Extended Abstract

Introduction

Arab Americans are a growing and an increasingly visible minority group in the United States (U.S.), yet only a few studies have examined their health utilizing representative samples (Jaber, Brown, Hammad, Zhu & Herman, 2003; Read, Amick, & Donato, 2005 ; Dallo & Borrell, 2006). Utilizing data from the 2003 Detroit Arab American Study (DAAS), which relies on a large representative sample drawn from the Detroit Metropolitan Area (DMA), we examined the self-rated health (SRH) of Arab Americans by immigrant status and language preference. The DAAS questionnaire included the general SRH question and a variable on place of birth. Further, the questionnaire was administered by bilingual interviewers in either English or Arabic according to the language preference of the participant. This allowed us to include both immigrant status and language preference in our study as measures of acculturation. We examined the following two questions: 1) Do Arab immigrants report better or poorer health status compared to U.S.-born Arab Americans? 2) Does language preference among the immigrant generation, as a measure of acculturation, account for some of the effect of immigrant status on SRH? We examined these two questions with all Arab Americans controlling for age, gender, education, and income.

Methods

The DAAS was based on a probability sample generated through a dual-frame sampling design that consisted of two component parts. The first was an area probability frame used to select housing units located in area segments from Census tracts in which

10 percent or more of persons were self-classified as of Arab or Chaldean ancestry in the 2000 Census. The second component was a list frame for selecting household units from mailing and membership lists of 13 major Arab and Chaldean American organizations. A systematic random sample of households was drawn from each list and one eligible adult respondent was selected from each household. A total of 4,619 households were screened and 1,389 were found to be eligible. From those eligible, 1016 household members completed the interview, at a response rate of 73.7 percent.

In the analysis for this paper, we specified three logistic regression models. The first model included four socio-demographic variables: gender, age, education, and income. In the second model, we included immigrant status adjusting for the socio-demographic variables included in the first model. In the third model we replaced the immigrant status variable with one which combines both immigrant status and preferred language, also adjusting for gender, age, education, and income.

Findings and Discussion

Using a representative sample from the DMA, our findings reveal that the perceived health status of Arab Americans is not homogeneous but is differentiated by both socioeconomic and acculturation-related factors. The association between socioeconomic position and health is one of the most robust in social epidemiology and our findings confirm that it holds for Arab Americans. In all three models tested, income and education strongly predict SRH. In addition to socioeconomic position, acculturation factors (as measured by immigrant status and language preference) also contribute significantly to the heterogeneity in Arab Americans' health status profile. In general,

Arab immigrants report fair/poor health at a higher rate compared to U.S.-born Arab Americans. When language preference is taken into account among the immigrant generation, only Arabic-speaking immigrants continue to be significantly more likely to report fair/poor health compared to U.S.-born Arab Americans.

Our findings suggest that language preference, or a measure of language, is important to include in studies on Arab Americans which utilize SRH as the outcome. We discuss two language-related potential interpretations for the poorer perceived health status among Arabic-speaking immigrants. The first is that language preference may reflect benign factors related to holding on to cultural or religious values which discourage from boasting about health. Humbleness in reporting health status has been suggested as a potential interpretation for the lowered SRH profiles among Latino- and African Americans (Franzini & Fernandez-Esquer, 2004; McMullen & Luborsky, 2006). The second interpretation is a methodological one and has been evoked in Latino SRH studies; namely that the effect of language is merely a "linguistic artifact" (Franzini & Fernandez-Esquer, 2004). Our descriptive findings show that Arabic-speaking immigrants selected the fair health category at a higher frequency compared to both U.S.-born Arab Americans and English-speaking immigrants. It may be that the word used for fair in Arabic simply biased the answers for Arabic-speaking immigrants towards a higher frequency of selecting the fair category.

We suggest that future research focus on unraveling the heterogeneity in health among Arab Americans. Some of this research can explore the cultural issues surrounding the meaning of perceived health status among immigrant versus U.S.-born Arab Americans.

References

Dallo, F. J. & Borrell, L. N. (2006). Self-reported diabetes and hypertension among Arab Americans in the United States. *Ethnicity and Disease,* 16(3), 699-705.

Franzini, L. & Fernandez-Esquer, M. E. (2004). Socioeconomic, cultural, and personal influences on health outcomes in low income Mexican-origin individuals in Texas. *Social Science & Medicine,* 59, 1629-1646.

Jaber, L. A., Brown, M. B., Hammad, A., Zhu, Q. & Herman, W. H. (2003). Lack of acculturation is a risk factor for diabetes in Arab immigrants in the US. *Diabetes Care,* 26(7), 2010-2014.

McMullen, C. K., & Luborsky, M. R. (2006). Self-rated health appraisal as cultural and identity process: African American elders' health evaluative rationales. *The Gerontologist,* 46, 431-438.

Read J.G., Amick, B. & Donato, K. M. (2005). Arab immigrants: A new case for ethnicity and health? *Social Science & Medicine,* 61,77-82.