The greatest mistake in the treatment of disease is that there are physicians for the body and physicians for the soul, although the two cannot be separated. (Plato)

Part III
Health and Disease: Risks and Resilience

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Introduction

The Middle East and North Africa region is currently undergoing rapid and vast urbanization processes, with major impacts on the physical health and well-being of its inhabitants. These impacts, coupled with the assimilation and acculturative adaptations of new diets and lifestyles, synergistically impact, then, the lives of Arab Americans, particularly those who have most recently immigrated to the United States. A second set of parallel phenomena are the environmental risks identified in the recent decade within MENA regions, along with those found domestically in the United States, particularly those in underresourced or otherwise marginalized communities, such as those described in Jamil’s chapter on environmental health in Part II of this text. This additional array of risks, for example, exposures of Iraqis during the Gulf War, could result in both higher levels of psychological distress as symptomized by posttraumatic stress disorder, anxiety, and depression (Jamil, Nassar-McMillan, Lambert, & Hammad, 2007) as well as, simultaneously, maladies of fibromyalgia and chronic fatigue (Nassar-McMillan, Jamil, & Lambert, 2010) and the like (Jamil, Nassar-McMillan, Lambert, & Hammad, 2006).
Because of the limited data sources available to examine the specific diseases in question, the populations of focus within this part do tend to be more on the newer immigrant populations and their offspring. However, it is clear that, due to the biobehavioral components of these diseases, the intergenerational effects and cumulative risks in years to come are perhaps even more critical than the current vulnerabilities facing Arab American immigrants and communities. In our selection of key health issues for Arab American communities, we sought to identify both key areas of focus for national (Arab American and non Arab American populations) such as child and maternal health and cancer, as well as those areas which seem to have particular salience for Arabs and Arab Americans such as substance abuse (specifically, tobacco and water pipe smoking) and diabetes, for which Arabs and Arab Americans face substantially higher risk. In both kinds of chapters, we focus on the etiology and prevalence of the specific biobehavioral health risk as manifest within the Arab American community. We identify mitigating factors and provide evidence-based practice recommendations. We close the part with a chapter on health disparities and the corresponding need for advocacy and public policy efforts at local and national levels. The five chapters in this part are summarized below.

In their chapter on substance abuse, Hammad and his Colleagues provide a background on substance abuse within the Arab culture and contemporary Arab American communities. While Arab countries are beginning to develop an awareness of the pitfalls associated with smoking tobacco, tobacco use has long been an integral cultural behavior and a means of expressing hospitality. Accurate data are difficult to ascertain but studies conducted within the Greater Detroit area (i.e., large Arab American ethnic enclave) suggest somewhat higher rates of cigarette smoking among Arab Americans as compared to non-Arab American populations. Moreover, water pipe smoking statistics, particularly among Arab American youth represent alarmingly high rates. Because this latter custom is specifically linked to and supported within the Middle East and North African region, it is inherently supported by the Arab American community, as well. Regarding alcohol use and abuse, rates among Arab American appear to be somewhat lower than those within the mainstream populations, reportedly due to the Islamic prohibition of alcohol use. Other drug use also appears to be prevalent at somewhat lower rates among Arab Americans as compared to non-Arab Americans. Conversely, for those who do suffer from alcohol and drug abuse, treatment is more challenging. Again, due to cultural stigmas, those who may recognize their need for treatment or who may otherwise wish to seek treatment, such as in court mandated cases, the fear of stigma negatively impacts retention and other metrics of successful treatment programs. Thus, the current need and focus are in the realm of public health prevention and education.

In the chapter on diabetes, Jaber and her Colleagues make a compelling case for diabetes as a primary health concern within the Arab American community. Specifically, among the top ten developing countries with the highest cases of diabetes, six are Arab countries—United Arab Emirates, Saudi Arabia, Bahrain, Kuwait, Oman, and Egypt. Moreover, there is a projected increase in prevalence of diabetes of 80% in the Middle East North Africa region as compared to the rest of the world. This staggering prevalence rate is associated with the rapid increases in urbanization and socioeconomic status and their associated lifestyle shifts in
nutritional and psychical activity patterns. Within the Arab American community, there have been some studies conducted within the past decade or so that have shed light onto some of the key issues related to effective diagnosis and treatment. The patterns in the urban MENA communities as described, coupled with changes in lifestyle and other acculturative impacts of immigration, appear to create similar, or perhaps even more alarming risk factors among Arab American populations in the United States. For example, obesity, another by-product of these described lifestyle shifts, creates an array of concomitant diabetes risks. Smoking does, as well, and as characterized in the substance abuse chapter of this part, occurs at higher rates within this population. Barriers to effective treatment of diabetes are significant in working with Arab American populations, particularly immigrants. Linguistic and cultural barriers inhibit effective education and monitoring of dietary practices. Misconceptions and knowledge deficits do, as well. Unfortunately, deficits in health care system delivery create a great need for cultural competent health care professionals who can more effectively navigate and circumvent these barriers, along with engage in advocacy efforts and local and national levels.

Within the arena of child and maternal health (CMH), Dallo and Colleagues examine the current state of affairs with regard to Arab Americans as compared to the overall US population, accessing the small amount of actual research available along with their expertise about risks and resiliencies for CMH, and finally, drawing compelling conclusions and recommendations for urgently needed research and policy change. Within the few studies available, a few metabolic and a hereditary blood disorder were implicated as being significantly higher for Arab American newborns as compared to others. Another study indicated higher prevalence of pre-term births and lower birth weights post 9-11, while another similar study yielded no differences. Several risk factors within the CMH arena include exposure to environmental toxins and obesity. While neither of these actual risks and effects have been examined among Arab Americans within the CMH research and clinical literature, other related research, as reviewed in Jaber’s diabetes chapter and Jamil’s environmental health chapter has indicated that these risks (i.e., obesity and exposures, respectively) are significantly prevalent within the population. Clearly, these represent areas of priority for scientific inquiry and policy changes to support it. Moreover, another understudied area is the factors related to low acculturation rates, such as lack of information or lack of engagement in westernized practices such as immunizations or physical activity regimens during child-bearing years and pregnancy, along with potentially being under-insured as is not atypical for new immigrants in particular. Finally, issues related to both immigration as well as the troubled relationship within the host US culture, such as profiling and discrimination and stress and mental health issues in general, might well impact child and maternal health issues. It behooves our nation to support the examination of these issues for the sake of overall societal good.

In her chapter on cancer, Schwartz and her colleagues provide a description of cancer as manifest within the Arab American community. Incidence and mortality rates are overviewed, naming the top five cancers in Arab American men as lung, bladder, prostate, non-Hodgkin lymphoma and liver, and the top five in Arab American women as breast, colorectal, cervical, non-Hodgkin lymphoma, and
ovary; as compared to the top five cancers in the overall United States for men and women as, respectively, prostate, lung, colorectal, bladder, and skin melanoma; and breast, lung, colorectal, uterine, and thyroid. While there do appear to be some differences in these comparisons, they are based on estimates due to the lack of population identification of Arab Americans in the US Census and medical data sources. This challenge poses a barrier to fully elucidating the effects of migration versus genetics. The limited research that has been conducted provides implications for further study. For example, like with CMH, multiple risk factors have been identified within this community that also serve as risk factors for cancer, such as smoking and obesity, both of which have been alluded to within related research on Arab Americans. As yet, however, direct linkages have been elusive at best due to the limitations of population identification within national efforts to measure cancer burden. Moreover, some of the challenges in effective diagnosis and treatment identified in the other chapters in this part hold true for cancer services, as well. Screening services are not fully utilized, presumably due to similar stigmas and misconceptions relative to health behaviors and help seeking.

In a final chapter on health disparities and advocacy issues relevant to Arab Americans, Hammad and his Colleagues highlight some of the key areas of need among Arab Americans (such as higher prevalence rates and risk factors in environmental exposures, smoking, obesity, diabetes, and certain cancer burdens), underscoring the increasing need for both education and advocacy efforts at local and national policy levels (such as culturally relevant education on nutrition, prevention, and other health care; health care access and the need for ethnic identification in national and local statistical databases and research initiatives). As key personnel representing Arab Center for Economic and Social Services (ACCESS), arguably the largest full-service human service agency in the world serving this population, they are well qualified to discuss both national and ethnographic local scenarios. Their compelling stance is both personal and evidence based. Their examples of advocacy efforts, including public health efforts to various levels of stakeholders, serve as models for other agencies and professionals across the country. Moreover, they underscore the importance of collaborative care efforts between health care professionals across a broad spectrum of services, from medical to mental health.

References

