of Origin

The below chart represents the country of origin of Lincoln refugees surveyed.

Key Findings

- Just under two-thirds of Lincoln refugees surveyed (64.8%) were from Burma.
- Approximately 18% of Lincoln refugees surveyed were from Iraq and 13% were from Sudan or South Sudan.
- While the BRFSS survey also included refugees from Bhutan and Somalia, no refugees from these two countries reported Lincoln as their current residence.

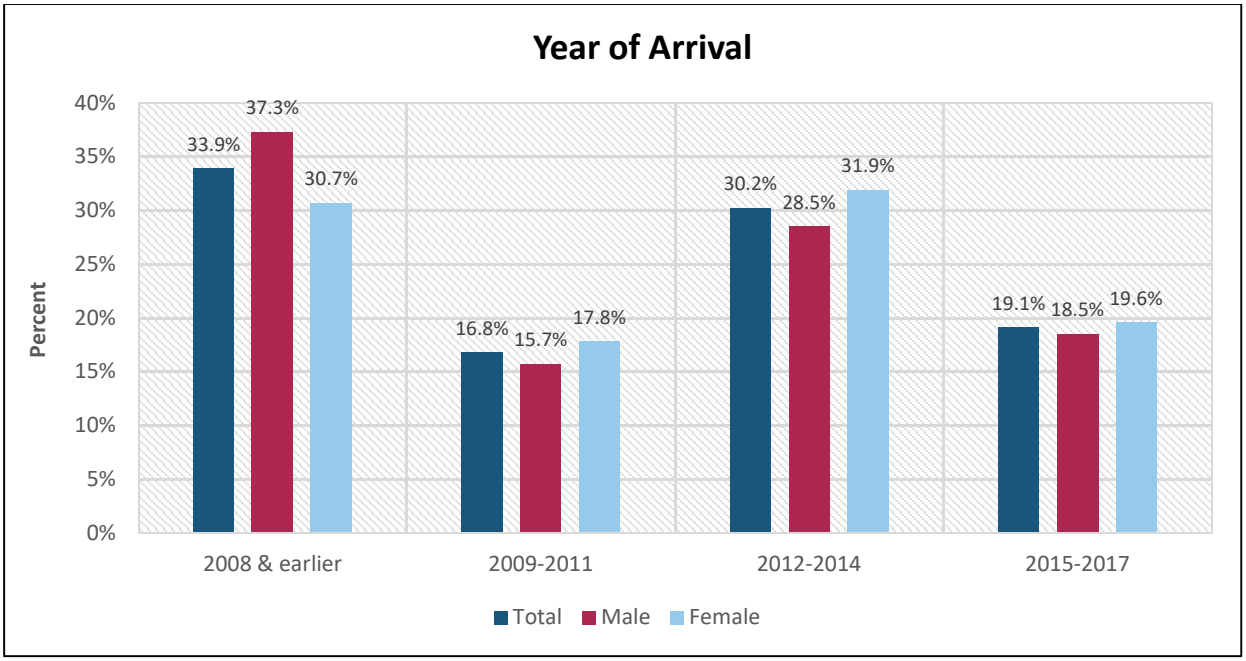


Year of Arrival

The below chart represents the year Lincoln refugees arrived in the United States.

Key Findings by Gender

- Approximately one-third of Lincoln refugees surveyed arrived in 2008 and earlier (33.9%). The next largest group of refugees surveyed arrived in 2012-2014 (30.2%).
- Approximately 19% of Lincoln refugees surveyed arrived in 2015-2017 and approximately 17% arrived in 2009-2011.
- While more male refugees were surveyed among those arriving in 2008 and earlier, more female refugees were surveyed among all other arrival groups.



Age Group

The below charts represent the age groups of Lincoln refugees surveyed.

Key Findings by Gender

- Lincoln refugees ages 25-34 (24.8%) and ages 35-44 (22.8%) were the largest age groups surveyed. Approximately 9% of refugees surveyed ages 55-64 and approximately 6% were 65 and older.
- Similar proportions of male and female refugees surveyed were reported among all age groups.

Age Group	Total	Male	Female
18-24	18.4%	18.5%	18.3%
25-34	24.8%	23.0%	26.6%
35-44	22.8%	21.7%	23.8%
45-54	19.6%	20.4%	18.8%
55-64	8.5%	9.3%	7.8%
65+	5.9%	7.1%	4.8%
Total	**100%**	**100%**	**100%**

Key Findings by Year of Arrival

- The majority of refugees surveyed among all arrival groups ages 25-54.
- A larger proportion of refugees arriving in 2015-2017 belonged to the youngest age group, ages 18-24 (28.4%).

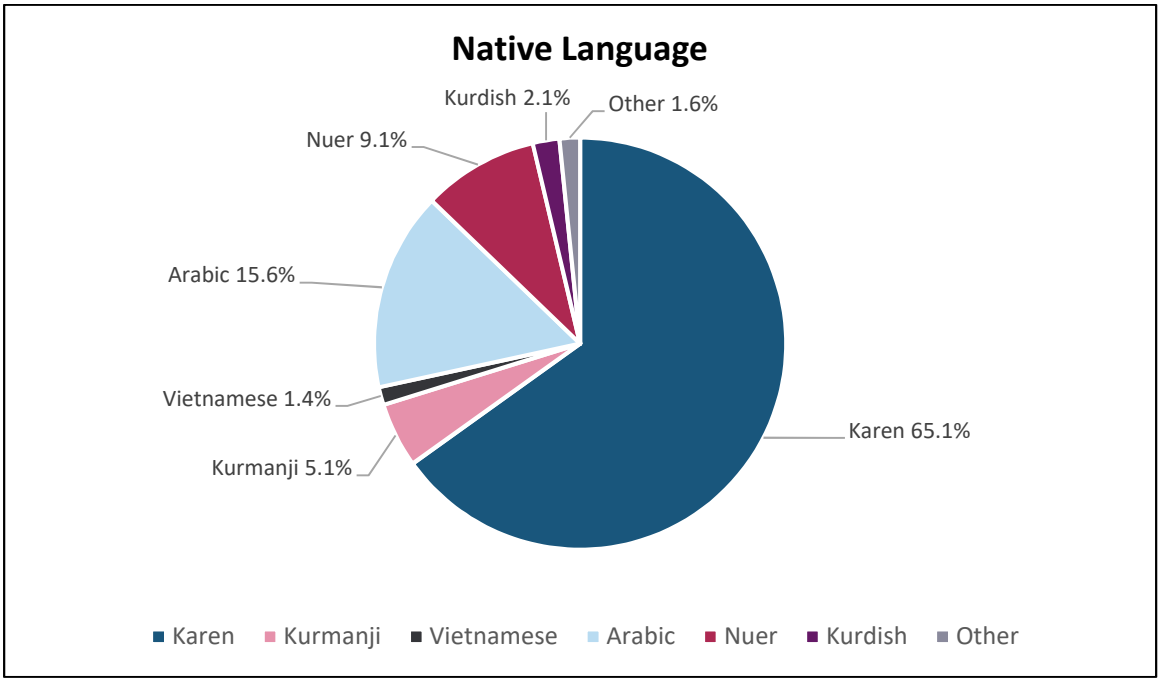
Age Group	2008 & earlier	2009 2011	2012 2014	2015 2017
18-24	12.0%	15.4%	21.5%	28.4%
25-34	21.2%	28.5%	26.6%	25.0%
35-44	28.2%	20.0%	19.8%	20.3%
45-54	23.6%	14.6%	20.3%	14.9%
55-64	6.9%	13.8%	7.6%	8.8%
65+	8.1%	7.7%	4.2%	2.7%
Total	**100%**	**100%**	**100%**	**100%**

Native Language

The below chart represents the native languages reported by Lincoln refugees surveyed. Native languages that were reported by less than one percent of refugees surveyed are combined in the "other" category.

Key Findings

- The majority of Lincoln refugees surveyed reported Karen as their native language at 65.1%.
- Arabic (15.6%) and Nuer (9.1%) were the second most reported native languages by Lincoln refugees.
- Approximately 1.6% of Lincoln refugees reported other native languages. This percentage includes 0.1% of refugees who reported Burmese as their native language and 0.1% who reported Chin as their native language.



Lincoln's Refugee Population Challenges & Needs

Top Five

Most Urgent Needs

Reported by Lincoln Refugees

- **Health Care** | 31.7%
- **Financial Needs** | 19.1%
- **Housing** | 17.8%
- **Education** | 17.1%
- **Work** | 14.2%

Top Five

Biggest Challenges

Reported by Lincoln Refugees

- **Language Barriers** | 71.7%
- **Documentation & Bill Pay** | 15.7%
- **Navigating & Understanding US Systems** | 11.6%
- **Transportation Issues** | 7.5%
- **Access to Health Services** | 5.5%

Spotlight on Health Care and Access to Health Services

10.3% Refugees arriving in 2008 and earlier were the most likely arrival group to report access to health services as one of their biggest challenges.

1.3x Female refugees (35.8%) were more likely than were male refugees (27.5%) to report health care as a most urgent need.

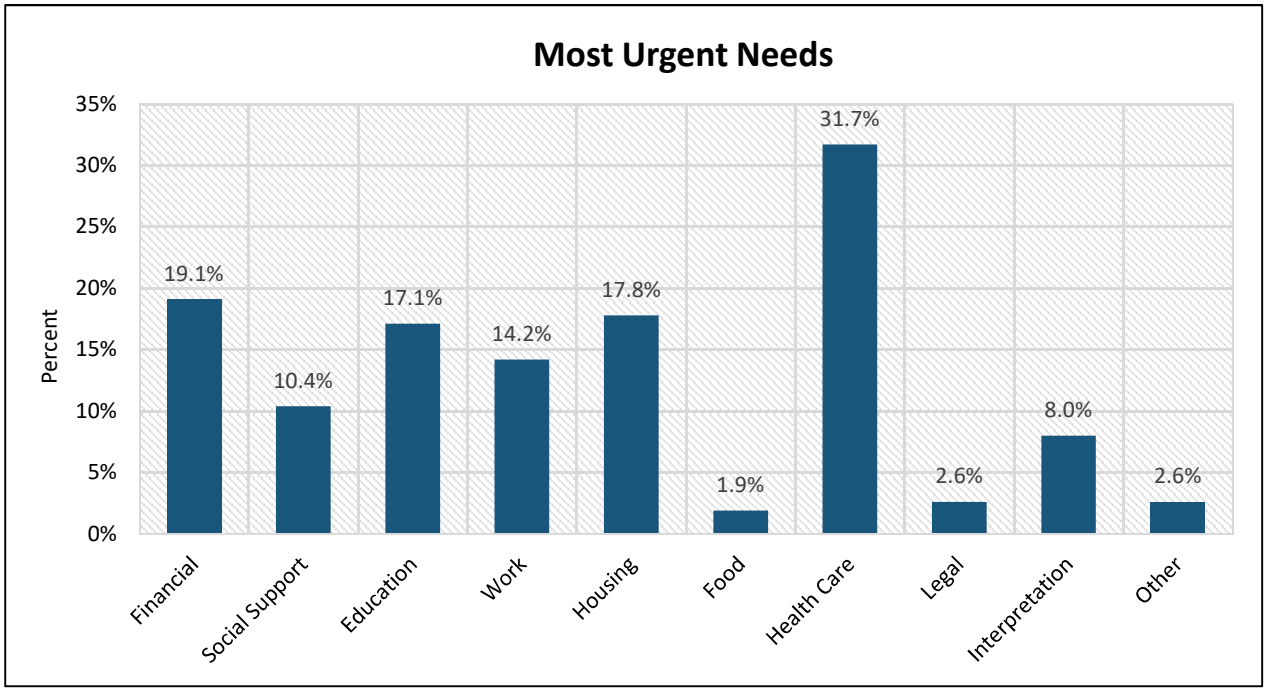
Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

Most Urgent Needs

The below chart represents the most urgent needs reported by Lincoln refugees surveyed.

Key Findings

- Health care (31.7%) was the most urgent need reported by Lincoln refugees. This percentage was 1.7 times that of the next most reported urgent need of financial assistance (19.1%).
- Housing (17.8%), education (17.1%) and work (14.2%) were also among the top five most urgent needs reported by Lincoln refugees.
- Approximately one out of every ten Lincoln refugees reported social support (10.4%) as an urgent need and eight percent reported interpretation as an urgent need.
- Legal assistance (2.6%) and food (1.9%) were among the least reported urgent needs of Lincoln refugees.

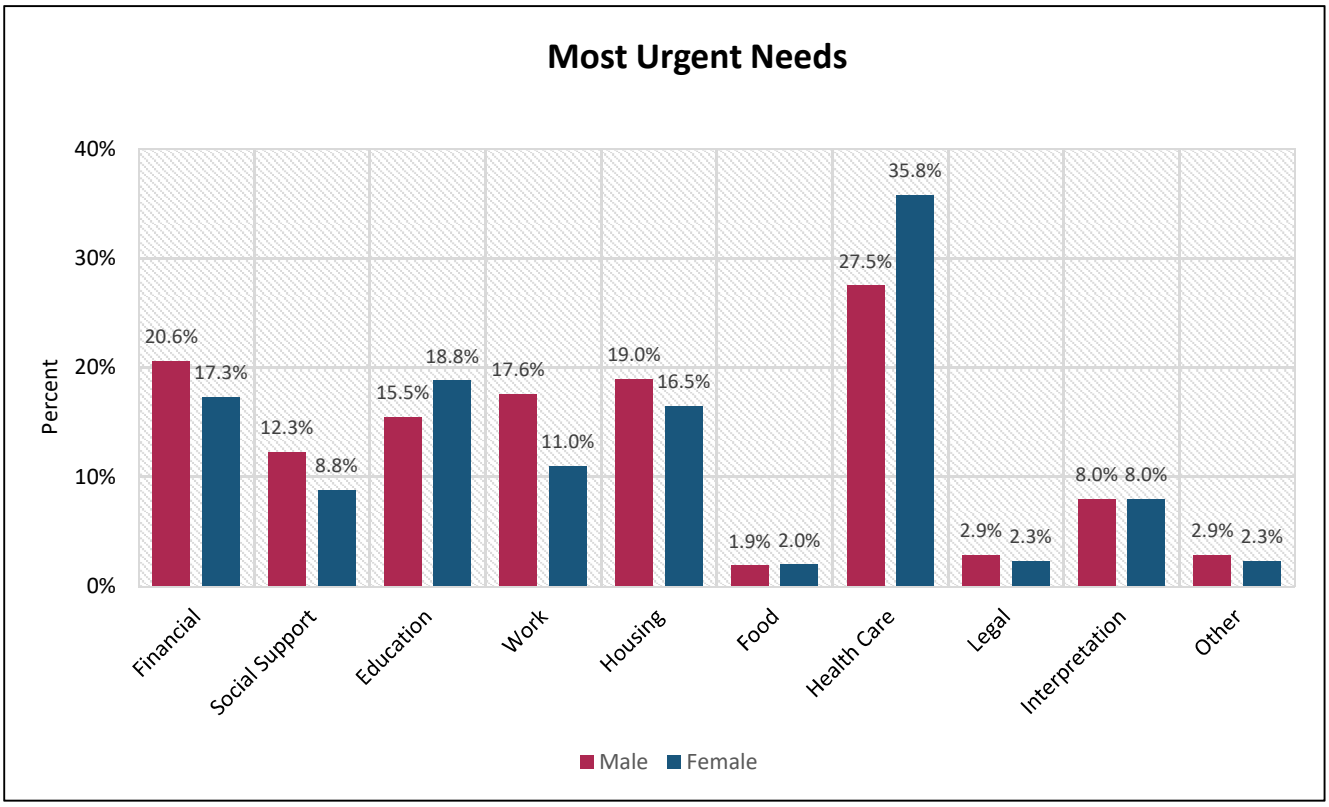


Most Urgent Needs

The below chart represents the most urgent needs of Lincoln refugees surveyed.

Key Findings by Gender

- Both male and female refugees in Lincoln reported the same top five most urgent needs: health care, education, financial, housing and work. Health care was the top most urgent need for both males and females.
- Male and female refugees reported similar percentages of urgent needs in most categories, with the exception of health care and work.
- Female refugees (35.8%) were 1.3 times more likely than were male refugees (27.5%) to report health care as an urgent need.
- Male refugees (17.6%) were 1.6 times more likely than were female refugees (11.0%) to report work as an urgent need.



Most Urgent Needs

The below tables represent the most urgent needs of Lincoln refugees surveyed.

Key Findings by Year of Arrival

- Health care was the most reported urgent need among all Lincoln refugee arrival groups, with 30-35% of each population reporting it as an urgent need.
- For refugees arriving in 2008 and earlier, education and financial needs were the second most reported urgent needs, both at 28.2%.
- For refugees arriving in 2009-2011 and 2012-2014, financial, work, and education were among the top five most reported urgent needs.
- For refugees arriving in 2015-2017, housing was the second most reported urgent need at 27.0%. This percentage was 2.1 times higher than the next most reported urgent need for the population – education at 12.8%.

2008 and Earlier: Top Five Most Urgent Needs

Rank	Need	Percent
1	Health Care	30.6%
2	Education	28.2%
3	Financial	28.2%
4	Housing	27.5%
5	Work	18.8%

2009-2011: Top Five Most Urgent Needs

Rank	Need	Percent
1	Health Care	34.6%
2	Financial	16.9%
3	Work	16.9%
4	Education	10.8%
5	Interpretation	9.2%

2012-2014: Top Five Most Urgent Needs

Rank	Need	Percent
1	Health Care	31.4%
2	Financial	15.7%
3	Social Support	15.7%
4	Work	14.0%
5	Education	11.8%

2015-2017: Top Five Most Urgent Needs

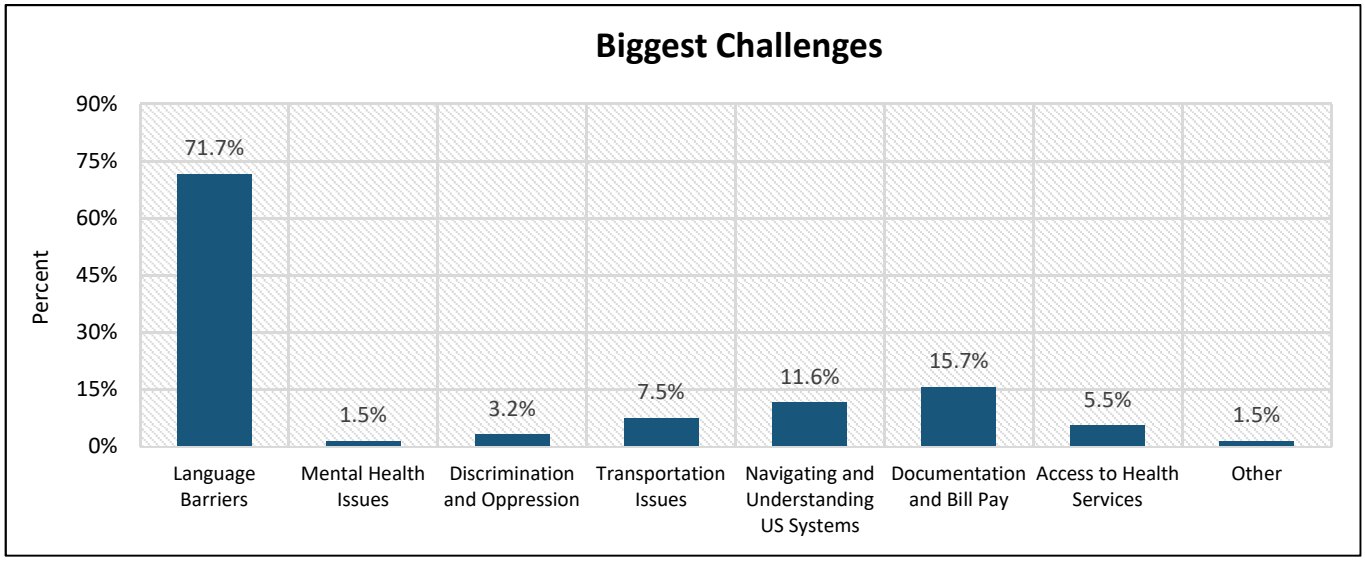
Rank	Need	Percent
1	Health Care	30.4%
2	Housing	27.0%
3	Education	12.8%
4	Interpretation	10.8%
5	Financial	7.4%

Biggest Challenges

The below chart represents the biggest challenges reported by Lincoln refugees surveyed.

Key Findings

- Language barriers (71.7%) were by far the biggest challenge reported by Lincoln refugees. This percentage was 4.6 times higher than the second most reported biggest challenge of documentation and bill pay (15.7%).
- Navigating and understanding U.S. systems (11.6%), transportation issues (7.5%), and access to health services (5.5%) were also among the biggest challenges most often reported by Lincoln refugees.
- Lincoln refugees were somewhat less likely to report discrimination and oppression (3.2%) and mental health issues (1.5%) as their biggest challenges.

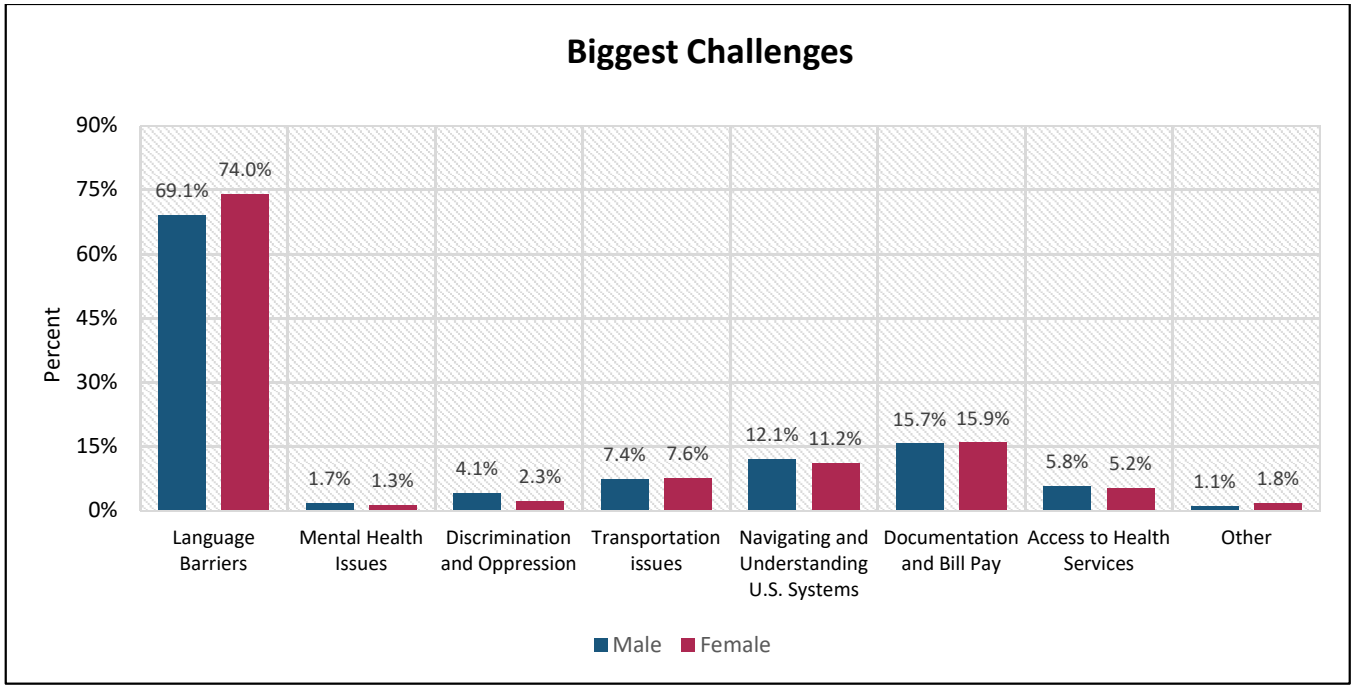


Biggest Challenges

The below chart represents the biggest challenges reported by Lincoln refugees surveyed.

Key Findings by Gender

- In Lincoln, female refugees (74.0%) were somewhat more likely than were male refugees (69.1%) to report languages barriers as their biggest challenge.
- Male refugees (4.1%) were 1.8 times more likely than were female refugees (2.3%) to report discrimination and oppression as one of the biggest challenges.
- Both male and female refugees reported documentation and bill pay, navigating and understanding U.S. systems, transportation issues, and access to health care among their top five biggest challenges.



Biggest Challenges

The below chart represents the biggest challenges reported by Lincoln refugees surveyed.

Key Findings by Year of Arrival

- All refugee arrival groups in Lincoln reported language barriers as their top biggest challenge. The most recently arrived group of refugees (82.4%) reported the highest percentage of those who felt language barriers were their biggest challenge, while those arriving in 2008 and earlier (65.3%) presented the lowest percentage of those reporting the same.
- Documentation and bill pay was the second top biggest challenge for all arrival groups, with the exception of the most recently arrived Lincoln refugee population. Lincoln refugees arriving in 2015-2017 reported navigating and understanding U.S. systems as their second top biggest challenge.
- In addition to language barriers, documentation and bill pay, and navigating and understanding U.S. systems, transportation issues also appeared as a top five biggest challenge within every refugee arrival group in Lincoln.

2008 and Earlier: Top Five Biggest Challenges

Rank	Need	Percent
1	Language Barriers	65.3%
2	Documentation and Bill Pay	19.0%
3	Navigating & Understanding U.S. Systems	16.5%
4	Access to Health Services	10.3%
5	Transportation Issues	8.7%

2009-2011: Top Five Biggest Challenges

Rank	Need	Percent
1	Language Barriers	79.5%
2	Documentation and Bill Pay	10.7%
3	Navigating & Understanding U.S. Systems	7.4%
4	Transportation Issues	7.4%
5	Discrimination and Oppression	4.9%

2012-2014: Top Five Biggest Challenges

Rank	Need	Percent
1	Language Barriers	69.0%
2	Documentation and Bill Pay	20.8%
3	Navigating & Understanding U.S. Systems	9.3%
4	Transportation Issues	5.3%
5	Access to Health Services	4.0%

2015-2017: Top Five Biggest Challenges

Rank	Need	Percent
1	Language Barriers	82.4%
2	Navigating & Understanding U.S. Systems	11.5%
3	Transportation Issues	9.5%
4	Documentation and Bill Pay	5.4%
5	Mental Health Issues	2.7%

Lincoln's Refugee Population

Social Determinants of Health

Education

50.9% Just over half of Lincoln's refugee population has a middle school education or less.

Household Income

1.8x Female refugees (27.5%) were more likely than were male refugees (15.1%) to have a household income of less than $10,000 annually.

Unemployed or Unable to Work

17.6% Over one-tenth of Lincoln refugees (11.4%) were unable to work and an additional 6.2% were unemployed.

English Language Ability

89.1% Almost nine out of every ten Lincoln refugees reported speaking a language other than English at home.

77.7% Over three-fourths of Lincoln refugees reported speaking English not well or not at all.

Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

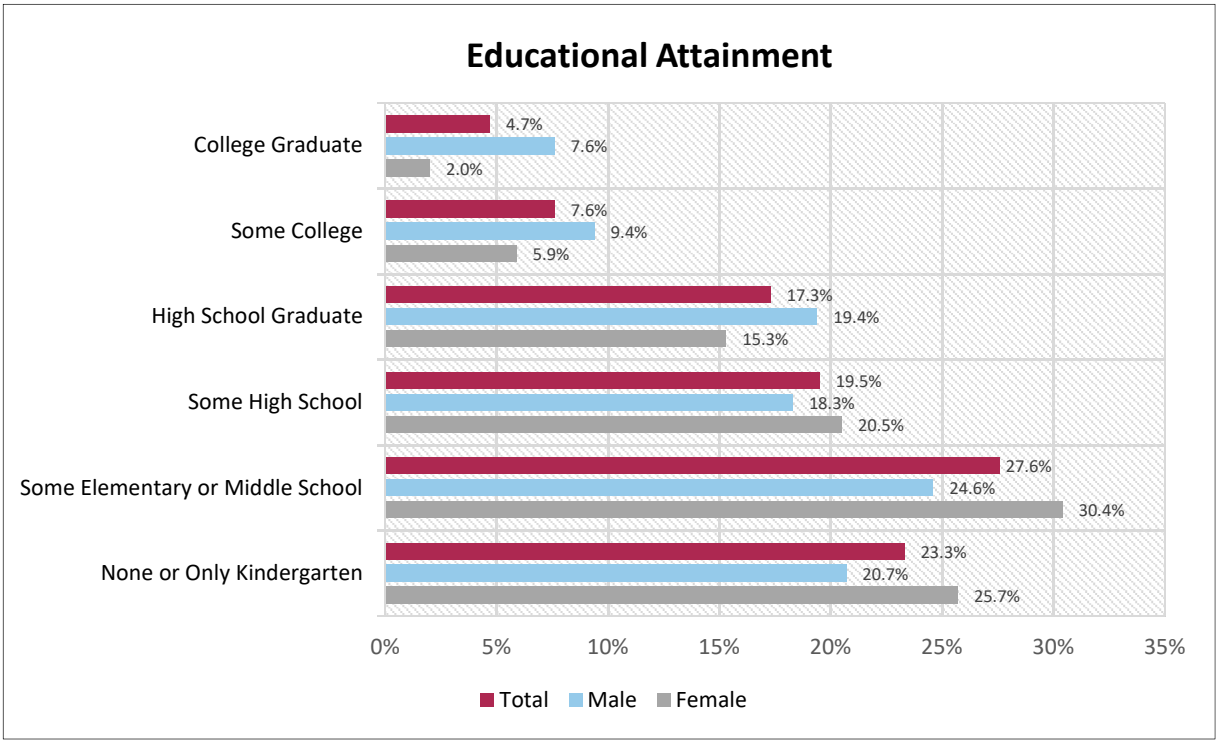
Educational Attainment

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.

The below chart represents the highest level of education completed by Lincoln refugees surveyed.

Key Findings by Gender

- Just under one-fourth of Lincoln refugees (23.3%) reported having no education or having only attended kindergarten. An additional 27.6% of Lincoln refugees reported having only some elementary or middle school education.
- Only 4.7% of Lincoln refugees reported being college graduates. Male refugees (7.6%) were 3.8 times more likely than were female refugees (2.0%) to report being college graduates.
- Approximately 17% of Lincoln refugees reported being high school graduates with no higher education. Male refugees (19.4%) were somewhat more likely than were female refugees (15.3%) to report being high school graduates.



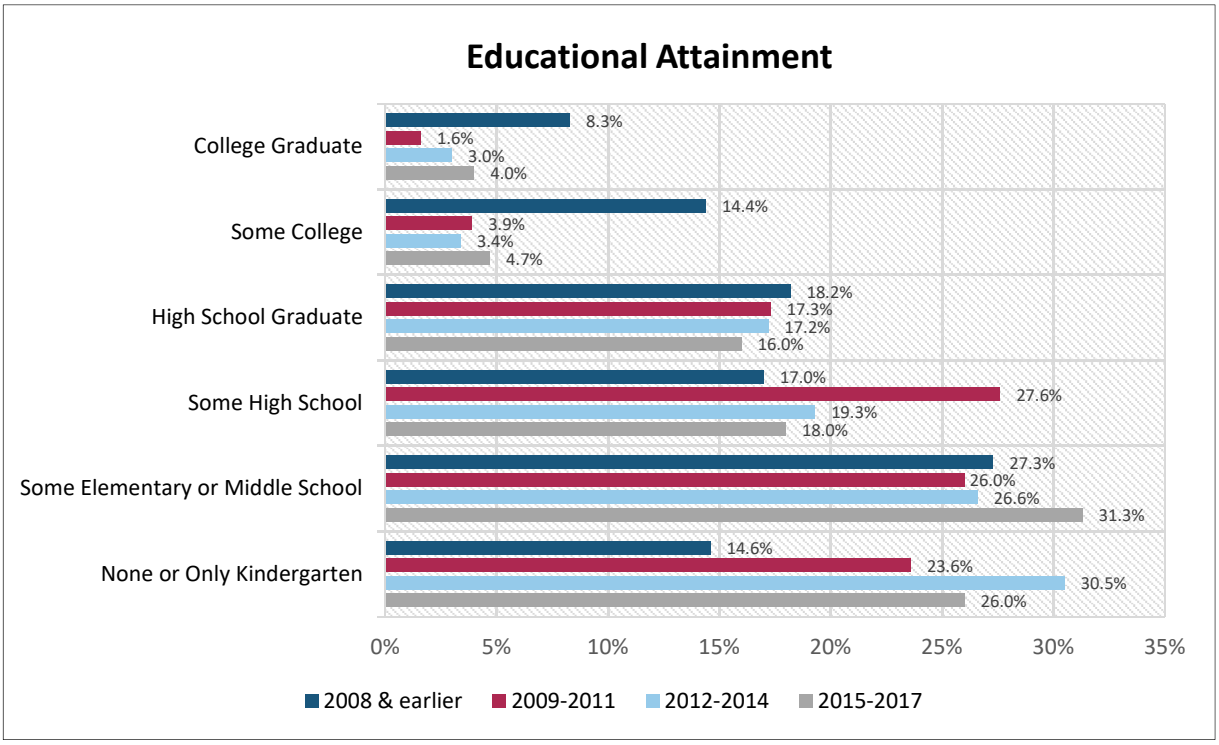
	None or Only Kindergarten	Some Elementary or Middle School	Some High School	High School Graduate	Some College	College Graduate
Total	23.3%	27.6%	19.5%	17.3%	7.6%	4.7%
Male	20.7%	24.6%	18.3%	19.4%	9.4%	7.6%
Female	25.7%	30.4%	20.5%	15.3%	5.9%	2.0%

Educational Attainment

The below chart represents the highest level of education completed by Lincoln refugees.

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2012-2014 (30.5%) were the most likely arrival group to report having no education or having only completed kindergarten, followed by Lincoln refugees arriving in 2015-2017 (26.0%).
- Approximately 57% of Lincoln refugees arriving in 2015-2017 reported having no education or having only attended kindergarten (26.0%) or having only some elementary or middle school education (31.3%).
- Lincoln refugees arriving in 2008 and earlier (8.3%) were more than twice as likely as all other arrival groups to report being college graduates. Lincoln refugees in this arrival group (14.4%) were also over three times more likely to report having completed some college than were all other populations.



	None or Only Kindergarten	Some Elementary or Middle School	Some High School	High School Graduate	Some College	College Graduate
2008 & earlier	14.6%	27.3%	17.0%	18.2%	14.4%	8.3%
2009-2011	23.6%	26.0%	27.6%	17.3%	3.9%	1.6%
2012-2014	30.5%	26.6%	19.3%	17.2%	3.4%	3.0%
2015-2017	26.0%	31.3%	18.0%	16.0%	4.7%	4.0%

Annual Household Income

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.[2] 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 below table represents the annual household income of Lincoln refugees surveyed.

Key Findings by Gender

- Approximately one-fifth of the Lincoln refugee population (21.1%) reported their annual household income to be less than $10,000.
- Female refugees (27.5%) were 1.8 times more likely than were male refugees (15.1%) to report an annual household income of less than $10,000.
- Just under half (48.3%) of Lincoln refugees reported an annual household income of $20,000 - $35,000.
- Only 9.1% of Lincoln refugees reported a household income of more than $35,000.

Household Income	Total	Male	Female
Less than $10,000	21.1%	15.1%	27.5%
$10,000 to less than $15,000	13.7%	13.3%	14.1%
$15,000 to less than $20,000	7.9%	7.9%	7.9%
$20,000 to less than $25,000	22.5%	24.2%	20.7%
$25,000 to less than $35,000	25.8%	30.2%	21.0%
$35,000 to less than $50,000	6.3%	6.6%	5.9%
$50,000 to less than $75,000	2.5%	2.4%	2.6%
$75,000 or more	0.3%	0.3%	0.3%

[2] 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

Annual Household Income

The below table represents the annual household income of Lincoln refugees surveyed.

Key Findings by Year of Arrival

- In Lincoln, approximately 26% of the most recently arrived refugee population (2015-2017) reported a household income of less than $10,000. This percentage was over twice that of refugees with the longest stay in the U.S. (2008 & earlier) at 11.9%.
- Approximately 17% of Lincoln refugees arriving in 2008 and earlier reported an annual household income of greater than $35,000. Approximately 12% of Lincoln refugees arriving in 2009-2012 and approximately four percent of Lincoln refugees arriving in 2012-2014 reported the same.
- No Lincoln refugees arriving in 2015-2017 reported an annual household income of $35,000 or more.

Household Income	2008 & earlier	2009 2011	2012 2014	2015 2017
Less than $10,000	11.9%	20.2%	30.3%	26.3%
$10,000 to less than $15,000	8.7%	18.3%	11.7%	22.8%
$15,000 to less than $20,000	8.7%	9.6%	6.4%	7.9%
$20,000 to less than $25,000	21.1%	14.4%	18.1%	32.5%
$25,000 to less than $35,000	32.1%	26.0%	29.3%	10.5%
$35,000 to less than $50,000	11.9%	6.7%	3.7%	0.0%
$50,000 to less than $75,000	4.6%	4.8%	0.5%	0.0%
$75,000 or more	0.9%	0.0%	0.0%	0.0%

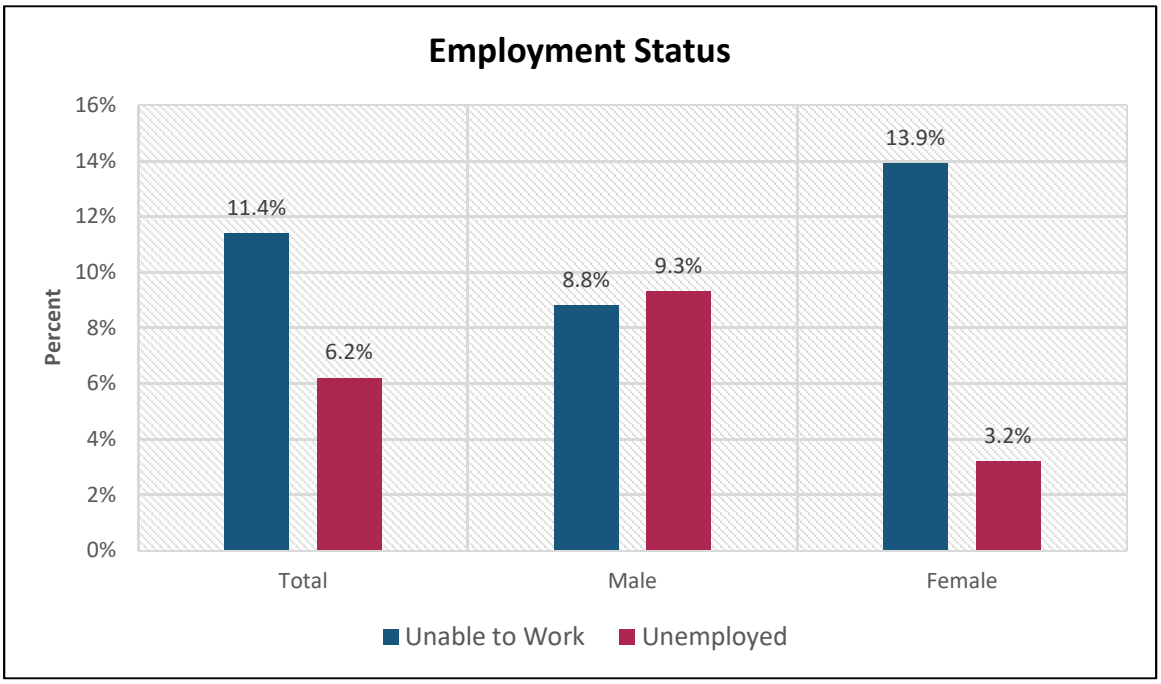
Employment Status

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.[3]

The below chart represents the proportion of Lincoln refugees surveyed who were unemployed or unable to work.

Key Findings by Gender

- Over one-tenth of Lincoln refugees (11.4%) reported being unable to work and approximately six percent reported being unemployed.
- Female refugees (13.9%) were 1.6 times more likely than were male refugees (8.8%) to report being unable to work.
- Male refugees (9.3%) were almost three times more likely than were female refugees (3.2%) to report being unemployed.



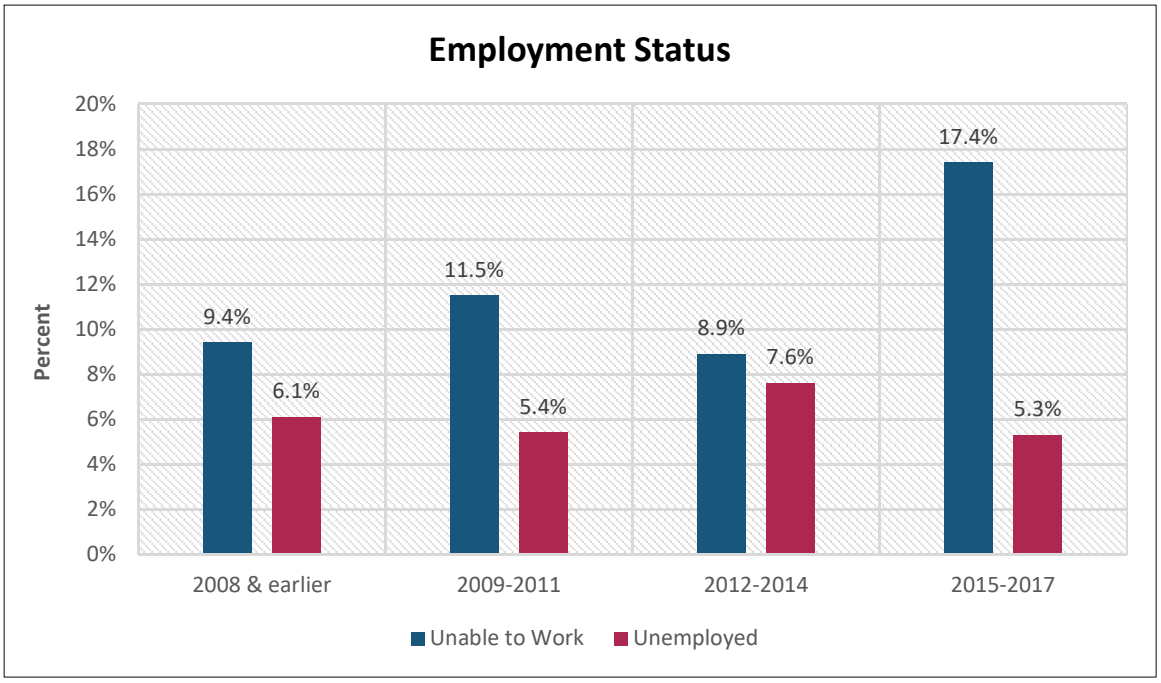
[3] Jin, R.L., Shah, C.P., & Svoboda, T.J. (1995). The impact of unemployment on health: a review of the evidence. *Canadian Medical Association Journal, (153)*5, 529-540.

Employment Status

The below chart represents the proportion of Lincoln refugees surveyed who were unemployed or unable to work.

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2015-2017 were the most likely population to be unable to work at 17.4%. The next most likely population to report the same were those arriving in 2009-2011 at 11.5%.
- Lincoln refugees arriving in 2012-2014 (7.6%) were the most likely population to be unemployed, followed by Lincoln refugees arriving in 2008 and earlier (6.1%).
- Similar proportions of Lincoln refugees arriving in 2009-2011 (5.4%) and Lincoln refugees arriving in 2015-2017 (5.3%) reported being unemployed.



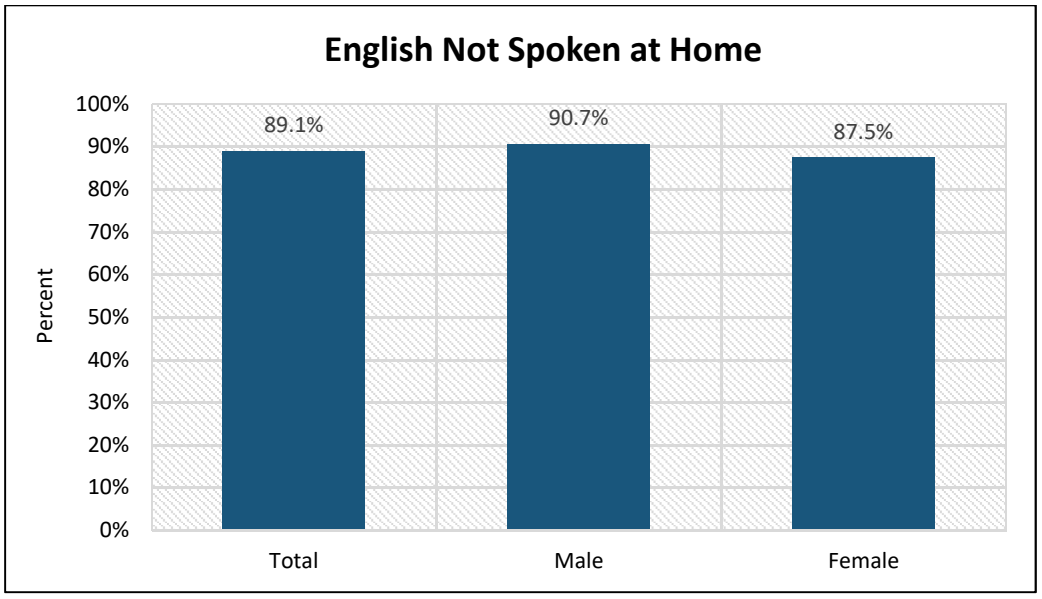
English Not Spoken at Home

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 for numerous indicators.[4]

The below chart represents the proportion of Lincoln refugees who reported that English was not the primary language spoken in their home.

Key Findings by Gender

- Approximately nine out of every ten Lincoln refugees (89.1%) reported speaking a language other than English at home.
- Male refugees (90.7%) were slightly more likely than were female refugees (87.5%) to report speaking a language other than English at home.



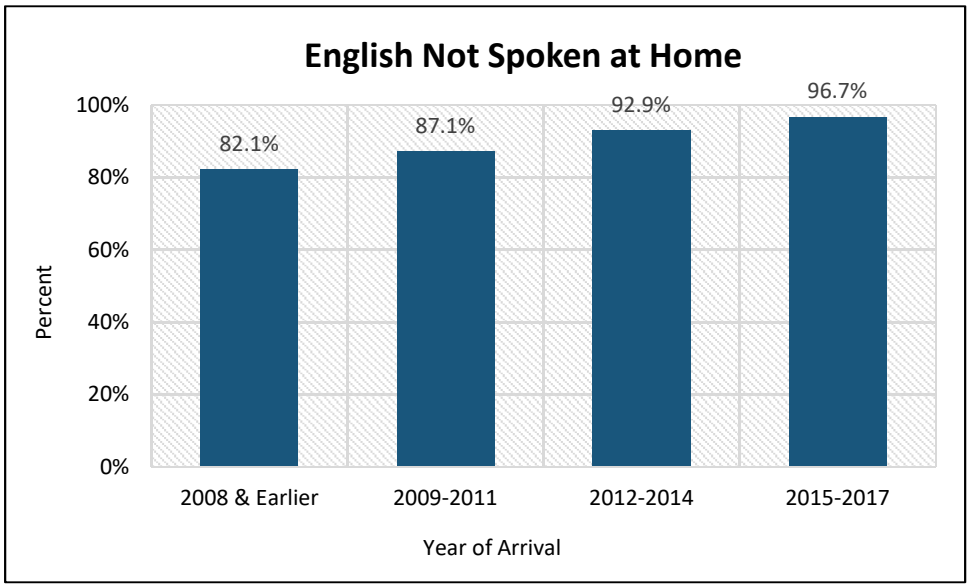
[4] Lau, M., Lin, H., & Flores, G. (2012). Primary language spoken at home and disparities in the health and healthcare of US adolescents. *Diversity and Equality in Healthcare, 9, 267-80.*

English Not Spoken at Home

The below chart represents the proportion of Lincoln refugees who reported that English was not the primary language spoken in their home.

Key Findings by Year of Arrival

- The percentage of Lincoln refugees who reported speaking a language other than English at home decreased with length of stay in the United States.
- Almost 97% of Lincoln refugees arriving in 2015-2017 reported speaking a language other than English at home, compared to approximately 82% of Lincoln refugees arriving in 2008 and earlier.



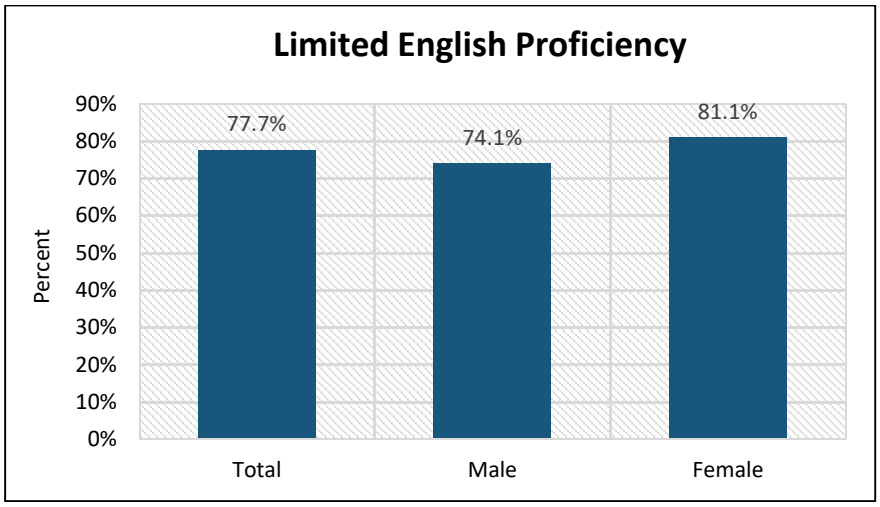
Limited English Proficiency

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 trouble understanding labels, and more likely to have adverse reactions to medications.[5]

The below chart represents the proportion of Lincoln 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 by Gender

- Approximately 78% of Lincoln refugees reported having limited English proficiency.
- Just under three-fourths of male refugees (74.1%) reported limited English proficiency and approximately four-fifths of female refugees (81.1%) reported the same.



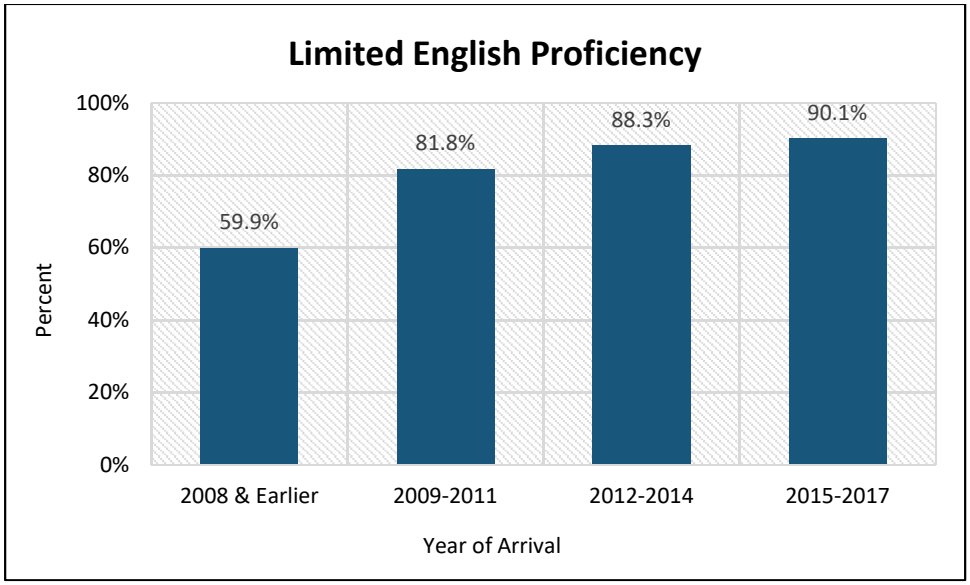
[5] Wilson, E., Chen, A.H., Grumbach, K., Wang, F., & Fernandez, A. (2005). Effects of limited English proficiency and physician language on health care comprehension. *Journal of General Internal Medicine, 20*, 800–806.

Limited English Proficiency

The below chart represents the proportion of Lincoln 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 by Year of Arrival

- The percentage of Lincoln refugees with limited English proficiency decreased with length of stay in the United States.
- The most recently arrived Lincoln refugee population (2015-2017) was most likely to report having limited English proficiency at 90.1%. This was 1.5 times the rate of those with the longest stay in the U.S. (2008 & earlier) at 59.9%.



Marital Status

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 rates than those who are single. Additionally, children of married parents tend to be healthier.[6]

The below tables represent the marital status of Lincoln refugees surveyed.

Key Findings by Gender

- Approximately 73% of Lincoln refugees reported being married and approximately 18% reported having never been married.
- Female refugees (5.4%) were 6.8 times more likely than were male refugees (0.8%) to report being widowed. Female refugees (2.5%) were also 2.5 times more likely than were male refugees (1.0%) to report being separated.
- Male refugees (22.8%) were approximately 1.6 times more likely than were female refugees (14.3%) to report having never been married.

	Married	Divorced	Widowed	Separated	Never Married	Member of Unmarried Couple
Total	72.9%	2.7%	3.2%	1.8%	18.4%	1.0%
Male	71.7%	2.6%	0.8%	1.0%	22.8%	1.0%
Female	74.1%	2.7%	5.4%	2.5%	14.3%	1.0%

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2009-2011 (84.9%) were the most likely population to be married, followed by those arriving in 2012-2014 (75.4%) and those arriving in 2015-2017 (72.8%).
- Lincoln refugees arriving in 2015-2017 (23.8%) were the most likely to report having never been married, followed by those arriving in 2008 and earlier (19.1%).

	Married	Divorced	Widowed	Separated	Never Married	Member of Unmarried Couple
2008 & earlier	65.3%	5.0%	4.2%	4.6%	19.1%	1.9%
2009-2011	84.9%	1.6%	0.8%	0.0%	12.7%	0.0%
2012-2014	75.4%	2.1%	4.2%	0.4%	16.9%	0.8%

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

Lincoln's Refugee Population

Health Status

12.2% Over one-tenth of Lincoln refugees reported being in poor physical health on 14 or more of the past 30 days.

16.8% Refugees arriving in 2015-2017 were the most likely arrival group to report being in poor physical health on 14 or more of the past 30 days.

9.6% Approximately one of every ten Lincoln refugees reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.

Perceived Health Status

How an individual views his or her own health

34.3% Over one-third of Lincoln refugees reported being in fair or poor health.

1.4x Female refugees (40.4%) were more likely than were male refugees (28.0%) to perceive their health as fair or poor.

Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

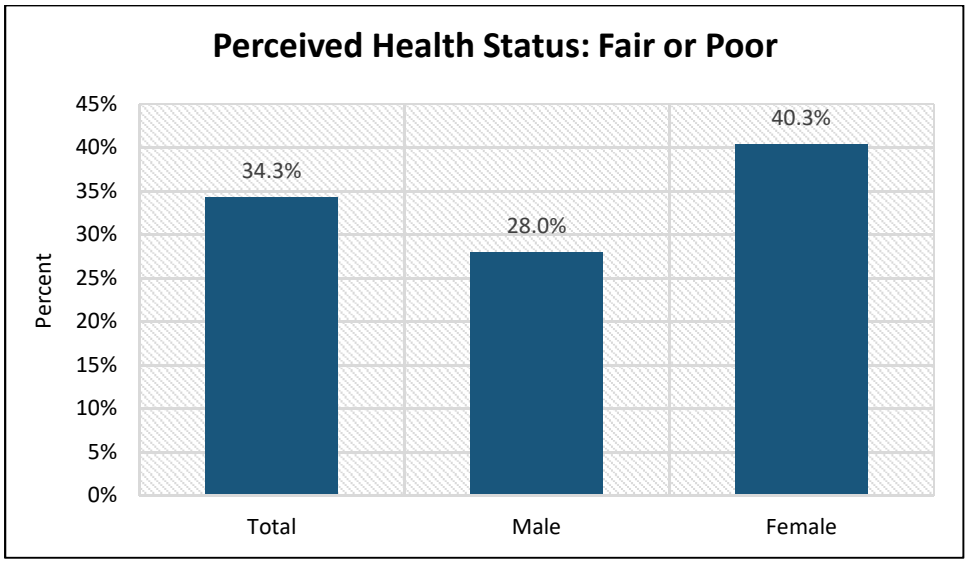
Perceived Health Status

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.[7]

The below chart represents the proportion of Lincoln refugees who considered their health to be "fair" or "poor."

Key Findings by Gender

- Just over one-third of refugees in Lincoln (34.3%) reported that their health status was fair or poor.
- Female refugees (40.4%) were approximately 1.4 times more likely than were male refugees (28.0%) to report that their health status was fair or poor.



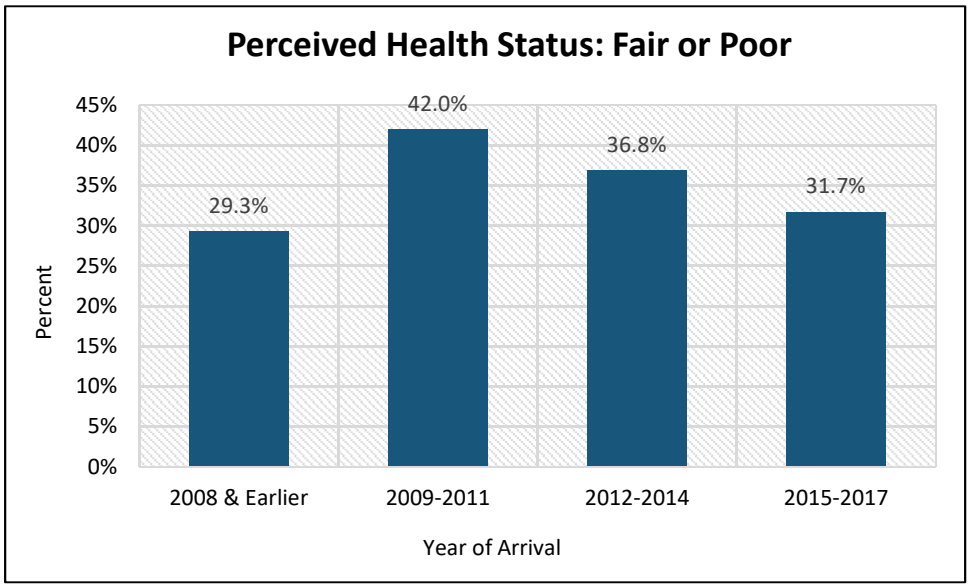
[7] United States Office of Disease Prevention and Health Promotion. (2016). General health status. Retrieved from www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status

Perceived Health Status

The below chart represents the proportion of Lincoln refugees who considered their health to be “fair” or “poor.”

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2009-2011 (42.0%) were the most likely population to report their health status as fair or poor, followed by refugees arriving in 2012-2014 (36.8%).
- Lincoln refugees arriving in 2008 and earlier (29.3%) were the least likely population to report their health status as fair or poor. This percentage was only slightly lower than that of those arriving in 2015-2017 (31.7%).

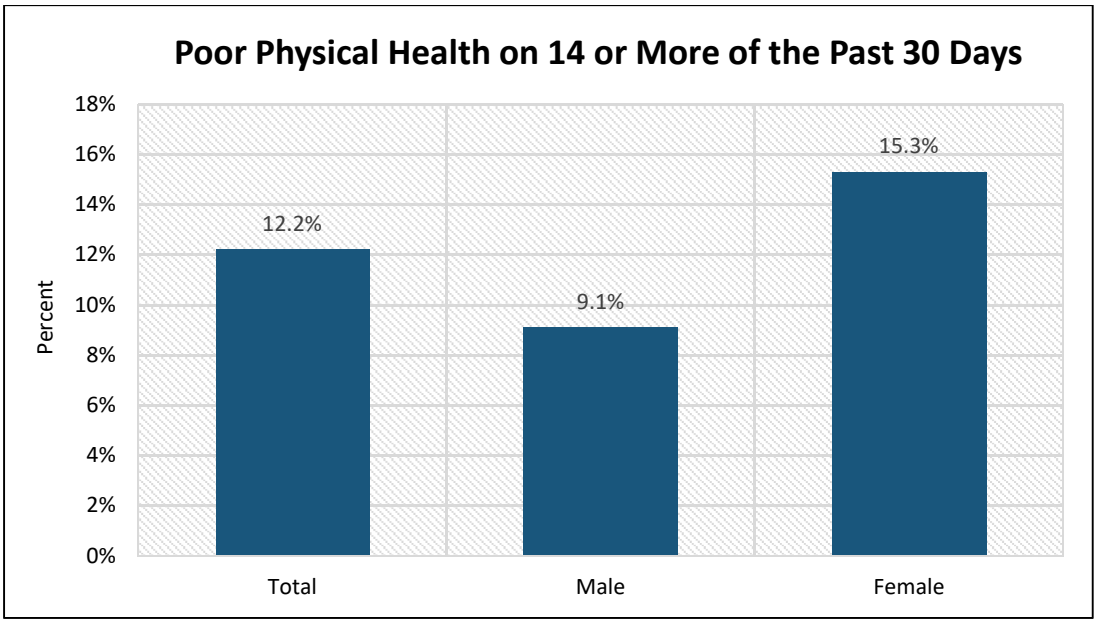


Poor Physical Health

The below chart represents the proportion of Lincoln refugees who reported that their physical health was not good on 14 or more of the past 30 days.

Key Findings by Gender

- Approximately 12% of Lincoln refugees reported that their physical health was poor on 14 or more of the past 30 days.
- Female refugees (15.3%) were 1.7 times more likely than were male refugees (9.1%) to report that their physical health was poor on 14 or more of the past 30 days.

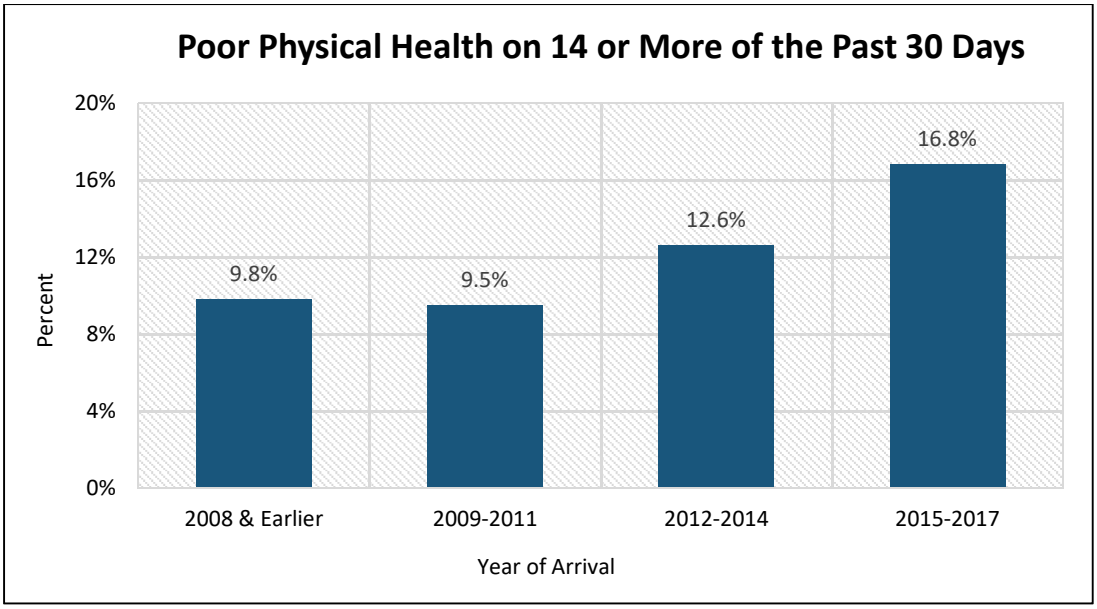


Poor Physical Health

The below chart represents the proportion of Lincoln refugees who reported that their physical health was not good on 14 or more of the past 30 days.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (16.8%) were the most likely population to report poor physical health on 14 or more of the past 30 days, followed by refugees arriving in 2012-2014 (12.6%).
- Just under one-tenth of Lincoln refugees arriving in 2009-2011 (9.5%) and of Lincoln refugees arriving in 2008 and earlier (9.8%) reported being in poor physical health on 14 or more of the past 30 days.

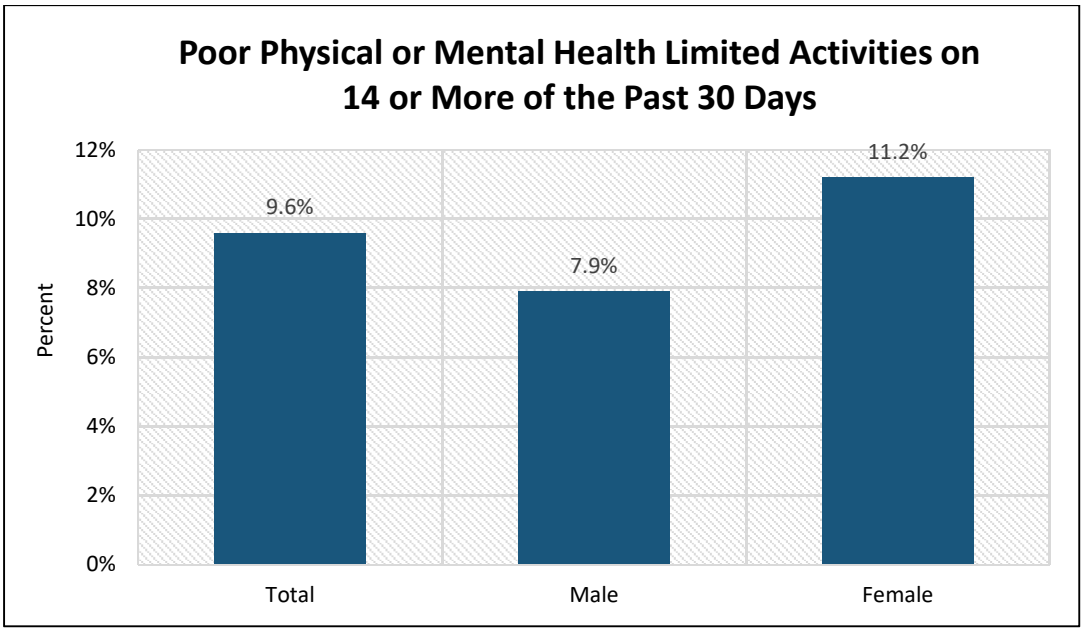


Activity Limitations

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

Key Findings by Gender

- Just under one-tenth of Lincoln refugees (9.6%) reported that poor physical or mental health limited their usual activities on 14 or more of the past 30 days.
- Female refugees (11.2%) were more likely than were male refugees (7.9%) to report that poor physical or mental health limited their usual activities on 14 or more of the past 30 days.

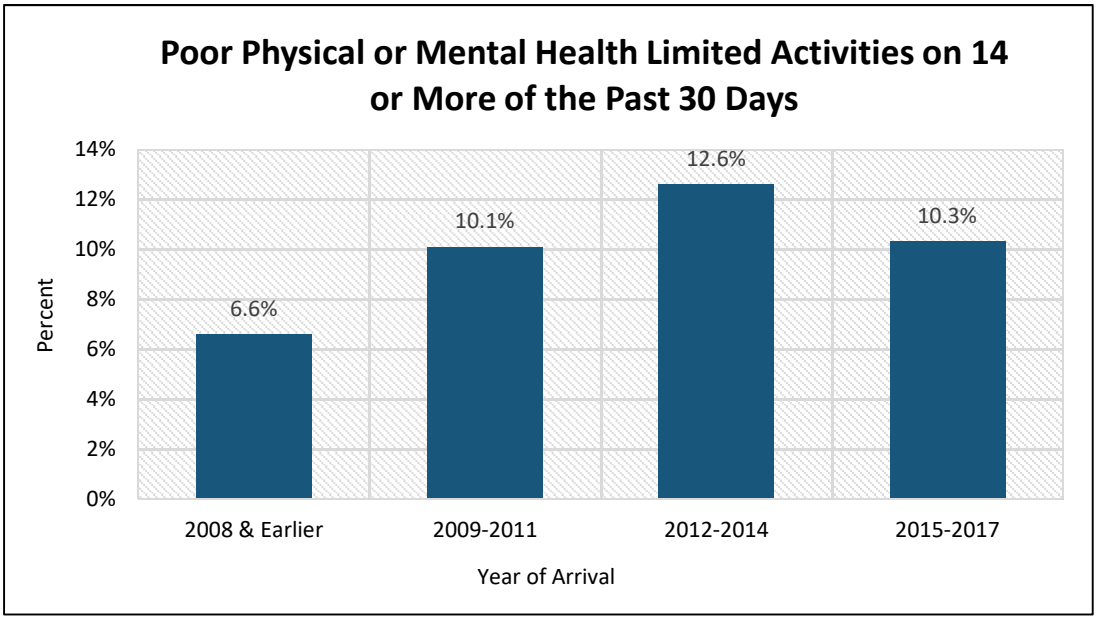


Activity Limitations

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2012-2014 were the most likely population to report that poor physical or mental health limited activities on 14 or more of the past 30 days at 12.6%. This percentage was almost twice that of the proportion of refugees arriving in 2008 and earlier (6.6%) to report the same.
- Approximately one-tenth of Lincoln refugees arriving in 2009-2011 (10.1%) and 2015-2017 (10.3%) reported that poor physical or mental health limited their activities on 14 or more of the past 30 days.



Lincoln's Refugee Population

Access to Health Care

34.7% Over one-third of Lincoln refugees reported having no health care coverage of any kind.

20.4% Approximately one-fifth of Lincoln refugees reported having no personal doctor or health care provider.

26.4% Over one-fourth of Lincoln refugees were unable to see a physician due to cost in the past year.

Understanding Health Information

55.9% Over half of Lincoln refugees reported that it was very difficult to understand verbal information from health professionals.

49.2% Just under half of Lincoln refugees reported that it was very difficult to understand written health information.

Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

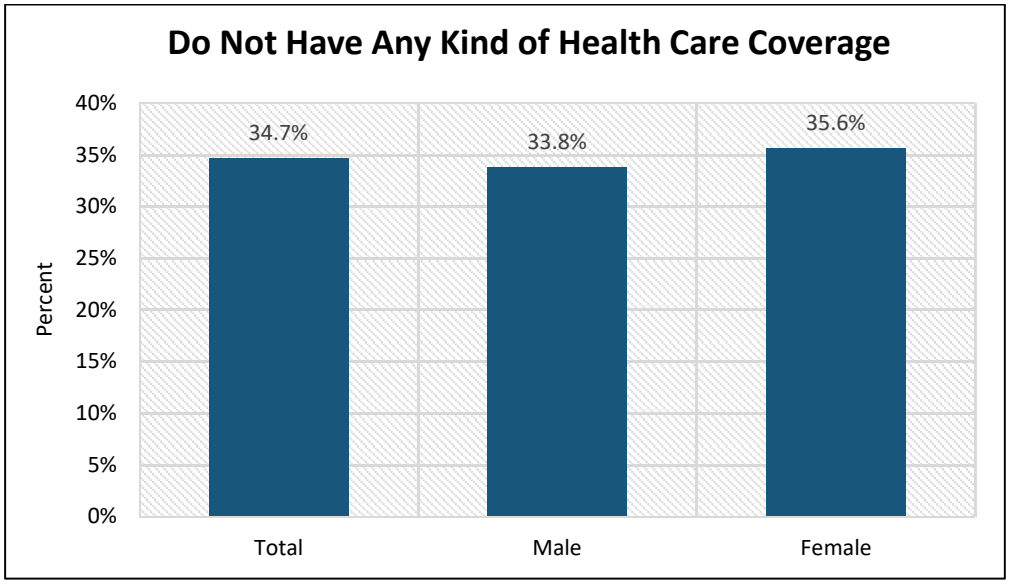
No Health Care Coverage

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 below chart represents the proportion of Lincoln refugees surveyed who reported having no health care coverage.

Key Findings by Gender

- Over one-third of Lincoln refugees (34.7%) reported having no health care coverage.
- Female refugees (35.6%) were slightly more likely than were male refugees (33.8%) to report having no health care coverage.

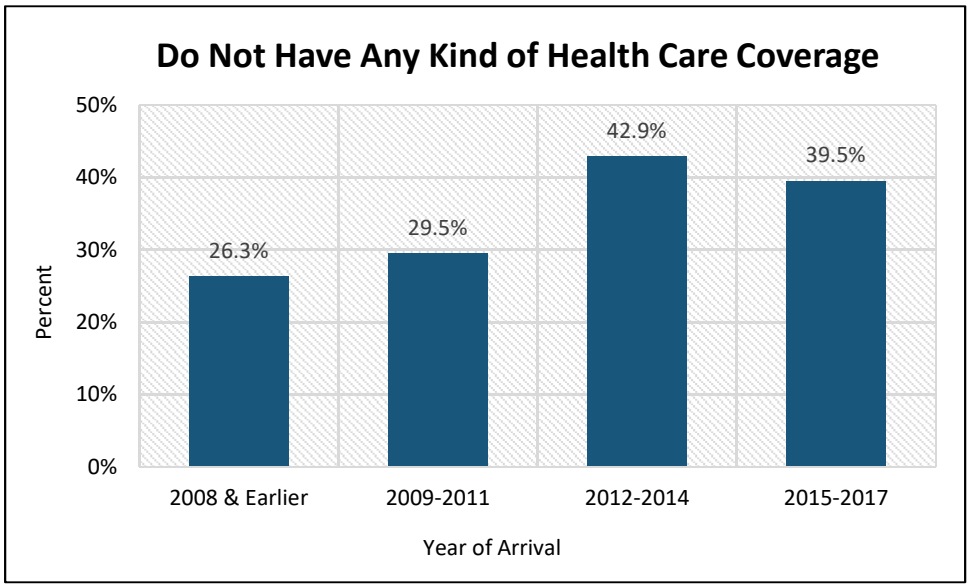


No Health Care Coverage

The below chart represents the proportion of Lincoln refugees surveyed who reported having no health care coverage.

Key Findings by Year of Arrival

- In Lincoln, over two-fifths of refugees arriving in 2012-2014 (42.9%) reported having no health care coverage and just under two-fifths of refugees arriving in 2015-2017 (39.5%) reported the same.
- Lincoln refugees arriving in 2008 and earlier (26.3%) were the least likely population to report having no health care coverage, followed by Lincoln refugees arriving in 2009-2011 (29.5%).



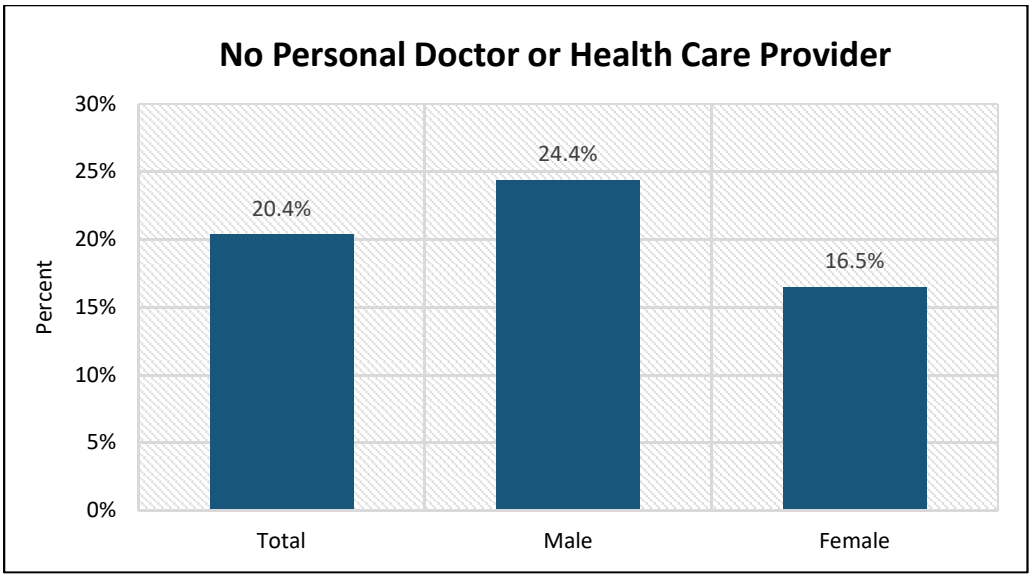
No Personal Physician

Primary care physicians provide a combination of direct care and, as necessary, counsel patients in the appropriate use of specialists and treatments. Individuals with a medical home are more likely to have routine medical visits and health screenings.[8]

The below chart represents the proportion of Lincoln refugees surveyed who reported having no personal physician.

Key Findings by Gender

- Approximately one-fifth of Lincoln refugees (20.4%) reported having no personal doctor or health care provider.
- Male refugees (24.4%) were approximately 1.5 times more likely than were female refugees (16.5%) to report having no personal doctor or health care provider.



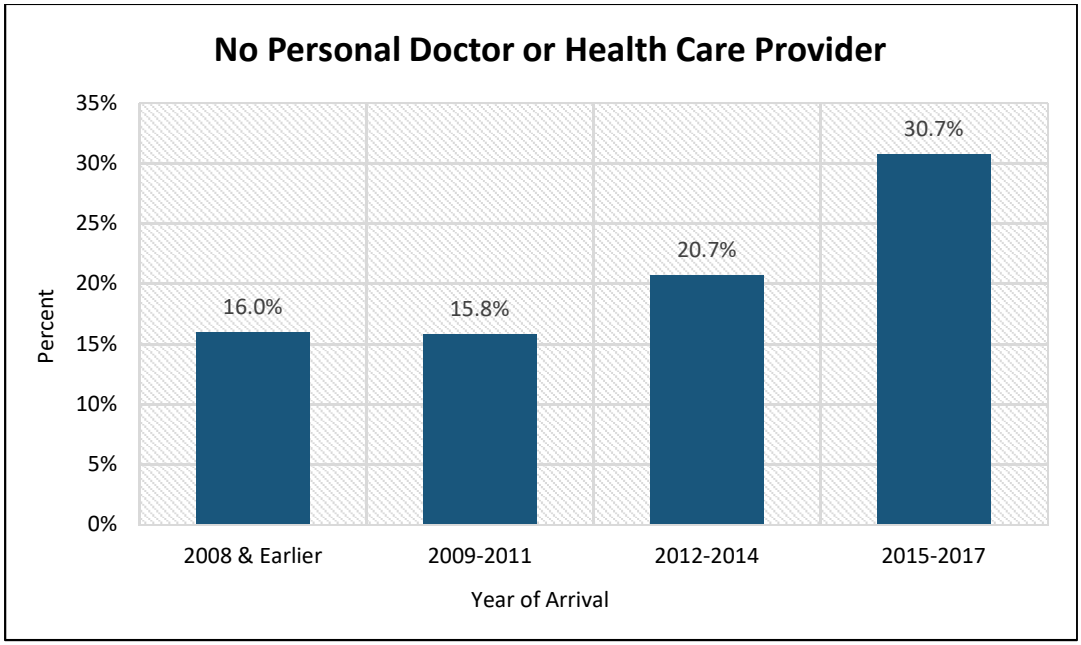
[8] National Institutes of Health. (2015). Choosing a primary care provider. Retrieved from https://medlineplus.gov/ency/article/001939.htm

No Personal Physician

The below chart represents the proportion of Lincoln refugees surveyed who reported having no personal physician.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (30.7%) were the most likely population to report having no personal doctor or health care provider. This percentage was 1.9 times that of those arriving in 2008 and earlier (16.0%).
- Approximately one-fifth of Lincoln refugees arriving in 2012-2014 (20.7%) reported having no personal doctor or health care provider and approximately 16% of Lincoln refugees arriving in 2009-2011 reported the same.



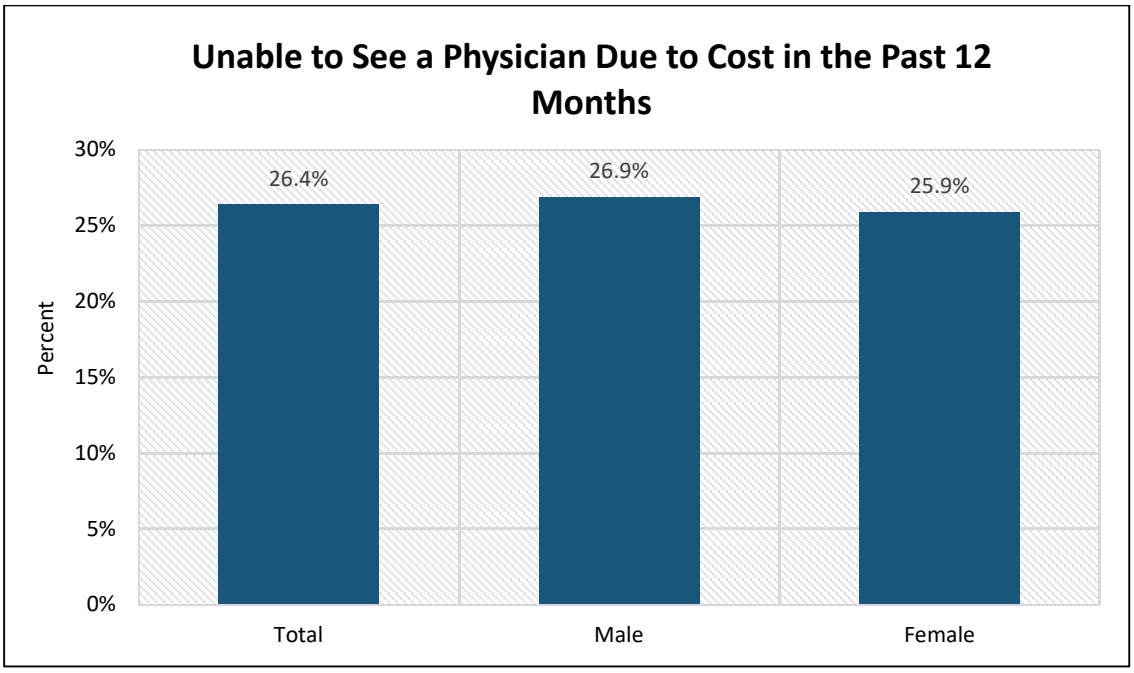
Unable to See Physician Due to Cost

For people with no insurance and limited financial resources, the decision of whether or not to see a doctor is often a financial choice rather than a medical one. Even when health benefits are available, they may not be sufficient to ensure access to needed health care services.

The below chart represents the proportion of Lincoln refugees surveyed who reported being unable to see a doctor due to cost in the past 12 months.

Key Findings by Gender

- Over one-fourth of Lincoln refugees (26.4%) reported being unable to see a physician due to cost at least once in the past 12 months.
- Male refugees (26.9%) were only slightly more likely than were female refugees (25.9%) to report being unable to see a physician due to cost in the past 12 months.

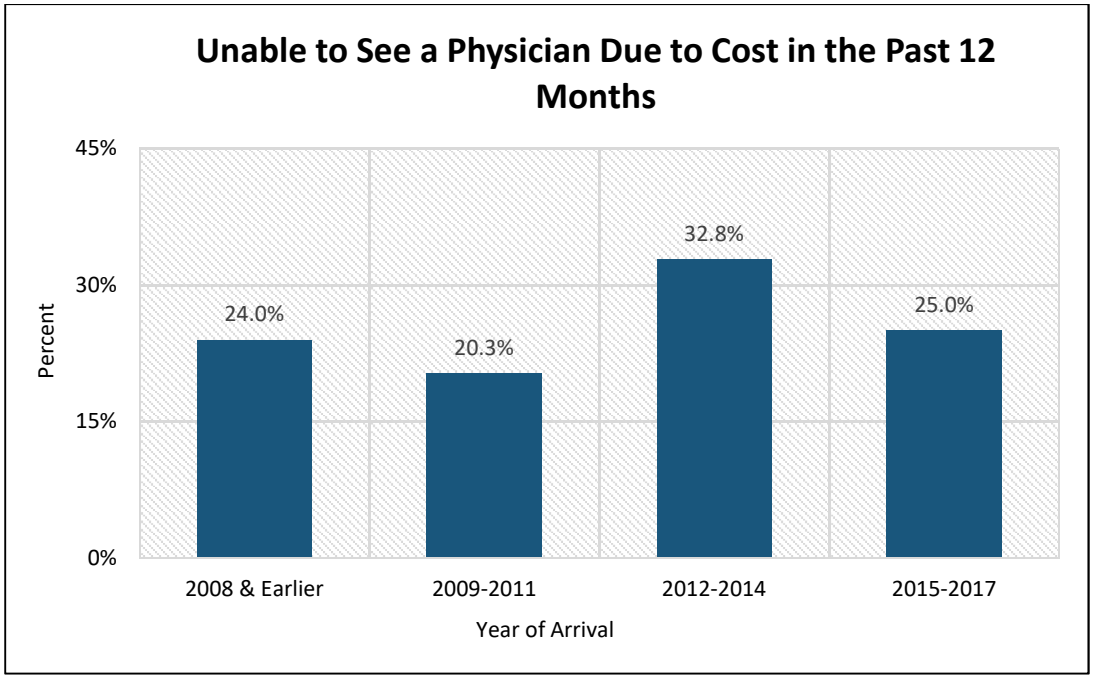


Unable to See a Physician Due to Cost

The below chart represents the proportion of Lincoln refugees surveyed who reported being unable to see a doctor due to cost in the past 12 months.

Key Findings by Year of Arrival

- In Lincoln, approximately one-fourth of refugees arriving in 2008 and earlier (24.0%) and refugees arriving in 2015-2017 (25.0%) were unable to see a physician due to cost.
- Lincoln refugees arriving in 2012-2014 (32.8%) were the most likely population to report being unable to see a physician due to cost.
- Lincoln refugees arriving in 2009-2011 (20.3%) were the least likely population to report being unable to see a physician due to cost.



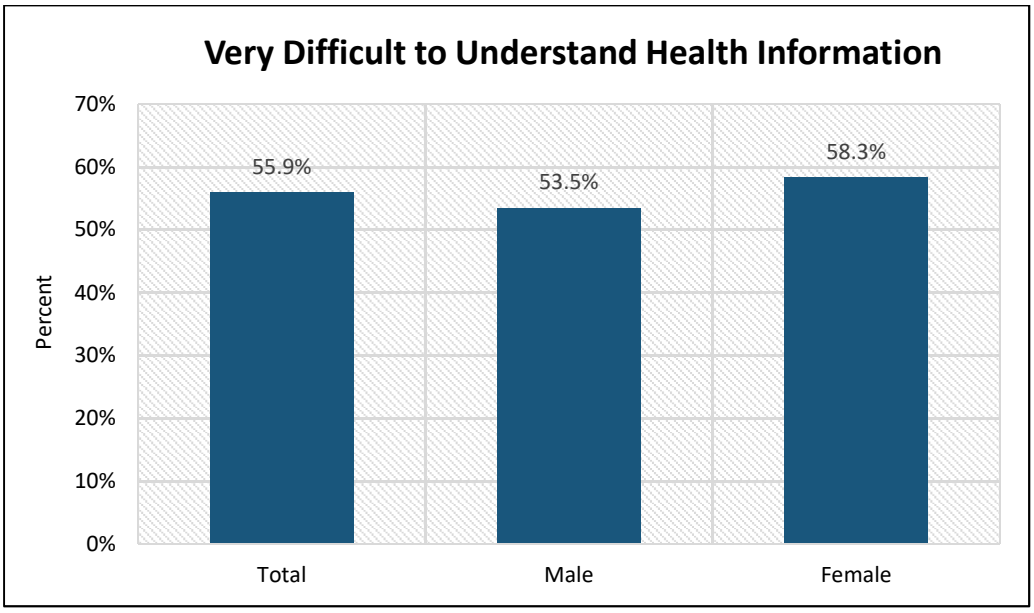
Understanding Health Information

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."[9] Having the ability to understand spoken health information in English is essential to receiving necessary and adequate health care in Nebraska.

The below chart represents the proportion of Lincoln refugees who reported it being very difficult to understand spoken health information in English from health professionals.

Key Findings by Gender

- Over half of Lincoln refugees (55.9%) reported that it is very difficult to understand verbal information in English from health care professionals.
- Female refugees (58.3%) were somewhat more likely than were male refugees (53.5%) to report it being very difficult to understand verbal information in English from health care professionals.



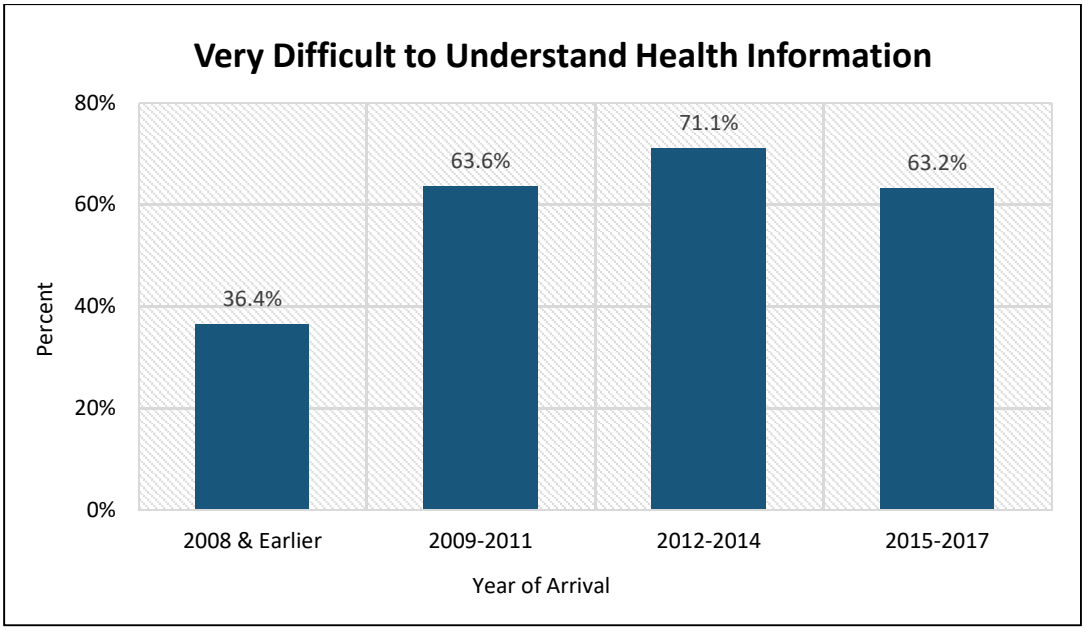
[9] Title V of the Patient Protection and Affordable Care Act, 42 U.S.C. § 5002 (2010).

Understanding Health Information

The below chart represents the proportion of Lincoln refugees who reported it being very difficult to understand spoken health information in English from health professionals.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2012-2014 (71.1%) were the most likely population to report it being very difficult to understand verbal information from health care professionals.
- Just under two-thirds of Lincoln refugees arriving in 2009-2011 (63.6%) and 2015-2017 (63.2%) reported it being very difficult to understand verbal information form health care professionals.
- Lincoln refugees arriving in 2008 and earlier (36.4%) were by far the least likely population to report having difficulty understanding verbal information from health care professionals.

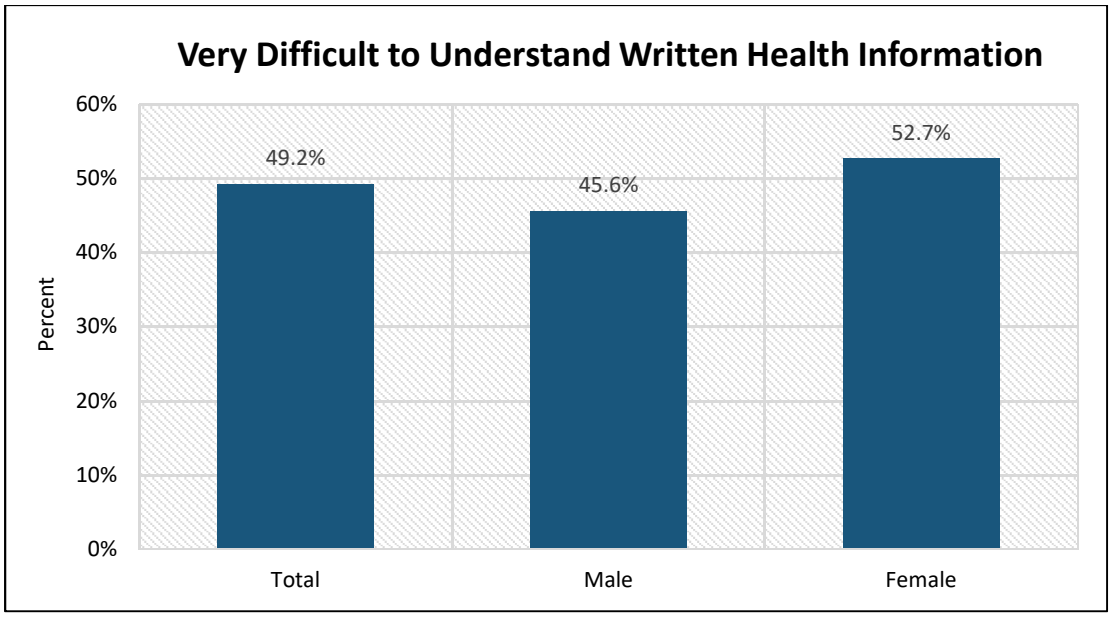


Understanding Written Health Information

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

Key Findings by Gender

- Just under half of Lincoln refugees (49.2%) reported it being very difficult to understand written health information in English.
- Female refugees (52.7%) were more likely than were male refugees (45.6%) to report it being very difficult to understand written health information in English.

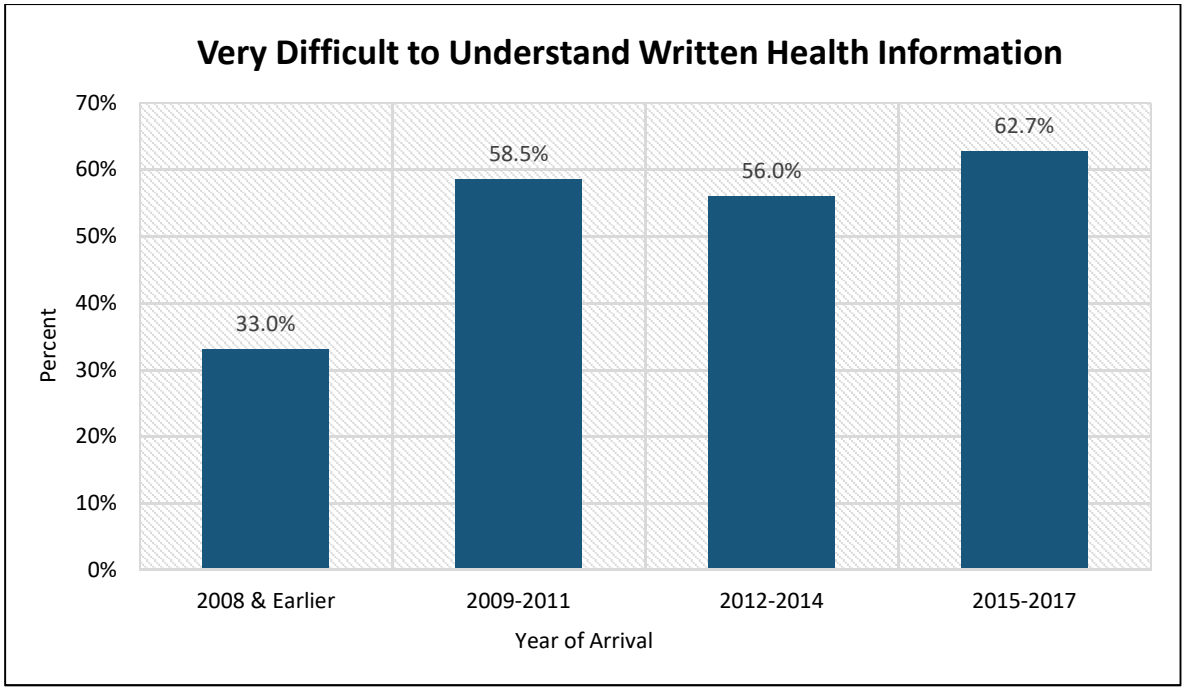


Understanding Written Health Information

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

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2015-2017 (62.7%) were the most likely population to report having difficulty understanding written health information in English. This percentage was just under twice that of Lincoln refugees arriving in 2008 and earlier (33.0%).
- Similar percentages of Lincoln refugees arriving in 2009-2011 (58.5%) and Lincoln refugees arriving in 2012-2014 (56.0%) reported having difficulty understanding written health information in English.



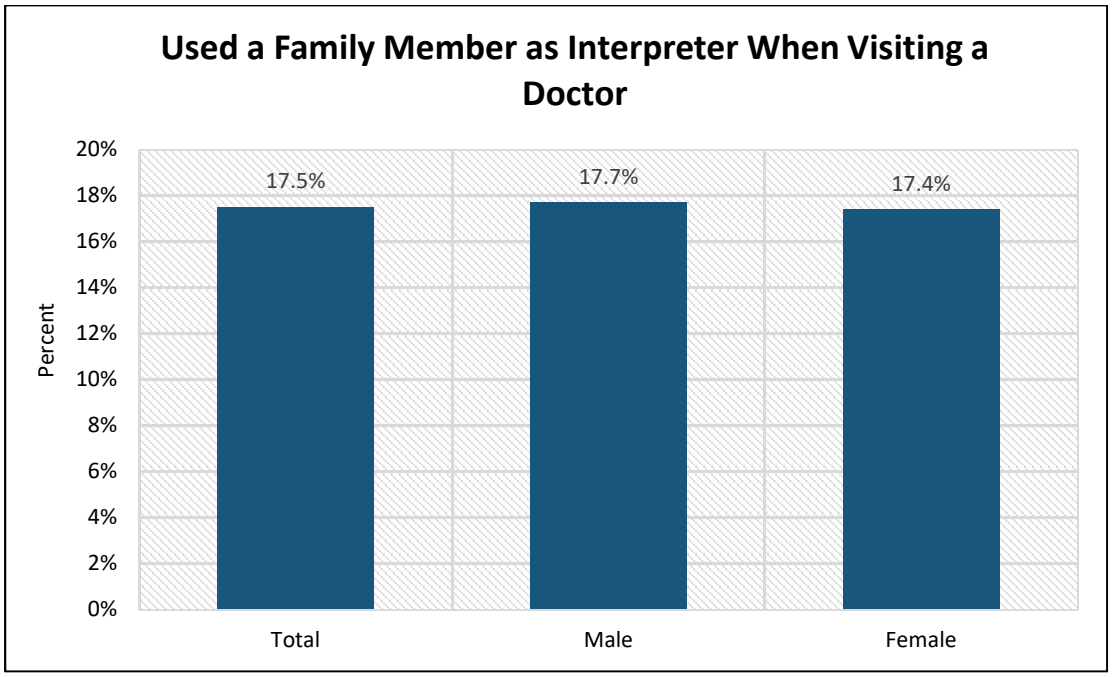
Family Member Interpretation

Using family members for medical interpretation has several disadvantages. Family members are not impartial and may not be able to accurately interpret medical information, in part due to a lack of knowledge of medical terminology and issues. Using a qualified medical interpreter is important for patients to receive an accurate diagnosis and treatment information.

The below chart represents the proportion of Lincoln refugees who reported using a family member as their interpreter when visiting a doctor.

Key Findings by Gender

- Approximately 18% of Lincoln refugees reported using a family member as an interpreter when visiting a doctor.
- Similar percentages of male refugees (17.7%) and female refugees (17.4%) reported using a family member as an interpreter when visiting a doctor.

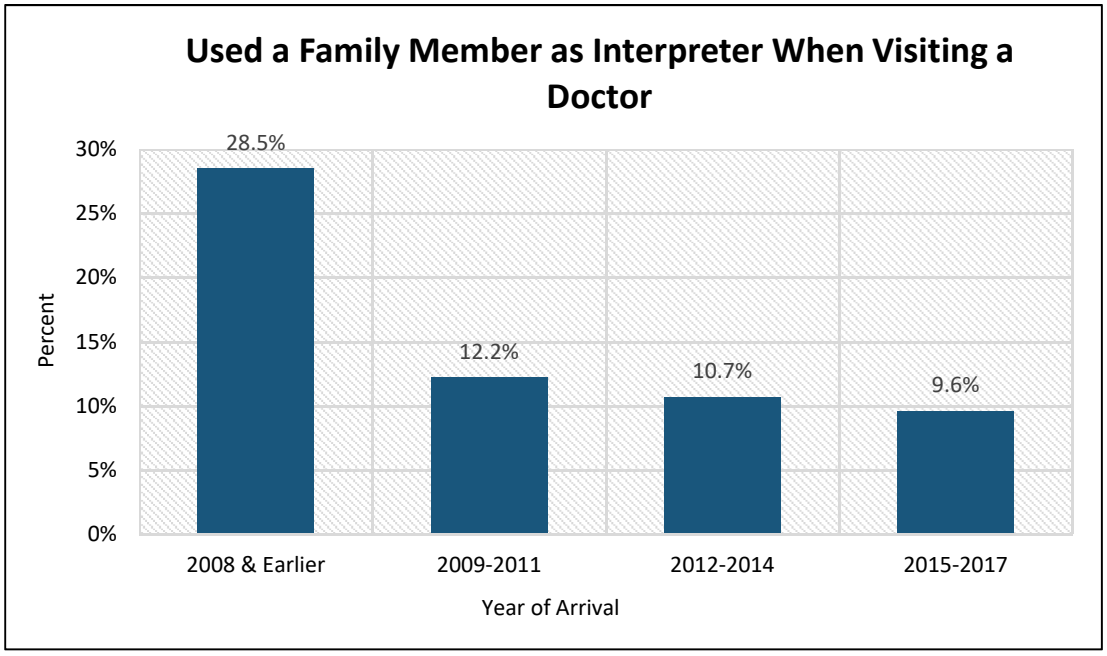


Family Member Interpretation

The below chart represents the proportion of Lincoln refugees who reported using a family member as their interpreter when visiting a doctor.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2008 and earlier (28.5%) were the most likely population to report using a family member as an interpreter when visiting a doctor. This percentage was more than twice that of the next most likely population to report the same – refugees arriving in 2009-2011 (12.2%)
- Lincoln refugees arriving in 2015-2017 (9.6%) were the least likely population to report using a family member as an interpreter when visiting a doctor, followed closely by Lincoln refugees arriving in 2012-2014 (10.7%).



Lincoln's Refugee Population

Chronic Disease

8.8% Approximately nine percent of Lincoln refugees had ever been diagnosed with diabetes.

Male refugees reported higher rates of heart attack, coronary heart disease, stroke, kidney disease, and high blood pressure than did female refugees.

4.9% Just under five percent of Lincoln refugees reported having ever been diagnosed with asthma.

Chronic Disease by Year of Arrival

1.4x Refugees arriving in 2008 and earlier (19.0%) were more likely than were refugees arriving in 2015-2017 (13.7%) to have ever been diagnosed with high blood pressure.

2.0x Refugees arriving in 2008 and earlier (5.5%) were twice as likely as were refugees arriving in 2015-2017 (2.8%) to have ever been diagnosed with Asthma.

Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

Nebraska Office of Health Disparities & Health Equity

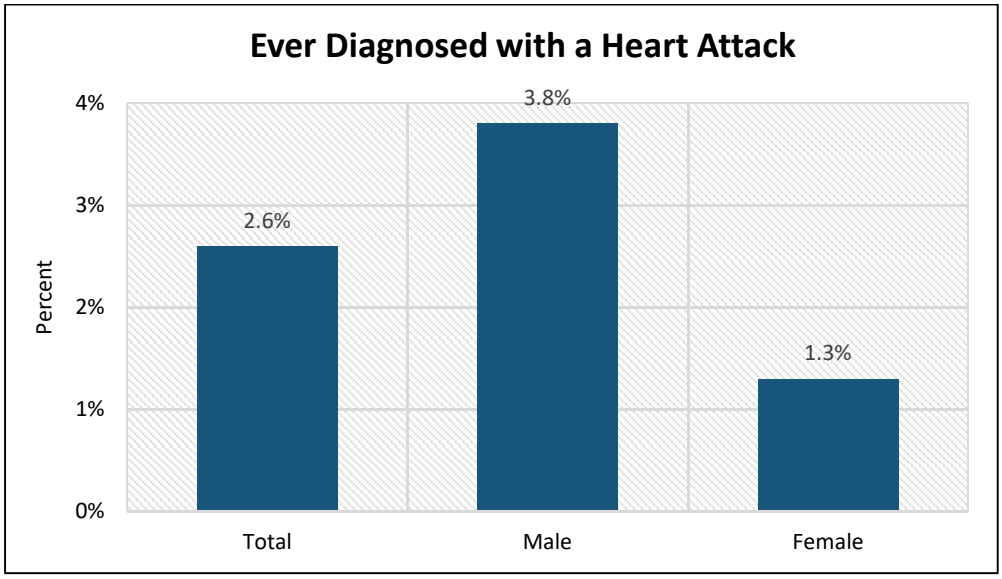
Heart Attack

A heart attack or myocardial infarction (MI) is permanent damage to the heart muscle. Heart attacks can occur when the heart cannot get enough oxygen, due to oxygen-rich blood being blocked off from the heart muscle.[10]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with a heart attack.

Key Findings by Gender

- Overall, 2.6% of Lincoln refugees reported having ever been diagnosed with a heart attack.
- Male refugees (3.8%) were almost three times as likely as were female refugees (1.3%) to report having ever been diagnosed with a heart attack.



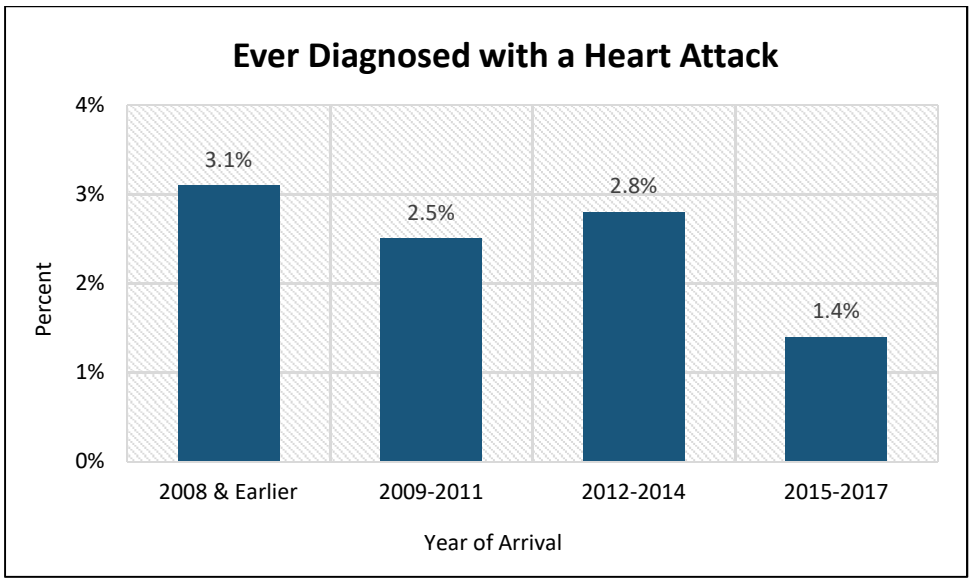
[10] National Institutes of Health. (2016). Myocardial infarction. Retrieved from www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0021982

Heart Attack

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with a heart attack.

Key Findings by Year of Arrival

- The most recently arrived group of Lincoln refugees (2015-2017) was the least likely population to report having ever been diagnosed with a heart attack at 1.4%.
- Lincoln refugees arriving in 2008 and earlier (3.1%) were the most likely population to report having ever been diagnosed with a heart attack, followed by Lincoln refugees arriving in 2012-2014 (2.8%) and those arriving in 2009-2011 (2.5%).



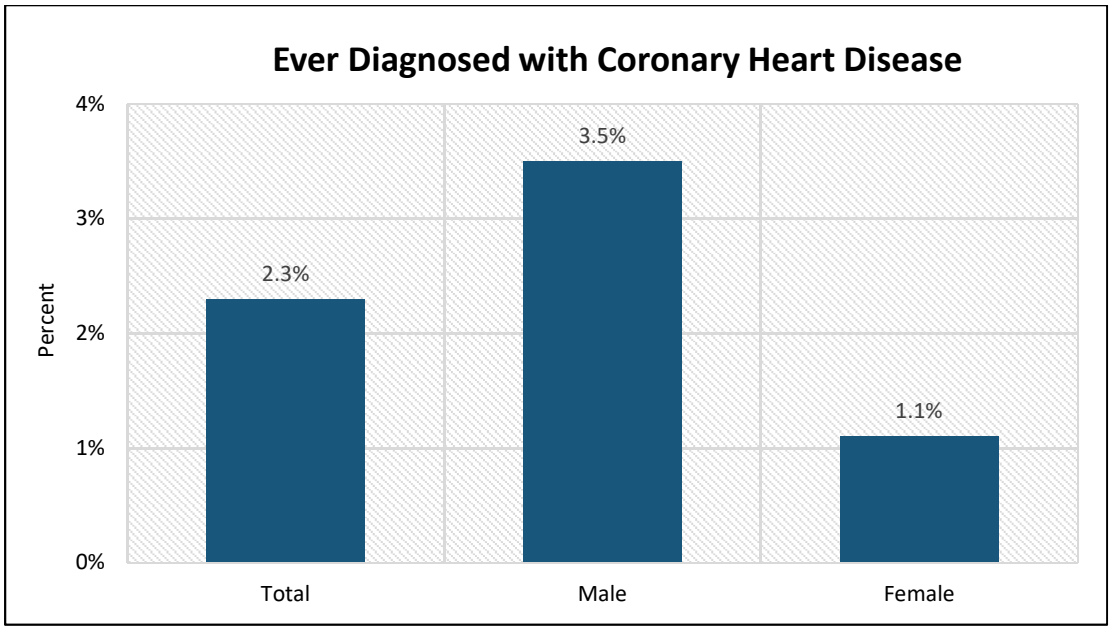
Coronary Heart Disease

Coronary heart disease is the narrowing of coronary arteries due to the buildup of plaque. With narrowed passageways, the amount of blood delivered is lessened, thus increasing the risk for a heart attack.[11]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with coronary heart disease.

Key Findings by Gender

- Just over two percent of Lincoln refugees reported having ever been diagnosed with coronary heart disease.
- Male refugees (3.5%) were over three times more likely than were female refugees (1.1%) to report having ever been diagnosed with coronary heart disease.



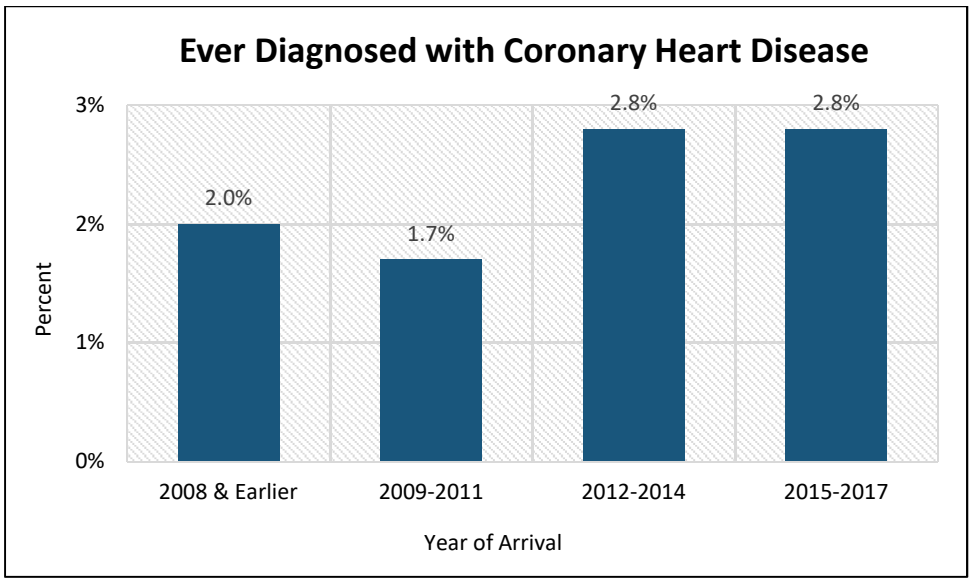
[11] National Institutes of Health. (2016). What is coronary heart disease. Retrieved from www.nhlbi.nih.gov/health/health-topics/topics/cad

Coronary Heart Disease

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with coronary heart disease.

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2012-2014 and in 2015-2017 were the most likely populations to report having ever been diagnosed with coronary heart disease at 2.8%.
- Lincoln refugees arriving in 2008 and earlier (2.0%) and Lincoln refugees arriving in 2009-2011 (1.7%) were somewhat less likely to report having ever been diagnosed with coronary heart disease.



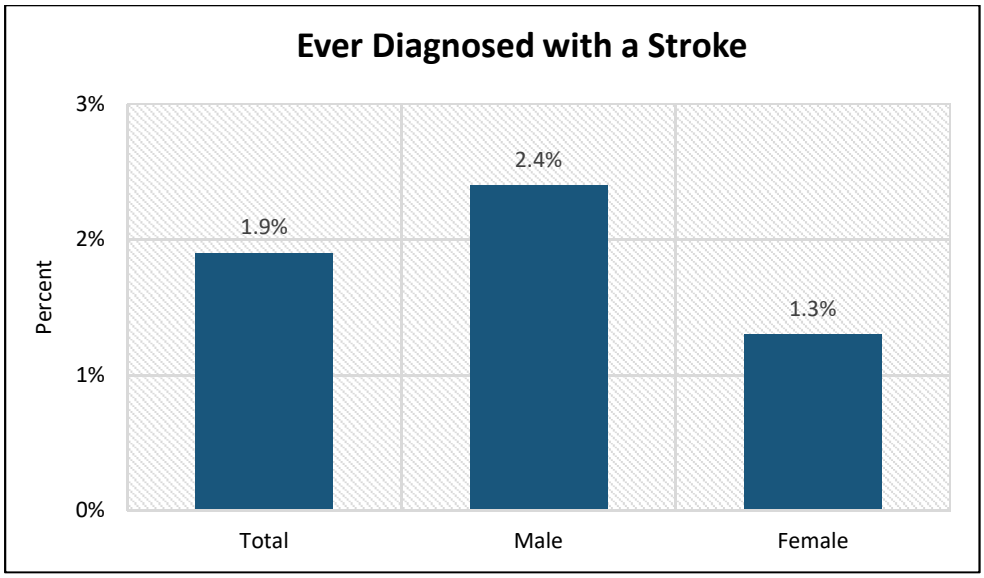
Stroke

A stroke occurs when blood flow to part of the brain stops. As the blood flow is interrupted, brain cells begin to die, as they cannot get the necessary oxygen. Strokes can cause brain damage, long-term disability, or death.[12]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with a stroke.

Key Findings by Gender

- Approximately two percent of Lincoln refugees (1.9%) reported having ever been diagnosed with a stroke.
- Male refugees (2.4%) were 1.8 times more likely than were female refugees (1.3%) to report having ever been diagnosed with a stroke.



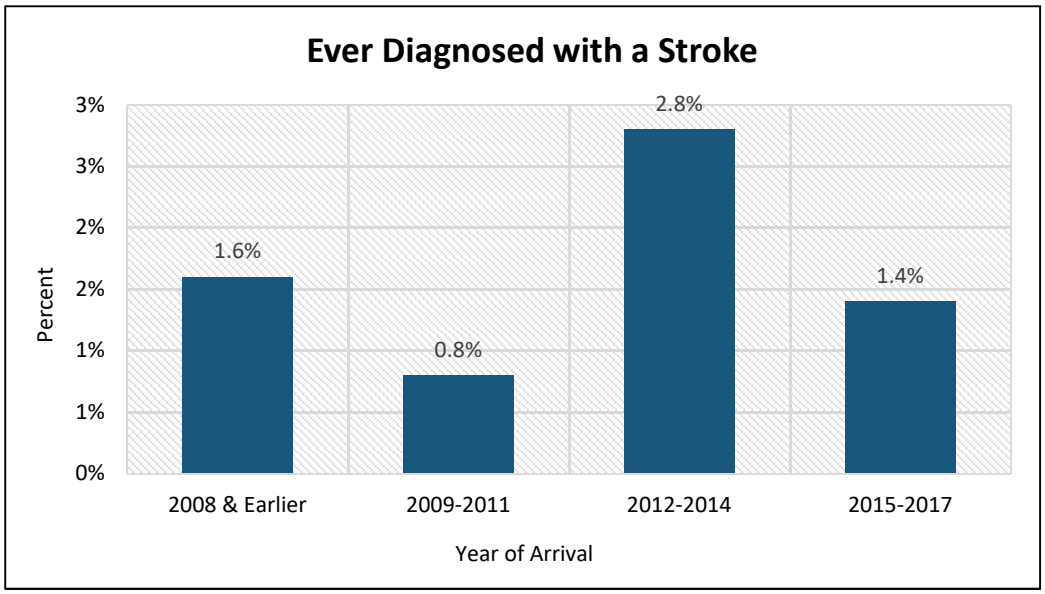
[12] Centers for Disease Control and Prevention. (2016). About stroke. Retrieved from www.cdc.gov/stroke/about.htm

Stroke

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with a stroke.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2012-2014 (2.8%) were the most likely population to report having ever been diagnosed with a stroke. This percentage was 3.5 times that of the least likely population to have ever been diagnosed with a stroke – refugees arriving in 2009-2011 (0.8%).
- Similar proportions of Lincoln refugees arriving in 2008 and earlier (1.6%) and 2015-2017 (1.4%) reported having ever been diagnosed with a stroke.



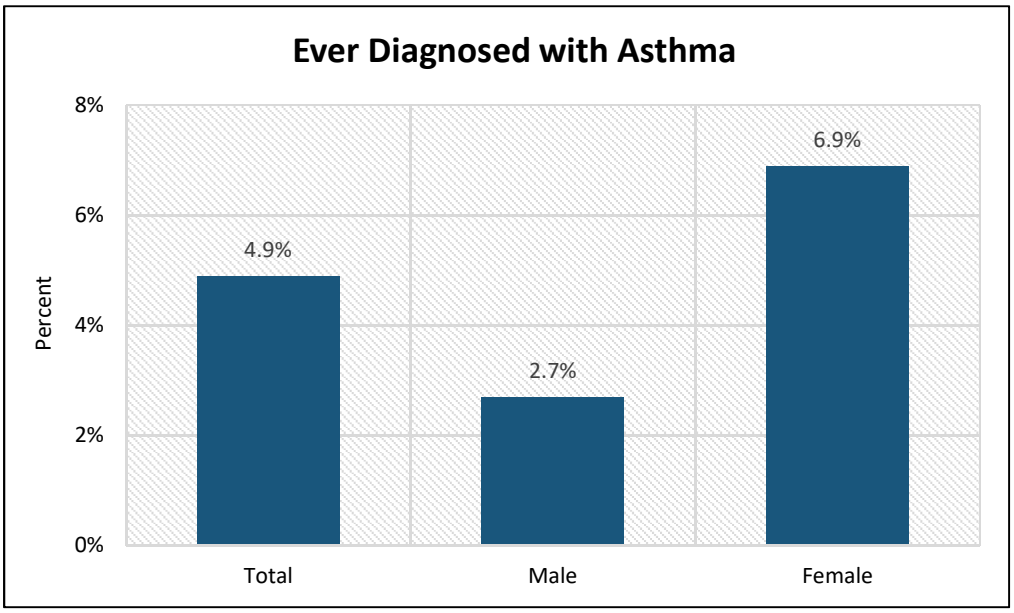
Asthma

Asthma is a chronic inflammatory disease of the airways that is characterized by recurring symptoms such as wheezing, breathlessness, chest tightness, and coughing. In persons with asthma, the airways are more responsive to various stimuli, such as pollen, cigarette smoke, respiratory infections, or exercise. When exposed to these stimuli, the airways narrow or become obstructed, which results in respiratory symptoms.[13]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with asthma.

Key Findings by Gender

- Approximately five percent of Lincoln refugees (4.9%) reported having ever been diagnosed with asthma.
- Female refugees (6.9%) were 2.6 times more likely than were male refugees (2.7%) to report having ever been diagnosed with asthma.



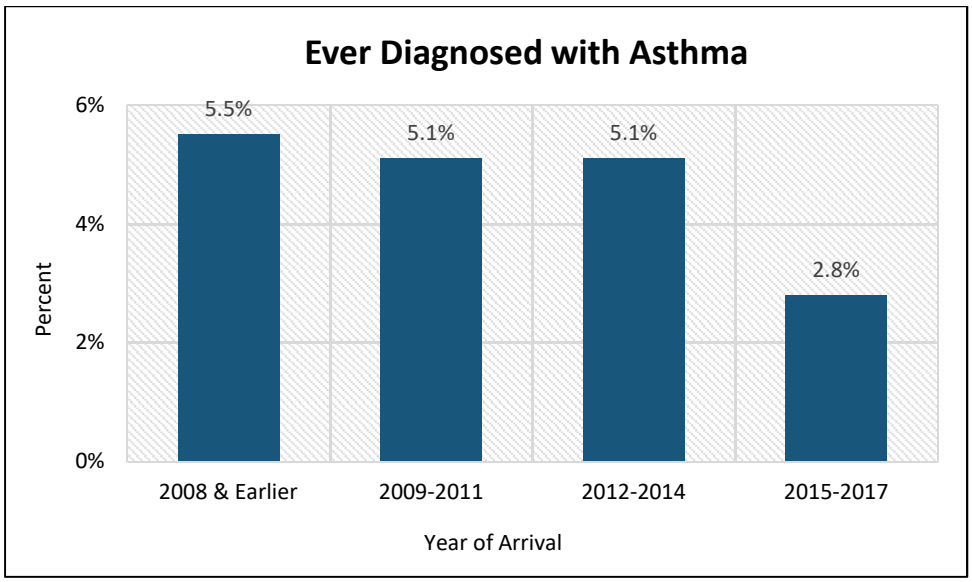
[13] Centers for Disease Control and Prevention. (2016). Asthma. Retrieved from www.cdc.gov/asthma/default.htm

Asthma

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with asthma.

Key Findings by Year of Arrival

- In Lincoln, refugees with the longest stay in the U.S. (2008 and earlier) were the most likely population to report having ever been diagnosed with asthma at 5.5%. This percentage was twice that of the most recently arrived group of refugees (2015-2017) at 2.8%.
- Approximately five percent of Lincoln refugees arriving in 2009-2011 and in 2012-2014 reported having ever been diagnosed with asthma.



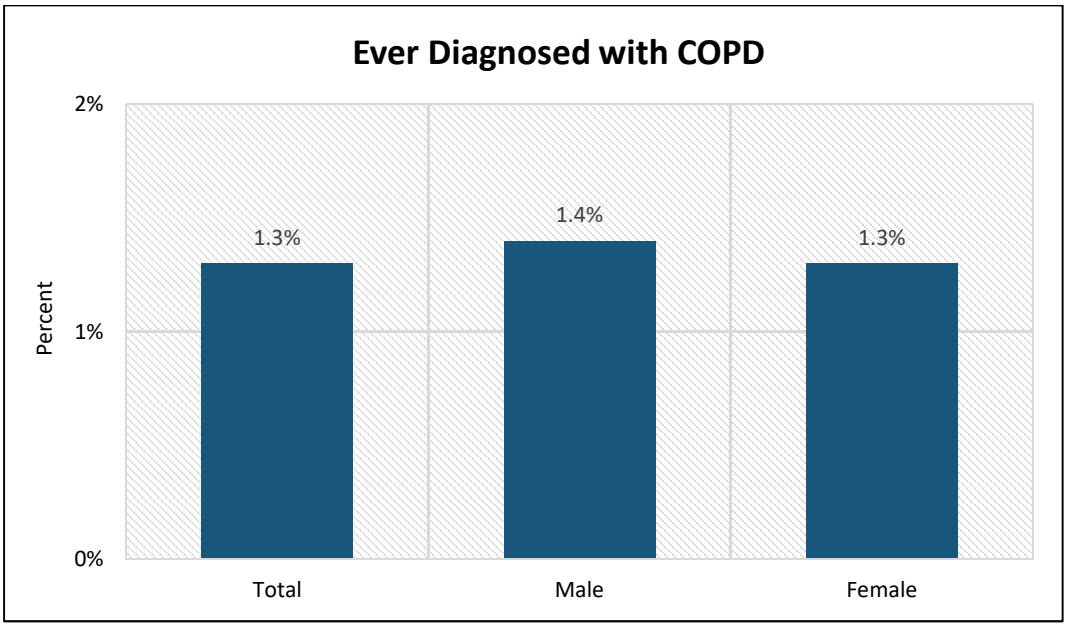
Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term for diseases that impair lung function and create breathlessness. Smoking is the leading cause of COPD, though individuals who are exposed to dust, air pollution or other irritants long-term are also at a higher risk for COPD.[14] Chronic bronchitis and emphysema are common types of COPD.

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with COPD, emphysema, or chronic bronchitis.

Key Findings by Gender

- Just over one percent of Lincoln refugees (1.3%) reported having ever been diagnosed with COPD.
- Male refugees (1.4%) and female refugees (1.3%) reported similar percentages of those who had ever been diagnosed with COPD.



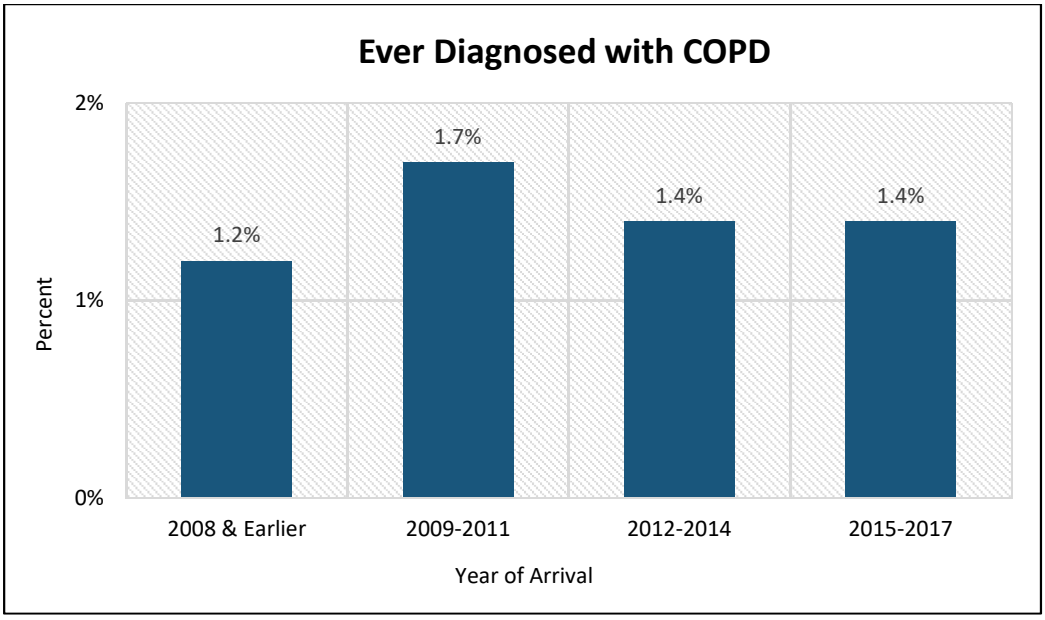
[14] National Institutes of Health. (2013). What is COPD. Retrieved from www.nhlbi.nih.gov/health/health-topics/topics/copd

Chronic Obstructive Pulmonary Disease (COPD)

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with COPD, emphysema, or chronic bronchitis.

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2009-2011 (1.7%) were the most likely population to report having ever been diagnosed with COPD, followed by Lincoln refugees arriving in 2012-2014 and in 2015-2017, both at 1.4%.
- Lincoln refugees arriving in 2008 and earlier (1.2%) were the least likely population to report having ever been diagnosed with COPD.



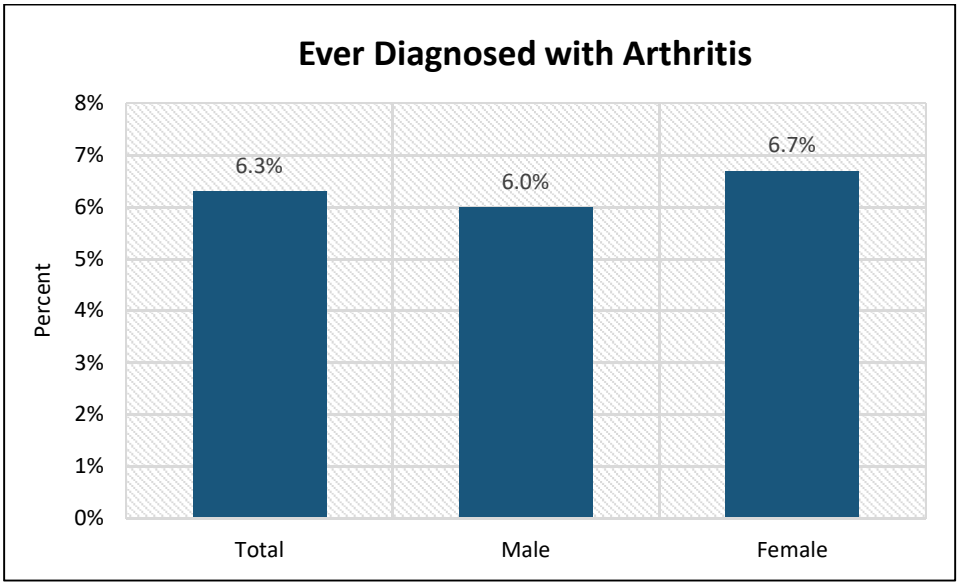
Arthritis

Arthritis includes more than 100 diseases that affect joints and the surrounding tissues and can cause pain and stiffness in the affected areas.[15]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with arthritis.

Key Findings by Gender

- Approximately six percent of Lincoln refugees (6.3%) reported having ever been diagnosed with arthritis.
- Female refugees (6.7%) were slightly more likely than were male refugees (6.0%) to report having ever been diagnosed with arthritis.



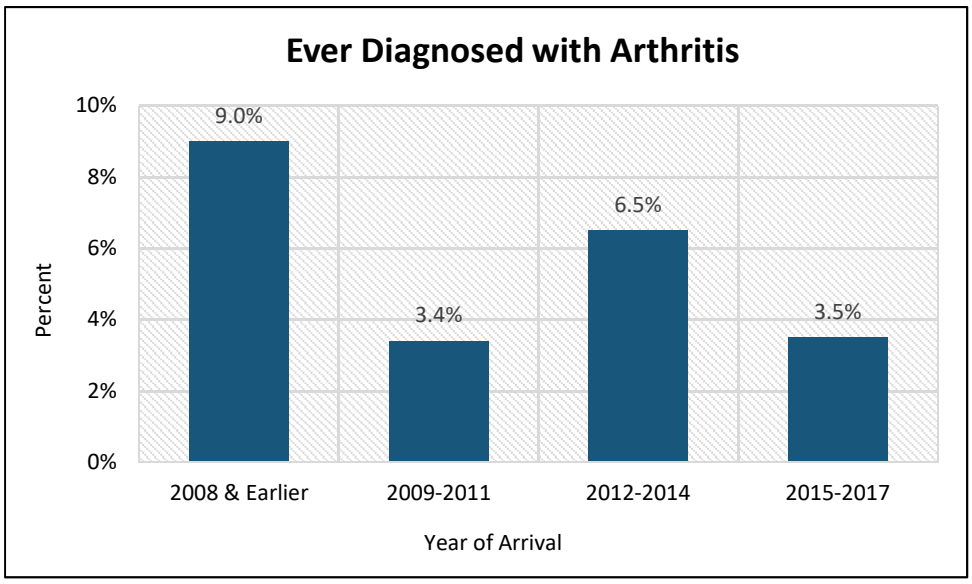
[15] Centers for Disease Control and Prevention. (2016). Arthritis. Retrieved from www.cdc.gov/arthritis/basics/faqs.htm

Arthritis

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with arthritis.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2008 and earlier (9.0%) were the most likely population to report having ever been diagnosed with arthritis. This proportion was 2.6 times that of the arrival group least likely to have ever been diagnosed with arthritis – refugees arriving in 2009-2011 (3.4%).
- Lincoln refugees arriving in 2012-2014 (6.5%) were the second most likely population to report having ever been diagnosed with arthritis, followed by Lincoln refugees arriving in 2015-2017 (3.5%).



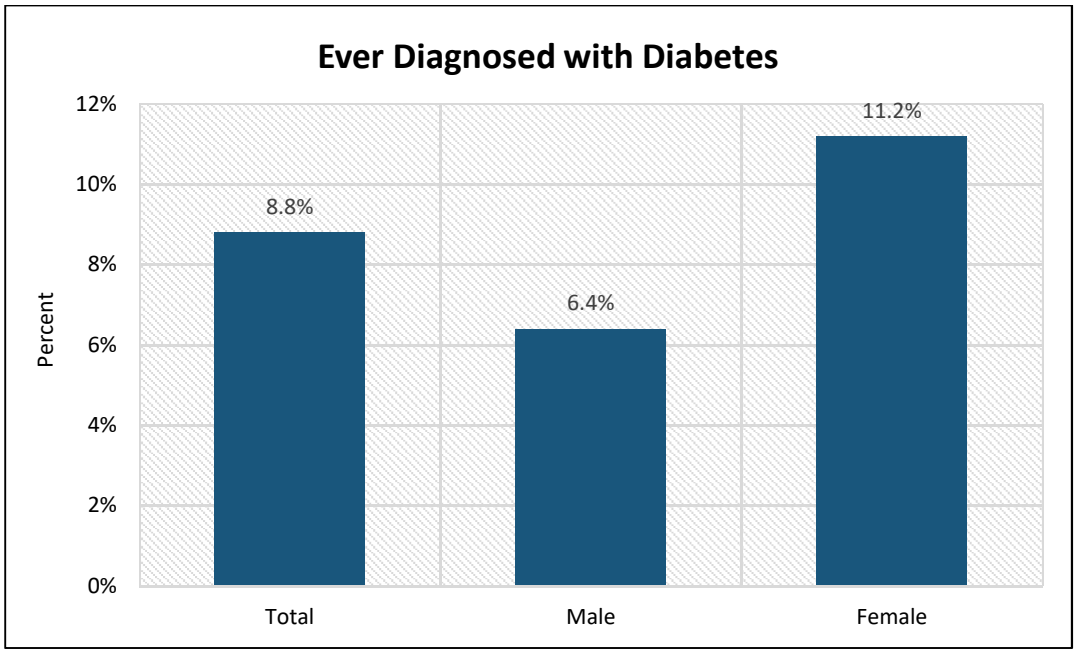
Diabetes

Diabetes is a chronic disease, characterized by high levels of sugar in the blood. Diabetes can be caused by the resistance to or creation of too little insulin, a hormone produced to control blood sugar. While the cause of type 1 diabetes is unknown, some cases of type 2 diabetes can be prevented by increasing physical activity, eating a healthy diet, and decreasing excess body weight.[16]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with diabetes.

Key Findings by Gender

- Just under nine percent of Lincoln refugees (8.8%) reported having ever been diagnosed with diabetes.
- Female refugees (11.2%) were 1.8 times more likely than were male refugees (6.4%) to report having ever been diagnosed with diabetes.



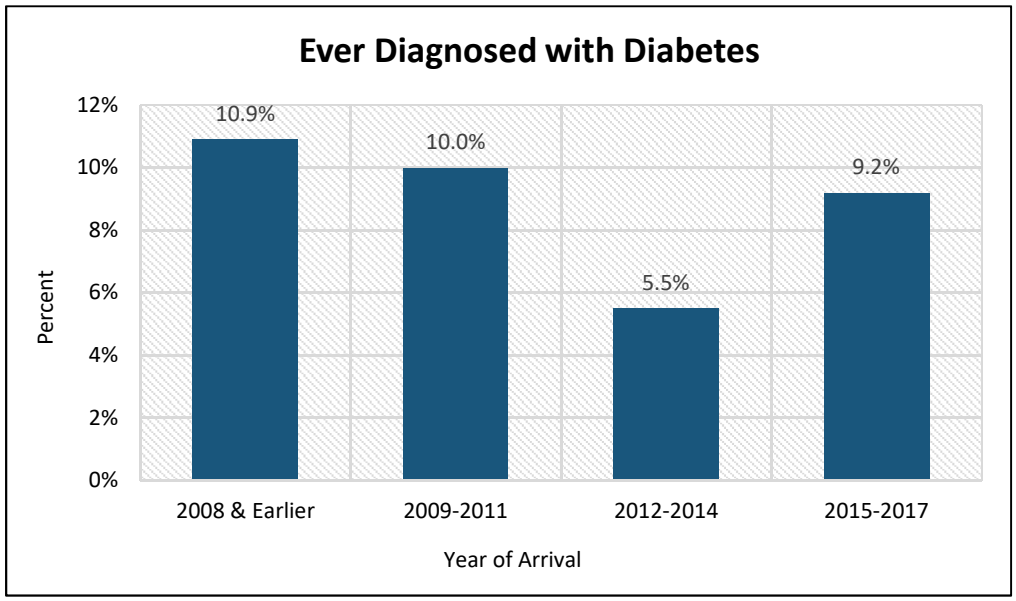
[16] A.D.A.M Medical Encyclopedia. (2012). Diabetes. Retrieved from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002194/

Diabetes

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with diabetes.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2008 and earlier (10.9%) were the most likely population to report having ever been diagnosed with diabetes, followed by refugees arriving in 2009-2011 (10.0%).
- Lincoln refugees arriving in 2012-2014 were notably less likely than were other population to have ever been diagnosed with diabetes at 5.5%.



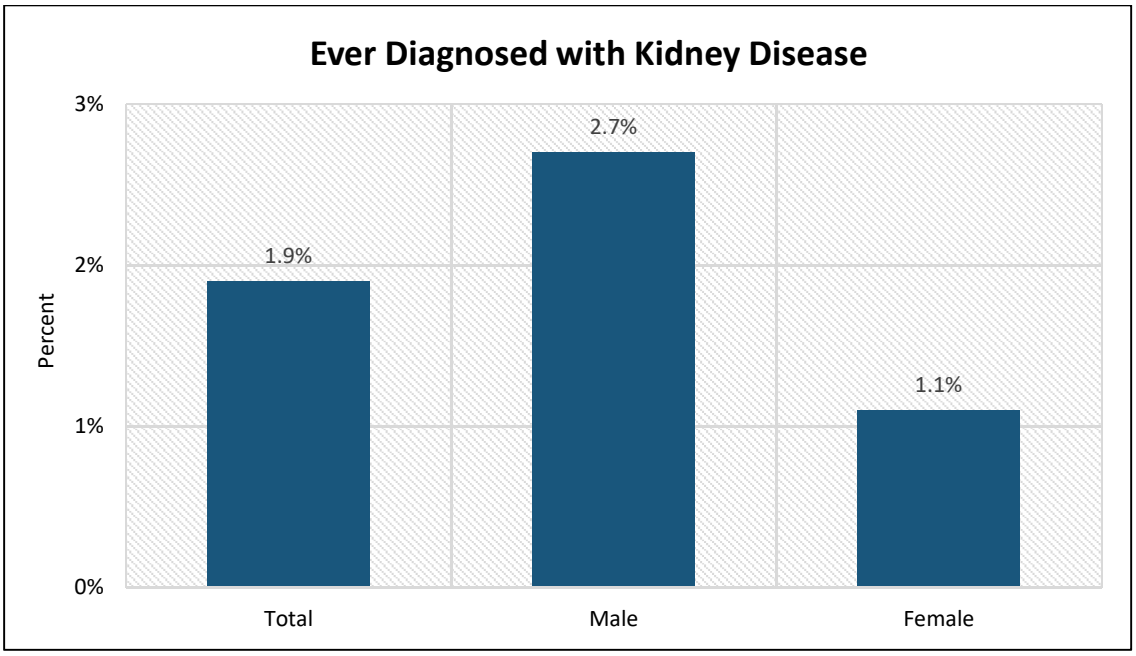
Kidney Disease

Kidneys help to regulate blood chemicals and control blood pressure. When the kidneys are damaged, they cannot filter blood properly, causing excess fluid and waste to remain in the body. This can cause other health problems, such as heart disease and stroke.[17]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with kidney disease.

Key Findings by Gender

- Approximately two percent of Lincoln refugees (1.9%) reported having ever been diagnosed with kidney disease.
- Male refugees (2.7%) were 2.5 times more likely than were female refugees (1.1%) to report having ever been diagnosed with kidney disease.



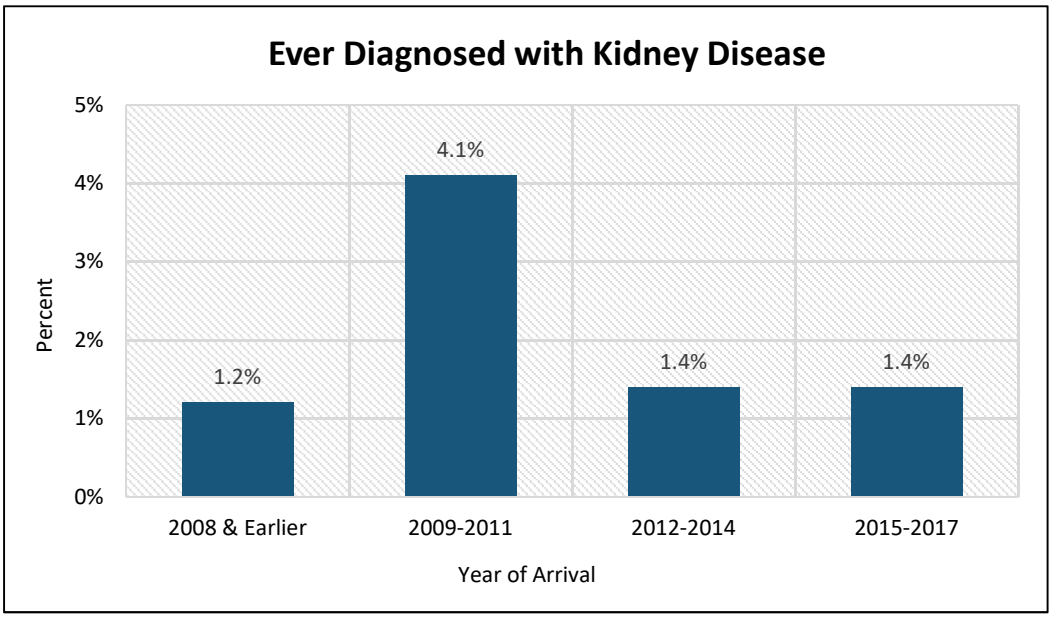
[17] Centers for Disease Control and Prevention. (2018). Chronic kidney disease basics. Retrieved from www.cdc.gov/kidneydisease/basics.html

Kidney Disease

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with kidney disease.

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2009-2011 (4.1%) were notably more likely than were other population to report having ever been diagnosed with kidney disease.
- Lincoln refugees arriving in 2008 and earlier (1.2%) were the least likely population to report having ever been diagnosed with kidney disease, followed closely by Lincoln refugees arriving in 2012-2014 and 2015-2017, both at 1.4%.



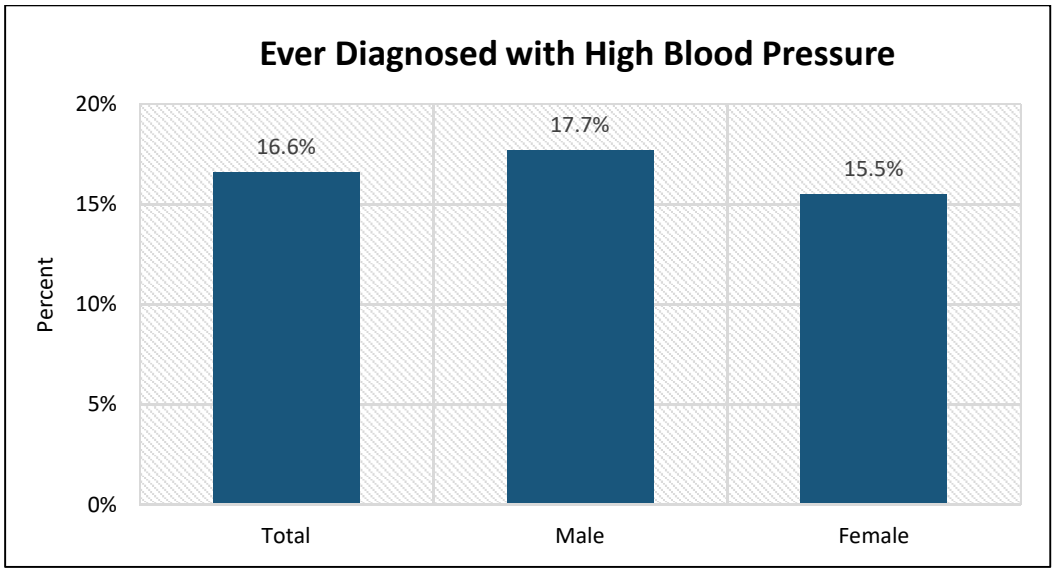
High Blood Pressure

High blood pressure, clinically known as hypertension, occurs when blood flows through the vessels with a greater force than usual. Conditions of the kidney or nervous system, body hormone levels, and water or salt levels in the body can affect blood pressure.[18]

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with high blood pressure.

Key Findings by Gender

- Approximately 17% of Lincoln refugees reported having ever been diagnosed with high blood pressure.
- Male refugees (17.7%) were somewhat more likely than were female refugees (15.5%) to report having ever been diagnosed with high blood pressure.



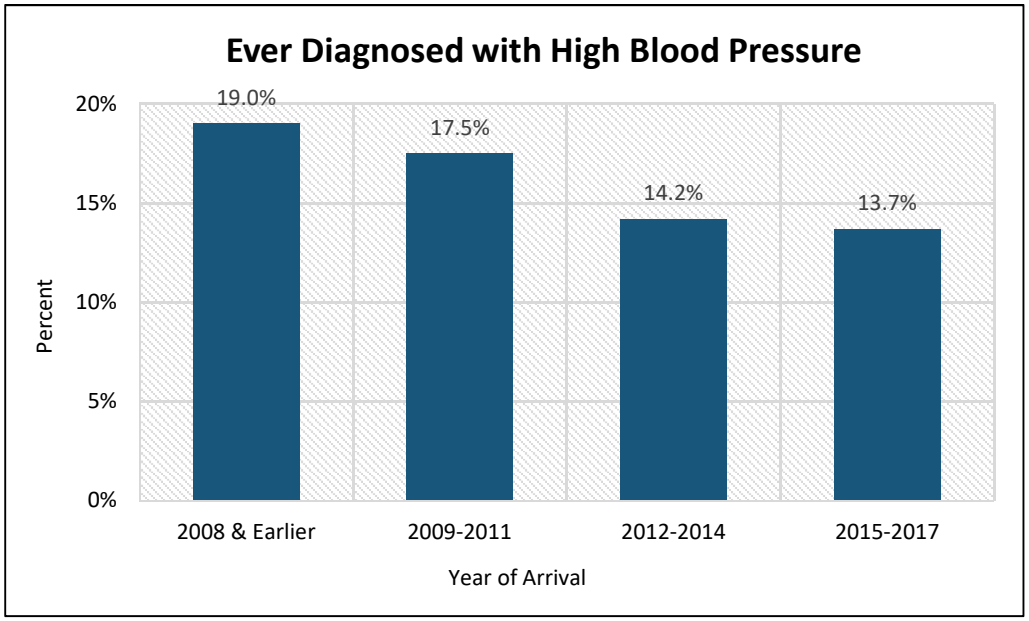
[18] National Institutes of Health. (2016). Hypertension. Retrieved from www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0024199/

High Blood Pressure

The below chart represents the proportion of Lincoln refugees surveyed that reported having ever been diagnosed with high blood pressure.

Key Findings by Year of Arrival

- The percentage of Lincoln refugees diagnosed with high blood pressure increased with length of stay in the United States.
- Approximately one-fifth of Lincoln refugees arriving in 2008 and earlier (19.0%) reported having ever been diagnosed with high blood pressure, making this population the most likely to report so.
- Lincoln refugees arriving in 2012-2014 (14.2%) and 2015-2017 (13.7%) were somewhat less likely to have ever been diagnosed with high blood pressure.



Lincoln's Refugee Population

Mental Health

One out of every ten Lincoln refugees reported having poor mental health on 14 or more of the past 30 days.

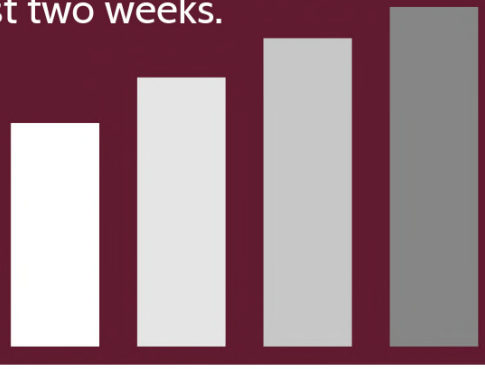
8.2% Approximately eight percent of Lincoln refugees reported having ever had a depressive disorder.

1.3x Female refugees (9.3%) were more likely than were male refugees (7.1%) to report having ever had a depressive disorder.

Difficulty Concentrating

60% of refugees arriving in 2015-2017 had difficulty concentrating on 10 or more days in the past two weeks.

39.4% of refugees arriving in 2008 and earlier had difficulty concentrating on 10 or more days in the past two weeks.



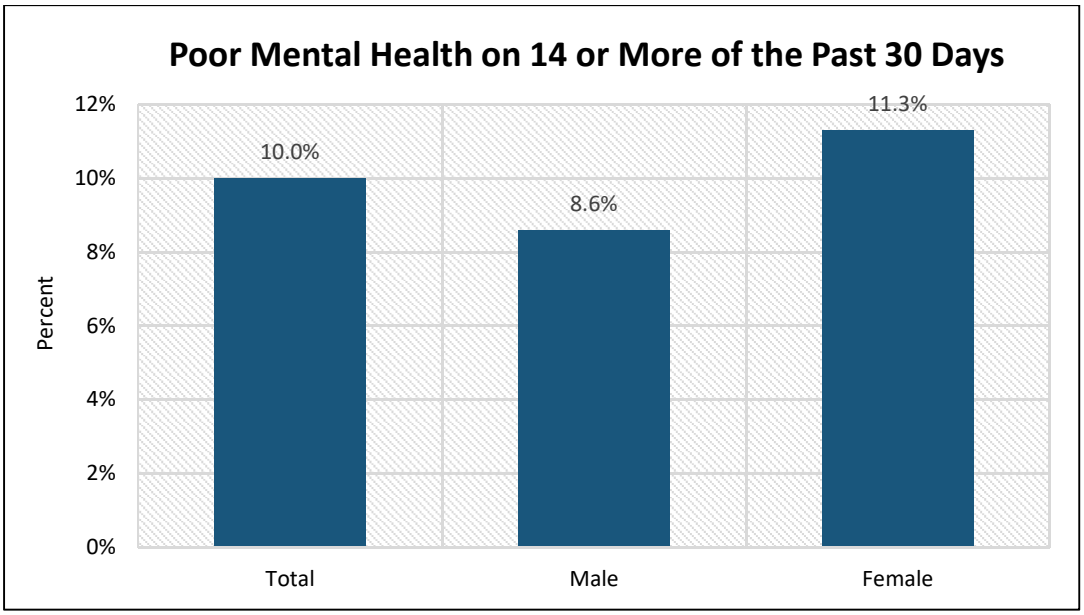
Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

Poor Mental Health

The below chart represents the proportion of Lincoln refugees who reported that their mental health was not good on 14 or more of the past 30 days.

Key Findings by Gender

- One in ten Lincoln refugees reported having poor mental health on 14 or more of the past 30 days.
- Female refugees (11.3%) were somewhat more likely than were male refugees (8.6%) to report having poor mental health on 14 or more of the past 30 days.

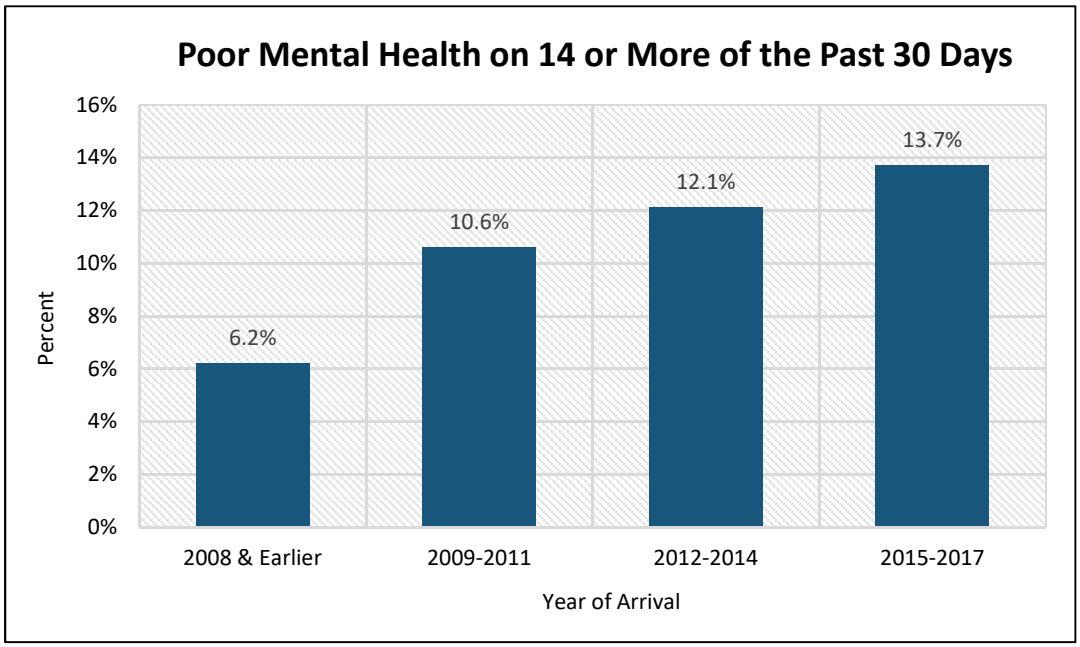


Poor Mental Health

The below chart represents the proportion of Lincoln refugees who reported that their mental health was not good on 14 or more of the past 30 days.

Key Findings by Year of Arrival

- The percentage of Lincoln refugees to report having poor mental health on 14 or more of the past 30 days decreased with length of stay in the United States.
- Lincoln refugees arriving in 2015-2017 (13.7%) were over twice as likely as were Lincoln refugees arriving in 2008 and earlier (6.2%) to report being in poor mental health on 14 or more of the past 30 days.



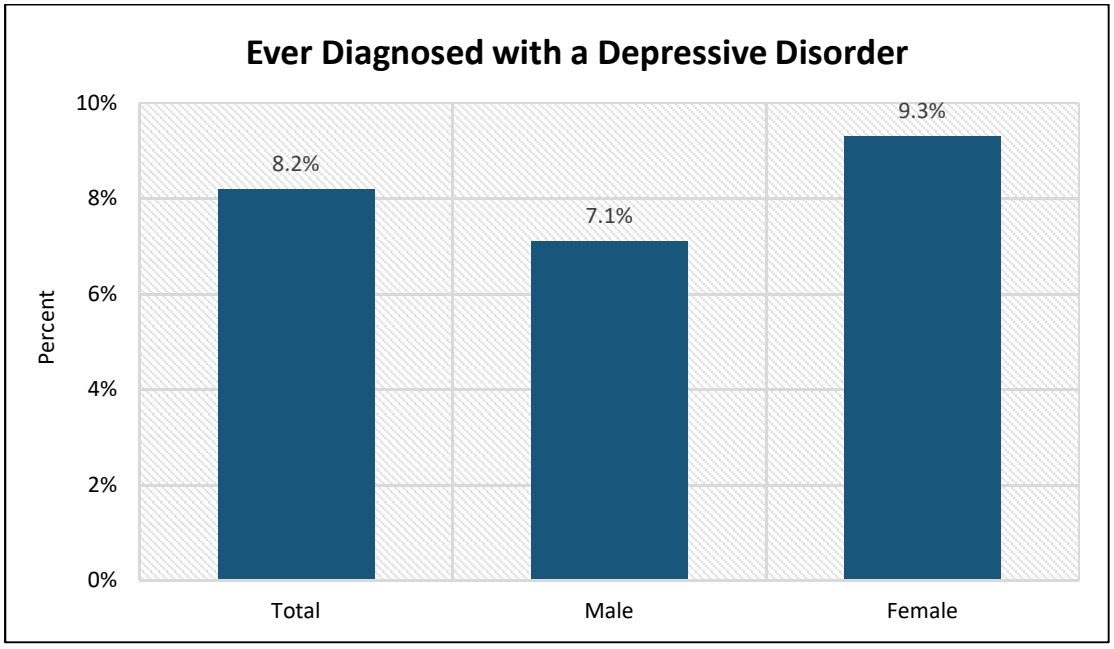
Depressive Disorder

Depression is a major cause of illness and injury worldwide. If not treated, individuals with depression face a higher risk of suicide, heart disease, and other mental disorders.[19]

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

Key Findings by Gender

- Approximately eight percent of Lincoln refugees (8.2%) reported having ever been diagnosed with a depressive disorder.
- Female refugees (9.3%) were more likely than were male refugees (7.1%) to report having ever been diagnosed with a depressive disorder.



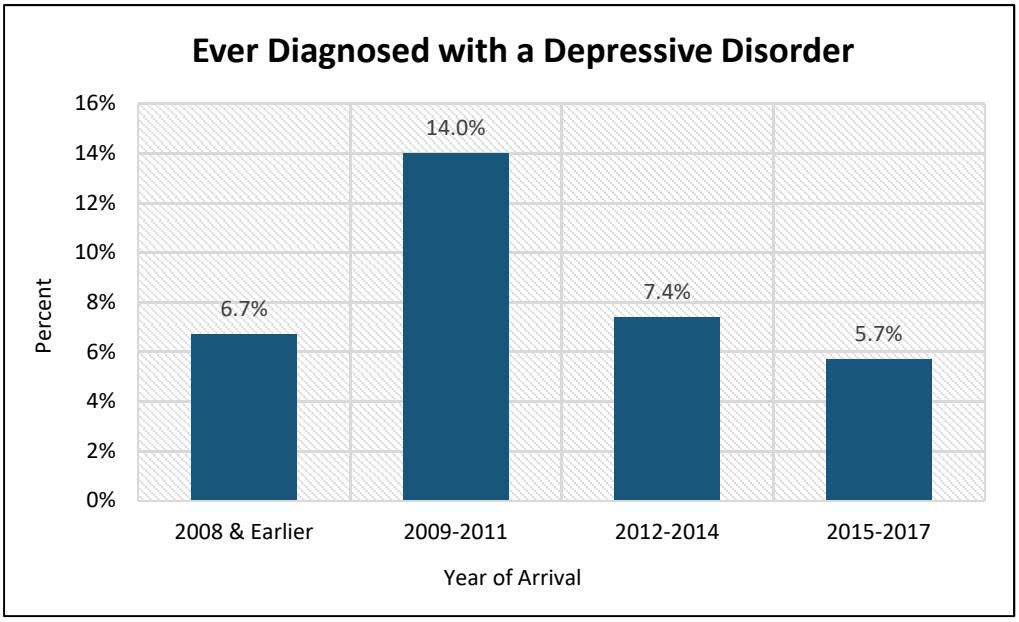
[19] Centers for Disease Control and Prevention. (2016). Depression. Retrieved from www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm

Depressive Disorder

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2009-2011 (14.0%) were the most likely population to report having ever been diagnosed with a depressive disorder. This percentage was almost twice that of the next most likely refugee population to report the same – refugees arriving in 2012-2014 (7.4%).
- Lincoln refugees arriving in 2015-2017 (5.7%) were the least likely population to have ever been diagnosed with a depressive disorder, followed by Lincoln refugees arriving in 2008 and earlier (6.7%).



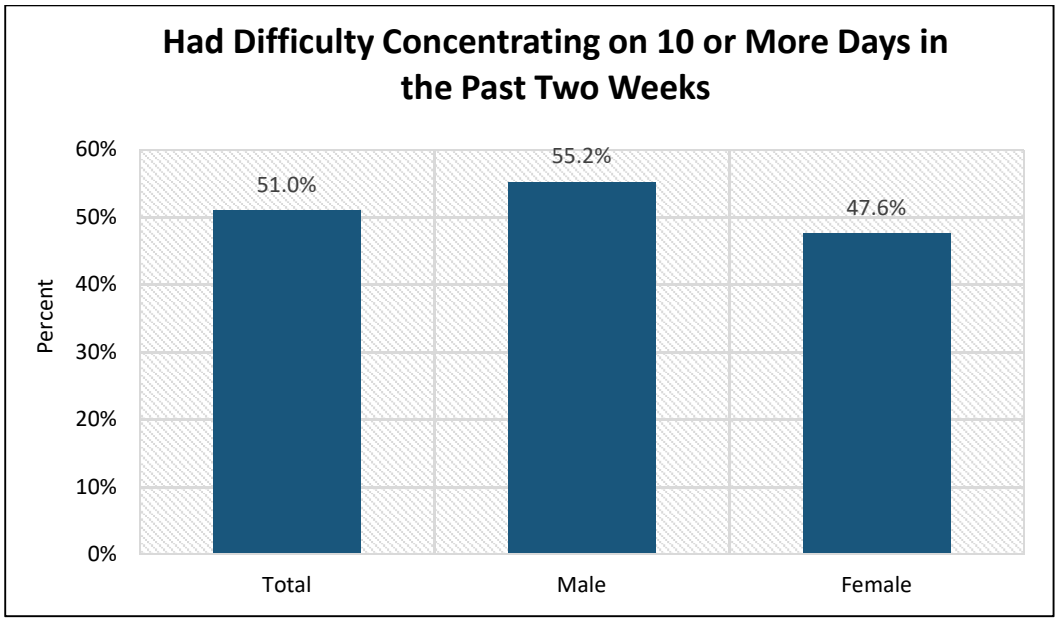
Difficulty Concentrating

Many individuals have difficulty concentrating occasionally, which is generally no cause for concern. However, difficulty concentrating an excessive amount during the day can be a symptom of stress or depression.

The below chart represents the proportion of Lincoln refugees who reported having difficulty concentrating on 10 or more days in the past two weeks.

Key Findings by Gender

- Over half of Lincoln refugees (51.0%) reported having difficulty concentrating on 10 or more days in the past two weeks.
- Male refugees (55.2%) were more likely than were female refugees (47.6%) to report having difficulty concentrating on 10 or more days in the past two weeks.

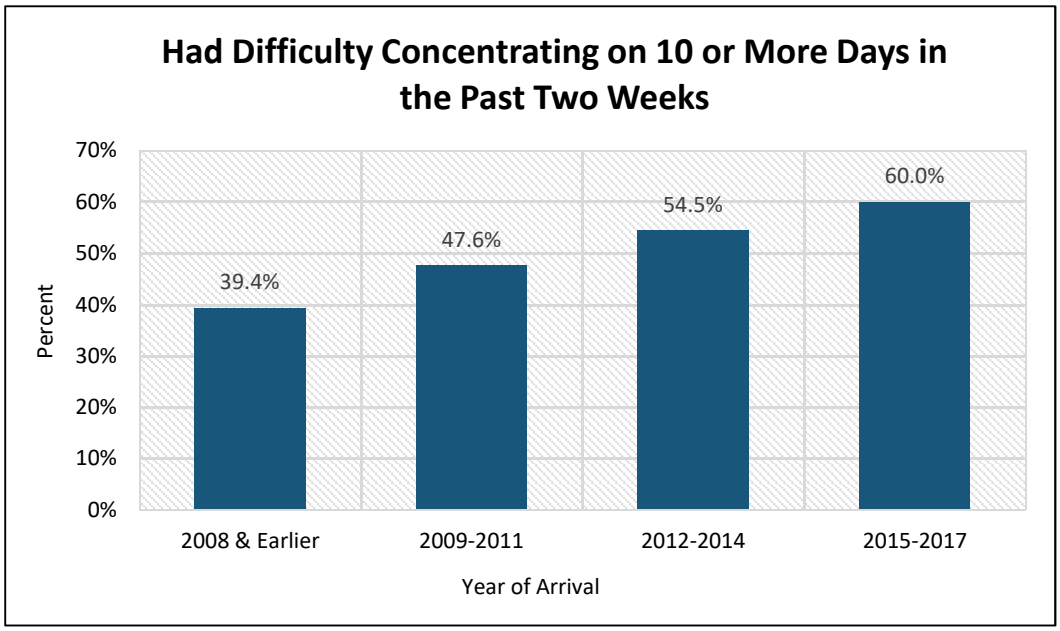


Difficulty Concentrating

The below chart represents the proportion of Lincoln refugees who reported having difficulty concentrating on 10 or more days in the past two weeks.

Key Findings by Year of Arrival

- The percentage of Lincoln refugees that reported having difficulty concentrating on 10 or more days in the past two weeks decreased with length of stay in the United States.
- Lincoln refugees arriving in 2015-2017 (60.0%) were 1.5 times more likely than were Lincoln refugees arriving in 2008 and earlier (39.4%) to report having difficulty concentrating on 10 or more days in the past two weeks.



Lincoln's Refugee Population

Health Behaviors and Risk Factors for Illness

Positive health behaviors, such as routine checkups and taking preventative measures, can help to prevent disease and play an important role in ensuring a healthy life.

66.4% Approximately two-thirds of Lincoln refugees reported having had a routine checkup in the past two years.

48.3% Just under half of Lincoln refugees reported having visited a dentist in the past two years.

52.2% Just over half of Lincoln refugees reported having had a flu shot in the past year.

Healthy Lifestyle

Approximately **45%** of Lincoln refugees reported eating fruit less than once daily.

61% of Lincoln refugees reported eating vegetables less than once daily.

Approximately **62%** of Lincoln refugees reported getting no leisure time physical activity in the past 30 days.

Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

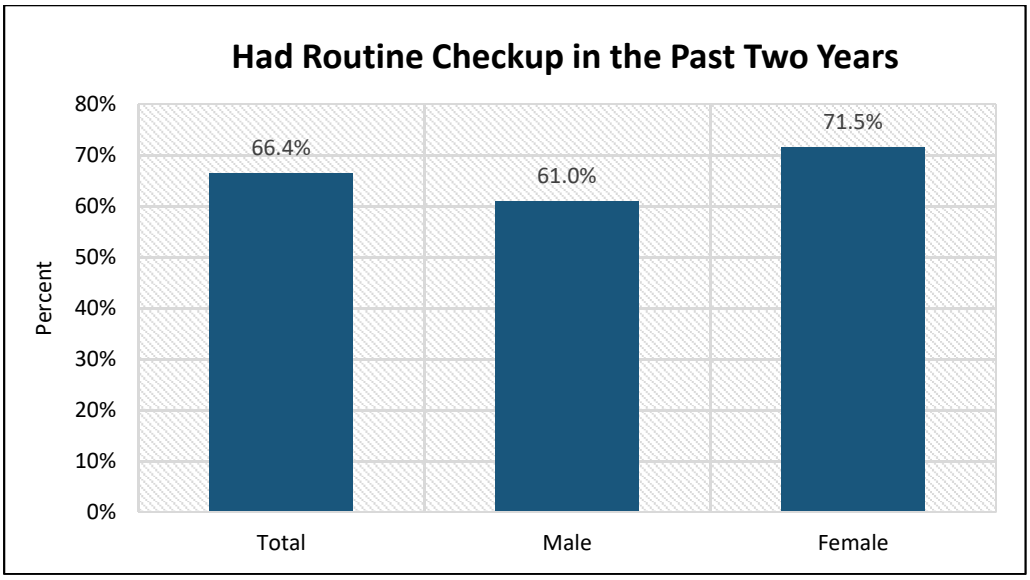
Routine Checkup

Routine checkups are helpful in finding problems before they become a cause for concern. Finding problems early makes the chance for treatment better. Scheduling regular checkups with a physician is an important step in maintaining a long, healthy life.

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

Key Findings by Gender

- Approximately two-thirds of Lincoln refugees (66.4%) reported having had a routine checkup in the past two years.
- Female refugees (71.5%) were more likely than were male refugees (61.0%) to report having had a routine checkup in the past two years.

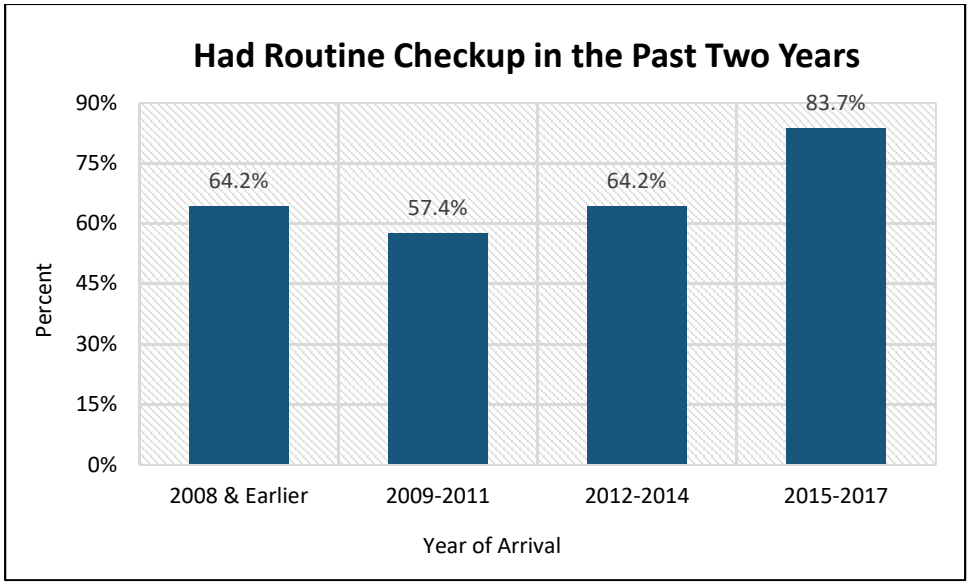


Routine Checkup

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (83.7%) were the most likely population to report having had a routine checkup in the past two years. This percentage was 1.3 times higher than that of the next most likely refugee populations to report the same – refugees arriving in 2008 and earlier and refugees arriving in 2012-2014, both at 64.2%.
- Lincoln refugees arriving in 2009-2011 were the least likely population to report having had a routine checkup in the past two years at 57.4%.



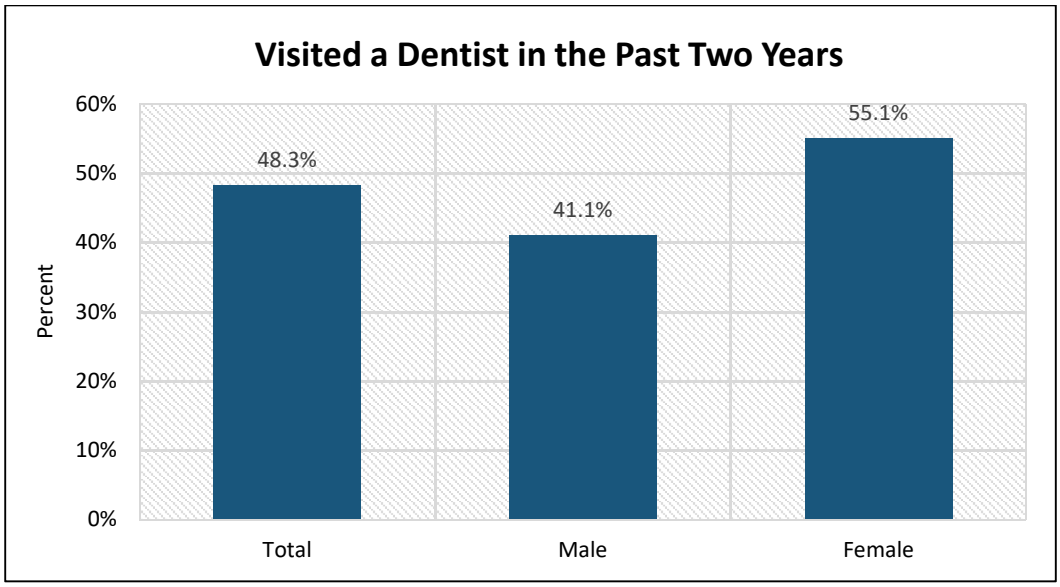
Dentist

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 has untreated tooth decay.[20]

The below chart represents the proportion of Lincoln refugees surveyed who reported having visited a dentist in the past two years.

Key Findings by Gender

- Just under half of Lincoln refugees (48.3%) reported having visited a dentist in the past two years.
- Female refugees (55.1%) were notably more likely than were male refugees (41.1%) to report having visited the dentist in the past two years.



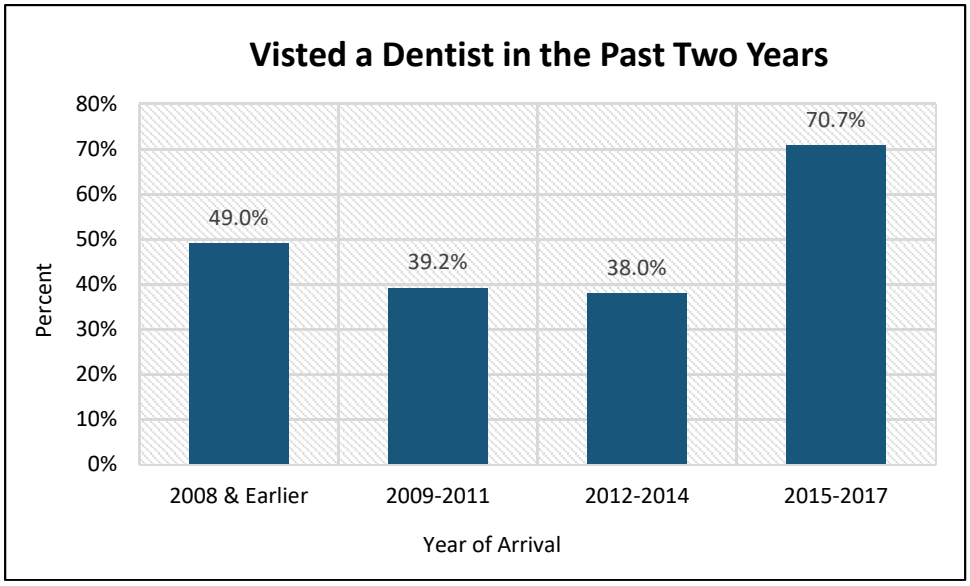
[20] Centers for Disease Control and Prevention. (2015). Dental Caries and Tooth Loss in Adults in the United States, 2011-2012. Retrieved from www.cdc.gov/nchs/data/databriefs/db197.htm

Dentist

The below chart represents the proportion of Lincoln refugees surveyed who reported having visited a dentist in the past two years.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (70.7%) were the most likely population to report having visited a dentist in the past two years. This percentage was 1.9 times higher than that of refugees arriving in 2012-2014 (38.0%).
- Lincoln refugees arriving in 2009-2011 (39.2%) and in 2012-2014 (38.0%) were the least likely populations to report having visited a dentist in the past two years.
- Just under half of Lincoln refugees arriving in 2008 and earlier (49.0%) reported having visited a dentist in the past two years.



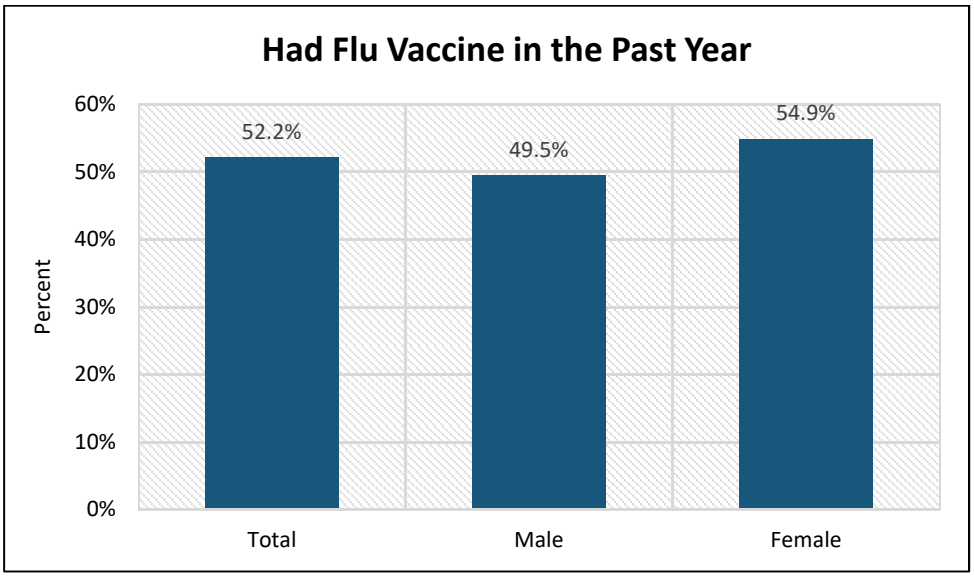
Flu Vaccination

Flu shots protect individuals against the most common influenza viruses and it is recommended that everyone over six months of age get a flu shot every influenza season.[21]

The below chart represents the proportion of Lincoln refugees surveyed who reported having received a flu shot in the past 12 months.

Key Findings by Gender

- Over half of Lincoln refugees (52.2%) reported having had a flu vaccine in the past year.
- Female refugees (54.9%) were more likely than were male refugees (49.5%) to report having had a flu vaccine in the past year.



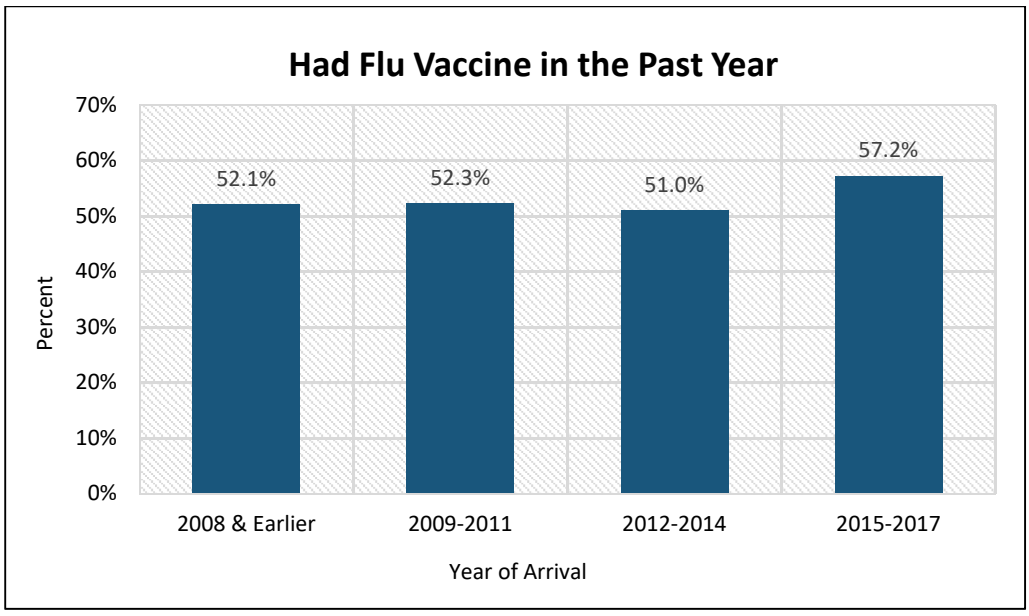
[21] Centers for Disease Control and Prevention. (2016). Key facts about seasonal flu vaccine. Retrieved from www.cdc.gov/flu/protect/keyfacts.htm

Flu Vaccination

The below chart represents the proportion of Lincoln refugees surveyed who reported having received a flu shot in the past 12 months.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (57.2%) were the most likely population to have had a flu vaccine in the past year.
- Lincoln refugees arriving in 2012-2014 (51.0%) were the least likely population to have had a flu vaccine in the past year, followed closely by Lincoln refugees arriving in 2008 and earlier (52.1%) and Lincoln refugees arriving in 2009-2011 (52.3%).



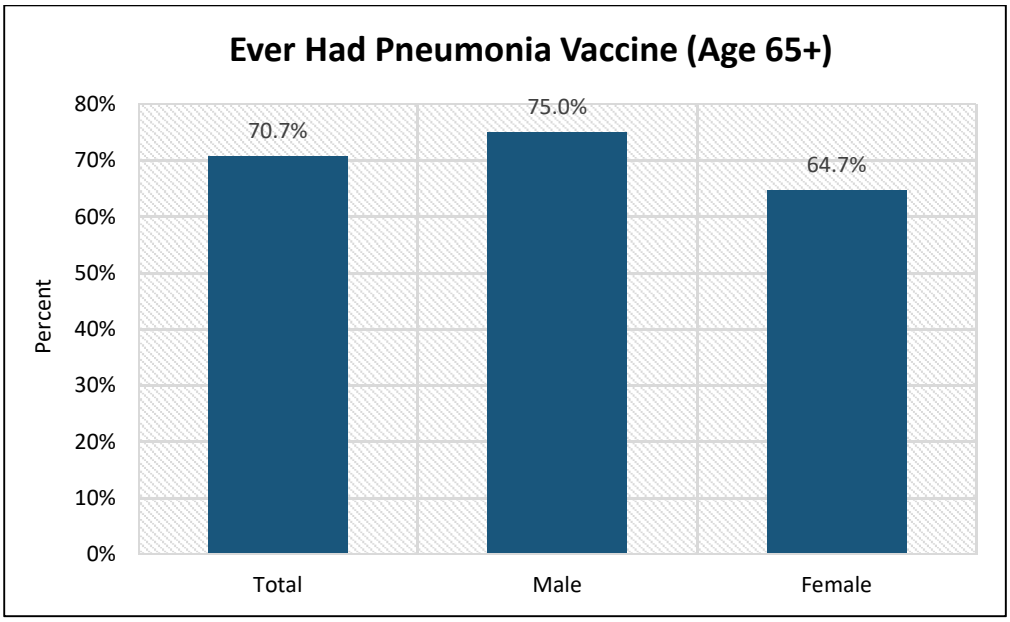
Pneumonia Vaccination

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.[22]

The below chart represents the proportion of Lincoln refugees surveyed age 65 and older who reported having ever received a pneumonia vaccine.

Key Findings by Gender

- Approximately 71% of Lincoln refugees age 65 and older reported having ever had a pneumonia vaccine.
- Male refugees (75.0%) were more likely than were female refugees (64.7%) to report having ever had a pneumonia vaccine.



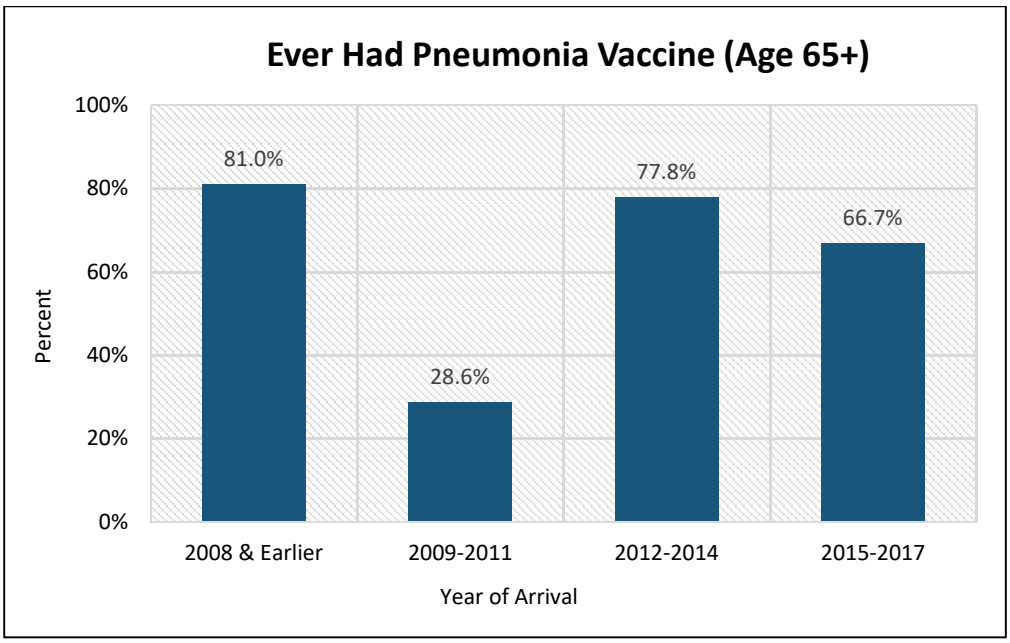
[22] Centers for Disease Control and Prevention. (2016). Pneumococcal vaccination: what everyone should know. Retrieved from www.cdc.gov/vaccines/vpd/pneumo/public/index.html

Pneumonia Vaccination

The below chart represents the proportion of Lincoln refugees surveyed age 65 and older who reported having ever received a pneumonia vaccine.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2008 and earlier (81.0%) were the most likely population to report having ever had a pneumonia vaccine, followed by refugees arriving in 2012-2014 (77.8%).
- Lincoln refugees arriving in 2009-2011 were by far the least likely population to report having ever had a pneumonia vaccine at 28.6%.



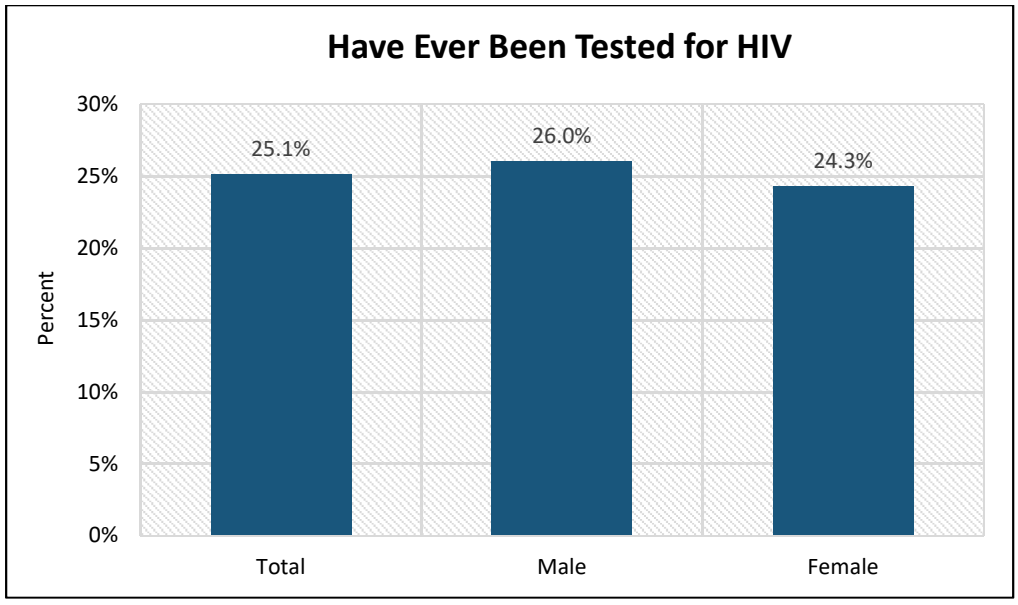
HIV Test

While 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.[23] If untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS), which leaves the body extremely vulnerable to certain diseases and cancers.

The below chart represents the proportion of Lincoln refugees who reported having ever been tested for HIV, excluding blood donations.

Key Findings by Gender

- Approximately one-fourth of Lincoln refugees (25.1%) reported having ever been tested for HIV.
- Male refugees (26.0%) were slightly more likely than were female refugees (24.3%) to report having ever been tested for HIV.



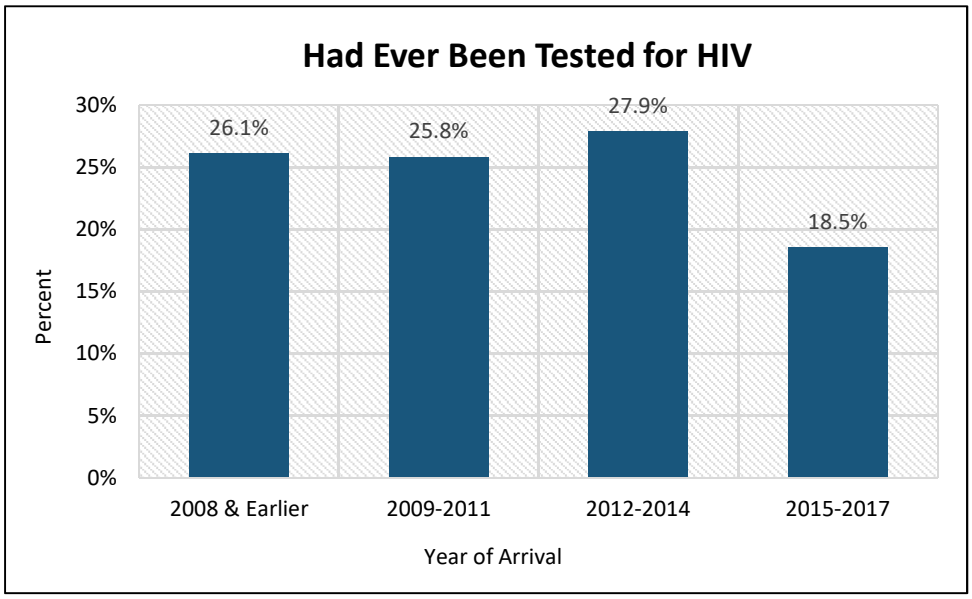
[23] AIDS.gov. (2016). What is HIV/AIDS. Retrieved from www.aids.gov/hiv-aids-basics/hiv-aids-101/what-is-hiv-aids

HIV Test

The below chart represents the proportion of Lincoln refugees who reported having ever been tested for HIV, excluding blood donations.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2012-2014 (27.9%) were the most likely population to have ever been tested for HIV, followed by refugees arriving in 2008 and earlier (26.1%) and refugees arriving in 2009-2011 (25.8%).
- Lincoln refugees arriving in 2015-2017 (18.5%) were notably less likely than all other arrival populations to report having ever been tested for HIV.



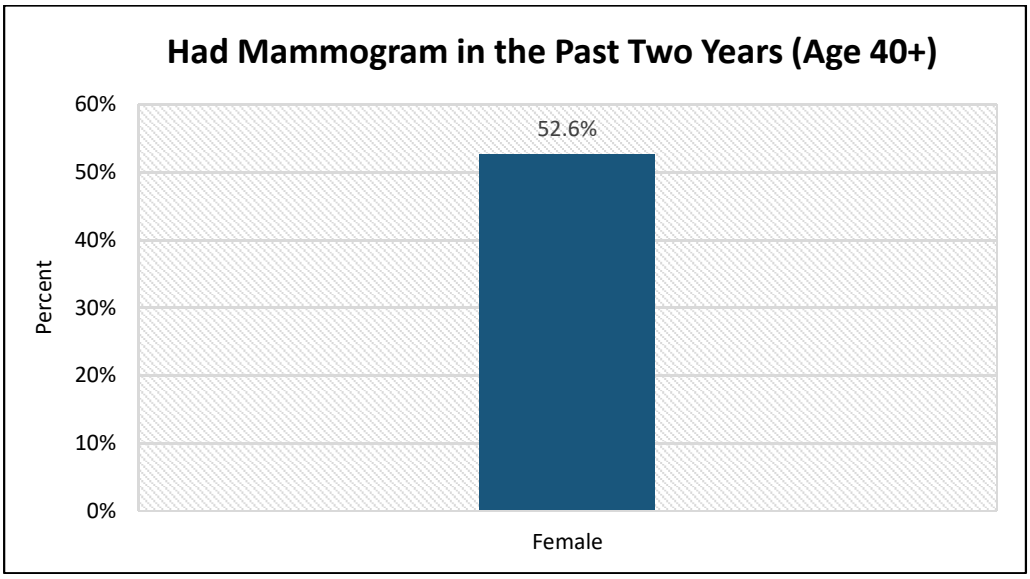
Mammogram

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.[24]

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

Key Findings

- Just over half of female Lincoln refugees surveyed age 40 and older (52.6%) reported having had a mammogram in the past two years.



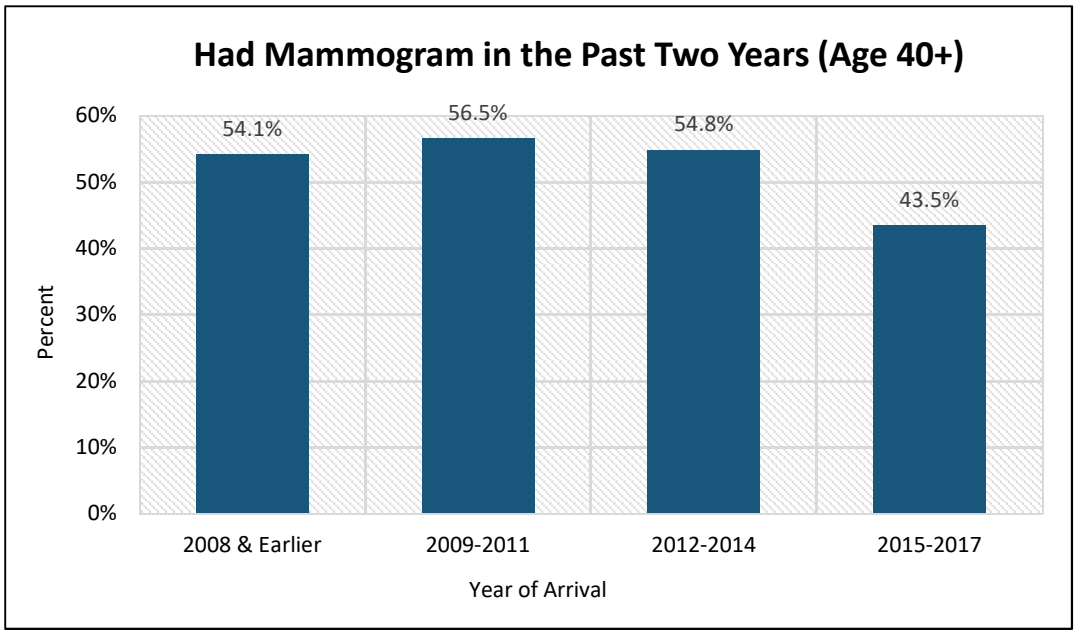
[24] American Cancer Society. (2018). American Cancer Society Guidelines for the early detection of cancer. Retrieved from www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

Mammogram

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2009-2011 (56.5%) were the most likely population to report having had a mammogram in the past two years, followed by refugees arriving in 2012-2014 (54.8%) and refugees arriving in 2008 and earlier (54.1%).
- Lincoln refugees arriving in 2015-2017 (43.5%) were notably less likely than were other arrival populations to report having had a mammogram in the past two years.



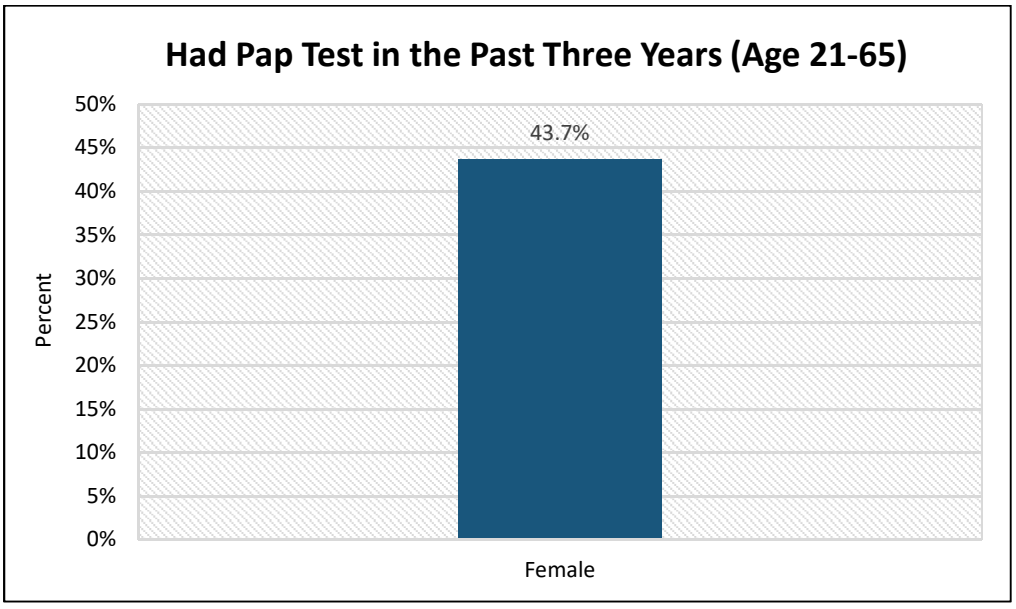
Pap Test

The American Cancer Society recommends that women begin receiving a Pap test, a screening procedure for cervical cancer, at age 21.[25] Women should continue to get a Pap test every three to five years until age 65.

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

Key Findings

- Under half of female Lincoln refugees aged 21-65 (43.7%) reported having had a pap test in the past three years.



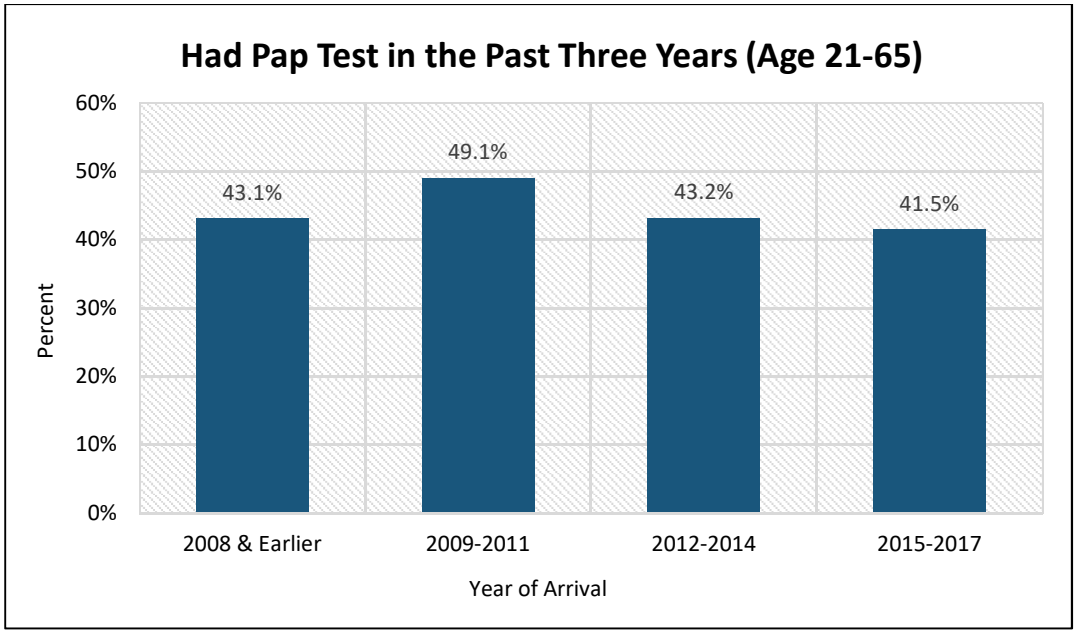
[25] American Cancer Society. (2018). The American Cancer Society guidelines for the prevention and early detection of cervical cancer. Retrieved from www.cancer.org/cancer/cervical-cancer/prevention-and-early-detection/cervical-cancer-screening-guidelines.html

Pap Test

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

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2009-2011 (49.1%) were the most likely population to report having had a pap test in the past three years.
- Similar percentages of Lincoln refugees arriving in 2008 and earlier (43.1%) and in 2012-2014 (43.2%) reported having had a pap test in the past three years.
- Lincoln refugees arriving in 2015-2017 (41.5%) were somewhat less likely than were other arrival populations to report having had a pap test in the past three years.



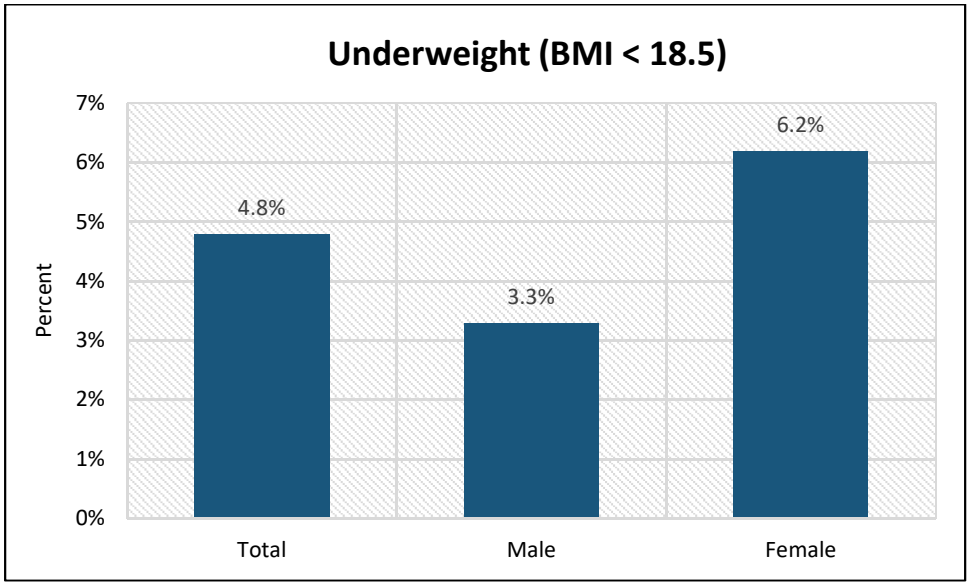
Underweight

Body Mass Index (BMI) is an estimated measure of an adult's body fat, which is determined by a ratio of 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 below chart represents the proportion of Lincoln refugees surveyed with a BMI lower than 18.5.

Key Findings by Gender

- Approximately five percent of Lincoln refugees were underweight.
- Female refugees (6.2%) were approximately 1.9 times more likely than were male refugees (3.3%) to be underweight.

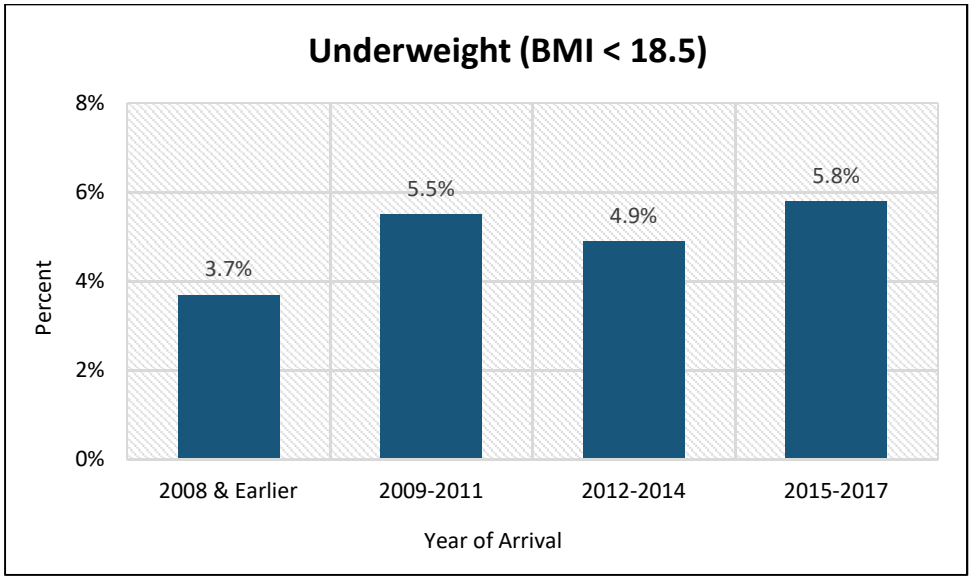


Underweight

The below chart represents the proportion of Lincoln refugees surveyed with a BMI lower than 18.5.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (5.8%) were the most likely population to be underweight, followed closely by refugees arriving in 2009-2011 (5.5%).
- Lincoln refugees with the longest stay in the United States (2008 and earlier) were the least likely population to be underweight at 3.7%.



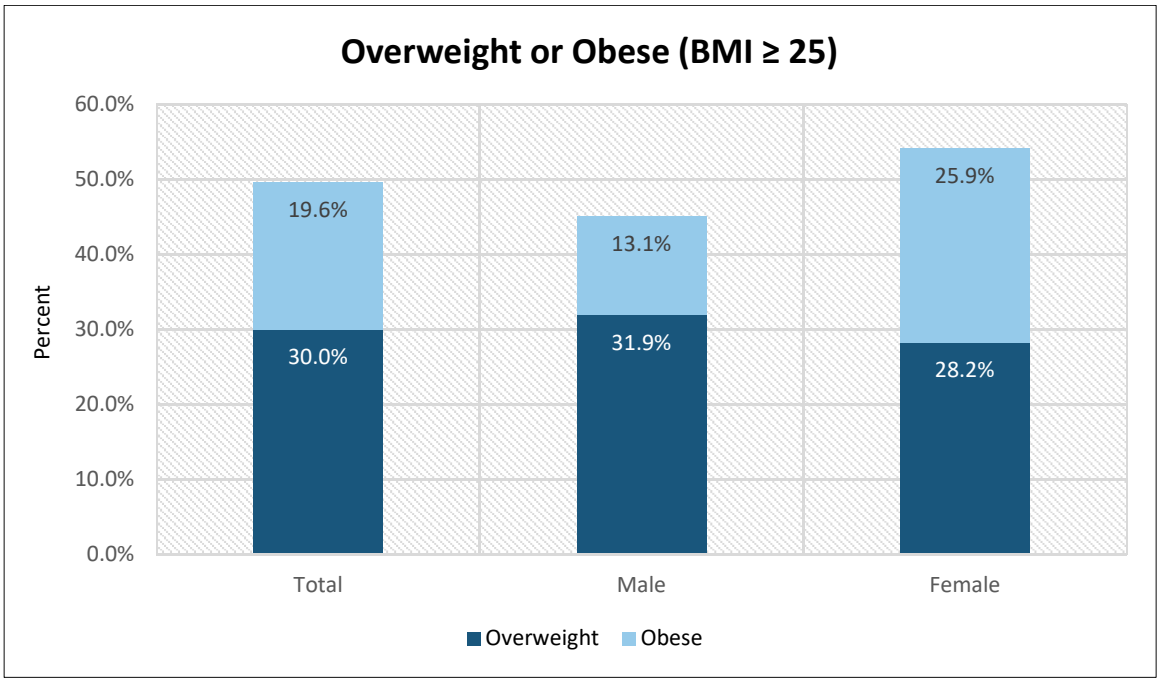
Overweight or Obese

Higher BMIs can indicate a higher risk of heart disease, high blood pressure, type 2 diabetes, and certain cancers.[26] Individuals with a BMI of 25-29.9 are considered overweight and individuals with a BMI of 30 or higher are considered obese.

The below chart represents the proportion of Lincoln refugees surveyed with a BMI of greater than or equal to 25.

Key Findings by Gender

- Approximately one-half of Lincoln refugees (49.6%) were overweight or obese, with 30% being overweight and approximately 20% being obese.
- Male refugees (45.0%) were less likely than were female refugees (54.1%) to be overweight or obese.
- Female refugees (25.9%) were twice as likely as were male refugees (13.1%) to be obese.



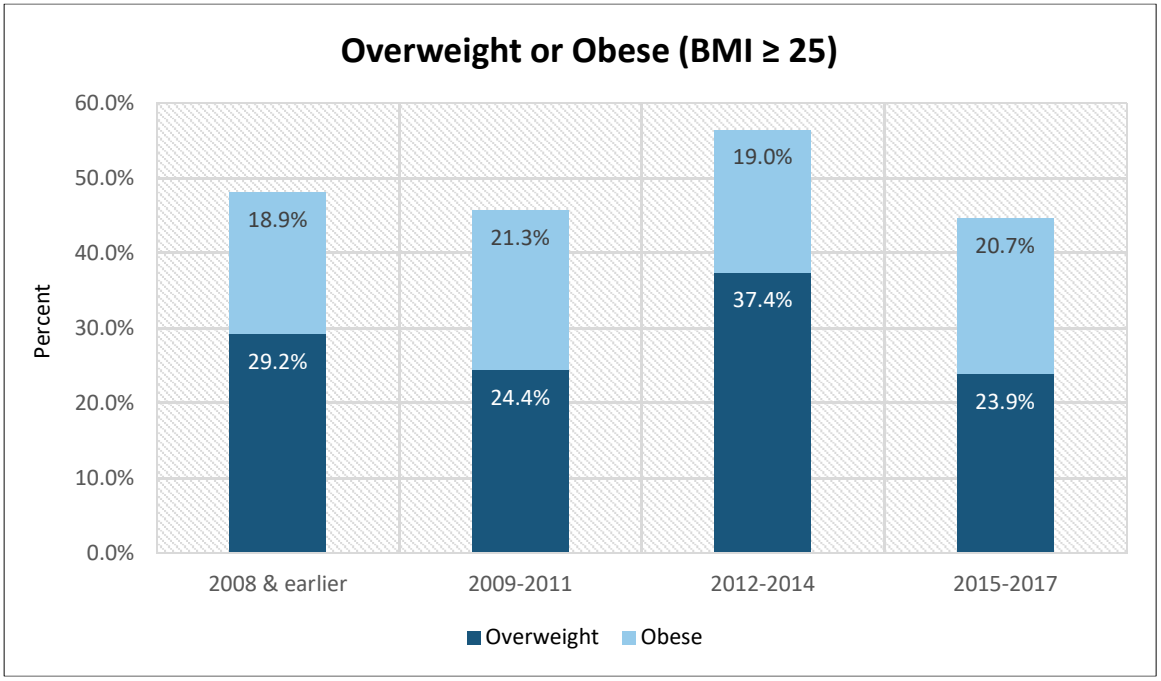
[26] National Institutes of Health. (2016). BMI Tools. Retrieved from www.nhlbi.nih.gov/health/educational/lose_wt/bmitools.htm

Overweight or Obese

The below chart represents the proportion of Lincoln refugees surveyed with a BMI of greater than or equal to 25.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (44.6%) were the least likely population to be overweight or obese, followed by refugees arriving in 2009-2011 (45.7%).
- Lincoln refugees arriving in 2012-2014 (56.4%) were the most likely population to be overweight or obese.
- Lincoln refugees arriving in 2012-2014 (37.4%) were the most likely population to be overweight.
- Lincoln refugees arriving in 2009-2011 (21.3%) were the most likely population to be obese, followed closely by Lincoln refugees arriving in 2015-2017 (20.7%).



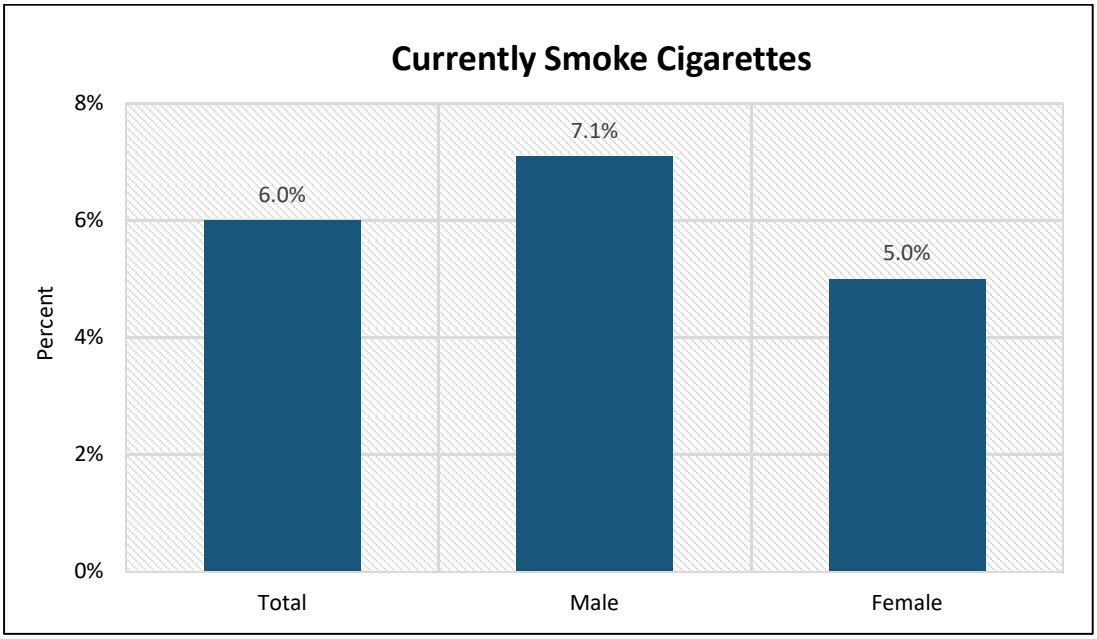
Cigarette Smoking

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.[27] Cigarette smoking causes nearly one in five deaths each year in the United States.[28]

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

Key Findings by Gender

- Six percent of Lincoln refugees reported being current smokers.
- Male refugees (7.1%) were more likely to be current smokers than were female refugees (5.0%).



[27] 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/

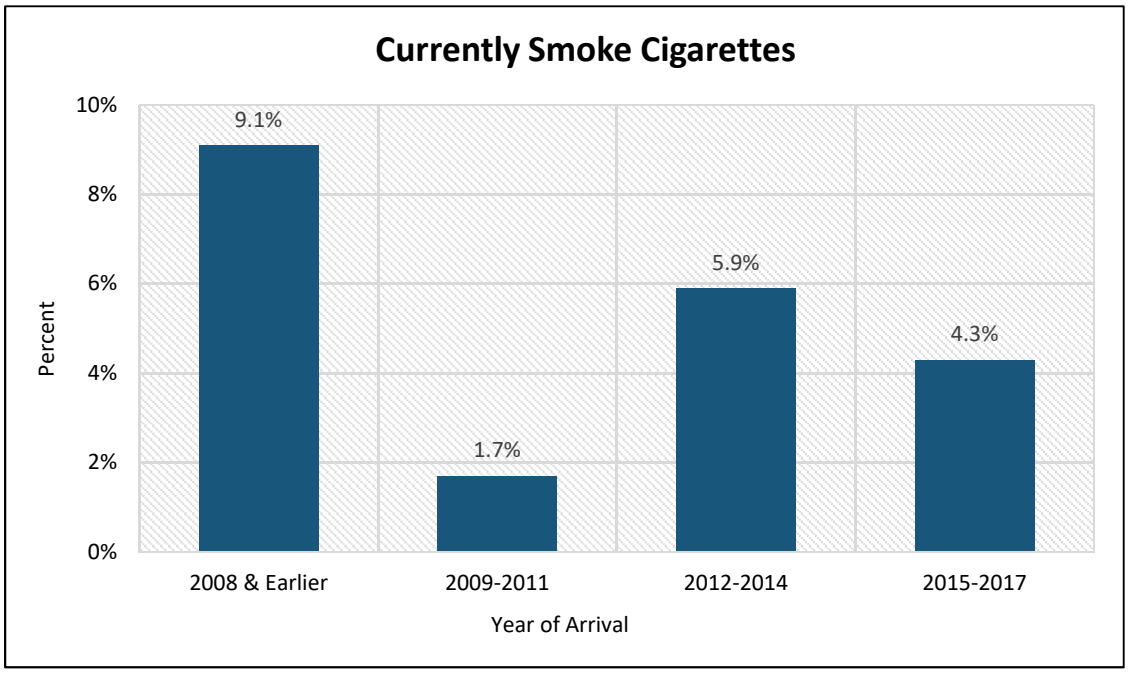
[28] Centers for Disease Control and Prevention. (2013). QuickStats: number of deaths from 10 leading causes. Retrieved from www.cdc.gov/mmwr/preview/mmwrhtml/mm6208a8.htm?s_cid=mm6208a8_w

Cigarette Smoking

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2008 and earlier were the most likely population to report being current cigarette smokers at 9.1%. This percentage was 1.5 times that of the next most likely population to report being current smokers – refugees arriving in 2012-2014 at 5.9%.
- Lincoln refugees arriving in 2009-2011 (1.7%) were the least likely population to be current cigarette smokers, followed by Lincoln refugees arriving in 2015-2017 (4.3%).



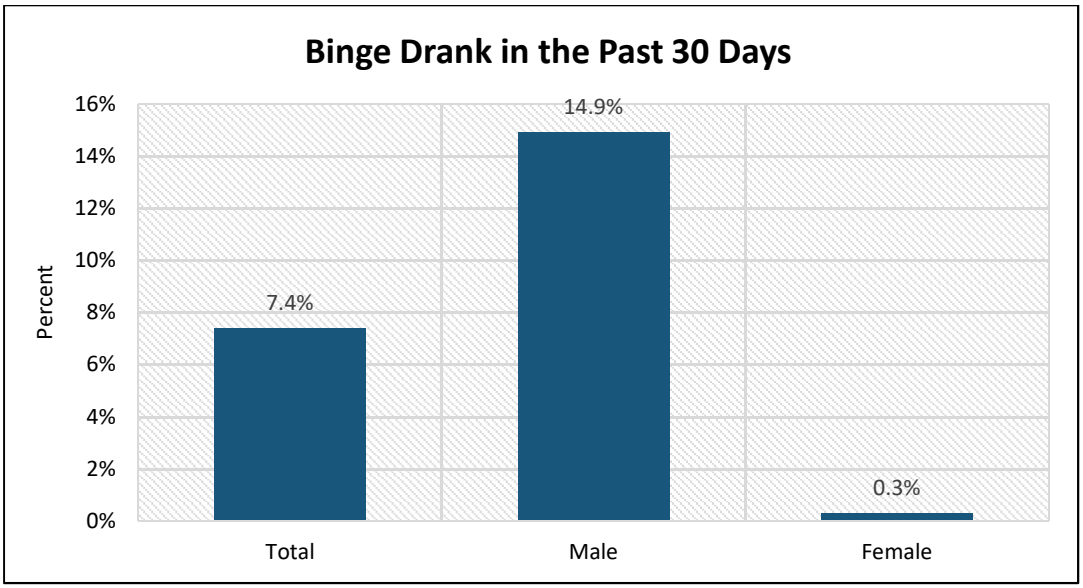
Binge Drinking

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as drinking five or more alcoholic beverages on any one occasion for men or drinking four or more alcoholic beverages on any one occasion for women.[29]

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

Key Findings by Gender

- Approximately seven percent of Lincoln refugees reported having binge drank in the past 30 days.
- Male refugees (14.9%) were 50 times more likely than were female refugees (0.3%) to report having binge drank in the past 30 days.



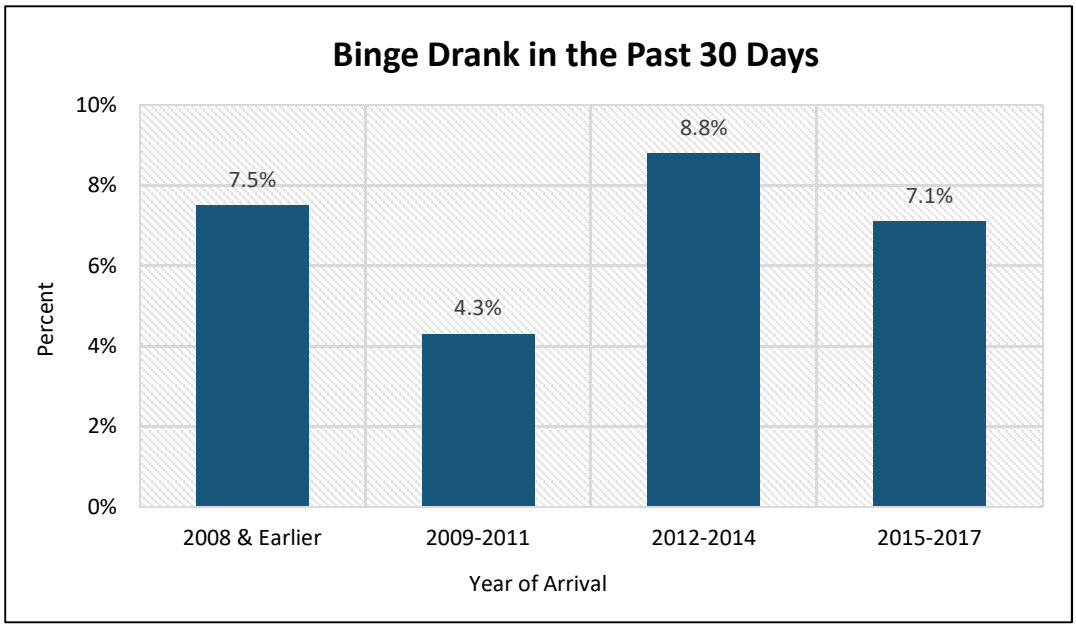
[29] National Institutes of Health. (2016). Drinking levels defined. Retrieved from www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

Binge Drinking

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

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2012-2014 (8.8%) were the most likely population to report having binge drank in the past 30 days, followed by refugees arriving in 2008 & earlier (7.5%) and refugees arriving in 2015-2017 (7.1%).
- Lincoln refugees arriving in 2009-2011 (4.3%) were notably less likely than were other arrival populations to report having binge drank in the past 30 days.



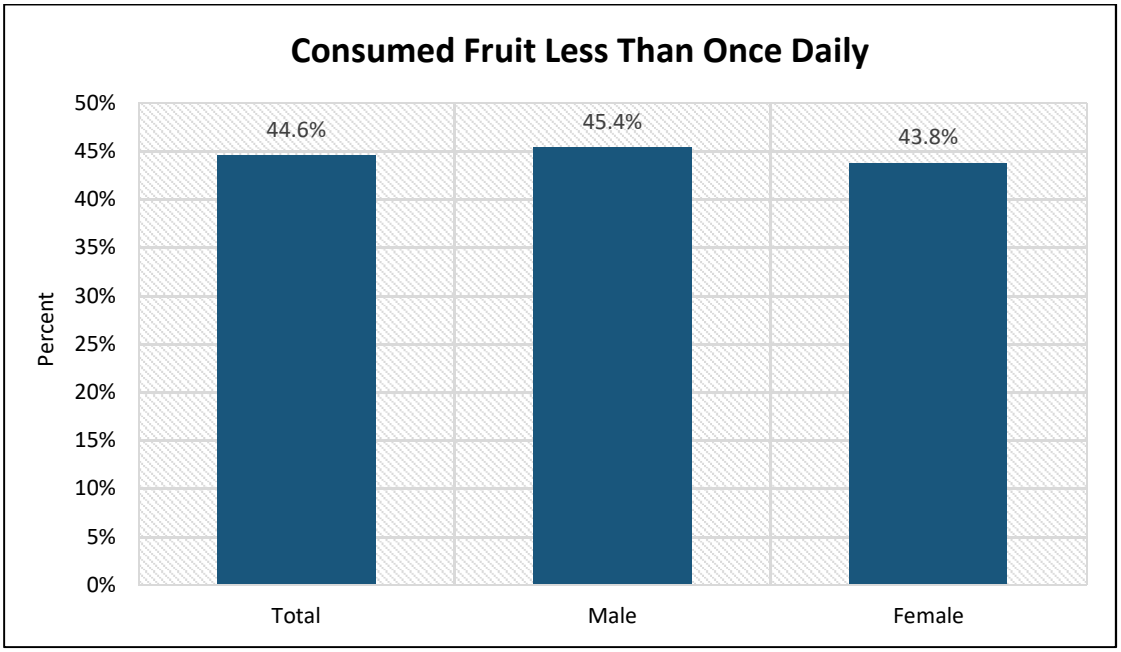
Fruit Consumption

Diets high in fruits and vegetables can reduce the risk for cancer and chronic disease.[30] 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 below chart represents the proportion of Lincoln refugees surveyed who reported eating fruit less than once daily.

Key Findings by Gender

- Approximately 45% of Lincoln refugees (44.6%) reported consuming fruit less than once daily.
- Male refugees (45.4%) were slightly more likely than were female refugees (43.8%) to report consuming fruit less than once daily.



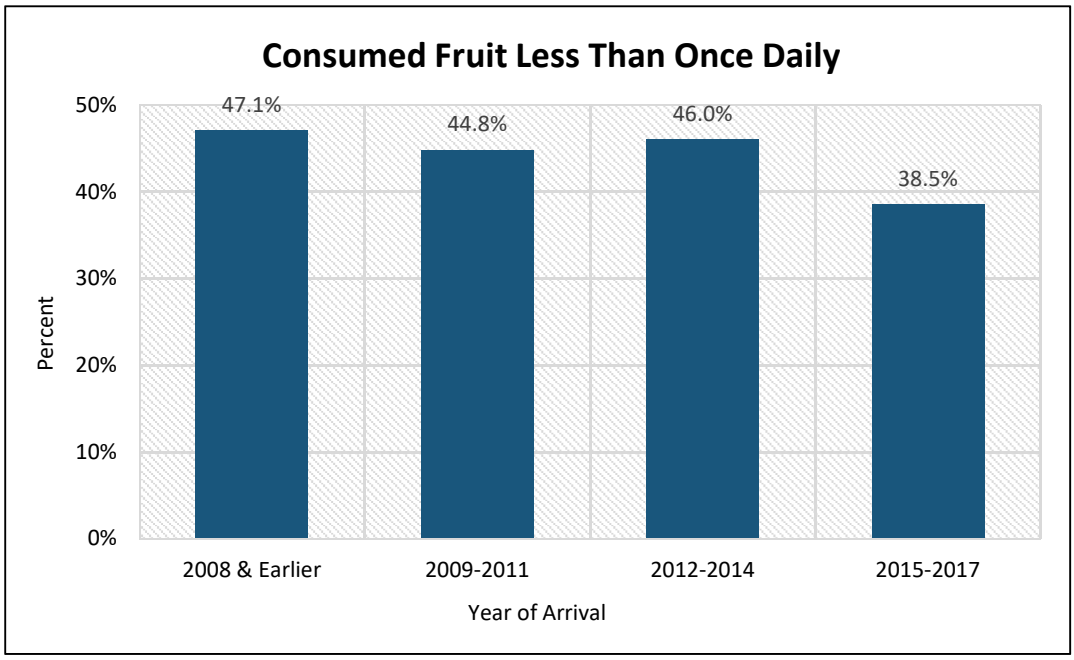
[30] Centers for Disease Control and Prevention. (2015). Adults meeting fruit and vegetable intake recommendations. Retrieved from www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm

Fruit Consumption

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

Key Findings by Year of Arrival

- In Lincoln, refugees with the longest stay in the United States (2008 & earlier) were the most likely population to report consuming fruit less than once daily at 47.1%, followed by refugees arriving in 2012-2014 (46.0%) and refugees arriving in 2009-2011 (44.8%).
- Lincoln refugees arriving in 2015-2017 were the least likely to report consuming fruit less than once daily at 38.5%.



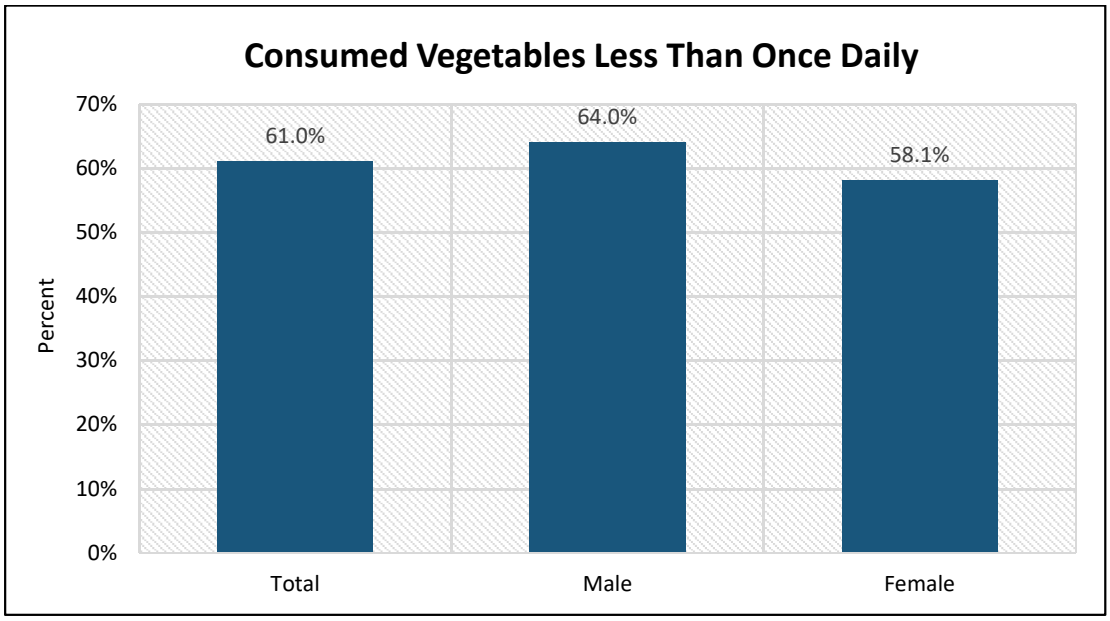
Vegetable Consumption

In the United States, only 9.3% of adults meet the recommendation for daily vegetable intake.[31] This number is much higher among refugees.

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

Key Findings by Gender

- Just over 60% of Lincoln refugees reported consuming vegetables less than once daily.
- Male refugees (64.0%) were more likely than were female refugees (58.1%) to report consuming vegetables less than once daily.



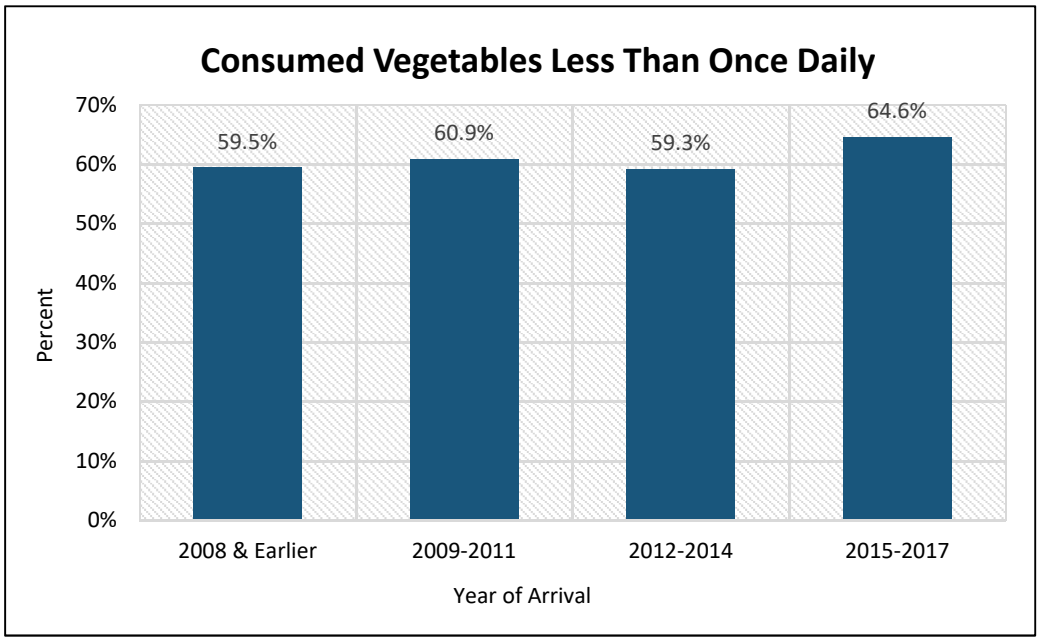
[31] Centers for Disease Control and Prevention. (2018). State indicator report on fruits and vegetables. Retrieved from www.cdc.gov/nutrition/downloads/fruits-vegetables/2018/2018-fruit-vegetable-report-508.pdf

Vegetable Consumption

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

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2015-2017 (64.6%) were the most likely population to report consuming vegetables less than once daily, followed by Lincoln refugees arriving in 2009-2011 (60.9%).
- Lincoln refugees arriving in 2012-2014 (59.3%) and Lincoln refugees arriving in 2008 and earlier (59.5%) were the least likely populations to report consuming vegetables less than once daily.



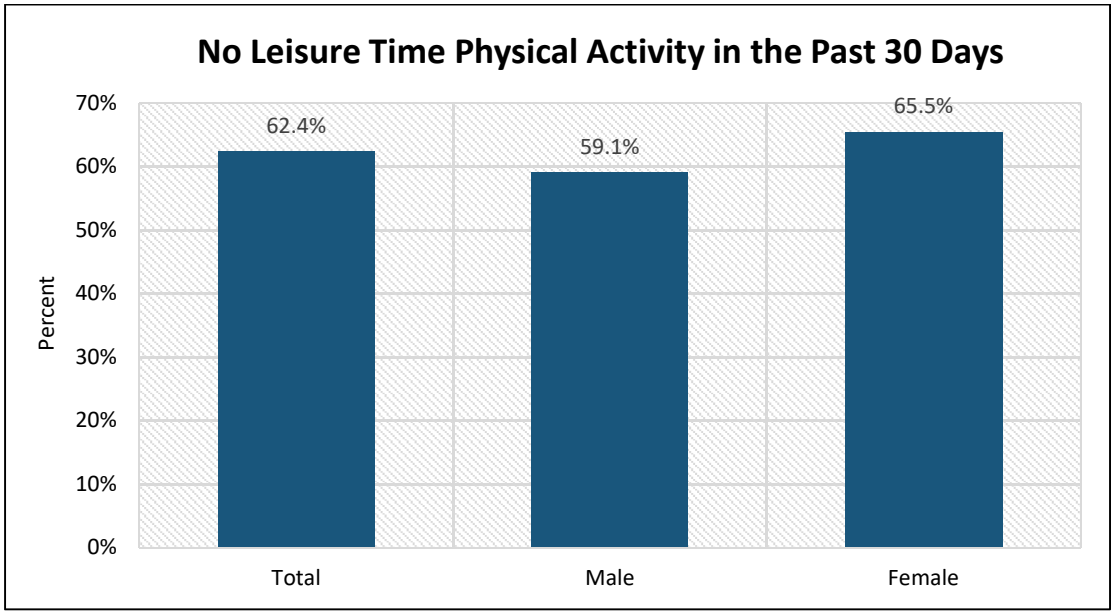
Physical Activity

Getting regular physical activity is an important factor in maintaining overall health. Individuals who are active are more likely to live longer and less likely to have chronic diseases.[32]

The below chart represents the proportion of Lincoln refugees surveyed who reported having no leisure time physical activity in the past 30 days.

Key Findings by Gender

- Approximately 62% of Lincoln refugees reported having no leisure time physical activity in the past 30 days.
- Female refugees (65.5%) were more likely than were male refugees (59.1%) to report having no leisure time physical activity in the past 30 days.



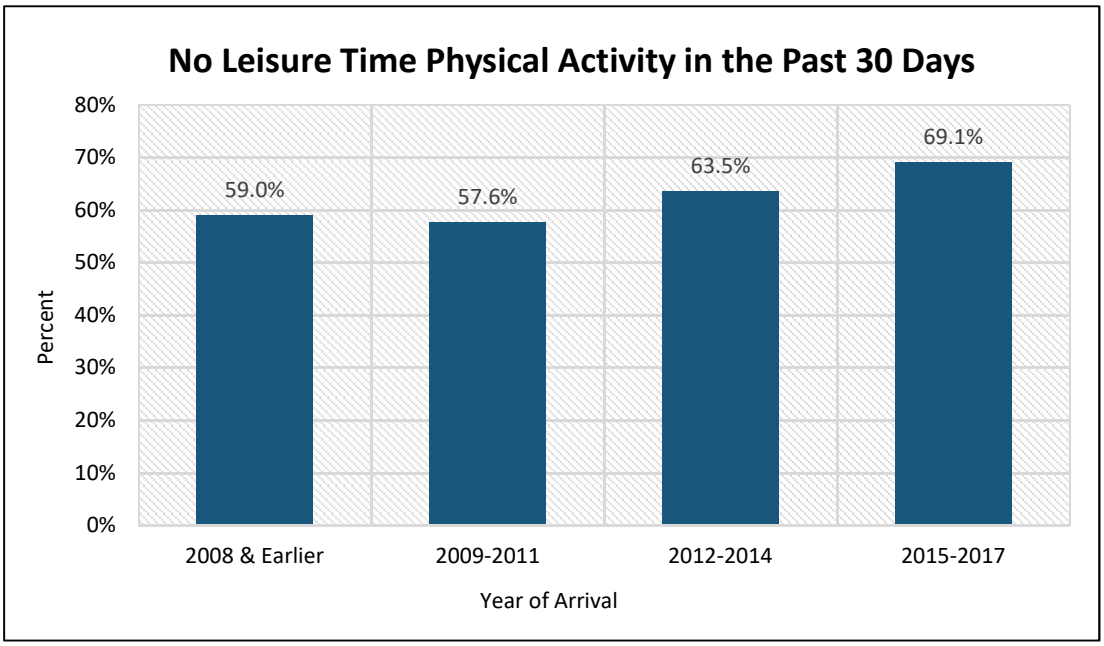
[32] Centers for Disease Control and Prevention. (2010). About physical activity. Retrieved from www.cdc.gov/physicalactivity/about-physical-activity/index.html

Physical Activity

The below chart represents the proportion of Lincoln refugees surveyed who reported having no leisure time physical activity in the past 30 days.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (69.1%) were ten percentage points more likely than were refugees arriving in 2008 and earlier (59.0%) to report having no leisure time physical activity in the past 30 days.
- Lincoln refugees arriving in 2009-2011 (57.6%) were the least likely population to report having no leisure time physical activity in the past 30 days.



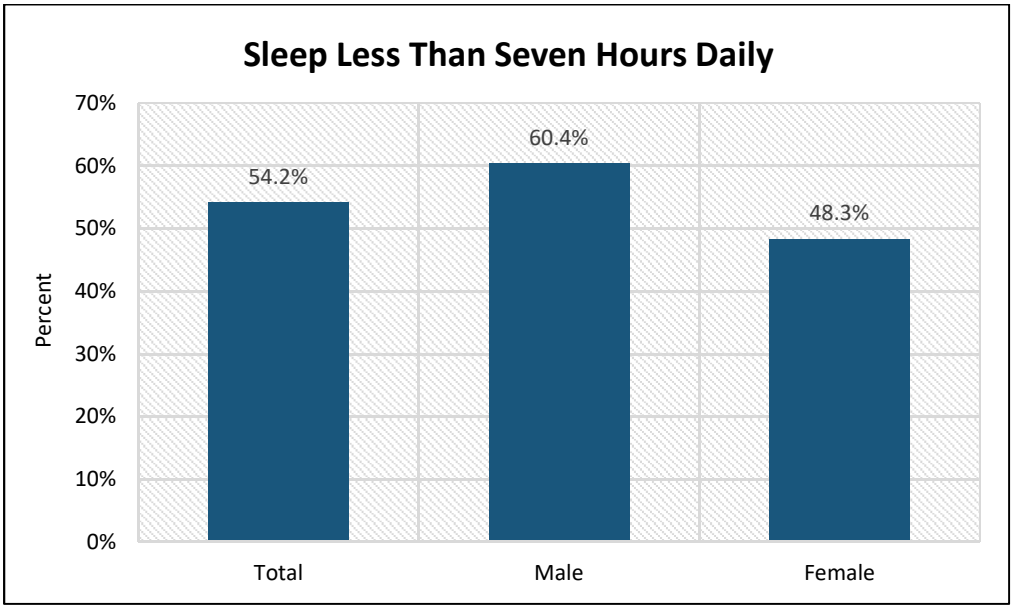
Insufficient Sleep

Insufficient sleep has been linked to numerous chronic diseases, including diabetes, obesity, depression, and cardiovascular disease.[33] Additionally, insufficient sleep can be responsible for motor vehicle crashes, causing considerable injury each year.

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

Key Findings by Gender

- Over half of Lincoln refugees (54.2%) reported sleeping less than seven hours daily.
- Male refugees (60.4%) were more likely than were female refugees (48.3%) to report sleeping less than seven hours daily.



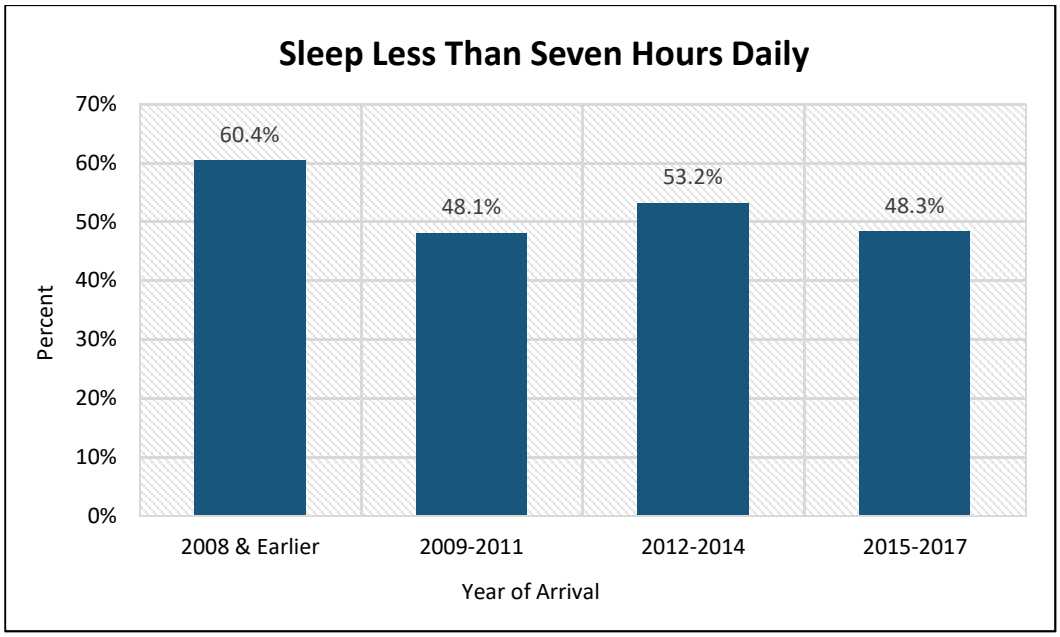
[33] Centers for Disease Control and Prevention. (2016). Sleep and sleep disorders. Retrieved from www.cdc.gov/sleep/index.html

Insufficient Sleep

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

Key Findings by Year of Arrival

- Lincoln refugees arriving in 2008 and earlier (60.4%) were the most likely population to report sleeping less than seven hours daily.
- Lincoln refugees arriving in 2009-2011 (48.1%) and Lincoln refugees arriving in 2015-2017 (48.3%) were the least likely populations to report sleeping less than seven hours daily.



Lincoln's Refugee Population

Reactions to Refugee Status

Perceived Treatment at Work

13.1% Approximately 13% of Lincoln refugees reported feeling treated worse than non-refugees at work.

1.2x Male refugees (14.1%) were slightly more likely than were female refugees (12.2%) to report feeling treated worse than non-refugees at work.

Experience Seeking Health Care

7.0% Seven percent of Lincoln refugees felt their experience seeking health care was worse than non-refugees.

1.3x Male refugees (7.8%) were slightly more likely than were female refugees (6.2%) to report that their experience seeking health care was worse than non-refugees.

Refugees arriving in 2015-2017 (8.9%) were the most likely arrival group to feel that their experience seeking health care was worse than non-refugees.

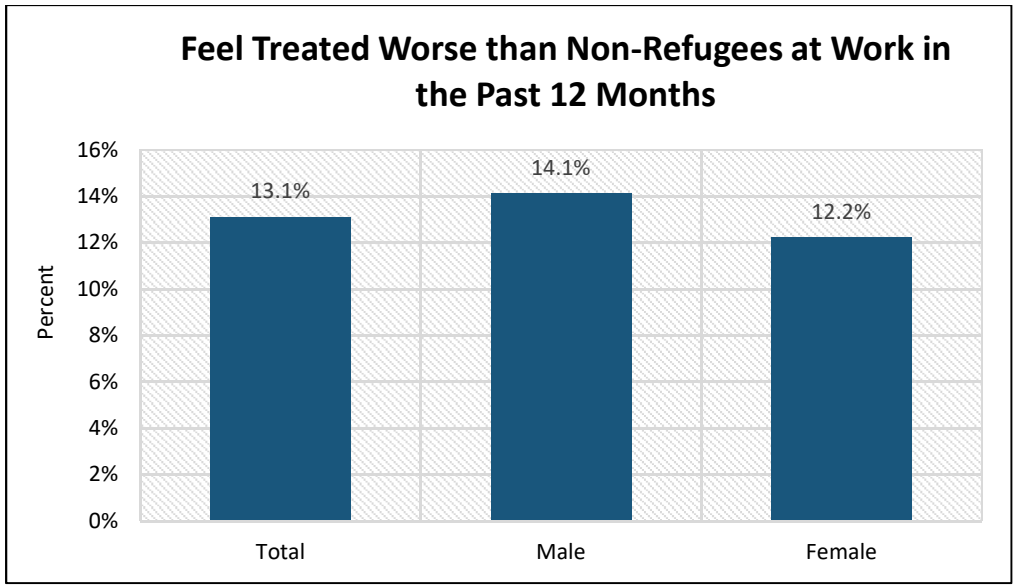
Office of Health Disparities and Health Equity
Division of Public Health
Nebraska Department of Health and Human Services
Source: Nebraska 2017 Refugee BRFSS Survey

Work Experiences

The below chart represents the proportion of Lincoln refugees who felt that they were treated worse than non-refugees at work during the past 12 months.

Key Findings by Gender

- Approximately 13% of Lincoln refugees reported feeling treated worse than non-refugees at work in the past 12 months.
- Male refugees (14.1%) were slightly more likely than were female refugees (12.2%) to report feeling treated worse than non-refugees at work in the past 12 months.

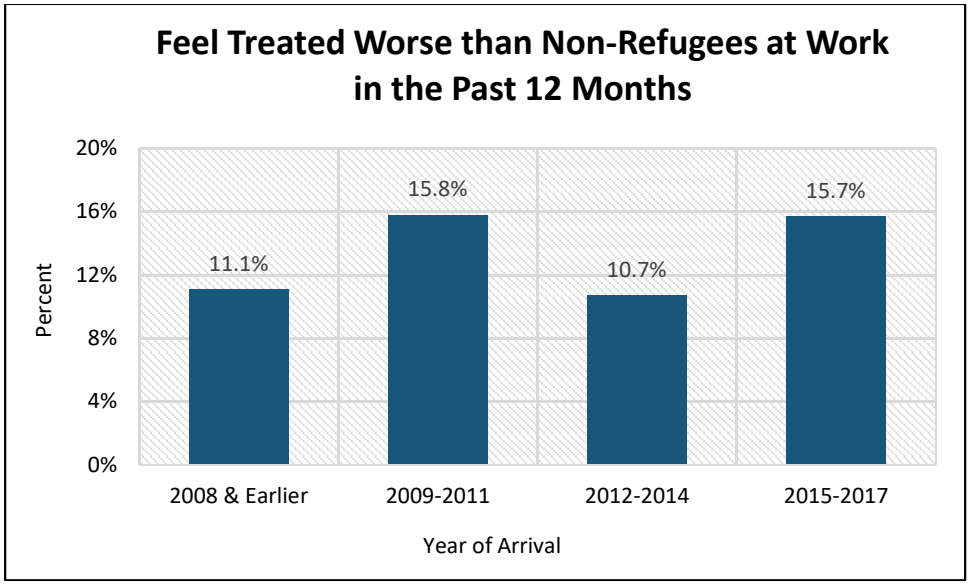


Work Experiences

The below chart represents the proportion of Lincoln refugees who felt that they were treated worse than non-refugees at work during the past 12 months.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2009-2011 (15.8%) and refugees arriving in 2015-2017 (15.7%) were the most likely populations to report feeling treated worse than non-refugees at work in the past 12 months.
- Lincoln refugees arriving in 2012-2014 (10.7%) were the least likely population to report feeling treated worse than non-refugees at work in the past 12 months, followed closely by Lincoln refugees arriving in 2008 and earlier (11.1%).

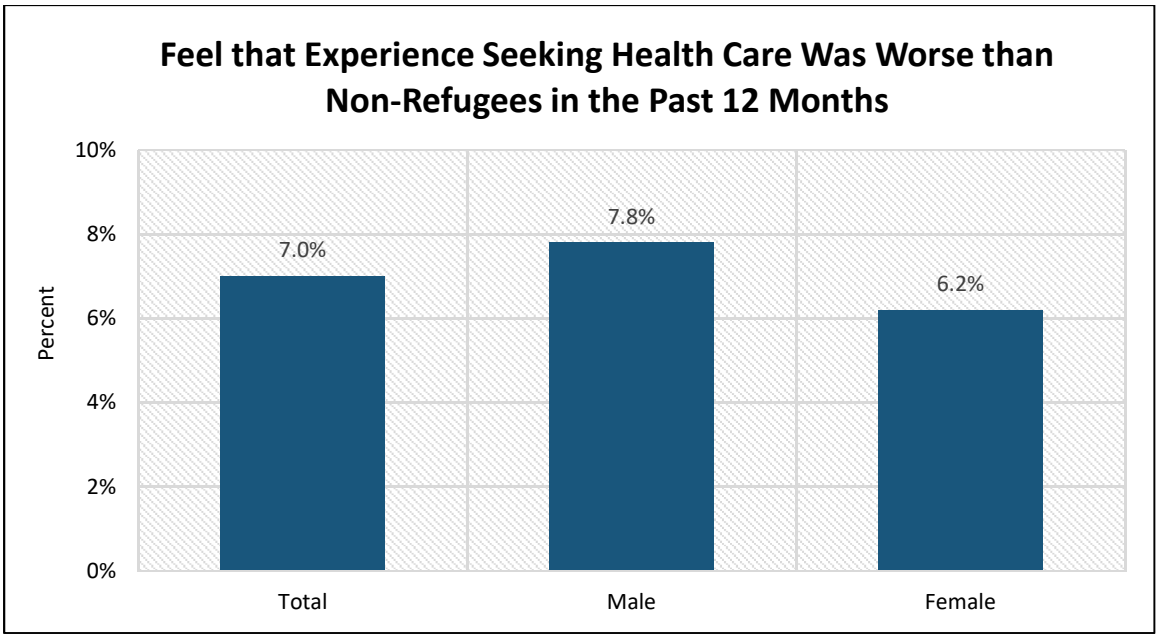


Health Care Experiences

The below chart represents the proportion of Lincoln refugees who felt that their experience when seeking health care was worse than non-refugees in the past 12 months.

Key Findings by Gender

- Seven percent of Lincoln refugees felt that their experience seeking health care was worse than non-refugees in the past 12 months.
- Male refugees (7.8%) were more likely than were female refugees (6.2%) to report feeling that their experience seeking health care was worse than non-refugees in the past 12 months.

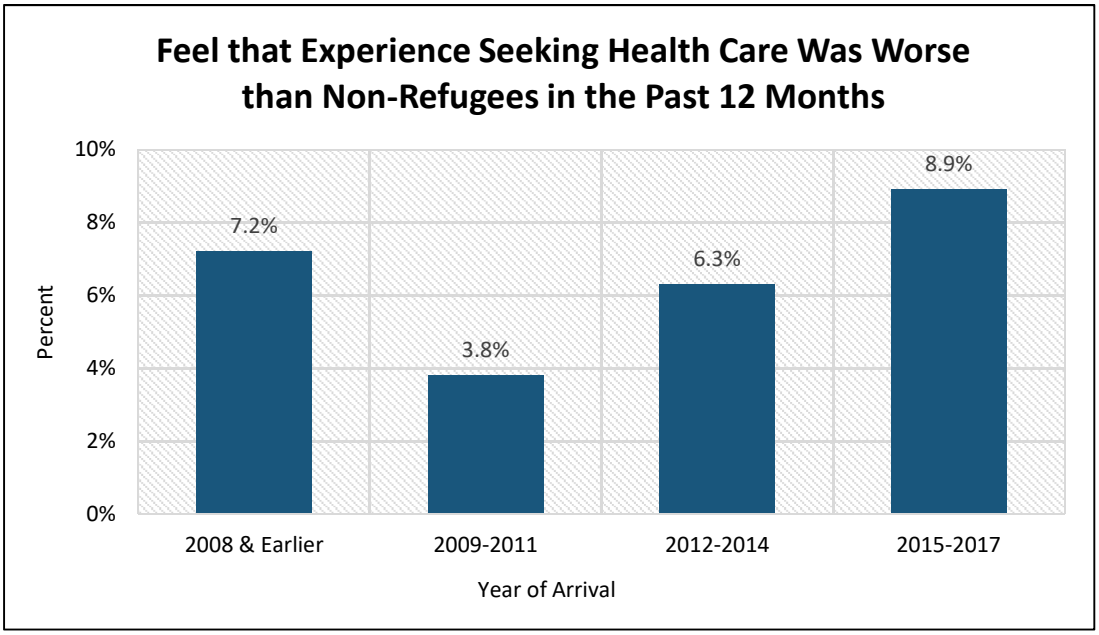


Health Care Experiences

The below chart represents the proportion of Lincoln refugees who felt that their experience when seeking health care was worse than non-refugees in the past 12 months.

Key Findings by Year of Arrival

- In Lincoln, refugees arriving in 2015-2017 (8.9%) were the most likely population to report feeling that their experience seeking health care was worse than non-refugees in the past 12 months. This percentage was 2.3 times that of the least likely refugee population to report the same – refugees arriving in 2009-2011 (3.8%).
- Lincoln refugees arriving in 2008 and earlier (7.2%) were the second most likely population to report feeling that their experience seeking health care was worse than non-refugees in the past 12 months, followed by Lincoln refugees arriving in 2012-2014 (6.3%).



Conclusion

Lincoln refugees surveyed came from primarily three areas – Burma, Iraq, and Sudan and South Sudan. Although refugees from Somalia and Bhutan were also target populations for this needs assessment, individuals in these populations did not report Lincoln as their current residence. The top languages spoken by Lincoln refugees included Karen, Arabic, Nuer, Kurmanji, and Kurdish. Over half of Lincoln refugees surveyed came from the Karen community.

Language barriers were overwhelming the biggest challenge reported by Lincoln refugees. Over three-fourths of the Lincoln refugee population reported limited English proficiency, which makes practically all aspects of navigating and integrating into the community immensely difficult. With respect to language barriers in health care, approximately one-half of Lincoln refugees reported that it was very difficult to understand verbal information from health professionals and very difficult to understand written health information.

While language barriers play a role in an individual's ability to access health services, the significant lack of health insurance among Lincoln refugees also affects the frequency with which individuals seek health care or preventative exams. With over one-third of the Lincoln refugee population reporting having no health coverage of any kind, it is not surprising that over one-fourth of Lincoln refugees reported being unable to see a physician due to cost in the past year.

When it comes to the overall health status of a population, perceived health status is one of the most common indicators employed. To measure perceived health status, participants are asked to rate their overall health as excellent, very good, good, fair, or poor. Over one-third of Lincoln refugees perceived their health status to be fair or poor. Female Lincoln refugees were 1.4 times more likely than were male refugees to perceive their health as fair or poor. Female Lincoln refugees, however, reported lower rates of heart attack, coronary heart disease, stroke, kidney disease, and high blood pressure.

When talking about the overall health of a population, it is important to consider mental health in addition to physical health. One out of every ten Lincoln refugees reported having poor mental health on 14 or more days in the past 30 days. Approximately eight percent of Lincoln refugees reported having ever had a depressive order, with female Lincoln refugees being 1.3 times more likely than male Lincoln refugees to report so.

To improve the rate of chronic disease and other medical issues, it is often necessary to first look at indicators related to health behaviors. Part of leading a healthy lifestyle includes eating nutritious foods and being physically active. Lincoln refugees reported particularly high rates of individuals who ate fruits and vegetables less than once daily. Additionally, approximately 62% of the Lincoln refugee population reported getting no leisure time physical activity in the past 30 days.

All of these indicators show a need for integrated support across state and local agencies, refugee communities, and the organizations that serve them to better address the health barriers and needs of the Lincoln refugee population.