

Brief:

**MDHHS 2015
Health Equity
Report**

Health Status of Arab Adults



April 2016

Health Status of Arab Adults in Michigan

- Michigan is home to one of the largest concentrations of Arabs/Chaldeans[†] in the United States, with an estimated 500,000 living in the state (after adjusting for under-reporting).¹
- Accurate and timely data for Arabs at the population level are not available. To better describe the current health status of Arab adults in Michigan, data were collected in the 2013 Arab Behavioral Risk Factor Survey (BRFS).

Arab Adults vs. All Adults in Michigan

For the **majority** of health indicators, Arab adults were **similar** to all adults in Michigan. Some^a of these were: obesity, no personal health care provider, current smoker, routine health checkup in the past year, no dental visit in the past year, ever having an HIV testing, reported asthma, ever told to have cardiovascular disease, diabetes, and depression.

For **some** of the health indicators, Arab adults did **worse** than all adults in Michigan. Some^a of these included: no health care coverage (18-64 years), no health care access due to cost, worried about having enough money to pay rent/mortgage, hookah usage, and appropriate colorectal cancer screening (50+ years), and cervical cancer screening (women 18+ years).

For a **few** of the health indicators, Arab adults were **better** than all adults in Michigan. These included: any alcohol consumption, ever told to have high blood pressure, and ever told to have arthritis.



How did the trend compare to White, Non-Hispanic adults in Michigan? The comparison of health indicators for Arab adults to White, non-Hispanic adults was very similar to the trend of Arab adults to all adults in Michigan. Significant disparities exist between White, non-Hispanics and Arabs in Michigan.

Cultural factors can play an influential role in health behaviors, chronic conditions, and preventive services and should be considered when examining the 2013 Arab BRFS results. In addition to health care access and cost, language differences can act as barriers to receiving appropriate and timely health care services.² About half of the surveys for the stand-alone portion were conducted in Arabic.

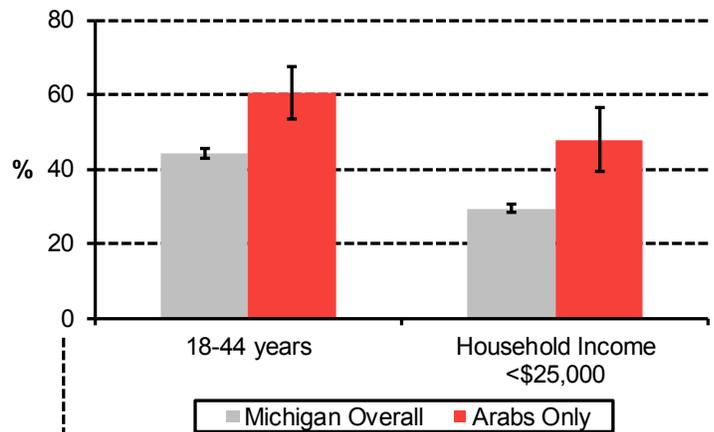
[†] Arab is used to describe people that share a common language (Arabic) as well as geographic, historical, and cultural identity. The Arab world consists of 8 countries in Africa and 14 in Asia. Chaldeans are descendants of Semitic Babylonian and Assyrian populations and speak a dialect of Aramaic not Arabic. For the remainder of this summary report, Arab is used to refer to respondents that are either Arab or Chaldean.

^a For a complete list of health indicators, reference the full report, "Health Risk Behaviors Among Arab Adults Within the State of Michigan" at www.michigan.gov/brfs and www.michigan.gov/minorityhealth. Significant differences were measured by non-overlapping 95% confidence intervals.

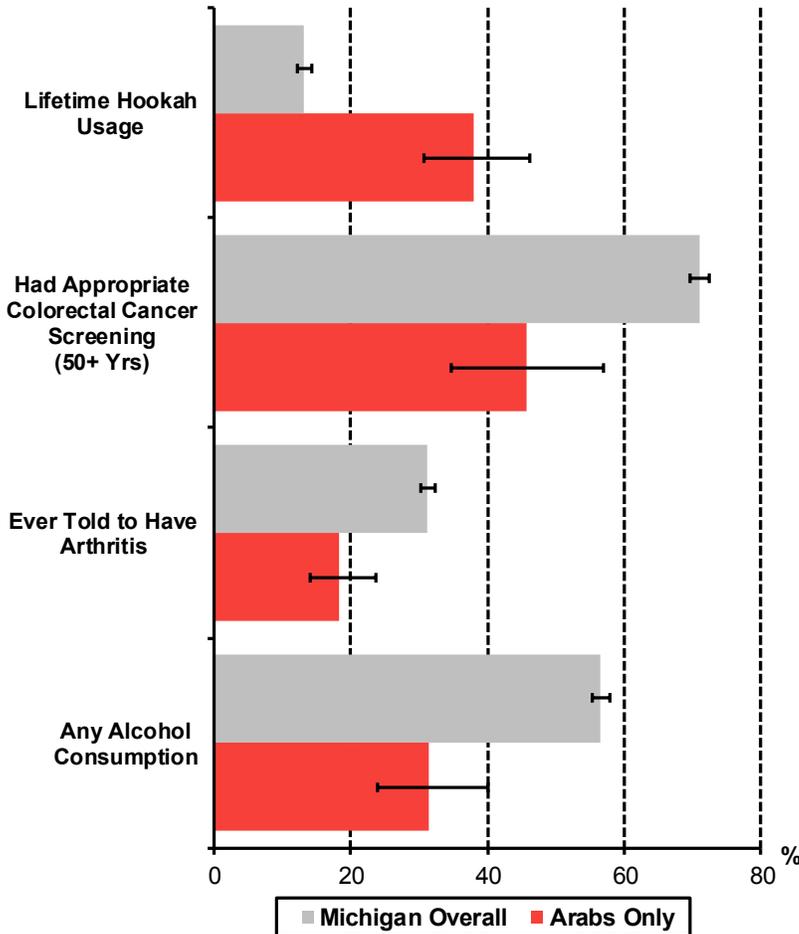


In 2013, a higher proportion of Arab adults in Michigan were between the ages of 18 and 44 years (60.7%) and had a household income of \$25,000 or less (48.0%) compared to all Michigan adults (44.2% and 29.5%, respectively). These differences are important to consider since they can influence the occurrence of certain health conditions and related risk factors.³

Demographic Comparison, Michigan Overall vs. Arabs Only, 2013



Selected Risk Factors, Michigan Overall vs. Arabs Only, 2013



In 2013,

- A **higher** proportion of Arab adults (38.1%) reported ever smoking tobacco from a hookah compared to all Michigan adults (13.2%).
- A **lower** proportion of Arab adults (45.7%) aged 50 years and older said they had an appropriate colorectal cancer screening than all Michigan adults aged 50 years and older (71.0%).
- A **lower** proportion of Arab adults (18.4%) said they had been told they have arthritis than all Michigan adults (31.3%).
- A **lower** proportion of Arab adults (31.5%) said they consumed at least one alcoholic drink in the past month than all Michigan adults (56.6%).

The full list of health indicators, survey results, and methods are available in the “Health Risk Behaviors Among Arab Adults Within the State of Michigan” report at www.michigan.gov/brfs and www.michigan.gov/minorityhealth.

Next Steps

- These data provide important information to develop effective and culturally appropriate programs and services for Arabs in Michigan.
- Depending on available funding, the Arab Behavioral Risk Factor Survey will be conducted again. Ongoing continuation of this survey will allow for more precise health estimates and changes over time to be measured.

References:

1. Arab American Institute Foundation. Arab American Demographics. State Profiles: Michigan. 2011. http://b.3cdn.net/aai/dfab1c90e9a819c9c1_tkm6iyilb.pdf. (March 2015).
2. Language Differences as a Barrier to Quality and Safety in Health Care: The Joint Commission Perspective. J Gen Intern Med. 2007; 22 (Supple 2): 360-361.
3. National Research Council (US) Panel on Race, Ethnicity, and Health in Later Life; Anderson NB, Bulatao RA, Cohen B, editors. Critical Perspectives on Racial and Ethnic Differences in Health in Late Life. Washington (DC): National Academies Press (US); 2004. 9, Race/Ethnicity, Socioeconomic Status, and Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK25526/>. (March 2015).

Suggested Citation

Hekman K, Weir S, Fussman C, Lyon-Callo S. 2015. Health Status of Arab Adults in Michigan. Lansing, MI: Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division and Health Disparities Reduction and Minority Health Section.