

# A Health Needs Assessment of Arab-Americans in the Washington, DC Area

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## ABSTRACT

**Objective:** This project assessed the health needs among Arab-Americans living in the Washington, DC metropolitan area.

**Methods:** This cross-sectional study used a non-probability, convenience sample of Arab-Americans living in the Washington, D.C. metropolitan area. The sample included 122 English-proficient men and women 18 years and older who self-identify as Arab-American or of Arab descent. Participants were recruited to take an online survey.

**Results:** Quantitative analysis showed correlations between age groups and current tobacco use, however no difference in smoking between men and women. Depression was also significantly correlated with gender, age, and place of birth. Generally, the heritage culture sub-score of acculturation mean was higher amongst participants than the mainstream culture sub-score.

**Conclusion:** Information collected from this research can be gathered to design and eventually implement health promotion programs for Arabs and Arab-Americans in the DC metropolitan area, based on the mental health and chronic disease needs of the community.

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## INTRODUCTION

Arab-Americans are a minority group that have been given much attention in the media recently, however the impacts of this attention on their health has been dismally neglected. Arab-Americans make up a relatively recent immigrant group in the United States who have been marginalized and overlooked with regards to their well-being. An Arab-American is an American whose ancestors originated from any one of the 22 Arab nations; these include Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen.<sup>1</sup>

Arab-Americans often face various health challenges due to the trauma and stress associated with immigration, cultural conflict in the US, loss of social support, and limited knowledge of the complex U.S. health system. However, there is a paucity of research examining health risks and behaviors among this ethnic group. This project assess the health needs among Arab-Americans living in the Washington, DC metropolitan area.

## METHODS

This cross-sectional study used a non-probability, convenience sample of Arab-Americans living in the Washington, D.C. metropolitan area.

The sample included 122 English-proficient men and women 18 years and older who self-identify as Arab-American or of Arab descent. Participants were recruited to take the online survey via e-mail listserves, social networking sites, and from a previous sample of study participants from a cardiovascular disease study.

Specifically, this study examined health care access and utilization, perceptions of health issues, risk behaviors, and health status among Arab-Americans adults. It also measured for associations between reported depression, perceived discrimination, acculturation, and health.

## RESULTS

Results showed that there was a significant correlation between age groups and smoking, where the 18-29 years age group smoked tobacco products significantly more than the older age groups in the past 30 days ( $\chi^2= 6.83, p= 0.03$ ). However, there was no significant difference in current tobacco use between males (34.1%) and females (22.8%).

There was also a significant relationship between depression and age groups, with the 18-29 years group reporting higher depression scores ( $F= 5.17, p= 0.009$ ). Mean depression scores were also significantly higher among females (14.58) than males (9.50) and among those born in the US (15.54 vs. 11.16).

A significant correlation between heritage culture sub-scores on the acculturation scale and if participants had health insurance was also reported. Those without health insurance indicated higher heritage culture scores ( $F= 9.73, p= 0.002$ ).

| Sociodemographics             | n   | %     |
|-------------------------------|-----|-------|
| Born in the US                | 49  | 40.2% |
| Religion                      |     |       |
| Islam (all forms)             | 106 | 86.9% |
| Christianity (all forms)      | 14  | 11.5% |
| Non-religious                 | 2   | 1.6%  |
| Sex                           |     |       |
| Female                        | 79  | 64.8% |
| Male                          | 41  | 33.6% |
| Age                           |     |       |
| 18-29 years                   | 68  | 55.7% |
| 30-44 years                   | 27  | 22.1% |
| 45+ years                     | 23  | 18.9% |
| Highest Education Level       |     |       |
| High school/ GED              | 2   | 1.6%  |
| Some college                  | 13  | 10.7% |
| College graduate              | 47  | 38.5% |
| Graduate degree               | 59  | 48.4% |
| Marital Status                |     |       |
| Married                       | 57  | 46.7% |
| Living with significant other | 2   | 1.6%  |
| Widowed                       | 3   | 2.5%  |
| Separated                     | 1   | 0.8%  |
| Divorced                      | 4   | 3.3%  |
| Never Married                 | 53  | 43.4% |
| Annual Income (household)     |     |       |
| \$15,000 or less              | 6   | 4.9%  |
| \$15,000-\$30,000             | 7   | 5.7%  |
| \$30,000-\$50,000             | 16  | 13.1% |
| \$50,000-\$75,000             | 23  | 18.9% |
| \$75,000-\$100,000            | 10  | 8.2%  |
| \$100,000-\$150,000           | 26  | 21.3% |
| more than \$150,000           | 31  | 25.4% |

Table 1. Socio-demographics

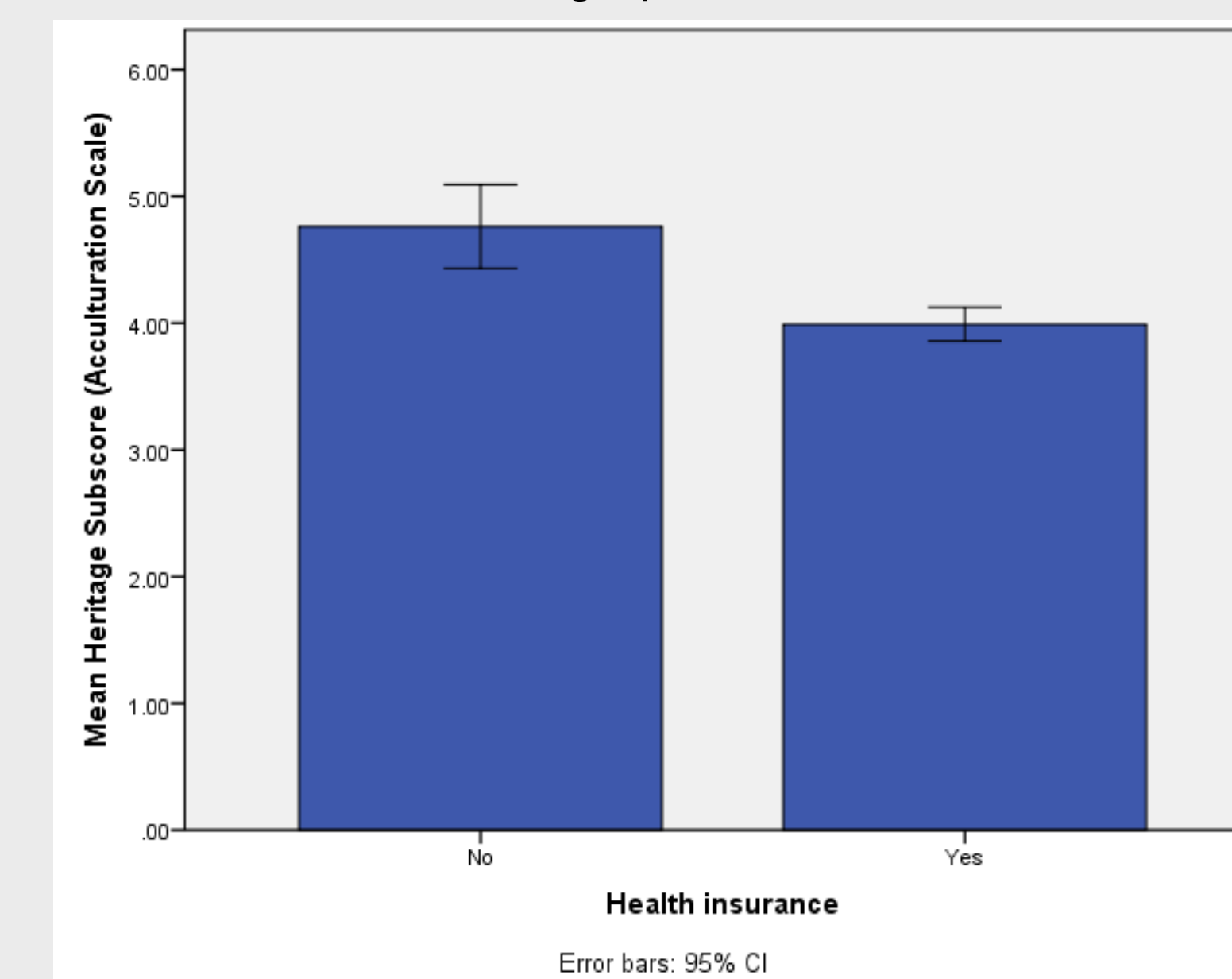


Figure 2. Mean Heritage Sub-score by Access to Health Insurance.

| Scale                       | N  | Mean   | SD      | Min | Max |
|-----------------------------|----|--------|---------|-----|-----|
| Everyday Discrimination     | 95 | 1.6503 | 0.60032 | 1   | 4   |
| Acculturation               |    |        |         |     |     |
| Heritage culture subscore   | 98 | 4.0459 | 0.65792 | 2   | 5   |
| Mainstream culture subscore | 97 | 3.6512 | 0.68595 | 1   | 5   |

Table 3. Everyday Discrimination & Acculturation Scale Means.

Table 2. Risk Behaviors, Health Access, & Health Issues.

|                                     | n  | %      |
|-------------------------------------|----|--------|
| Currently Smoke                     | 32 | 26.20% |
| Currently Drink Alcoholic Beverages | 31 | 25.40% |
| Last visit to health professional   |    |        |
| 6 months or less                    | 65 | 63.30% |
| More than 6 months, but <1 year     | 20 | 16.40% |
| More than 1 year, but <3 years      | 12 | 9.80%  |
| More than 3 years                   | 2  | 1.60%  |
| Health Insurance                    |    |        |
| None                                | 7  | 5.70%  |
| PPO                                 | 52 | 42.60% |
| HMO                                 | 31 | 25.40% |
| Medicare                            | 4  | 3.30%  |
| Medicaid                            | 4  | 3.30%  |
| Health Issues                       |    |        |
| Depression                          | 10 | 8.20%  |
| Migraine/chronic headache           | 13 | 10.70% |
| High cholesterol                    | 24 | 19.70% |
| Hypertension                        | 14 | 11.50% |
| Heart disease                       | 2  | 1.60%  |
| Stroke/ mini-stroke                 | 1  | 0.80%  |
| Diabetes                            | 6  | 4.90%  |

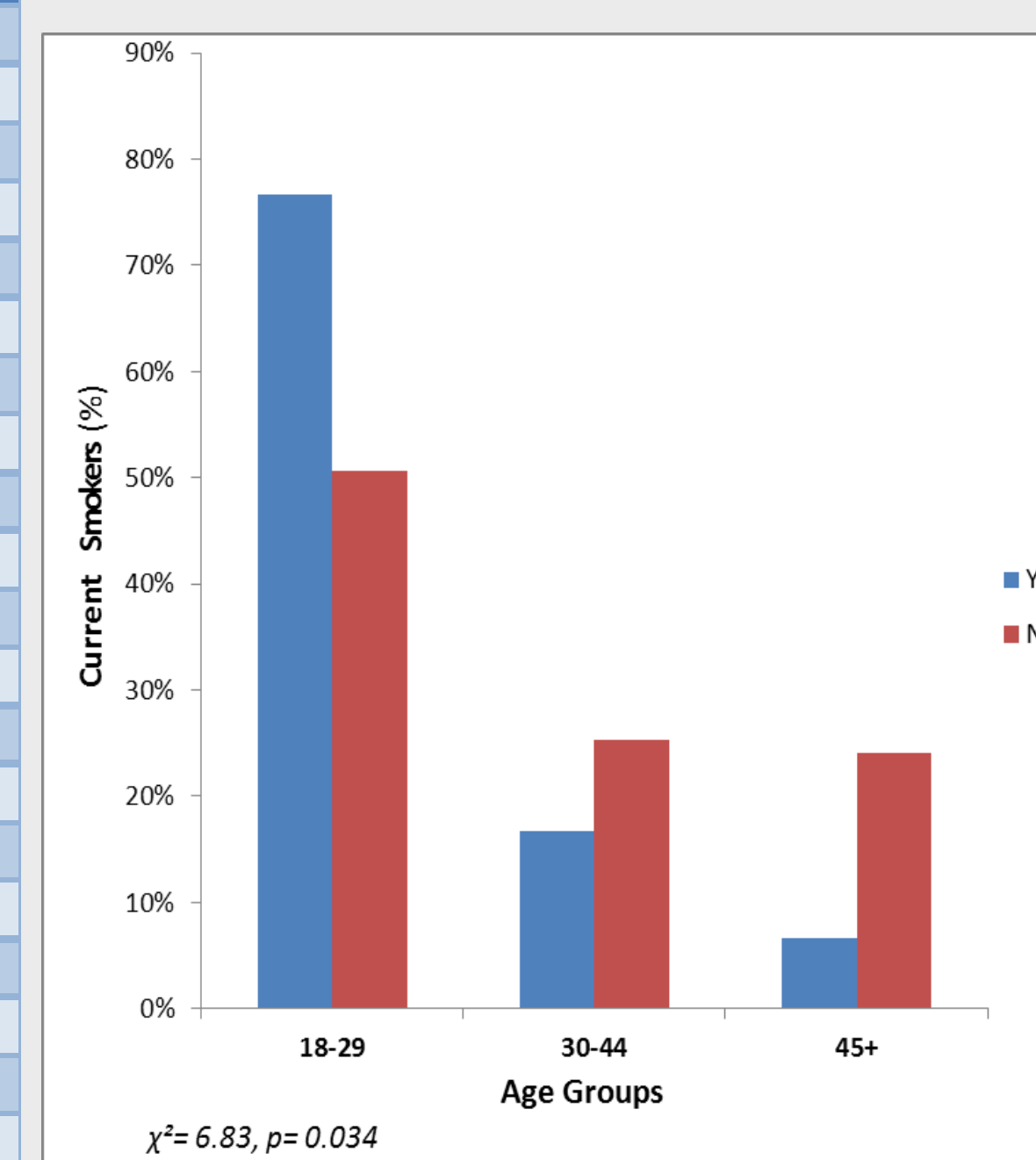


Figure 1. Smoking by Age Group.

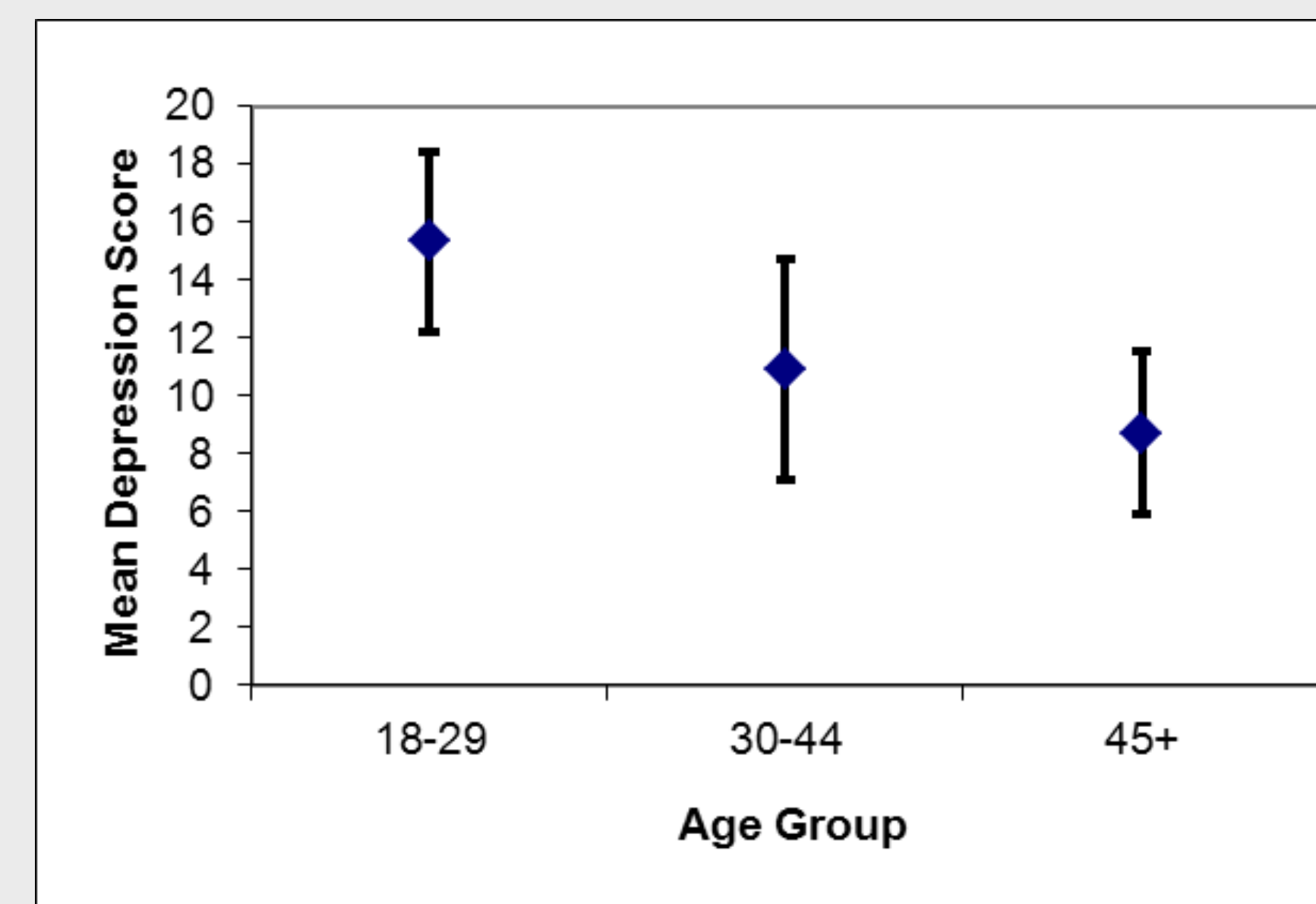


Figure 3. Mean Depression Scores by Age Group.

## DISCUSSION

From this sample of Arabs and Arab-Americans living in the DC area, 8.2% had reported that a health professional had told them they had depression, 10.7% were diagnosed with migraine or chronic headache, 19.7% had high cholesterol, 11.5% had hypertension, and 4.9% were told they had diabetes.

Current smoking was significantly more prevalent among the 18-29 age group, with no difference among males and females. The overall current smoking rate was 26.2%, which is higher than the national average of 17.9%.<sup>4</sup> Depression was also higher among females, the 18-29 years age group, and those born in the US, based on the CES-D scale. Furthermore, 13.1% and 9% of participants reported they were mildly or majorly depressed, respectively. This is higher than the national depression prevalence of 6.7%.<sup>5</sup> Only 8.5% of the sample said they felt often or sometimes discriminated against, using the Everyday Discrimination Scale. Also, those who did not have health insurance were more likely to have high heritage culture sub-scores of acculturation. Limitations to this study include that the sample may not be representative of Arabs in the DC area, since the participants were recruited based on convenience sampling methods.

## CONCLUSIONS

There is a need for further health promotion programs, disease prevention initiatives, and services to Arabs and Arab-Americans in the DC area. This is especially applicable in relation to the prevalence of smoking and depression, particularly within the 18-29 years age group. Further research needs to be conducted on this minority group within the Washington, DC region.

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