

# CONCLUSION

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## SECTION VII. CONCLUSION

The material provided in this supplement represents the information presented during the Third Biennial Conference on Health Issues in the Arab-American Community. Through the three conferences of this effort, the participants and the scientific organizers have gained a significantly better understanding for some of the more common disease patterns in this population. The conferences have improved our understanding on how disease patterns and data compare to the American population at-large, and in some cases, to similar health phenomena in certain Arab countries.

While the conclusions pertinent to each topic have been summarized at the end of the individual session, important themes common to the different topics addressed at the conference are worth emphasizing:

- **Shifting of disease patterns.** Data presented at this year's conference point to a changing disease pattern from an infectious diseases-related morbidity/mortality and from high infant mortality rates toward several chronic diseases more common in the Western world. This trend has been reported for urban populations in the Arab world and more so, for the immigrant communities in the United States. These changes are attributed to a combination of the improvement in managing infections, better perinatal care, and to recent changes in lifestyle and dietary patterns.

Wael A. Sakr, MD and Adnan Hammad, PhD

Multiple sessions of the conference deliberations emphasized the importance of promoting a healthy and active lifestyle. As a major goal of the conference is to align its strategy with *Healthy People 2010*, an active dialogue is underway to continue to design effective communications to address these concerns for Arab Americans and the populations within the Arab world.

- **Data availability.** The lack of reliable sources of data for many of the topics selected for the meetings continues to be a concern, although significant progress in some areas has been achieved. Since Arab Americans are not classified as an ethnic minority, the collection of data from records is a rather complex task.

To improve the ability to obtain data and address some of the barriers identified following the first and second conferences, the scientific committee offered ACCESS its recommendations. The exchange resulted in specific initiatives that were launched to enhance ACCESS' ability to design effective data collecting strategies for specific populations/diseases. Furthermore, this effort yielded

an increase in the number of targeted services now available to people in the community, including new lung cancer prevention campaigns, and diabetes and cardiovascular education/screening. Environmental research and interventions have also complemented this recent expansion of our health services. With respect to the Arab world, there are some promising plans to expand institutional and local databases into national ones. Follow up on these efforts will be provided during the upcoming conference.

A truly exciting angle to our efforts has been the ability to help ACCESS establish vital collaborations with local, national, federal and international institutions and individuals. Through the journey of this conference, some of these alliances have already yielded results with active joint projects and grants.

In keeping with the continuity of the conference, plans are now underway for the Fourth Biennial Conference on Health Issues in the Arab-American Community to be held in fall 2005. Readers should visit [www.accesscommunity.org](http://www.accesscommunity.org) to gain the latest details about this upcoming conference.