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

Reem Ghoneim, MPH1; Amita Vyas, PhD, MHS2
1The George Washington University, 2School of Public Health and Health Services

ABSTRACT

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.1

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 assessed the health needs among Arab-Americans living in the Washington, DC metropolitan area.

INTRODUCTION

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

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 (χ²= 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 old 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).

DISCUSSION

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.

REFERENCES


CONTACT

Reem Ghoneim
The George Washington University
rghoneim@gwmail.gwu.edu

ABSTRACT

INTRODUCTION

METHODS

RESULTS

DISCUSSION

CONCLUSIONS

REFERENCES

CONTACT