



**ACCESS**

**9th Arab Health Summit**

Advancing Health Equity for Women Amidst a Pandemic

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**ACCESS**

## ■ FOREWARD

We present the following report of the 9th Arab Health Summit, which took place from 19 to 21 October 2021; it was hosted virtually on the WHOVA platform. With the overall theme ‘Advancing Health Equity for Women Amidst a Pandemic’, the aim of the summit was to increase knowledge and enhance the competence of attendees. The summit also serves as a platform to connect researchers in the United States with their global counterparts to exchange best practices and develop research relationships that may build sustainable health infrastructure globally.

Over the course of the three-day virtual conference, participants from 63 cities and 13 different countries discussed the challenges that women face today, which actions can be implemented to reach health equity, how multi-stakeholder partnerships can improve population health, and successful ways of measuring women’s economic empowerment.

The COVID-19 pandemic has exposed vulnerabilities in social, political and economic systems and exacerbated a myriad of gender inequalities. It also highlighted the critical importance of global health security and the contributions made by healthcare workers, the majority of whom are women. Thus, investing in women’s health and equality not only benefits individuals but creates a ripple effect that powers progress for all.

Summit participants were able to hear from high profile speakers including Deputy Secretary of the U.S. Department of Health and Human Services, Andrea

Palm, the Director of Program Management for World Health Organization-EMRO, Dr. Rana Hajjeh, the Director of Fogarty International Institute of NIH, Dr. Roger Glass and the Lieutenant Governor of the State of Michigan, Garlin Gilchrist.

We would like to express our appreciation to the International, National and Scientific Committee members who helped us organize this successful summit. We are especially grateful for our Scientific Chair, Dr. May Yassine, for organizing and implementing a terrific scientific program.

In addition, we would like to acknowledge the speakers, moderators and staff behind the scenes who contributed to the success of this important event.

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**See women, include women, ask women, believe women.**

*Rana Elmir*

## ■ SUMMIT OVERVIEW

Since 1971, the Arab Community Center for Economic and Social Services (ACCESS) has served the community as one of the nation's premier Arab American organizations. One of our missions is to promote health through education and shared information. This year, the ACCESS Community Health and Research Center (CHRC) hosted their 9th Arab Health Summit themed, 'Advancing Health Equity for Women Amidst a Pandemic,' virtually on the WHOVA platform.

More than 400 participants from 13 different countries convened virtually to exchange ideas and best practices, create and strengthen partnerships, and discuss women's health. Attendees included researchers, physicians, public health professionals, epidemiologists, community advocates, and students, among others. Speakers included medical and academic professionals from across the U.S. and the Middle East. Summit attendees exchanged best practices, created collaborative initiatives to improve women's health, increased awareness of gender inequality and the impact it has on women's health, and identifying solutions to effectively advance women's health and equity. Alongside the main summit sessions, four keynotes and four workshops enriched the program. Participants had the option to take part in different Round Table discussions with various topics including, women's health, mental health, research, health equity and advocacy. General themes from the 9th Arab Health Summit include:

- Social determinants of health need to be addressed in a culturally appropriate manner;
- Inequities and disparities must be addressed at the societal level;
- Healthcare extends far beyond the halls of the hospital and clinic; must be addressed in the community;
- Among health professionals, it is important for women to mentor, support, encourage, and uplift one another;
- We must ensure that telemedicine increases access, rather than exacerbating existing inequalities.
- Policy change is not enough when it comes to addressing injustices; vital to also change practices;
- A need to build more transnational partnerships and connections because we see similar injustices across different contexts.

## ■ FACTS AND FIGURES



81% of speakers were **WOMEN**

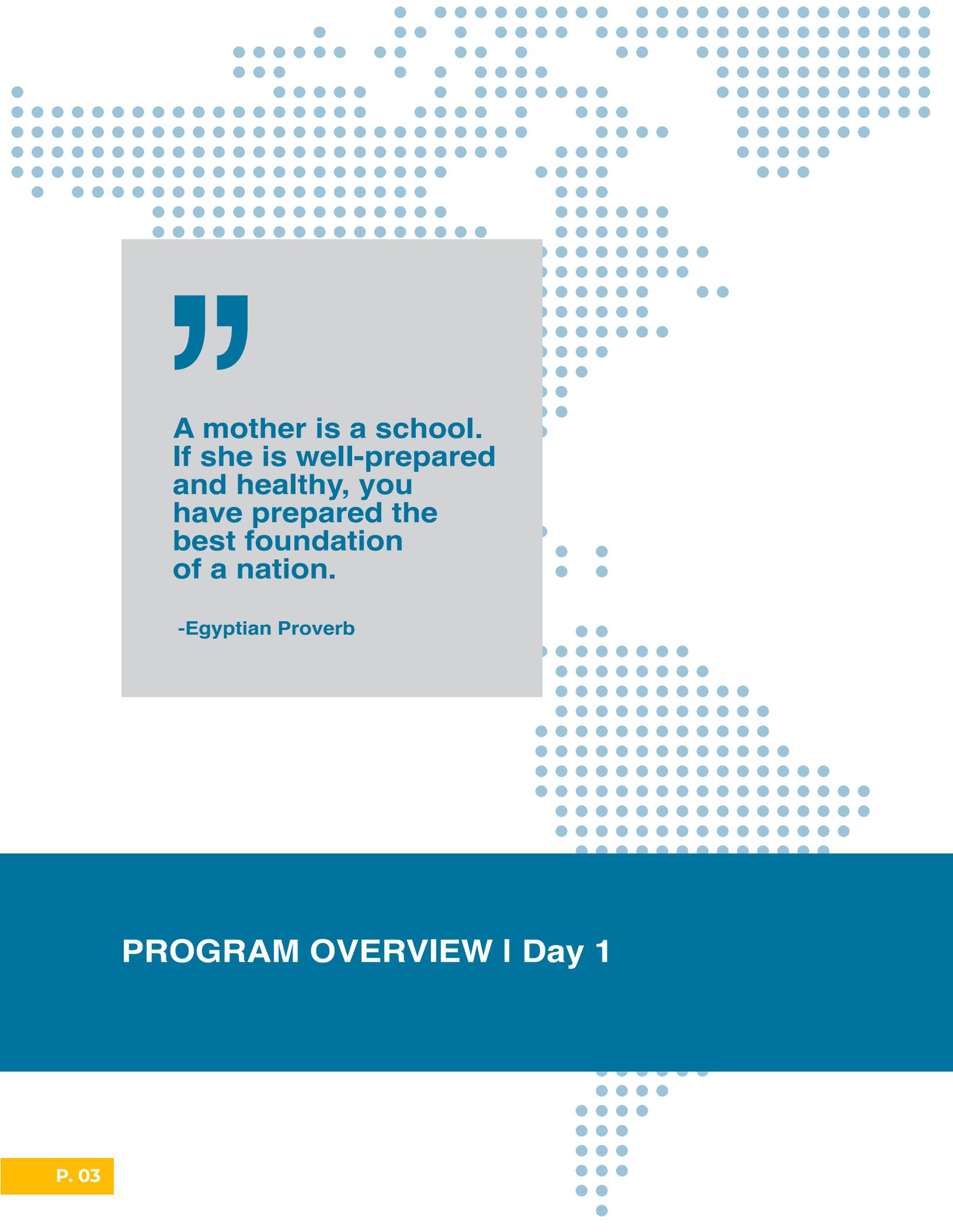
**2,016 MESSAGES** exchanged in the community board

More than **400 ATTENDEES** from **13** different **COUNTRIES**



**41** virtual **meet-ups** organized

**48** students **sponsored**



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**A mother is a school.  
If she is well-prepared  
and healthy, you  
have prepared the  
best foundation  
of a nation.**

**-Egyptian Proverb**

## **PROGRAM OVERVIEW | Day 1**

## A Multi-Dimensional Model For Women's Health

### Keynote:

Dr. Sonia Hassan *Associate Vice-President, Wayne State University Office of Women's Health*

The first keynote speaker, Dr. Sonia Hassan, discussed a multi-dimensional model for women's health that focused on the drivers of women's health disparities and how to address them. In addition to the fact that women are at disproportionate risk for a variety of diseases, 80% of health and health economic decisions are made by women, making women's health central to overall community health.

To illustrate the types of health disparities women confront, Dr. Hassan focused on four issues women disproportionately face in the United States and the MENA region: cardiovascular disease, maternal and child health, cancer, and mental health. In each area, Dr. Hassan emphasized that social and structural determinants of health like racism, economic instability, labor inequities, and policies result in even more significant disparities for women of color. The COVID-19 pandemic heightened these inequities, due to its impacts on childcare, utilization of health services, and women working in the healthcare sector, in particular. This combination of health disparities, low utilization of health services, social determinants of health, economic and labor inequities, and COVID-19 results in worse overall health for women.

Dr. Hassan advocated for a five-pronged approach to achieving women's health and maximizing families' ability to thrive. This approach includes increased research and development, education, implementation science, policy, and inclusion of women in science. At the end of her lecture, Dr. Hassan stressed that investing in women's health is investing in the health of the world, a statement that resonated throughout the rest of the summit.

## Creating the Healthiest Communities: Advancing Health Equity for Women

### Moderator:

Rana Elmir *Acting Executive Director, American Civil Liberties Union - Michigan*

### Speakers:

Dr. Renée Branch Canady *Chief Executive Officer, Michigan Public Health Institute*

Dr. Asha Shajahan *Medical Director of Community Health, Beaumont*

Dima Zayat *Deputy Country Director, Anera Lebanon*

This panel summarized women's health inequities, addressed social determinants of health within immigrant and refugee populations, and discussed interventions effective at reducing health disparities. The conversation began with each participant addressing various obstacles and challenges to women's health equity, including issues such as the limited access to basic needs and

issues such as limited access to basic needs and resultant period poverty in Lebanon, the COVID-19 pandemic's impact on women's domestic roles, and the disproportionate rates of stress, anxiety, and depression in women in the U.S. Panelists also named some of the inequities they see in their own daily work, such as the negative impact of poor diversity and representation in clinical trials, as well as the impact of economic crises on refugee and immigrant women residing in Lebanon. Here, Dr. Canady stressed that, from a sociological perspective, marginalization continues to be the overarching issue that informs all of the health inequities women— especially women of color and other multiply marginalized women—face.

Lastly, in order to address the inequities they discussed, panelists suggested myriad interventions. These included funding programs specifically supporting marginalized women's needs, incorporating such funding into organizational makeups, and weaving support for women into the fabric of everyday life.

01

### Immigrant and Refugee Health

#### Keynote:

Dr. Adnan Munkarah *Executive Vice President and Chief Clinical Officer,  
Henry Ford Health System*

In this keynote session, Dr. Adnan Munkarah discussed the local, national, and global issues and barriers disproportionately impacting refugee populations during the COVID-19 pandemic. He noted that while healthcare should be safe, timely, effective, efficient, equitable, and patient-centered, this has not been the case for women, especially refugee women. Immigrant and refugee health care, Dr. Munkarah noted that gender, race, and ethnicity intersect with immigrant and refugee health disparities that were exacerbated by the COVID-19 pandemic.

***“These are issues that are societal, that we need to work on collectively together.”***

Turning to some of these disparities, Dr. Munkarah's lecture focused on sexual and reproductive health, particularly the way that complex obstetrics issues like sexual assault, poverty, and racism have significantly adverse pregnancy outcomes like high maternal mortality rates and poor mental health. To address these and other racial and ethnic disparities in obstetrics and gynecology, Dr. Munkarah advocated for several interventions such as raising awareness, understanding practitioner bias, adopting federal standards to collect data on race and ethnicity, promoting research that tests the effectiveness of interventions, educating patients in a culturally sensitive way, and

promoting research that tests the effectiveness of interventions, educating patients in a culturally sensitive way, and supporting the recruitment of healthcare providers from racial and ethnic minorities into academic and community health. He further noted that diversity, equity, inclusion, and justice efforts are necessary to inform all of these interventions in order to achieve community empowerment and healthcare equity.

01

### **A Discussion on Immigrant and Refugee Health**

#### **Moderator:**

Dr. Bengt Arnetz *Department of Family Medicine, Michigan State University*

#### **Speakers:**

Dr. Suad Joseph *Distinguished Research Professor, University of California - Davis*

Dr. Jane Meza *Associate Vice Chancellor, University of Nebraska Medical Center*

Helen McGuirk *State Refugee Health Coordinator, State of Michigan*

This panel explored the impact of the COVID-19 pandemic on immigrant and refugee health, addressing ongoing barriers as well as interventions to reduce the negative impacts on immigrant and refugee communities. Panelists focused on the mental health of refugee communities, particularly in the process of resettlement in the U.S.

One of the primary themes of this panel was the necessity of expanding understanding of cultural context in order to better support refugees. For instance, Dr. Suad Joseph stressed that half of the world's refugees come from Syria, Afghanistan, and Sudan, all cultural contexts in which relationality is crucial to the selfhood of the individual. As such, Dr. Joseph argued that it is vital to support the building of communities for refugees, so that they may re-anchor themselves in a relational notion of self. Helen McGuirk and Dr. Jane Meza confirmed similar experiences in their work resettling refugees in Nebraska and Michigan, noting that it is important to resettle people in communities, rather than as individuals scattered in geographically disparate locations. They also emphasized the approach of investing in communities that already exist, instead of resettling people in locations where they are without social networks.

The panel concluded that approaches to refugee resettlement must challenge Western concepts of assistance and humanitarian aid, including the perspectives of immigrants and refugees in decision-making processes in order to better support their overall well-being.

## Going Upstream: Creating a Culture of Health for Women

### Moderator:

Dr. Patricia A. Wren *Professor and Chair Department of Public Health, Wayne State University*

### Speakers:

Dr. Mouhanad Hammami *Chief Health Strategist, Wayne County*

Dr. Flora Dallo *Professor and Interim Associate Dean, Oakland University*

Dr. Michel Daher *Professor of Surgery & Ethics, University of Balamand, St. George Hospital - Beirut*

Dr. Maria Lopez-Class *Project Officer, All of Us Research Program, National Institutes of Health*

Speakers on this panel centered their discussion on local, national, and global developments related to social determinants of women's health since the COVID-19 pandemic began. Low education, lack of access to healthcare, shame, stigma, and discrimination were all named as key factors that heighten existent health disparities for women during a pandemic. In addition, panelists examined economic determinants of health both in the US and the MENA region, such as wage gaps, unemployment and barriers to employment, lack of paid family leave, and discrimination.

In addition to naming the impact of these social determinants on women's health, panelists highlighted the additional barrier of lack of research when it comes to Middle East and North African (MENA) populations. Because MENA communities are categorized as white in U.S. Census data, there is little to no data on social determinants of health for MENA women. Moreover, there are excluded from the policies and resource distribution that rely on Census data, since MENA populations are categorized as white in the U.S. Census survey.

In response to the issue of data invisibility, Dr. Maria Lopez-Class presented the work that her organization, All of Us, is doing to collect MENA data as well as better understand and cultivate personalized medicine. Presenters also suggested additional interventions, especially education and women's advocacy, to begin addressing social determinants of health and their resultant disparities.

## Training to Engaged Research in Gender (TERG): Intersectional Approaches to Social Science and Public Health

### Speakers:

Dr. Nadine Naber *Director of Undergraduate Studies, University of Illinois-Chicago*

Dr. Zeina Zaatari *Director of the Arab American Cultural Center, University of Illinois-Chicago*

Dr. Suad Joseph *Distinguished Research Professor, University of California - Davis*

Dr. Lena Meari *Assistant Professor, Birzeit University*

***“Our understandings of our own region overwhelmingly come from theories and ideas produced outside the region.” Dr. Suad Joseph***

This workshop focused on the Training to Engaged Gendered Research Group (TERG), which works with early career gender scholars at Arab universities, training them to design, execute, and bring to implementation research in and for their communities. TERG’s work emerges from the founding principle that the Arab region needs to produce its own scholars with strong skills in evidence-based research, analysis, policy making, and problem solving. This workshop brought together four esteemed TERG scholars to discuss how they train and mentor early career gender scholars to become thought leaders for their local publics and produce social change in the MENA region. Each scholar presented on a different aspect of engaged gender research that challenges and expands the overwhelmingly European and U.S.-based theoretical concepts and frameworks that tend to shape scholarly perspectives.

Dr. Suad Joseph offered a background of TERG, which works to train early career scholars to carry out rigorous research based in their cultural context, ensuring productive engagement (rather than wholesale consumption) of theories hegemonic in the U.S. and Europe. She emphasized TERG’s perspective that theory and knowledge are never removed from power, and that research must therefore ground itself in the context of its subjects by asking who is invisibilized by hegemonic theories and knowledge production.

Dr. Lena Meari elaborated on the decolonial feminist methodologies that undergird TERG and should be employed in the Arab region in general, as well as Palestine in particular. Because so much knowledge production around Arab women is obscured through Orientalist assumptions, she suggested that it is vital to employ methods that challenge hegemonic understandings of Arab women and the Arab world. Dr. Meari emphasized that decolonial knowledge production about women must also happen in collaboration with women who are resisting the material conditions of colonialism on the ground.

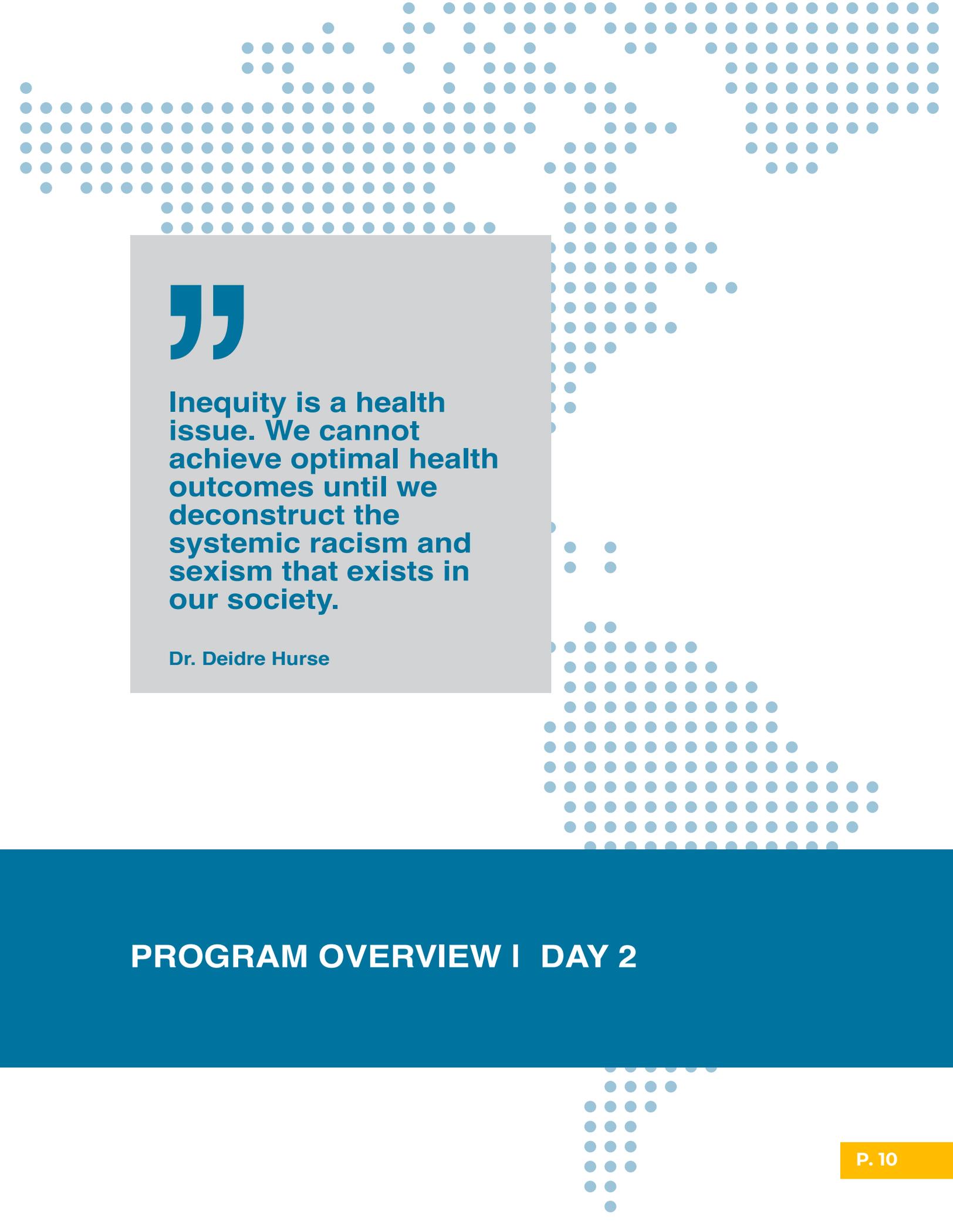
Dr. Nadine Naber expanded on Dr. Meari’s discussion of decolonial feminist methodologies, advocating for a deconstructive feminist epistemology that analyzes the historical and political conditions that produce the truths we take for granted about gender and race. She highlighted the

importance of understanding all knowledge as situational and relational. Dr. Naber also offered guidelines for engaging research from this deconstructive feminist standpoint, which entails responsibility to, relationality with, and revolution for the people most affected by that research.

***“Decolonization of knowledge is not possible without decolonization of material power structures and relations.” Dr. Lena Meari***

Dr. Zeina Zaatari drew on some of the themes of Dr. Naber’s and Dr. Joseph’s presentations to discuss how engaged research around gender entails meaningful interaction with stakeholders (impacted communities, members of the public) throughout the research process. Aspects of engaged research that she stressed include recognizing communities as experts in their own experience, building partnerships with stakeholders, critically analyzing the historical, political, social, and economic context of the research topic, and attending to the power differentials of both the context and the position of the researcher.

Collectively, this workshop offered vital critical perspectives on how scholars might approach research around gender in the MENA region with a critical eye to power and context, as well as accountability to those communities affected by the research.



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**Inequity is a health issue. We cannot achieve optimal health outcomes until we deconstruct the systemic racism and sexism that exists in our society.**

**Dr. Deidre Hurse**

## **PROGRAM OVERVIEW I DAY 2**

## COVID-19 Impact on Women's Health: Middle East and North Africa (MENA)

### Keynote:

Dr. Rana Hajjeh

*Director of Programme Management, World Health Organization - Egypt*

Dr. Rana Hajjeh's keynote illustrated the impact of the COVID-19 pandemic in the MENA region, highlighting issues and barriers to health that have developed since March 2020. Dr. Hajjeh focused her talk on health equity for women in the MENA region amidst the pandemic, noting that women suffer during emergencies due to decreased access to health and other services. This issue is worse for women experiencing poverty, disability, and domestic violence. She examined the impact of the pandemic in four areas: disproportionate impact on mental health, dramatic increases in gender-based violence (known as a COVID-19 shadow pandemic) in Jordan and Lebanon, impact on female healthcare workers who make up the vast majority of nurses in the MENA region, and limitations on women's mobility that have resulted in discrepancies in vaccination.

In order to address the inequities moving forward, Dr. Hajjeh advocated for the integration of sexual and reproductive health into primary care. She also recommended addressing the social determinants of health that present barriers to women's access to service, providing information to women through community leaders in order to demystify infodemics, and engaging in high-level advocacy to ensure that women's right to access health services remains a priority during emergencies.

## Cultivating Relationships While Social Distancing: Models for Community-Based Participatory Research

### Moderators:

Madiha Tariq *Deputy Director, ACCESS Community Health & Research Center*

Dr. Barbara Israel *Professor, University of Michigan School of Public Health*

### Speakers:

Dr. Rima Afifi *Director of Graduate Studies, University of Iowa College of Public Health*

Dr. Ken Resnicow, *Professor, University of Michigan*

Dr. Minal Patel *Associate Professor, University of Michigan*

This panel discussion summarized the roles of community health workers in addressing social determinants of health in community based organizations and clinical settings. It also established and shared interventions used by community health workers that have proven effective in improving patient clinical outcomes. Panelists discussed these issues in relation to their community involvement with research during the pandemic, which included Dr. Rima Afifi's adaptation of a pilot project with refugees to implement the World Health Organization's PM+ approach, Dr. Minal Patel's

ongoing project with ACCESS to streamline health and social services, and Dr. Ken Resnicow's work with the Michigan Primary Care Association to identify cancer screening gaps as well as collaborative efforts to address vaccine hesitancy.

All of the participants stressed the importance of community-based participatory research (CBPR) to more adequately address the health inequities exposed during the COVID-19 pandemic. CBPR builds community relationships in order to promote inclusive participation and allow researchers to better meet the needs of the communities impacted by their research. Moving forward, Dr. Afifi suggested the need for public health leaders and institutions to better address collective needs, rather than focusing on the individual, in order to achieve equity and social justice. Dr. Resnicow suggested that access and education must be combined with behavioral shifts and strong communication with the public, as well as a respect and support for cultural differences. Dr. Patel added that, while MENA communities face structural inequities, health disciplines should also focus on the assets those communities have and how they might be a resource to break through such inequities.

02

## Empower to Power: Paving the Way for Women to Lead

### Moderators:

Ponsella Hardaway *Executive Director, Metropolitan Organizing Strategy Enabling Strength (MOSES)*

### Speakers:

Dr. Deidre Hurse *Assistant Professor, Oakland University William Beaumont School of Medicine*

Dr. Martina Caldwell *Medical Director for Diversity & Inclusion, Henry Ford Health System*

Dr. Tamara Cox *Regional Administrator, Health and Human Services (HHS)*

***“Inequity is a health issue. We cannot achieve optimal health outcomes until we deconstruct the systemic racism and sexism that exists in our society.” Dr. Deidre Hurse***

Participants on this panel identified the importance of women in leadership roles in healthcare, discussed ways that gender parity in healthcare leadership roles can impact policies and decision making, and exchanged information on how to implement strategies that will increase the number of women in leadership roles. This discussion was informed by an understanding of the impact of intersecting systems of inequity on health, especially for women who take on the burden of social determinants of health as caretakers, advocates, and champions of our community.

A primary focus of this panel was mentorship between Black women and other women of color; panelists emphasized the importance of using their influence to make space for each other, so that the work towards equity and justice can continue. As Dr. Deidre Hurse noted, “we can’t just hoard the information that we have; it’s our responsibility to share with other women, to plant seeds and support and encourage other women.” Dr. Caldwell echoed this sentiment, stating that “it’s incredibly important that we use our influence to make space for one another, because we

“it’s incredibly important that we use our influence to make space for one another, because we can’t do this alone.” In light of the way the COVID-19 pandemic exacerbated systemic issues, panelists highlighted the importance of empowerment for women in public health and service leadership, which they stressed can only occur through the eradication of institutional sexism and racism and efforts to advance equity, not just for women who access healthcare but also, as Dr. Tamara Cox noted, for those who lead the field.

02

## Culturally Responsive Healthcare: Addressing Mental Health and Substance Use Prevention and Treatment Needs of Women Living in Southeast Michigan

### Moderator:

Dr. Farha Abbasi *Assistant Professor, Department of Psychiatry, Michigan State University*

### Speakers:

Nadia Al-Amin *Assistant Regional Administrator, SAMHSA*

Eric Doeh *CEO and President Detroit Wayne Integrated Health Network*

Dr. Cynthia Arken *Professor, Wayne State University*

Dr. Patricia Paz Arabo *Chair Department of Emergency Medicine St. Mary Mercy Livonia*

This panel discussion identified mental health issues related to substance use disorder, domestic violence, sexual assault, and other issues. It also provided culturally appropriate information about how to address mental health issues in immigrant and refugee communities, including educational tools for mental health professionals to bridge cultural gaps between providers and patients.

As in other panel discussions, presenters noted that women are disproportionately impacted by poor mental health, substance use, and suicide, as well as disproportionately carry the burden of social determinants of health like stigma and shame. The COVID-19 pandemic heightened these issues, seeing an increase in opiate, marijuana, and alcohol use, as well as rises in anxiety, depression, domestic violence, and overdoses. ACCESS service use, for example, went up over 200% in general and 30% in the area of intimate partner violence since the beginning of the pandemic. All of these factors contribute to trauma not only for women but also for their families. Because of this, Nadia Al -Amin stressed the need to identify social determinants of health such as housing, education, and employment in order to address the whole person in their community.

***“People are not singular, by nature we are connected to each other.” Eric Doeh***

In Southeast Michigan, in particular, panelists noted that culture intersects with religion, ethnicity, and gender in ways that strengthen the community, but also create stigma. In order to address the stigma and shame that present barriers to accessing healthcare, panelists proposed language resources, sincere and transparent community research partnerships, and clearer communication of available resources to the community.

## Count MENA In: Research and Policy Strategies to Disaggregate Data

### Speakers:

Dr. Matthew Jaber Stiffler *Research and Content Manager, ACCESS*

Dr. Hana Masri *Leading Edge Fellow, ACCESS Center for Arab Narratives*

Kaitlyn Akel *Research Specialist, ACCESS Center for Arab Narratives*

Adam Beddawi *Policy Manager, ACCESS National Network for Arab American Communities*

This workshop was hosted by the Center for Arab Narratives, a program of ACCESS. The hosts aimed to describe the history of Middle East and North Africa (MENA) racialization in the United States, to provide context for policy development and advocacy around MENA representation in federal data, and to demonstrate a toolkit developed by ACCESS in partnership with affiliated scholars. Over the course of the 1.5-hour workshop, the presenters illustrated the above objectives, followed by a brief discussion of MENA representation in data, and its implications.

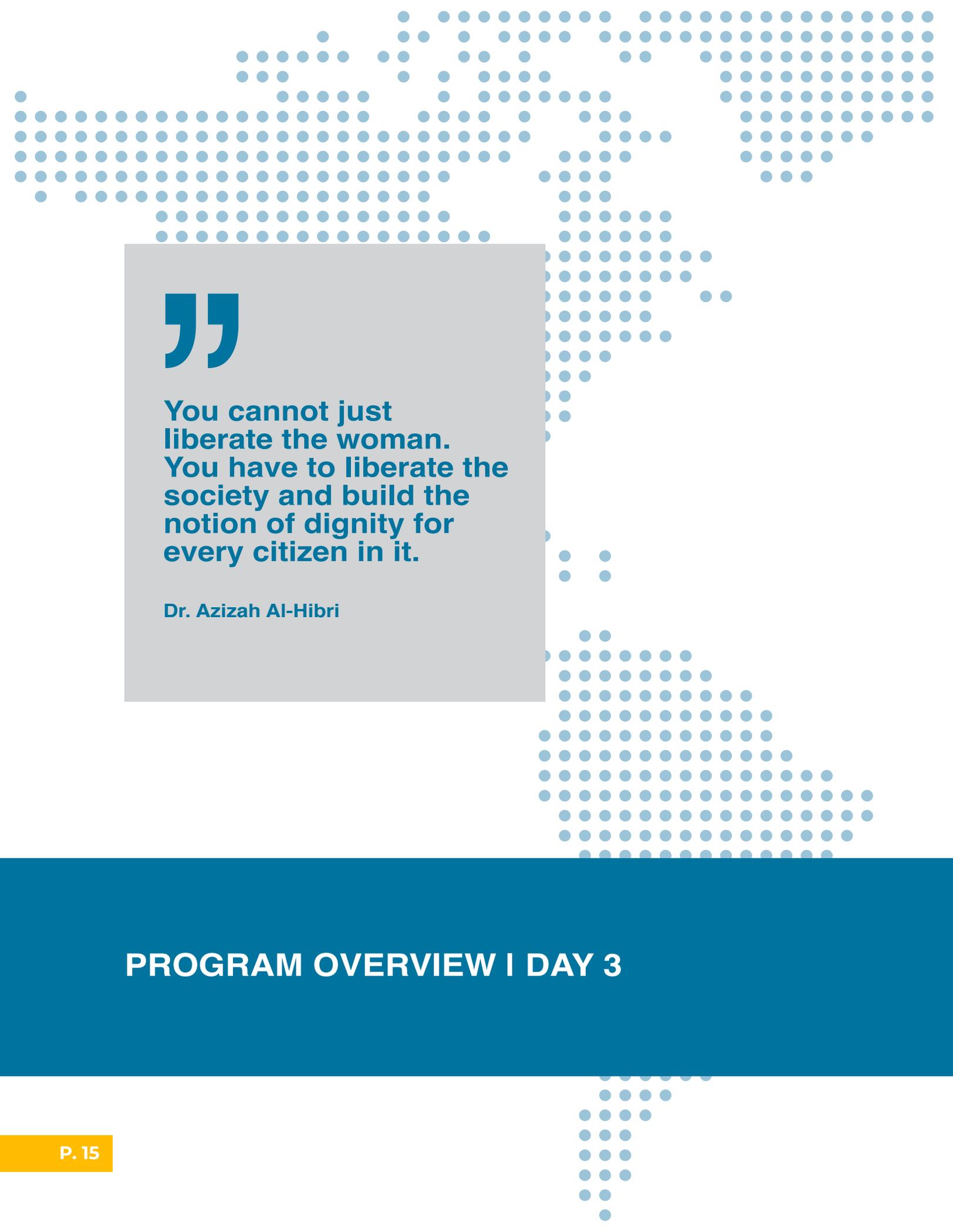
The workshop discussion spanned several topics, including the ways in which people can advocate for a MENA category in their own networks and workplaces, as well as what groups specifically count as MENA. Workshop participants also discussed how the term Southwest Asia and North Africa (SWANA) fits into the narrative of data representation and avoiding colonized terms when describing this community. Though the workshop was originally scheduled for 1.5 hours, the fruitful discussion lasted until the top of the next hour; the session lasted for a total of 2 hours.

## Adverse Childhood Experiences (ACE) Training

### Speakers:

Dr. Alison Arnold Ed.D

ACEs are potentially traumatic experiences, such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide, that occur in childhood (birth to 17) that can affect children for years and impact their life opportunities. The training covered risk factors (things that increase the likelihood of experiencing ACEs) and protective factors (things that protect people and decrease the possibility of experiencing ACEs). Individual, family, and community factors can affect the likelihood of these experiences, but they may or may not be direct causes of ACEs because ACEs include many different types of experiences, including abuse, neglect, household challenges, and other traumatic events that may occur outside the home.



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**You cannot just  
liberate the woman.  
You have to liberate the  
society and build the  
notion of dignity for  
every citizen in it.**

**Dr. Azizah Al-Hibri**

## **PROGRAM OVERVIEW | DAY 3**

## Healthy Aging in Female Populations

### Keynote:

Dr. Alexis Travis *Senior Deputy Director, Michigan Department of Health and Human Services (MDHHS) Public Health Administration*

Dr. Alexis Travis' keynote speech on the final day of the summit illustrated the experiences of aging female populations during the COVID-19 pandemic, highlighting local, national, and global issues and barriers that have impacted aging populations since March 2020. Dr. Travis emphasized that aging is a central part of life, and that making communities more livable in general enhances living conditions for older adults. As with other populations, she noted that the pandemic heightened the issues facing older groups, particularly social isolation and decreased physical activity. Dr. Travis stressed that physical activity is central to health while aging, and should include 150 minutes of physical activity per week.

To address the inequities facing older women, Dr. Travis recommended addressing the social determinants of health. Interventions she suggested include culturally responsive outreach, comprehensive language and visual representation, messaging from trusted community individuals, and transportation assistance. Ultimately, Dr. Travis advocated for anything that removes barriers to improve the health of aging women.

## A Discussion of Healthy Aging in Female Populations

### Moderator:

Dr. Kristine Ajrouch *Co-Director, Michigan Center for Contextual Factors in Alzheimer's Disease, University of Michigan*

### Speakers:

Paula D. Cunningham *State Director, Michigan AARP*

Dr. Hala Darwish *Associate Professor, University of Michigan*

Dr. Bibban Bant Deol *Physician, Wayne State University*

Speakers on this panel expanded on Dr. Travis' keynote to examine health issues and barriers affecting older adults seeking healthcare. They also discussed how stress from war and immigration can impact health among aging populations and offered strategies and interventions to better serve older groups. For example, presenters named mental health challenges like depression and anxiety, as well as the common combination of depression and dementia as prevalent issues facing older women in the U.S., Lebanon, and the broader MENA region. In addition to specific health issues, they also noted that immigrant women tend to prioritize the healthcare needs of their families and put themselves last, meaning that community interventions are more effective than individual interventions in many cases.

Like earlier presenters, participants on this panel emphasized the need for better demographic data on Arab and MENA American women. In order to address these conditions, speakers underscored the importance of determining which social determinants of health are the biggest barriers to healthcare and addressing those issues. In addition, they advocated for better education and other structural changes to relieve the stigma around seeking support.

03

### Healthy Women, Healthy Communities: Building a Post-Pandemic Infrastructure for Treating Non-Communicable Diseases

**Moderator:**

Dr. Phillip D. Levy *Associate Professor of Emergency Medicine, Associate Director of Clinical Research, Wayne State University*

**Speakers:**

Dr. Linda Jaber *Professor, Wayne State University*

Dr. Otis Brawley *Professor of Oncology, Johns Hopkins University*

Dr. Rhonda Dailey *Assistant Professor, Wayne State University*

This panel discussion focused on ways to promote chronic disease prevention and screening measures among MENA communities. It also summarized best practices for health promotion and for addressing social determinants. Panelists expanded upon the impacts of COVID-19 on chronic disease management in their three areas of expertise: Dr. Linda Jaber discussed diabetes, Dr. Rhonda Dailey discussed hypertension and heart disease, and Dr. Otis Brawley discussed cancer treatment. In all areas, COVID-19 resulted in worse health outcomes for patients. For instance, Dr. Brawley noted that there will be an expected 20,000 additional deaths from breast and colorectal cancer by 2030 due to care interruption because of the pandemic. Dr. Jaber highlighted that patients with diabetes are more prone to serious illness and death due to COVID-19.

***“Now that we know better, we have to do better.” -Dr. Rhonda Dailey***

Due to the increased risk that chronic diseases present when it comes to crises, panelists stressed the need to prepared for subsequent pandemics. They also stressed situating COVID-19 and chronic disease in the context of race in the U.S. to address existent disparities that the pandemic exacerbated.

### Show Me the Money: How to Maximize Foundation Dollars

**Moderator:**

Matthew L. Boulton *Senior Associate Dean for Global Public Health, University of Michigan*

**Speakers:**

Andrea M. Ducas *Senior Program Officer, Robert Wood Johnson Foundation*

Dr. Win Brown *Interim Deputy Director, Data, Family Planning, Bill & Melinda Gates Foundation*

Dr. Phyllis D. Meadows *Senior Fellow, Kresge Foundation*

Participants on this panel comprised experts from several leading grant foundations. They discussed ways to utilize support from foundations and the private sector to improve clinical outcomes and increase the capacity of treatment. The speakers also discussed their respective foundations' priorities and perspectives.

The panel focused primarily on practical advice. Speakers suggested that those seeking funding from foundations and the private sector should build relationships with funders and use the language of the foundation in grant applications. In addition to this advice, panelists noted that the organizations they work with—Robert Wood Johnson Foundation, Bill & Melinda Gates Foundation, and Kresge Foundation—are all revisiting how they make decisions about what to fund and how they evaluate success. Each foundation's priorities are shifting towards funding projects that address structural injustices and inequities by following the lead of communities in addressing their own needs.

### Turning Struggle Into Strength: Building Community Against Domestic Violence

**Moderator:**

Mona Makki *Director, ACCESS Community Health and Research Center*

**Speakers:**

Angela Povilaitis *Staff Attorney, Michigan Division of Victim Services*

Nadiyah Mohajir *Founder and Co-Executive Director, HEART Women & Girls*

Dr. Azizah Al-Hibri *Professor Emerita, University of Richmond School of Law*

This panel addressed the needs of domestic violence survivors, educated the community on their role in understanding and dispelling notions around domestic violence, and addressed the role community organizations have in providing adequate resources and support to survivors.

Speakers discussed their motivations for being involved in domestic violence work, citing the lack of diversity in the ways young people understand healthy relationships in the context of their religious identities. Others felt the need to reform the patriarchal lens through which humans

humans interpret religious texts to justify women's oppression. They also discussed going beyond individual support in domestic violence cases; rather, professionals should look to alter the structural and systematic barriers to resources that support and uplift survivors of abuse. Like other conditions addressed during the Summit, domestic violence increased during the pandemic, in part due to survivors' isolation from their support networks. Additionally, speakers highlighted increased burnout in professionals in this field, who work to support survivors. They advocated for supportive resources for staff that encourage rest, healing, and self-care.

***“I believe in survivors and the power of survivors once they are given resources and tools.” Mona Makki***

Finally, panelists put forth some best practices for those working to support survivors. This included responding with R.A.H.M.A. (compassion), an acronym developed by Nadiah Mohajir and HEART that stands for respond by listening, affirm and believe, honor faith and cultural context, maintain privacy, and assist with resources.

# ■ PROCEEDINGS JOURNAL

## **Addressing Substance Use among Arab American Youth through a Multisectoral Community-Academic Partnership**

*Mona Hijazi, Kaston Anderson-Carpenter, PhD*

Substance use is a significant health-related problem affecting Arab Americans. One of the most salient challenges is that Arab Americans are systematically mischaracterized as White in US demographic information, thus limiting the knowledge base for substance use in this population. Consequently, there is little evidence for the efficacy, effectiveness, and feasibility of evidence-based practices in substance abuse prevention as applied to the Arab American context.

At the community level, the ACCESS Substance Abuse Prevention (ASAP) and the Advancing Community Empowerment & Social Justice (ACES) Laboratory at Michigan State University work collaboratively to develop, implement, and evaluate coalition efforts to reduce substance use in Dearborn and Dearborn Heights, Michigan. Since 1971, ACCESS has provided necessary community services to diverse groups; currently, the organization offers more than 100 services to individuals in the local area. The ACES Laboratory at Michigan State University conducts health equity research with underrepresented populations. The ASAP Coalition and ACES use a community-based participatory research approach to develop and implement a school- and community-level interventions in Dearborn and Dearborn Heights, Michigan.

This presentation will describe the collaborative efforts of the community-academic partnership and provide data regarding coalition functioning and youth outcomes regarding past 30-day use, perception of harm, and both peer and parental disapproval. Specifically, the presentation will highlight these outcomes for marijuana, tobacco, alcohol, prescription opioid, and methamphetamine use.

Facilitating multisectoral collaborations with an ecological perspective can create social conditions that empower Arab Americans to support community-level changes in reducing substance abuse disparities and promote health equity in their communities.

## Public Stigma in the Arab American Community towards Substance Use

*Mona Hijazi, Cynthia Arfken, PhD, Ahmad Ballout, Hala Mallah*

Substance abuse is a costly public health problem that affects all communities, including Arab Americans. In Wayne County (Michigan USA), Arab Americans are disproportionately dying from overdose. In response, community services have expanded with federally funded substance abuse prevention and overdose response for the Arab American community. Although prevention and treatment services are both effective, a critical barrier limiting their usefulness is stigma by the community towards people who use substances. Prior research and community experience had suggested that stigma may vary by generational status (higher among immigrants) and religion (higher among Muslims). In this community-academic partnership, our goal is to develop a reliable and valid measure of public stigma by Arab Americans towards people with substance abuse with the long-term goal of reducing the disparity in overdose deaths.

The partnership identified four steps of which the first was to have a panel of nine experts recruited nationally from seven universities and a diversity of backgrounds (males, females, Muslims, Christians, immigrants, and native-born). They reviewed items from existing public stigma scales for acceptability and usefulness. From their responses, the number of potential items was reduced from 50 to 19. The second step was to administer the 19 items to 80 Arab Americans recruited using quota sampling to have a balance by gender, religion, and generational status. The respondents were asked to comment on each item and provide an answer on a 4-point Likert scale of agreement (the items do not ask about personal view of substance abuse; instead, the items ask what the community believes).

The resulting dataset was examined for internal consistency for the entire sample and by demographics. The number of items was reduced to 11 with excellent overall internal reliability ( $\alpha=.81$ ) and all subgroups having adequate to excellent internal reliability ( $\alpha=.72 - .83$ ). The total score had a normal distribution with no skewness or outliers, and exploratory factor analysis revealed three different factors that could be named “Association”, “Beliefs”, and “Support Systems”. In regression analysis, the demographic information explained 18% of the variability of the total score with Muslims having higher scores than Christians ( $p<.001$ ). This finding supports the validity of the scale. The third step is to replicate the findings with the 11 items in an independent sample. Additionally, re-administration of the items two weeks later will measure test-retest reliability. This step is still in the field at the time of submission. The final step is to administer the validated and reliable scale to a sample of Arab American and non-Arab American parents at a local school. Based upon these data, prevention programs will be tailored as needed to foster improved engagement and targeted activities in prevention services.

## Human Papillomavirus-Related Cancers among Arab Americans and Racial/Ethnic Minorities in Detroit, Michigan and Los Angeles, California, SEER 1998-2014

*Neda Kasim, Kendra Schwartz, Julie Ruterbusch, Amr Soliman, Ann S. Hamilton, Sabrina Ford, Kelly Hirko*

Human papillomavirus (HPV) is the most prevalent sexually transmitted infection worldwide and is known to be a necessary cause of cervical cancer. HPV is also associated with a subset of cancers of the oropharynx, anus, vulva, vagina, and penis. The Arab American (ArA) population has grown in the past couple of decades, with increases in at-risk sexual norms and health behaviors observed among more recent generations. Hence, this population is at increasing risk of HPV-infection and related diseases, yet the burden of HPV related cancers has not been extensively studied among ArA.

With a focus on two of the largest Arab communities in the US, in metropolitan Detroit, and Los Angeles, California, the objectives of this study were to: (1) describe the distribution of demographic and clinical characteristics of HPV-related cancers among ArA and other racial/ethnic groups; and (2) assess the burden of HPV-related cancers by race/ethnicity, including ArA.

A population-based study was conducted using 1998-2014 cancer registry data from the Surveillance, Epidemiology and End Results (SEER) program. A validated Arab surname algorithm was matched with the SEER registry to identify the ArA population. Chi-square tests and one-way analysis of variance (ANOVA) were used to compare distribution characteristics of specific HPV-related cancers across racial/ethnic groups. A ratio of the number of HPV-related cancer cases to all cancer diagnoses were computed by race/ethnicity and significant racial/ethnic differences in the prevalence were tested using chi-square test of homogeneity of proportions. Furthermore, differences in the proportion of HPV-related cancers between race/ethnicity over the study years using a generalized linear model was explored. Multivariable logistic regression models were used to estimate the association between race/ethnicity with all HPV-related cancers combined as well as for specific HPV-related cancer sites.

Hispanics (47.4%) followed by Non-Hispanic Blacks (42.3%) had the highest proportion of HPV-related cancers over the study period. Of the 1,796 ArA diagnosed with cancer, 370 (20.6%) were HPV-related. We observed a steady increase in the proportion of HPV-related cancers among ArA between 2010-2013, yet a sharp decline in 2014. The mean age at diagnosis of HPV-related cancers was highest in ArA (58.4 years; SD 15.3) and lowest among Hispanics (51.9 years; SD, 15.1).

Compared to all other racial/ethnic groups, ArA had the highest proportion diagnosed with vulvar and penile cancers (9.7% and 4.9%, respectively). While ArA were significantly less likely to have HPV-related cancer overall relative to Non-Hispanic Whites (NHW; OR 0.59, 95% CI (0.51-0.67)), ArA women were 36% more likely to have a cervical cancer diagnosis compared to NHW women (OR 1.36, 95% CI (1.15-1.60)).

Results from this study underscore persistent racial/ethnic disparities in HPV-related cancer in the US. Findings suggest an increasing burden of HPV-related cancer among ArA, including an elevated risk of cervical cancer compared to NHW. HPV-related cancer control interventions, focused on routine use of cervical cancer screening as well as HPV vaccine uptake, are essential in the ArA community to reduce the burden of HPV-related cancers.

### **Social and emotional well-being, peer support, and connection needed in lifestyle change programs: MENA voices from the Diabetes Prevention Program**

*Salwa Bajjey, Ahlam Dallal-Hashwi, Nadia Syed, Lynn H. Foucrier, Tamah L. Gustafson, Linda Gordon, & Lauren M. Neely*

Middle Eastern North African (MENA) Americans have higher prevalence of diabetes (12.4%) than White Americans (11.0%) in Michigan. A lack of culturally and linguistically appropriate diabetes prevention resources may prevent MENA Americans from fully understanding their risk of diabetes. ACCESS implemented the National Diabetes Prevention Program, a year-long program designed to prevent and delay type 2 diabetes, and culturally adapted activities to better serve the MENA population. As a result of the COVID-19 pandemic, ACCESS halted all in-person DPP classes due to emergency orders.

ACCESS gathered input from participants to better understand the needs of participants and to identify solutions for increasing engagement and retention. Eight participants participated in the project. Five program enrollees participated in the virtual focus group and three former program enrollees participated in the semi-structured key informant interviews. The assessments were conducted in Arabic and English. Thematic analysis was conducted, and codes were developed and refined based on topics raised by participants.

Participants linked emotional distress, including fear, anxiety, and sadness to illness, diabetes risk, and diabetes onset. Shared experience with their peers and other community members was a highly valued part of the program. They found value in learning from one another, sharing their diverse experiences, and developing

relationships in community with one another. Several participants expressed a sense of loneliness in the absence of the program and requested virtual options to support ongoing engagement. They noted that expanding offerings to include cooking and exercise classes and more frequent communication would support their efforts. Participants felt that religion, Ramadan specifically, supported their lifestyle and behavioral changes, as the focus of the holiday is fasting and overall well-being; elements that align with the program goals.

Social and emotional well-being, peer support, and connection were described as important areas needed to alleviate stressors and provide coping mechanisms during challenging times. Lifestyle change programs can bring added value to participants through facilitating connections to community supports that more explicitly address mental, behavioral, social health and wellbeing. Exercises such as meditation, mindfulness, and journaling could be incorporated into programs and explored.

### **The correlation between dietary patterns and the presence of inflammatory mediators in minority populations in the United States: a systematic review and meta-analysis**

*Yasmine Abushukur, Yousef Ibrahim, Claudio Cortes, Varna Taranikanti, Virginia Uhley, Kyeorda Kemp*

It is well established in the literature that chronic systemic inflammation is highly associated with obesity. This systemic inflammation can lead to morbidities including diabetes, heart disease, and numerous types of cancer. Although it is understood that diet modification can reduce levels of both systemic inflammation and obesity, there is little known about which specific dietary patterns result in the largest decrease of inflammation in obese, minority women living in the United States. For that reason, this project aims to determine which dietary pattern produces the best outcomes with regards to the presence of inflammatory mediators in obese Black, Native-American, and Hispanic women.

## **Towards Better Health Equity in Arab Countries' Females: A Review of the 2020 Cancer Statistics**

*Layth Mula-Hussain, Hala Mahdi*

Cancer is the leading cause of increased morbidity and mortality worldwide. This work aims to present the Arab-countries females' cancers (AFCs) statistics in 2020, compared to the world, aiming to represent the status and if there is a need for improvement.

We conducted a descriptive, analytical review of the 2020 Global Cancer Observatory concerning AFCs. Data on various cancers were compiled and compared among the countries in the regions and the world females' cancers (WFCs).

A total estimate of a new 244,317 and a died 132,249 AFCs; representing 2.65% and 2.99% of WFCs, with an average crude incidence/mortality ratio of 116.2\*/62.9\* and an age-standardized incidence/mortality ratio of 137.7\*/77.2\* compared to 238.8\*/114.6\* and 186\*/84.2\* of WFCs, respectively. Five-year prevalent cases were 585295; 2.28% of WFCs. Females' percentage (compared to males) were 47.8% in population, 52.9% in incidence, 46.9% in mortality, and 56.9% in prevalence. Mortality to Incidence Ratio was 0.54 (range 0.39 – 0.62), compared to 0.54, 0.53, 0.48 in the upper human development index, upper-middle-income and all world countries, respectively. Breast cancer was the main cancer in incidence and mortality with 0.39 MIR, which was ranging from 0.14 to 0.97 in the 15 reported cancers in 2020.

Despite the demographic and cultural similarities among the Arab communities, there were apparent disparities in AFCs, requiring a systematic approach to address these differences to achieve better health equity.

## **A National Survey Assessing COVID-19 Vaccine Hesitancy among Arab Americans**

*Siwaar Abouhala, Alzahra Hamidaddin, Mahdi Taye, Delaney J. Glass, Noor Zaniel, Feda Hammood, Farah Allouch, Nadia N. Abuelezam, PhD*

Arab Americans' experiences during the COVID-19 pandemic have been largely undocumented. Disparities in vaccine hesitancy between non-Hispanic Whites and minoritized groups have been observed, warranting exploration into the prevalence of COVID-19 vaccine hesitancy among Arab Americans.

Data from the Survey of Arab Health in America (SAHA) (n=638), collected between May 2020 and September 2020, were analyzed to determine predictors for vaccine intention among Arab Americans. Chi-squared tests and logistic regression models

regression models were performed to determine the relationship between sociodemographic, immigration, acculturation, and COVID-19 risk variables and vaccine intention.

More than half (56.7%) of respondents reported an intention to be vaccinated with a COVID-19 vaccine, 35.7% reported uncertainty, and 7.5% reported being unlikely to receive a vaccine. Of those unlikely to receive the vaccine, 72.9% were women and 85.4% reported moderate to high religiosity ( $p < 0.01$ ). Arab American women had higher odds of being uncertain of their vaccine intention (OR=1.68; 95% CI: 1.10, 2.57) or being unlikely to receive the vaccine (OR=5.00; 95% CI: 1.95, 12.83) than men in this sample.

Factors such as high religiosity and gender were positively associated with being unlikely to receive a COVID-19 vaccine. Future studies should qualitatively assess the beliefs that undergird vaccine intention among Arab Americans.

**Discrimination, ethnic identity, and mental health distress: Using structural equation modeling to assess moderation and moderated moderation among Arab Americans**

*Molly Green, MPH, Minal Patel, MPH, PhD; Madiha Tariq, MPH; Nadia Syed, MPH; Asraa Alhawli, BS; Kenneth Resnicow, PhD*

Arab Americans have been found to experience high levels of discrimination similar to other ethnic minority groups. Compared to majority white Americans, Arab Americans have shown significantly worse mental health outcomes, with rates of poor mental health comparable to African Americans. Poor mental health has been linked to discrimination for Arab Americans. Among protective factors, a strong, affirmed ethnic identity is one of the most important promoters of well-being for ethnic minorities. The limited work with Arab Americans suggests a similar connection. Coping with discrimination may include utilizing methods that incorporate ethnic identity and community, and a strong sense of ethnic identity can protect against the stress of discrimination.

Data came from a 2019 cross-sectional convenience sample survey exploring health related knowledge, attitudes, and behavior of MENA adults living in SE Michigan. The sample included 286 adults 18 years of age and older self-identifying as Arab. We used structural equation modeling (SEM) to assess the moderation effect of ethnic identity on the relationship between discrimination and latent mental health distress. We then examined gender as a further moderator in the moderation effect of ethnic identity in moderated moderation models

using multiple group analysis.

Discrimination was positively associated with mental health distress in the sample ( $B=0.037$ ,  $p=.001$ ). However, ethnic identity changed this relationship between discrimination and mental health distress and was protective against poor mental health outcomes ( $B = -0.034$ ,  $p=.028$ ). Every increase in the level of ethnic identity (low to medium and medium to high) was more protective against mental health distress associated with discrimination.

In the separate analysis for male and female participants, discrimination was associated with mental health distress ( $B=0.031$ ,  $p=.046$  and  $B=0.04$ ,  $p=.007$ ). There was no effect of ethnic identity on the association between discrimination and mental health distress for men. However, among women, ethnic identity changed the relationship between discrimination and mental health distress and was protective against the poor mental health outcomes associated with discrimination ( $B=-.052$ ,  $p=.013$ ).

We found that ethnic identity moderated the relationship and was protective against mental health distress. In the moderated moderation model by gender, ethnic identity was protective among female participants. These findings provide evidence for the protective nature of ethnic identity among Arab American adults. This may reflect feelings of belonging and meaning for individuals. At the community level, ethnic identity can encompass social support and resources. Arab Americans in SE Michigan reside in an area with a high concentration of Arab Americans. The opportunity for community and cultural involvement is high, and Arab American adults in this community may be especially able to access protective aspects of ethnic identity. The protective nature of ethnic identity for women in the sample may stem from the role for many as holders and transmitters of culture and religion. Many women are expected to uphold and pass Arab traditions to their children and are encouraged to embrace their culture and Arab identity, which may further instill pride in and a strong sense of this identity.

## Gender Stereotypes: A Community Survey among Arab Americans

*Celine Nasser, Salma Shaker, Marina Khreizat, Hebah Reda, Adam Chalak, Khitam Mahdi, Hussein Hamade, Malak A. Ismail BA MPH, R. Alexander Blackwood MD PhD*

Gender, described as socially constructed norms, behaviors, and roles associated with men and women, is a significant factor that influences health behavior and educational attainment. The Arab American community is a particularly unique ethnic group characterized by differing nativity status, acculturation levels, and discrimination which contribute to gender roles within this population. This study evaluates the influence of age, education, and cultural experiences on educational attainment and gender beliefs among Arab Americans.

An anonymous, digital survey was conducted using Qualtrics. The survey was distributed through the Arab American Health Initiative to participants that were 18 years or older. This study was granted exemption status by the University of Michigan Medical School IRB.

Data collection began in August 2020 and a total of 415 responses were collected. About 77% (323/415) identified as Arab American and 68% (284/415) as female. Around 84% (260/310) of participants reported being at least moderately culturally connected to their Arab heritage. It was found that 73% (286/391) of respondents resided in Wayne County while 21% (89/412) are foreign born. About 25% (100/392) of respondents received at least a bachelor's degree and 52.94% (207/391) reported an annual income greater than \$49,000. When participants were asked if men and women are treated equally in the Arab community, 45% (164/365) of participants disagreed. Nearly 50% (177/362) of participants agreed that having a career or attaining higher education interferes with a woman's ability to be a good mother, while only 8% (29/362) reported that it would interfere with a man's ability to be a good father. Around 86% (314/364) of participants agreed that men are encouraged to pursue higher education in the Arab community while only 54% (198/364) agreed that women are encouraged. When participants were asked if a woman is less desirable for marriage after the age of 30 in the Arab community, 68% (246/364) agreed while 74% (271/364) disagreed that a man is less desirable for marriage after the age of 30.

Our study is a critical step in understanding the factors that shape attitudes towards gender beliefs in the Arab American community. With this research, we hope to raise awareness of gender biases that lead to educational and health disparities within the population. We aim to use this information to highlight the need for increased gender and ethnic diversity within the healthcare field to allow for improved Arab American health outcomes and increased educational opportunities for Arab American women.

## **Gendered Citizenship and Well-being: The Experience of Transnational Families in Qatar During the GCC Crisis (2017-2021)**

*Wahiba Abu-Ras, PhD, Maryam Borgol, MSW, Khalid El-Zamzamy, MD*

This study contributes to the debate on citizenship rules and policies that can serve as instruments of exclusion denying women and children in transnational marriage the recognition and rights they deserve. The objective of this study is to explore the impact of gendered citizenship on the well-being of transnational couples following the political blockade imposed on Qatar in 2017. More specifically, it examines how women in transitional marriages are confronted with a variety of challenges across various aspects of their lives regarding gendered citizenship, well-being, and rights. Twenty-three individuals' face-to-face interviews were conducted with Qatari and non-Qatari women and men married to a non-Qatari spouse and residing in Qatar. The study findings revealed that Qatari women married to non-Qatari men were deprived of the benefits of full citizenship, further undermining their psychological well-being, socioeconomic, and legal rights. Additionally, some children of these families, born before or during the blockade, have become stateless and undocumented, which also jeopardizes their mental and physical well-being and the prospects of their parents' economic advancement. Ensuring full citizenship rights to women and children in transnational families is crucial for their well-being. Moreover, increasing gender equality and reforming citizenship policies would benefit both women and children and provide social justice for all.

## **Perceptions of the Effectiveness of Health Education Strategies in Reducing Harm from HIV in Libyan Married Women**

*Abier Hamidi*

HIV became a public issue in Libya in 1998 when over 400 children received HIV-infected blood. The prevalence of HIV in Libya is 0.2%, yet 25-30% of people living with HIV in Libya are women. Moreover, due to civil war, social, and religious barriers, the prevalence of HIV is hard to measure, yet generally believed to be increasing. This project contains culturally sensitive research on married women in Libya.

## Predictors of Discrimination in Medical Settings among Muslim American Women

*Benish Baqai, Sohad Murrar, PhD, Aasim Padela, MD, MSc*

It is well-established that discrimination leads to adverse health outcomes. Discrimination in day-to-day life negatively impacts stress levels, mental health, and physical health outcomes including hypertension, cardiovascular disease, diabetes, and respiratory conditions (Samari, Alcalá, & Sharif, 2018; Pascoe & Richman, 2009). Discrimination within healthcare leads to mistrust in healthcare providers (Glover, Sims, and Winters, 2017), lack of treatment adherence (Mir & Sheikh, 2010), and delay or avoidance of medical care (Rivenbark & Ichou, 2020). Minority groups based on gender, immigration status, and religion are more likely to be discriminated against in healthcare settings (Rivenbark & Ichou, 2020).

Given the rise of Islamophobia in the socio-political climate, Muslim patients may be subject to subtle and overt discrimination within the healthcare system. Research shows that Muslims have high levels of stress, poor mental and physical health, and low rates of health-seeking behaviors (Rivenbark & Ichou, 2020; Samari, Alcalá, & Sharif, 2018). Muslim women are more likely to experience stereotyping and discrimination in and outside of healthcare, especially those who wear hijab (Tackett, Young, Putman, Weiner, Deruggiero, & Bayram, 2018; Inhorn & Serour, 2011). There is a dearth of research on the relationships between sociodemographic and religious factors and perceived discrimination in medical settings among Muslim women. In this study, we explore these relationships within a diverse group of Muslim women recruited from mosques and Muslim organizations in Greater Chicago.

Participants completed a survey that contained items on perceived discrimination, religiosity and sociodemographics. There was a total of 254 participants who ranged between 25 and 85 years old (Mean age = 51.86 years). Among those who specified their ethnicity, 77 identified as Arab, 78 as South Asian, 60 as African American, and 8 as White. Bivariate analyses using Kruskal-Wallis H tests for categorical variables and linear regression for continuous variables demonstrated that participant country of origin (U.S. or Other), ethnicity (Arab/Arab American, African American/Black, South Asian, or White and Other), self-rated religiosity, and level of positive religious coping were associated with religious discrimination in medical setting (DMS) scores to the level of  $p < .10$ . A multivariable regression model revealed that ethnicity predicted religious DMS scores such that Arabs ( $M=10.26$ ,  $SD=4.89$ ,  $\beta=-2.63$ ,  $p=0.09$ ) and South Asians ( $M= 10.75$ ,  $SD=4.96$ ,  $\beta=-2.79$ ,  $p=0.07$ ) reported experiencing less discrimination on the religious DMS scale when compared to African

Americans (M=12.47, SD=4.88), when controlling for participant country of origin, self-rated religiosity, and level of positive religious coping. Furthermore, when controlling for ethnicity, country of origin, and positive religious coping, self-rated religiosity was negatively associated with religious DMS scores ( $\beta=-0.53$ ,  $p=0.02$ ). The current study shows that ethnicity and religiosity play an important role in shaping Muslim women's experiences in medical settings. African American Muslim women experience greater amounts of religious discrimination than other ethnic identities.

Future research and healthcare systems must account for the additive effect of ethnic identity among religious minorities on experiences of discrimination in healthcare. Building a more nuanced understanding of sociodemographic predictors of religious discrimination within medicine is critical for improving healthcare systems for religious minorities.

**Unfiltered conversations with transgender diaspora youth from the Middle East and North Africa (MENA) in Ontario, Canada: implications for health service provision, community building and anti-stigma work.**

*Roula Kteily-Hawa, PhD, Olesya Falenchuk, PhD, Susan Bartels, MD, MPH, Vijaya Chikermane, MA, Fanta Ongoiba, MA, Nona Abdullah, BSc, Mona Loutfy, MD, MPH*

YSMENA is a community-based research study designed to determine the unique sexual health needs of Middle Eastern and North African (MENA) diaspora youth living in Ontario, Canada. Run by MENA identified HIV and gender health researchers, the study prioritized the voices of sexual and gender diverse youth. A highly under-researched community, transgender MENA youth comprise a unique group whose experiences of social exclusion, transphobia, stigma and discrimination, family pressure, and limited knowledge of English, create compounded barriers to accessing social and health care services. The rich qualitative narratives gathered have significant implications for service provision, community building and anti-stigma work. Interventions informed by participants themselves will also be presented.

Using a mixed-method design, data was gathered from 56 MENA youth (16-29 years) in Ontario with a quantitative socio-demographic survey and qualitative focus groups. Fourteen (14) focus groups were held with youth representing varying gender and sexual identities via Zoom web conference. The study adopted a peer capacity building model where six (6) youth were recruited as Peer Research Associates (PRAs) and trained to facilitate the focus groups. The Transgender focus group was attended by eight (8) participants and was the only focus group discussion that had to be held in Arabic to increase access. Self-identifying transgender youth took part in a series of sequential critical dialogical focus group sessions to gain in-depth understanding of their social and sexual realities. The session was translated, transcribed, and coded in NVIVO along with all qualitative data gathered. Initial results were triangulated with

peer facilitators. Trans-identified participants relayed their experiences with rich and nuanced insights. Seven (7) identified as trans feminine and one as trans masculine; all but one had moved to Canada in the last 10 years; and half spoke only Arabic. Prominent themes included layered experiences of exclusion and transphobia; shame, stigma, and feelings of being isolated from family; as well as experiences of discrimination while attempting to access health and social services. Some also discussed the precariousness and risks associated with sex work and lack of appropriate mental health care. Actionable interventions informed by participants themselves included training for health-care workers at every level on how to respond to service needs from MENA trans-identified communities with respect and compassion. Training for language interpreters was also highly recommended. Overall, transgender youth demonstrated notable resilience, self-acceptance, and expressed joy in their families.

Despite facing significant structural and social vulnerabilities in everyday life, transgender MENA youth are self-advocating and rising to the challenge of meeting their needs. Experiences shared have important implications that can strengthen the provision of health care services. Bolstering community-based spaces to offer ethno-culturally relevant and non-judgmental service and increased holistic mental health services are recommended.

## **Cumulative Stress Experiences, Endocrine Response, and Health of Immigrants College Students**

*Maha Albdour, PhD, Samuele Zilioli, PhD, Jun Song Hong, PhD & Mark Lumley, PhD*

The effect of current and cumulative stress experiences on Immigrant college student's hypothalamic-pituitary adrenocortical (HPA) axis functioning and health outcomes has not been comprehensively investigated. The purpose of this project is to test a theoretical model of current and cumulative stress effect on HPA functioning and Health Related Quality of Life (HRQL) among immigrants.

We recruited 163 Arab Americans ages 18 to 24, from an urban university in Detroit. Participants completed self-report measures of childhood adversities, bullying victimization, and discrimination. Structural equation modelling (SEM) was used to test the downstream effects of current and cumulative stressors on hair cortisol and HRQL.

The model achieved an acceptable fit (Chi-square = 27.63, df = 16, p .035, CFI = .97, RMSEA = .068); most proposed pathways were confirmed. However, Cumulative stress was negatively associated with hair cortisol levels (standardized path coefficient = -.44, p < .05). As we hypothesized, current stress was positively associated with hair cortisol level (standardized path coefficient = .36, p < .05) and negatively associated with HRQL (standardized path coefficients < -.30, p < .05). Cumulative stress was negatively associated with HRQL, however, only the path to the mental health scale was significant (p < .05).

Immigrant's HRQL was negatively affected by both current and cumulative stress, however, both stress experiences exhibited opposite effect on HPA functioning. Implications: Stress interventions need to consider both cumulative and current stress. While both influence cortisol levels and health outcomes, current stress has immediate and significant effect on immigrant young adult health.

## **Impact of Maternal Trauma on Posttraumatic Stress and Physiology in Youth Resettled as Refugees of Syria**

*Erin Hendrix, Lana Ruvolo Grasser, Bassem Saad, Dalia Mammo, Celine Bazzi, Hiba Abu Suhaiban, Tanja Jovanovic, and Arash Javanbakht*

Youth resettled as refugees have experienced numerous potentially traumatic events, including civilian war trauma, forced separation from family and friends, poor living circumstances, and forced migration, increasing the risk for the development of PTSD. Prior research from our team with adults and youth resettled in the U.S. as refugees of Syria found increased prevalence of PTSD compared to the

U.S. population; the stress of the mothers was correlated with that of their children. Therefore, studying maternal influences on child psychopathology and physiology within a high-risk population is warranted.

Maternal trauma exposure and psychopathology has been previously identified as a risk factor for mental illness in offspring, and intergenerational transmission of trauma from mother to child is especially notable in minority groups. Maternal trauma history and severity of resulting psychopathology in mom affects fear responses of youth based on fear-potentiated startle data, however this has yet to be studied using a more readily assessed biomarker—electrodermal activity (EDA), a proposed biomarker of arousal and reflects changes in conductance of skin surfaces due to perspiration in response to external stimuli. EDA is a previously established indicator of PTSD severity and trajectories in adults and may also be a viable objective measure of PTSD phenotypes in youth. Our prior data found EDA to be predictive of reexperiencing and hyperarousal symptoms in our Syrian refugee youth population. Taking maternal influences as a risk factor and prior studies' use of EDA as an indicator for PTSD into account, we sought to identify associations between maternal trauma and psychopathology and youths' psychopathology and EDA using multilevel models.

Our population included youth ages 10-17 years old resettled as refugees of Syria and their mothers. A baseline recording of EDA was obtained from which the last 30 seconds of the 2-minute recording were averaged. This was followed by measurement of EDA during a trauma interview using a modified Harvard Trauma Questionnaire. Trauma SCL was calculated as the average skin conductance level (SCL) during the interview. Youth severity of posttraumatic stress symptoms was assessed using the UCLA PTSD Reaction Index. Maternal trauma data was collected via the Life Event Checklist and PTSD Checklist.

Trauma exposure was correlated between mothers and youth,  $r(45)=.39$ ,  $p_{\text{nested}}=.02$ . We did not find any significant relations between maternal trauma and youth EDA, however, there was a significant association between maternal trauma and youth's PTSD severity,  $r(45)=.47$ ,  $p_{\text{nested}}=.03$ . While severity of maternal symptoms were not significantly associated with severity of youth's symptoms, youth's own severity of symptoms were linked to EDA: for trauma SCL and PTSD,  $r(45)=.19$ ,  $p_{\text{nested}}=.055$ ; for trauma SCL and arousal,  $r(45)=.28$ ,  $p_{\text{nested}}=.046$ .

Our results suggest shared trauma between mother and youth, contributing to increased risk for elevated PTSD symptoms in youth, which may in turn affect their physiological phenotypes. These findings have important implications for resettlement settings as identification of trauma exposure and resultant psychopathology in mothers resettled as refugees may indicate need for evaluation of their children and dyadic treatment.

## Arab American Mothers' HPV Vaccination Knowledge and Beliefs

Noor Raad, MS, Claudia Ayash, MPH Jackie Finik, Sabine Nouredine, Nada Attia, Francesca Gany, MD, MS

Little is known about Arab Americans' (AA) health behaviors and beliefs relating to HPV vaccination. The project aim is to address the current gap in the literature, we explored associations between AA immigrant mothers' beliefs surrounding HPV vaccination (HPVV) for their children, including socioeconomic factors, provider recommendations, period of residence in the US, and religious and cultural beliefs.

This was a cross-sectional survey with 162 Arab American immigrant women in New York City (NYC) who have children between the ages of 9 and 26, conducted from 2020 through 2021. The questionnaire consisted of four sections: 1) socio-demographic information; 2) Arab culture-specific barriers; 3) HPV vaccination knowledge and beliefs; and 4) the belief into action scale. The survey was conducted in Arabic or English, depending on the participants preference.

Almost half (46%) of the women had never heard of the HPV. Most (62.3%) reported that their children had not received the HPV because they lacked HPV knowledge (42%), lacked a provider recommendation (37%), or had cultural and/or religious reasons (19%). Mothers with higher educational attainment (41.7% vs. 7.4%;  $p < .001$ ), greater number of years in the US (2-5 years – 10.5%; 6-10 years – 9.1%; 11-20 years – 31.8%; >20 years – 42%;  $p = .010$ , and higher household incomes (< 200% FPL – 15.6%; 200-299% FPL – 57.9%; > 400% FPL – 57.7%;  $p = .002$ ) were more likely to have their children vaccinated. Mothers reporting Limited English Proficiency (LEP) were less likely than non-LEP mothers to have their children vaccinated (11.2% vs. 48.8%;  $p < .001$ ). Christian mothers were more likely to have their children vaccinated than Muslim mothers (43.1% vs. 23.1%;  $p = .048$ ).

There were low levels of HPV knowledge, and participants reported a lack of knowledge as the main barrier to HPV uptake, followed by a lack of provider recommendation. Factors related to awareness and uptake of HPV for their children included level of education, English proficiency, religion, period of residence in the United States, and household income.

Our findings indicate 4 opportunities to address low rates of HPV among children of Arab immigrant parents: (1) increase population knowledge, (2) activate the population to seek the vaccine for their eligible children, (3) provide culturally and religiously sensitive HPV/HPV education to the Arab community, and (4) increase HPV provider recommendation.

## Exploration of Arab American Mothers' Reasons for Acceptance or Refusal of Human Papillomavirus Vaccination for their Daughters

*Neda Kasim, Maggie Stedman-Smith Ph.D.*

Human papillomavirus, the most common sexually transmitted disease, causes over 90% of cervical cancers. Despite the advancement in screening as well the availability of HPV prophylactic vaccines, racial/ethnic disparities in cervical cancer morbidity and mortality continue to persist. Differences in screening practices and HPV vaccine initiation as well as series completion may partially account for these differences. Little is known about Arab American (ArA) perceptions regarding the HPV vaccine, a population not only shown to underutilize preventative measures, but also demonstrate engagement in high-risk sexual behaviors that places this population at-risk of HPV infection and accompanying diseases. The aim of this focus group study was to explore ArA mothers' perceptions of HPV vaccination for their daughters with regard to acceptance or refusal of HPV vaccine uptake).

Utilizing focus group methods by Kreuger and Casey (2009), a qualitative pilot study consisting of three focus groups (n=16) were conducted at an Arab community center in the Midwestern, United States. Participants were limited to English-speaking ArA mothers with daughters between 11-26 years of age. Grounded theory techniques, including open and axial coding and cross comparative analysis, were used for data analysis. The Health Belief Model (HBM) was utilized to conceptualize study findings, where coding themes were derived from constructs of the HBM (perceived susceptibility, perceived severity, perceived barriers, perceived benefits, and cues to action).

Most ArA mothers (n=12/16, 80.0%) were first-generation immigrants. Of the nine mothers (56.3%) who self-reported that their daughters had been vaccinated for HPV, five (55.6%) indicated HPV vaccine series completion. The primary reasons for accepting the HPV vaccine for their daughters were perceived susceptibility and severity as well as cues to action. Specifically, cancer fear, physician endorsement, and the belief that their daughters needed protection against potential HPV transmission from spouses were primary motivators for mothers to accept HPV vaccination. Reasons for ArA mothers' refusal included barriers, low susceptibility to HPV infection, and lack of cues to action. Identified barriers that hindered vaccine uptake included fear of side effects, lack of physician endorsement, limited knowledge or misconceptions related to the HPV vaccine, and lack of health literacy.

Findings provide unique insight into ArA mothers' perspectives on HPV vaccine decision-making for their daughters. Interestingly, many wanted to weigh the risk and benefits of the HPV vaccine yet lacked the skills of how to search and interpret reliable sources. Moreover, while many trusted their daughters to remain sexually abstinent until marriage, they feared that transmission of HPV could occur from their spouses, ultimately suggesting changes from traditional cultural beliefs in sexual norms and behaviors among the ArA population. Strategies to improve HPV vaccine uptake include culturally sensitive communication about vaccine benefits as well as endorsement of uptake by healthcare providers in addition to community health interventions to teach mothers how to search, critically analyze, and appraise health information about the HPV vaccine and women's health issues.

### **HPV Vaccine Recommendations among Providers serving Arab-American Populations**

*Claudia Ayash MPH, Noor Raad M.S., Redwane Gatarny, Jackie Finik, Sandra Gorayeb, Aye Khalil, Francesca Gany, MD, MS*

An examination of facilitators and barriers to HPVV among Arab Americans (AA) is much needed and long overdue, and the role of the healthcare provider is key. The aim of this project is to address the current gap in the literature, we explored the HPVV practices of providers in New York City and New Jersey who serve adolescent and young adult AA patients and any barriers they face with recommending and administering the vaccine to AA patients.

This was a cross-sectional survey conducted among 49 providers in pediatrics, primary care, family medicine, and obstetrics/gynecology(OB/GYN). The survey was administered either in-person or over the telephone. The questionnaire took approximately 30 minutes to complete and assessed the following four domains: demographic and practice characteristics, reported HPVV practices, knowledge and attitudes regarding HPVV, and perceived barriers to HPVV administration.

A total of 49 providers were surveyed who specialized in pediatrics (32.7%), primary care (24.4%), family medicine (26.5%), and OB/GYN (16.3%). Providers reported the following perceptions of barriers for patients to obtaining the HPVV vaccine: patient cultural and religious practices (67.3%), lack of insurance reimbursement for the HPVV (44.9%), patients parents think the vaccine is unnecessary (26.5%), and patient objects due to embarrassment (26.5%). Almost half (44.9%) reported that there are no educational materials on HPV and the HPVV vaccine available in Arabic, and 40.8% strongly agreed/agreed that recommending patients aged 9 to 26 years for HPVV is a low priority relative to other disease prevention/management. The majority (81.6%) strongly agreed/agreed that there is a need for organizations/programs tailored to AA patients to increase HPVV uptake and education. Almost half

increase HPVV uptake and education. Almost half (44.9%) strongly disagreed/disagreed that they are satisfied with the rates of HPVV among their patients ages 9 to 26. Most (77.5%) providers strongly agreed/agreed that they are willing to modify their HPVV patient protocol if given the resources to make appropriate changes. Providers reported that the following resources would be very useful in increasing the rate of HPVV of their patients: educational materials about HPVV in the office in the patients' native languages (82.6%), cultural competency training for physicians and other health care providers (68.9%), HPV vaccination outreach/reminder systems (68.9%), professionally trained interpreters (67.4%), physician education workshops on HPV prevention and counseling (65.2%), and reorganize office routines to involve administrative and nursing staff in vaccine delivery (58.7%).

Providers believed that patient religious and cultural practices and lack of patient insurance reimbursement are the main patient barriers to HPVV administration. Providers reported that recommendation of the HPVV was not a priority in comparison to other disease prevention. Our findings indicate three policy and programmatic initiatives that will eliminate provider barriers to administering the HPVV: 1) insurance reimbursement for HPVV, 2) practice extenders to provide HPVV, and 3) incentives for administration of the HPVV.

### **Stress in Fathers and Mothers and Postpartum Depression among Immigrant Arab American Families**

*Dalia Khalil, PhD, Carmen Giurgescu, Dawn P. Misra, Arash Javanbakht MD*

The purpose of this study was to examine the relationships between acculturative stress, perceived stress, social support and postpartum depression (PPD) symptoms among immigrant Arab American couples. Using a cross-sectional design, 30 Arab American immigrant couples were enrolled. During home visits, couples completed the demographic information, the Multi-Dimensional Acculturative Stress Inventory, Perceived Stress, the Multidimensional Scale of Perceived Social Support among Arab Women, and the Edinburgh Postnatal Depression Scale. Data were analyzed using bivariate linear regression and Pearson correlation.

In bivariate regressions, paternal and maternal acculturative stress was moderately associated with maternal PPD symptoms ( $r = .39$ , and  $.46$ , respectively;  $p < .05$ ). Maternal perceived stress ( $r = .70$ ,  $P < .01$ ) was strongly associated with PPD and maternal perceived social support was moderately associated with PPD ( $r = -.42$ ,  $p < .05$ ). Maternal and paternal acculturative stress were strongly correlated ( $r = .61$ ,  $p < .001$ ). Couples acculturative stress and mother's perceived stress were positively associated with mother's PPD symptoms. The findings of this study suggest the need to develop a culturally appropriate procedure to assess couples stress that may affect immigrant women at high risk for PPD.

## **Perspectives on acceptability and practicality of HPV self-sampling for cervical cancer screening in underscreened MENA women**

*Christelle El-Khoury, MD, Madiha Tariq, MPH, Elizabeth Haro, Ghada Aziz, Martha Alves, Nadia Syed MPH, Emma Alman, MPH, Diane M Harper, PhD*

In 2018, the United States Preventative Service Task Force updated their recommendations for cervical screening to include primary HPV testing for women 30-65 years. This provided the opportunity to develop alternatives to the Pap smear, including HPV self-sampling and home-based screening methods. The purpose of this study was to gain community perspectives on home HPV testing kits among under-screened MENA women in the United States. Participants (n=44) were sent HPV home testing kits by mail and completed a phone interview in either English or Arabic. Participants described their experience with home-based cervical cancer screening as comfortable, convenient, and supportive of good health. Most (80%) preferred screening with the self-sampling kits compared to a physician-collected sample (9%) (11% no preference) and most (79%) indicated that having the choice to use the kits would have a positive impact on their likelihood of getting screened in the future. The urine self-sampling kit was preferred by most participants (77%) compared to the vaginal swab self-sampling kit (14%) (9% no preference) but both kits were rated as easy to use by a majority of participants (92% vaginal, 95% urine). Our results showed that home HPV testing was an acceptable method for cervical cancer screening, especially with a urine self-sample. Perceived benefits included avoiding the discomfort of a Pap smear, overcoming barriers to office appointments, and providing a way to take care of one's health. These patient-centered findings suggest that home-based screening with HPV self-sampling could increase cervical cancer screening among under-screened women in the MENA community.

## **The Young Breast Cancer Survivors Program aims to provide critically needed services and address health disparities for underserved populations in Michigan**

*Debbie Webster, BSN, RN, LMSW, Audra Putt, MPH*

Young Breast Cancer Survivors (YBCS) face an array of physical, emotional, and financial challenges following cancer and its treatment. The intensity of challenges is even greater for patients living with recurrent or Metastatic Breast Cancer (MBC), as they often experience social isolation and other unmet psychological needs associated with disease-coping mechanisms. Further, newly published studies show that both cancer care as well as patients' mental health have been adversely affected during the ongoing pandemic. However, until recently Michigan lacked a coordinated public health approach to meet the needs of YBCS, MBC, and their caregivers.

Funded by the Centers for Disease Control and Prevention (CDC), the Michigan Department of Health and Human Services (MDHHS) and its partners aim to create this much

needed coordinated approach by working to better serve YBCS, MBC, and caregivers, with a particular focus on the needs of underserved populations, including Black, American Indian, Arab American, Ashkenazi Jew, Asian American, Hispanic, LGBTQ, rural, low socioeconomic status women, and women with emotional or physical disabilities.

An evaluation plan has been developed by the Michigan Public Health Institute (MPHI) in collaboration with MDHHS to determine the effectiveness of the program's conceptualization, implementation, and capacity to produce intended outcomes, including increased access to and utilization of lifestyle programs, clinical preventive services and follow-up cancer care, and ultimately improved quality of life among YBCS and MBC, and caregivers.

Thus far, MDHHS has recruited 37 partners/collaborators to assist with developing dissemination tools such as a listserv and social media resources, online continuing medical education (CME) modules, and tools for patient navigators. MDHHS also seeks additional partners from the Arab American and other underserved communities to help address the needs of YBCS, MBC, and caregivers at the local level.

### **Women, Environmental Justice, and Health Equity: The EHRA Journey**

*Carmel Price, PhD, Natalie Sampson PhD, Zeina Reda, Amani Abuelenain*

Environmental Health Research-to-Action (EHRA) is a community-academic partnership focused on building skills and intergenerational knowledge in environmental health, community science, and policy advocacy to address cumulative environmental exposures in Dearborn and nearby communities. The core of EHRA is our academy, which is a hands-on training opportunity for youth in Metro Detroit. During the EHRA Academy, youth gain fundamental knowledge and practice skills in community science, storytelling, and policy advocacy related to air pollution.

The academy highlights the importance of environmental justice and ultimately health equity among Arab American and other minority communities. In addition, EHRA focuses on plain language. Patterns of environmental racism place undue demands on overburdened communities to mobilize and engage in agency decision making to protect their well-being. Plain language cannot eliminate these patterns and demands alone, but it is a prerequisite for meaningful participation towards environmental justice and health equity.

EHRA's founders are women and EHRA continues to be a space for and led by women. EHRA has a Steering Committee of 12 people, half of which are women including three Arab American women. EHRA has worked with seven minority female (paid) undergraduate research assistants who have been instrumental to EHRA's success. In addition, the EHRA Academy has trained approximately 60 students, half of which are women, in air

quality in different geographies and spaces. This builds knowledge and future capacity for women in environmental careers.

Furthermore, EHRA hopes to conduct short interviews with women advocates and changemakers in the environmental health and justice world to learn more about their work and lived experiences. EHRA is building on decades of organizing; we want to lift up and recognize the (often invisible) stories of Arab American women historically and currently on the frontlines of environmental justice.

### **ACCESS COVID-19 Testing and Pandemic Preparedness**

*Rosina Hassoun, PhD, Madiha Tariq, MPH*

With the beginning of the COVID-19 outbreak in Michigan in March of 2020, ACCESS became one of the very first organizations in Metropolitan Detroit and most of Michigan capable of providing mobile COVID-19 testing. At that time, testing was only allowed for medical personnel and first responders. Long before ACCESS could provide testing for Arab Americans, they were providing testing for other Michiganders. This capability did not spring up magically. The right components, funding, partnerships, and coordination had to come together at the right time. ACCESS was willing to provide testing equity for other communities, regardless of race or ethnicity.

Medical anthropologists have studied outbreak preparedness in many cultures and situations, seeking lessons for future outbreaks. The ACCESS case provides a model for future outbreaks. This poster will provide a brief discussion of the scope of medical anthropological studies of outbreak preparedness. The ACCESS COVID-19 response will be compared with other past examples to illuminate the components of effective pandemic preparedness.

ACCESS, because of its historical development with the ACCESS Community Health and Research Center, health personnel, administrators, funding beyond grant dependency, and community partnerships that included universities and other medical centers had the components in place to provide some of the first testing in the region. The attitude of self-sacrifice and willingness to take risks for others also played an important role in the ACCESS testing capacity. The lessons learned from the ACCESS testing experience can aid others in developing the capacity for pandemic and outbreak preparedness.

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Wayne Health has created an innovative platform for population health accountability that brings together clinical care, academics and community partnerships. The power of our synergistic approach has been demonstrated during the COVID-19 pandemic through Wayne Health's partnership with WSU Health Sciences and ACCESS to test thousands of metro Detroit's most vulnerable citizens, health care workers, corrections officers and first responders through COVID-19 screening events. This partnership evolved into the first mobile COVID-19 testing service across the region and state in partnership with Ford Motor Company.



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