ASIAN SERVICES IN ACTION INC.

Preventive Health Behavior and Mental Health: Arab Americans in Northeast Ohio

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Preventive Health Behavior and Mental Health: Arab Americans in Northeast Ohio

Abstract: Arab Americans are an extremely heterogeneous group and one that is frequently misunderstood posing a challenge to both health providers and added burden to unmet health needs of this clientele. Asian Services in Action Inc had administered a selected convenient sample-based survey of general and mental health behavior among Arab Americans in Northeast Ohio. The survey also attempted to solicit responses on tobacco use behavior but the collected data could not be analyzed due to sizable missing data and inconsistencies. Dispersed and scattered population and at times reluctance in participation in health behavior surveys was also problematic. Data was collected with the use of a convenient sample in a predominantly community-based setting, an Arab Language School and Cultural Center. Following fidelity checks and data editing, number of cases substantially got reduced to 41. The findings from the survey nevertheless provide an insightful reflection on self-reported health, mental health, and help seeking behavior of the Arab Americans in Northeast Ohio.

Key Words: Preventive health; help seeking; mental health; stress; coping; medical pluralism.

Introduction

Who are Arab Americans?

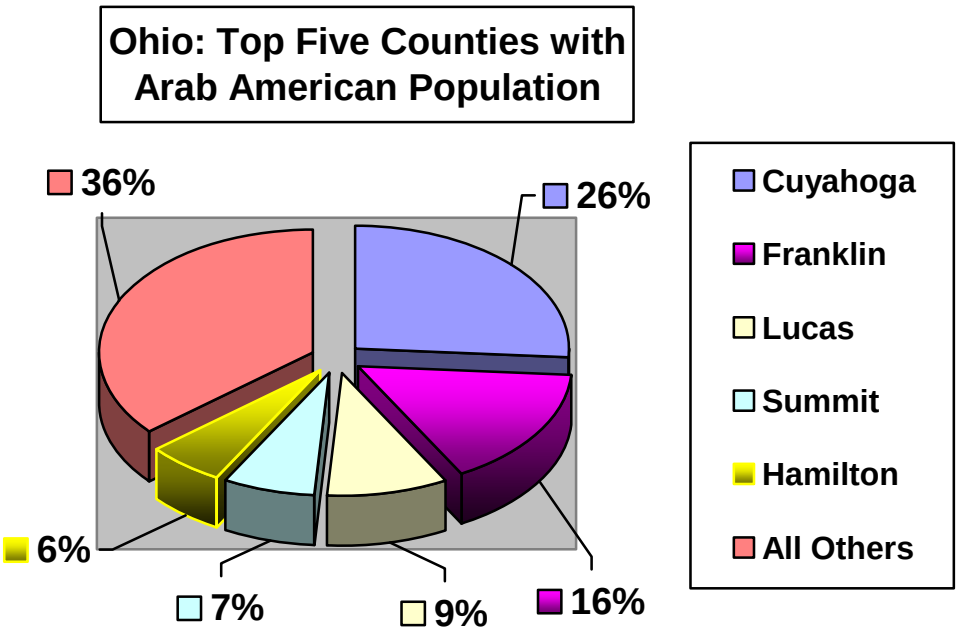
The 2000 U.S. Census defines "Arabs" to include responses to ancestry questions that included categories such as: Lebanese, Syrian, Egyptian, Iraqi, Jordanian, Palestinian, Moroccan, Arab or Arabic, and other countries collapsed as "Other Arab" to include: Algeria, Bahrain, Djibouti, Kuwait, Libya, Oman, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. Arabs as defined here also includes Arabic-speaking persons who identify as Assyrian/ Chaldean, Somali or Sudanese, identities which are not aggregated as Arab in Census reports. The population who identified an Arabic-speaking ancestry in the U.S. Census grew by 30% between 1990 and 2000. The Arab ancestry population increased by some 40% since the Census first measured ethnic origin in 1980. It is estimated that the statewide population, adjusting for underreporting, is close to 185,000. [AAI 2003]

Arab Americans in Ohio

Based on a sample year of 1997, **new Arab immigrants to Ohio** came from Jordan (predominantly Palestinians with Jordanian passports), Lebanon and Egypt. Immigrants from the Gulf region originate from Bahrain, Kuwait, Oman, Qatar,

Saudi Arabia, United Arab Emirates, and Yemen. In Ohio, according to the 2000 census, roughly one out of two Arab Americans in the state have roots in Lebanon and Syria, a legacy of the first major wave of Arab immigration in the early 1900s. Palestinian and Egyptian identity showed growth since the last Census and about one in seven ancestry respondents chose the generic identity of "Arab/Arabic."

In Ohio, Arab American population is estimated at 185,000, adjusted for undocumented. More than one third of those who identify an Arab ancestry live in metropolitan Cleveland, with other clusters in Toledo, Columbus and Akron [AAI 2003]



This research is based on a survey conducted in Summit County of Ohio. According to 2000 Census (ODD 2000), the total population of Summit County was 514,990, of which Arab Americans comprised only 1.3% (7,078) of the county's total population. The county thus accounts for about 7% of the state's Arab American population.

Arab American Health Status

There is literature that emphasizes the need to acknowledge self-reported health or subjective health in the context of culture. In one comparative study (Baron-Epel et. al. 2005), Arabs were found to evaluate health better than Jews even though life expectancy was found to be lower and mortality and morbidity were higher in Arab population. One study (Darwish-Yassine & Wing 2005) of cancer burden among Arab Americans in the neighboring state of Michigan found lung and colorectal cancer to be the two leading causes of cancer related deaths among Arab American men and women. Another much earlier study on Arab American health care needs (Laffrey et al. 1989) found that predominant illnesses experienced by this population included upper respiratory infections, cardiovascular and hypertension, diabetes, and family and social stress.

As concerns mental health of Arab Americans, they are an extremely heterogeneous and frequently misunderstood group whose unique characteristics and cultural heritage have not been received the due attention in the mental health literature (Erickson & Al-Timimi 2001). Nobles and Sciarra (2000) note that as the population of Arab American grows so will their presence among mental health clientele, creating a need among clinicians for information about these clients. One earlier research (Zaharna 1995) emphasizes the need to understand cultural preferences of Arab American communication patterns.

Methods

Sample

In 2005, Asian Services in Action Inc. conducted a tobacco use and health behavior survey among Arab American adults in Summit County of Northeast Ohio. The Arab American Health Behavior survey used a convenient sample to collect the self-reported responses. Hence, the findings are not generalizable and truly representative. Data for this report were obtained from Asian Services in Action survey of Arab

Americans in Summit County of Northeast Ohio. The study sample included self-reported responses of 41 adult respondents who participated in a tobacco use and health behavior survey that was administered in community gatherings. Eligibility criteria included both smoking and nonsmoking Arab American adults 19 years of age or older. Data entry and analyses were done using SPSS 13.0 version.

This report does not discuss findings on tobacco use behavior due to inconsistent and inadequate responses. A response on perceived health risk of tobacco use was the only usable information. Accordingly, about 90% correctly assessed that smoking causes lung cancer and 95% reported that it influences heart disease (n=40).

Survey participants ranged from 19 to 45 years (mean =33.4). As regards level of education (n=40, excluding 1 missing case), the percentage distribution was: 23% (high school or less), 18% (some college), 32% (college graduate), and 27% (post-graduate or professional degree). Of those reporting (n=35; excluding 6 missing cases) annual household income (range= <$10,000 to >$50,000) for select categories was: 22% with income below $20,000; 20% with income in the range of $35,000 to $50,000; and 29% reported income above $50,000.

Demographic Characteristics	**Statistics**
Age	Mean=33.4
Percent Male	38
Percent Female	62
Percent College Graduate	32
Percent Post Graduate	27
Percent Annual Household Income <$20,000	22
Percent Annual Household Income <$50,000	29

Results: Preventive Health and Help Seeking Behavior

Preventive Health Behavior

The study looks at preventive health behavior of Arab Americans in Northeast Ohio from two dimensions: routine checkup and sources of health information.

Routine checkup: About 65% reported having visited a health care provider for routine checkup (n=26). Of those who had routine checkup, 32% had the last routine checkup within the past year and 35% had it within the past two years.

Sources of health information: When asked (yes/no) about various sources of health information, a sizable majority (85%) of the Arab American respondents reported receiving health information from medical personnel. The other sources were: 85% (medical personnel); 40% (TV); 15% (booklets); 15% (mosque); 12% (pharmacy); 10% (friends/relatives); 5% (folk practitioners); 3% (advertisements); and 3% (native people).

Health Problem and Help Seeking Behavior

In general most of the immigrants and diverse race/ethnicities often reflect low levels of help seeking behavior. This analysis assesses help seeking behavior on the basis of findings on general health problem and health care services utilization as self-reported by Arab Americans in Ohio. Next, it will briefly highlight if there are traces of pluralistic help-seeking behavior.

General health problem. The Arab American respondents were asked a number of questions on preventive health practices. One of the questions asked was: "Have you been told by a doctor or medical personnel that you have a particular problem?" Their responses to some selected problems have been summarized below (beginning with most common problem first and then in descending order to least frequent

problem). The most common health problems appear to be depression (an indication of mental health), dental problems, and high blood cholesterol. Findings of measures of mental health would be separately discussed later. Persons could select more than one condition.

Common Health Problems as Advised by Medical Personnel

Type of Health Problem	***Told by a Medical Personnel Have this Health Problem Frequency [Percentage]***		***Total Sample N=40***
	Yes	No	Total Responses [Missing Cases]
Depression	4 (10%)	35 (87%)	N=40 [Missing=1]
Dental Problems	3 (8%)	36 (90%)	N=40 [Missing=1]
High Blood Cholesterol	3 (8%)	36 (90%)	N=40 (Missing =1]
High Blood Pressure	1 (3%)	39 (97%)	N=40 [Missing=0]

Heath care services utilization. The survey also solicited responses to various measures of help-seeking behavior as related to the information on certain selected common illnesses provided by the medical personnel (preceding Table 2). When asked: "What have you done to address the [identified health] problem?" only 23% (n=9) reported having sought medical help while 67% (n=27) did not. About 10% (n=4) consulted family members and friends to solve their health problems and 5% (n=3) resorted to folk practitioners.

Pluralistic help-seeking. One interesting finding from the survey had to do with some levels of medical pluralistic (using a combination of modern as well as traditional medicine) structure of help-seeking behavior. Accordingly, when asked about the use of folk (traditional) medicine to address their health problems, 5% of those who were told by medical personnel that they have some illnesses reported having resorted to such traditional medicine. This compares to about 23% seeking

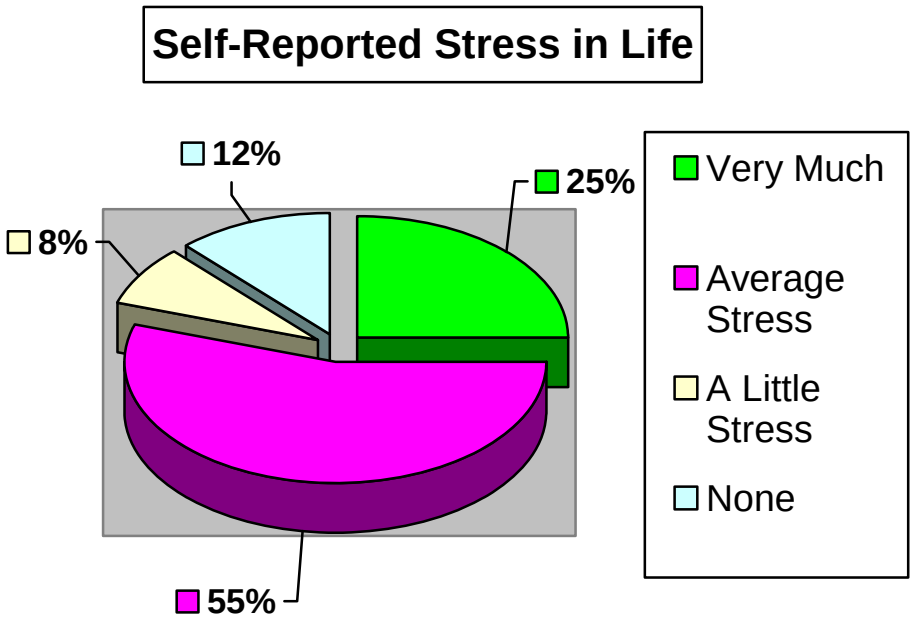
modern medicine help. Interestingly, about 3% reported that they did nothing to solve their health problems.

Results: Mental Health and Help Seeking Behavior

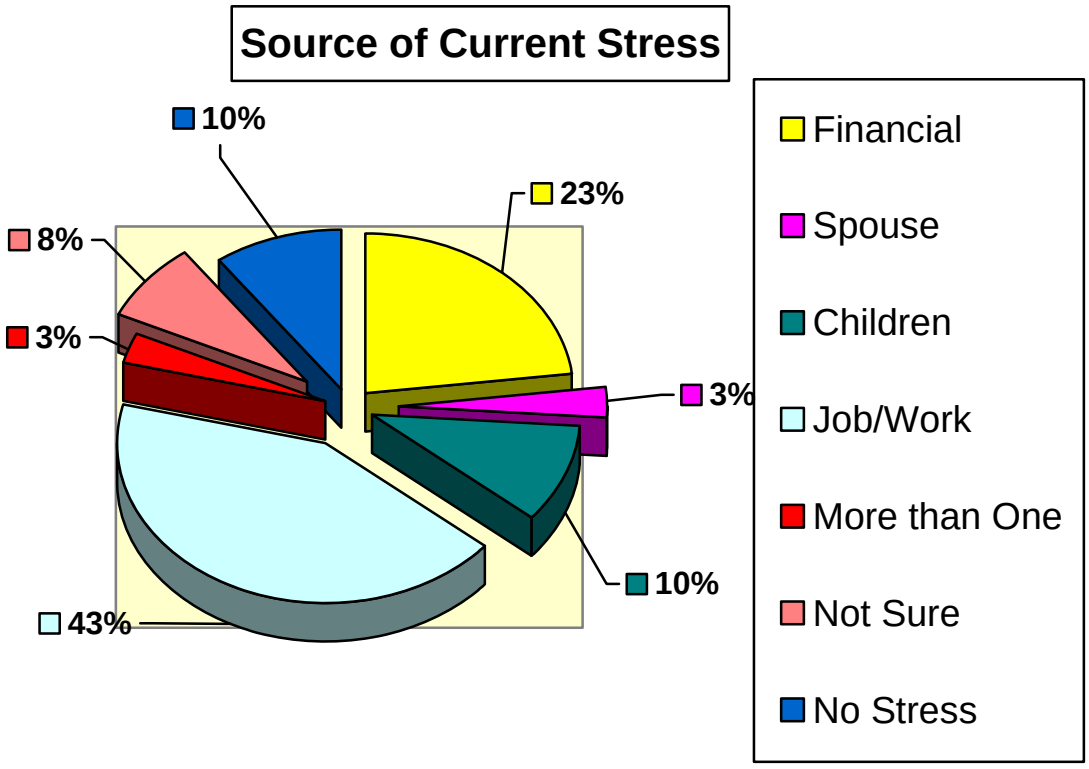
Level and Source of Perceived Stress

The health behavior survey also asked respondents about general level and source of stress and their stress coping styles. Some of these findings shed some insights on the status of basic mental health of Arab Americans in Ohio.

Amount of stress. Of 40 respondents who responded to the specific question "currently, what is the amount of stress in life?" 25% (n=10) admitted to having very much or a lot of stress in their lives, followed by 55% (n=22) (average stress), 8% (not very much or little), and 12% (none) (n=5). It is worth noting here that combining both higher and average level of admitted stress, 80% respondents falling in between average and higher level of stress].



Source of stress. As for the source of current stress, the percentage composition of total number of response (n=17) is: job/work, 43%; money/financial concerns, 23%; children, 10%; more than one particular source of stress (multiple stressors), 3%; and spouse, 3%. About 10% reported no stress and 8% did not know or were not sure.



Stress Coping Styles

The survey also solicited responses on select few individual questions (Yes/No) on their coping styles to get a sense of their mental health related help-seeking behavior. As coping mechanism, 80% (n=32) of total respondents (n=40) reported having discussed it with family, 15% (n=6) of total responses (40%); and only 2.5% sought professional help.

Policy Implications

The Arab American Health Behavior Survey provides a wealth of information that can be meaningfully utilized to design appropriate policy intervention measures some of which are briefly discussed next.

The research findings have policy implications for mental help-seeking behavior among Arab American communities in Ohio.

Preventive Health Practices & Help Seeking Behavior

- The findings reveal a good majority of respondents (65%) engaged in routine checkups. However, there is still a critical need to have a community-wide effort to provide relevant health care information, based on some of the available research that point to low health care utilization behavior (Read et al 2005; ACCESS).
- Despite the low response, survey findings suggest that dental problems, high blood cholesterol, and high blood pressure could be screening topics that would address more common health concerns. Hence, preventive health promotion has to increasingly focus on these health problems. Also, there needs to be a community-wide effort to implement increased number of health fairs and screenings. Arab culture is supportive of many risk behaviors that are not considered within the context of good health (Hammad et al. 1999).
- Since a high percent of respondents (67%) did not seek medical help when asked "what have you done to address the identified health problem", there is a critical need to drive health care utilization behavior in Arab American communities.
- The Arab American respondents engage in some levels of "medical pluralism' (combination of modern medicine as well as use of folk medicine) or informal help-seeking behavior (asking non-medical persons

for medical advice) in practice. Alternative healing is a long tradition of treatment that exists in the Arab world (Hammad et al.1999). The best strategy would be to guide Arab American communities to be able to decide when it is okay to resort to folk medicine and when to seek modern medicine. It is also worth noting here how the government has a national agency in place—National Center for Complementary and Alternative Medicine (NCCAM) whose mission is to explore complementary and alternative healing practices in the context of rigorous science (http://nccam.nih.gov/).

Life Stressors and Coping Mechanism

- The findings are interesting and shed some lights on self-reported general mental health of Arab Americans. Almost 80% respondents reported some (average) to high level of stress. It validates the fact that mental health is a problem and needs to be studied deeper. On the other hand, only 3% used medication and 3% sought professional help and 12% used medication—thus indicating a higher level of unmet professional need among Arab Americans in Northeastern Ohio.
- What is interesting is that an overwhelming majority (90%; n=36) discussed their stress with family. This point to the fact that perceived mental health problem (as measured by stress) is associated with stigma and hence the reluctance to seek external help of medical professionals. There is a bulk of literature that point to the perception of stigma surrounding substance abuse and mental problem. There hence needs to enhance awareness about mental health issues and to encourage people to seek professional help.
- Findings also reflect personal efforts to cope with stress (about 14% reported resorting to exercise to manage stress).

Additional Comments

1). Majority of the Arab American respondents the survey outreached were highly educated and represented high income earner group. This sampling bias may have some resultant impact on the findings of fairly high levels of preventive health behavior such as 65% reporting having visited a health care provider for routine check-up.

2). While a larger sample may provide for a more representative estimate, the findings from this small sample (n=41) do point to the general pattern, though not at a truly generalizable level.

3). This study is based on a convenient sample and hence the findings are to be interpreted in that context.

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