



Minority Population Profiles: Middle Eastern and North African (MENA) Health

The Office of Minority Health (OMH) features [Minority Population Profiles](#) which “provide detailed demographic, language fluency (where relevant), education, economic, insurance coverage and health status information.” These resources are critical to the ability of the United States Department of Health and Human Services (HHS) to understand and address the unique health needs of racial and ethnic minority groups. So often, poor health outcomes are connected to impoverishment in other aspects of life, which are referred to as the “social determinants of health.” While these dynamics impact all individuals, they are exacerbated by additional barriers to access quality health coverage, whether in terms of language, eligibility, health literacy, or discrimination at the point-of-service, just to name a few.

The National Network for Arab American Communities (NNAAC) recognizes that Middle Eastern and North African (MENA) individuals share many of these. To illustrate the unique health needs of MENA communities, NNAAC has developed a population profile using extant research on individuals from the MENA region. However, due to the absence of a “MENA” response category on federal information collection forms, there is a lack of data on individuals from the MENA region.¹ Therefore, this profile is primarily based on analysis of research and data on individuals with Arab ancestry, who make up the largest contingent of the MENA community.

Overview (Demographics): According to the 2021 American Community Survey, there are about 2.9 million people (about the population of Connecticut) from the MENA region in the United States. The MENA community is spread out across the country, with the majority living in more populous states. More than 50 percent reside in five states: California (17 percent), Michigan (12 percent), New York (9 percent), Illinois (6 percent), and Florida (6 percent). Due to shared cultural and religious values, as well as linguistic affinity, MENA residents often reside in dense enclaves in or near larger cities. Among Arab Americans, 63 percent are Christian, with 24 percent identifying as Muslim and 13 percent identifying other or no religious affiliation.² Between 2010 and 2019, approximately 342,000 people immigrated to the U.S from MENA countries, compared to 650,000 from South America and 729,000 from Central America during the same period.

Language Fluency: Nearly 13.5 percent of Arab American households - meaning households which speak Arabic, Assyrian (Neo-Aramaic), and Chaldean (Neo-Aramaic) - are linguistically isolated,

¹ Because data on the MENA community is aggregated with the White population on the Census and other Federal information collection forms, there is no government-sponsored information on MENA residents. Therefore, private researchers and research initiatives shoulder the responsibility of collecting information on this community. In order to create a full profile on this important group, the National Center for Health Statistics must disaggregate its demographic data with respect to a MENA category.

² America by the Numbers. “The New Deciders: Arab Americans” (2016).

<http://www.americabythenumbers.org/episode/tnd-arab-americans/#:~:text=Most%20Arab%20Americans%20are%20Christian,other%20or%20no%20religious%20affiliation.&text=Islam%20is%20the%20fastest%20growing,from%201%20million%20in%202000>.

meaning no household member over the age of 14 is proficient in English. For the general population, that figure is just below two percent.³ 90.6 percent of persons of Arab ancestry self-describe as speaking English “very well” or “well,” compared to 96.6 percent of non-Arab Whites alone. However, 9.4 percent say they speak English “not well” or “not at all.” For non-Arab Whites, that number is 3.42 percent. Linguistic and cultural competency of care and appropriateness of documents remains a significant barrier to access of quality health.

Educational Attainment: Immigrants and refugees comprise a sizable contingent of the MENA community. For these individuals, the migrant experience tends to have a limiting factor on educational attainment and professional opportunity. However, that tendency is balanced out by the educational success of MENA migrants who emigrated for work or school, rather than due to war, political or economic instability, or persecution. The MENA migrant experience has comprised both across generations. 48.1 percent of MENA residents aged 25 and over have attained a college degree or more, compared to 38 percent for the general population. Further, 12.97 percent of the MENA population aged at least 25 years have less than a high school degree. For the general population, that number is 13.1 percent.⁴

Economics: Almost 31 percent of MENA residents are living in poverty (125 percent of the federal poverty line or below), compared to 20.4 percent of the general population.⁵ Based on data from the American Community Survey 2006-2010, the median household income of the MENA population was \$56,433. The median household income for the total population was \$51,914.⁶ These two statistics show that there are great economic disparities within the MENA population, but the lack of federal data hinders efforts to address them.

Insurance Coverage: 58.2 percent of MENA residents have private health insurance, compared to 65.8 percent of the general population. For those from the MENA region, 28.76 percent are on public health insurance. For the general population, that number is 31.1 percent. 25 percent of the MENA community has no health insurance, compared to 14.2 percent of the general public.⁷

Health: The current health literature on the MENA community reveals unique health needs, further targeted study of these needs can assist the health service ability to understand and address them. Arab American males and females have lower life expectancy than non-Arab and non-Hispanic Whites in Michigan by 1.4 and 2 years, respectively.⁸ Among studies done in Detroit, MI, Arab Americans reported a 36 percent greater proportion of liver cancer, 44 percent greater proportion of thyroid cancer, 29 percent greater proportion of leukemia, 28 percent greater proportion of brain cancer, 25 percent greater proportion of kidney cancer, and 24 percent greater proportion of bladder cancer compared to non-Arab whites. Elevated body mass index is prevalent among MENA residents and associated with elevated blood pressure, increased blood glucose, increased total cholesterol, and decreased high-density lipoprotein-cholesterol. Arab Americans also smoke tobacco at a rate that is about 10 percent higher than the general population.⁹ Recent immigrant Arab Americans had a higher dependence on nicotine and tobacco products than those who had been in the US for longer periods of

³ Arab Americans: A Community Portrait (2021). <https://insight.livestories.com/s/v2/arab-american-heritage-v2/0adb9ffd-937c-4f57-9dca-80b81ee46b9f/>

⁴ *Id.*

⁵ *Id.*

⁶ Asi, Maryam; Beaulieu, Daniel. “Arab Households in the United States: 2006-2010” (2013).

⁷ Arab Americans: A Community Portrait (2021). <https://insight.livestories.com/s/v2/arab-american-heritage-v2/0adb9ffd-937c-4f57-9dca-80b81ee46b9f/>

⁸ El-Sayed, Abdulrahman, et al. “Ethnic Inequalities in Mortality: The Case of Arab-Americans” (2011).

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0029185>

⁹ El-Sayed, Abdulrahman; Galea, Sandro. “The Health of Arab-Americans Living in the United States: A Systematic Review of the Literature” (2009). <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-9-272>

time.¹⁰ When considering age at immigration, duration in the U.S., activity in Arab organizations, and consumption of Arabic food were all shown to be associated with increased risk for dysglycemia after adjusting for age and BMI. In a study of Dearborn, MI, the combined rates of glucose intolerance (Diabetes, Impaired Glucose Tolerance, and Impaired Fasting Glucose) were 32.3 percent for women and 49.8 percent for men.¹¹

Mental Health Concerns and Stigmas: Among Iraqi Gulf War refugees, there is a prevalence for PTSD. For other Arab Americans, perceived discrimination and acculturative stress have been shown to be associated with risk for mental disorders.¹² In a study of 601 MENA Americans, 50.1 percent scored above cutoff score associated with psychiatric clinical services¹³ and was as high as 60 percent in another study.¹⁴ Refugees, immigrants, and established MENA residents in southeast Michigan also have significantly higher levels of anxiety than non-Arab Whites.¹⁵ However, Arab Americans are reluctant to seek mental health treatment in part because they may hold extremely negative attitudes about mental illness. Another factor contributing to their reluctance is lack of experience with or exposure to Western counseling approaches.¹⁶ A lack of culturally competent services affects the acceptance of mental health help within the MENA community.

Vaccinations and Screenings: Arab Americans have lower estimated rates of recommended vaccinations (flu and pneumonia).¹⁷ Those from the MENA region were also significantly less likely than those from Europe or the US to receive mammograms, pap smears, and clinical breast examinations.¹⁸

COVID-19: According to data from the Michigan Disease Surveillance System (March 2020-July 2021), approximately 17 percent of Arab Americans tested positive for COVID-19, compared to 11.32 percent of Hispanics, 9.8 percent of non-Hispanic Blacks, 7.5 percent of non-Hispanic Whites, and 4.24 percent of Asians. Arab Americans were 2.63 times more likely to test positive for COVID-19 than non-Hispanic Whites.¹⁹ Those from the MENA community may be at increased risk for COVID-19 infections and deaths due to factors such as xenophobia and stigma, pre-existing conditions, crowded living spaces, lack of social support for new immigrants, and poor adoption of prevention behavior.²⁰ Because there is no MENA category on Federal forms, we do not have an accurate

¹⁰ Buelezam, Nadia; El-Sayed, Abdulrahman; and Galea, Sandro. "The Health of Arab Americans in the United States: An Updated Comprehensive Literature Review" (2018). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141804/>

¹¹ Jaber, Linda. "Epidemiology of Diabetes Among Arab Americans" (2003).

<https://diabetesjournals.org/care/article/26/2/308/23125/Epidemiology-of-Diabetes-Among-Arab-Americans>

¹² El-Sayed, Abdulrahman; Galea, Sandro. "The Health of Arab-Americans Living in the United States: A Systematic Review of the Literature" (2009). <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-9-272>

¹³ Amer, Mona; Hovey, Joseph. "Anxiety and Depression in a Post-September 11 Sample of Arabs in the USA" (2011). https://www.jhoveyphd.com/uploads/1/2/7/2/127269752/amer_2012.pdf

¹⁴ Suleiman, Abdul-Rahman, et al. "The Effect of Stress, Acculturation, and Heritage Identity on Depression in Arab Americans" (2021). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8221121/>

¹⁵ Pampati, Sanjana, et al. "Mental Health Outcomes Among Arab Refugees, Immigrants, and U.S. Born Arab Americans in Southeast Michigan: a Cross-Sectional Study" (2018). <https://pubmed.ncbi.nlm.nih.gov/30514261/>

¹⁶ Erickson, Chris; Al-Timimi, Nada. "Providing Mental Health Services to Arab Americans: Recommendations and Considerations" (2001). <https://pubmed.ncbi.nlm.nih.gov/11759269/>

¹⁷ Buelezam, Nadia; El-Sayed, Abdulrahman; and Galea, Sandro. "The Health of Arab Americans in the United States: An Updated Comprehensive Literature Review" (2018). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141804/>

¹⁸ Dallo, Florence; Kindratt, Tiffany. "Disparities in Vaccinations and Cancer Screening Among U.S.-and Foreign-Born Arab and European American non-Hispanic White Women" (2014). <https://pubmed.ncbi.nlm.nih.gov/25498764/>

¹⁹ Dallo, Florence; et al. "The Disproportionate Burden of COVID-19 Cases Among Arab Americans" (2022). <https://pubmed.ncbi.nlm.nih.gov/35394622/>

²⁰ Abuelezam, Nadia. "Health Equity During COVID-19: the Case of Arab Americans" (2020). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298462/>

depiction of how the pandemic has impacted the MENA community.

Media Representation, Hate Crimes, and Discrimination: In post-9/11 America, Arabs and Arab Americans continue to be subjected to biased or bigoted depictions in popular or mainstream media. From 2000 to 2001, there was a 1,600 percent increase in hate crimes of those who were perceived as Arab or Muslim. Arabs are still predominantly depicted in movies, TV shows, and news segments as terrorists, though blatant stereotypes are less common now than in the past.²¹ Arab American and Muslim citizens have historically still been overrepresented among supposed "international terrorist" labeled as "foreign" in the instances perceived as "international terrorism" and are punished more than those deemed "domestic terrorists."²² Tactics like former-President Trump's Muslim ban, other restrictive immigration policies, attacks on civil liberties, and the many instances of Arab Americans being taken off airplanes for speaking Arabic lead to stigma, discrimination, and stress across a variety of mental health indicators.²³ Such treatment can also have cascading effects at the point of service, where MENA community members can suffer from discrimination and cultural or linguistic inappropriateness or insensitivity.

New Immigrants: About 30 percent of MENA immigrants reside in the greater New York, Detroit, and Los Angeles metropolitan areas. In 2019, 39 percent of immigrants ages five and over from the MENA region reported limited English proficiency (speaking English less than "very well"), compared to 46 percent of all immigrants. For this same year, the median income of households headed by a MENA immigrant was \$54,000. The median income for all immigrants and US-born households were \$64,000 and \$66,000, respectively. Immigrants from MENA countries are more likely than the overall foreign-born population to be naturalized US citizens.²⁴

Environmental Impacts: Due to their proximity to large pollution-emitting centers like the Ford plant in Dearborn, MI, a study was conducted on asthma rates among the MENA community in Dearborn, Hamtramck, Oak Park, and Detroit's 7 Mile area. Almost 30 percent of the adult population reported respiratory impairment in the form of trouble breathing, coughing with strenuous chores or walking, or exacerbated breathing difficulty due to tobacco smoke, fumes, or strong odors.²⁵

For questions, contact Adam Beddawi at abeddawi@accesscommunity.org.

²¹ Alsultany, Evelyn. "Arabs and Muslims in the Media after 9/11: Representational Strategies for a 'Postrace' Era" (2013). <https://muse.jhu.edu/article/503947>

²² Sinnar, Shirin. "Separate and Unequal: The Law of 'Domestic' and 'International' Terrorism (2019). <https://repository.law.umich.edu/mlr/vol117/iss7/2/>

²³ Abuelezzam, Nadia; et al. "Arab American Health in a Racially Charged U.S." (2017). [https://www.ajpmonline.org/article/S0749-3797\(17\)30172-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(17)30172-1/fulltext)

²⁴ Migration Policy Institute, "Middle Eastern and North African Immigrants in the United States" (2022) <https://www.migrationpolicy.org/article/middle-eastern-and-north-african-immigrants-united-states>

²⁵ Johnson, Mary; et al. "Asthma Prevalence and Severity in Arab American Communities in the Detroit Area, Michigan" (2005).

https://www.researchgate.net/publication/7841953_Asthma_Prevalence_and_Severity_in_Arab_American_Communities_in_the_Detroit_Area_Michigan