I. Section II Summary

- Disparities continue to be observed in various areas of public health. Cancer deaths, cardiovascular disease, and maternal and child health problems occur at disproportionate rates among various Michigan population groups. For example, data from the Metropolitan Detroit Cancer Surveillance System (MDCSS), a founding member of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER), show that incidences of most cancers in the Arab-Chaldean populations living in the tri-county area did not significantly differ from their non-Arab-Chaldean counterparts. However, Arab-Chaldeans consistently presented with more advanced stages for most cancers. The best opportunities that we currently have to reduce cancer deaths exist with prevention strategies and early detection. Better understanding of barriers to screening is needed in order to develop effective interventions.
- Behavioral and lifestyle factors that affect the health of individuals and communities need to be understood relative to each cultural group. For example, special behavioral risk factor surveys in the state of Michigan reveal that smoking prevalence among Arab-American adults is consistently higher than the average state rate. Tobacco use has substantial implications for cardiovascular health and cancer occurrence as well as a vast array of health problems. Interventions in the area of reducing tobacco use are needed.
- While Arab Americans share a common cultural heritage and possibly similar ethnicity-related disease patterns, health awareness and health seeking behavior, among Arabs, similar to other communities, is largely influenced by socioeconomic and educational level.
- One of the challenges related to meeting the healthcare needs of growing minority groups such as Arab Americans is the inadequate amount of accurate and complete data on health behaviors and health outcomes of these populations. The public health community faces a dilemma as it considers community interventions and when it tries to assess the effect of program efforts because it lacks relevant systematic data and accurate demographic information. The initiation of scientific and population-based studies that address a range of health conditions are encouraged to further our understanding of the extent of problems that exist in this community.
- Cultural competency among those who deliver healthcare services needs to be improved. Guidelines should be institutionalized for creating culturally competent systems of care that respect the cultures and customs of patients while also delivering the best course of treatment or preventive care.
- Special investigations have revealed that, compared to the White population, the number of invasive breast cancers in Arab-American women younger than 50 years of age is higher.[1] No significant differences were noted regarding tumor size or stage at time of diagnosis. Survival data, when stratified for age, marital status, and tumor size and stage, appear to be more favorable for Arab-American women. These studies suggest molecular background of breast cancers may be different among ethnic groups, which deserves further investigation. More importantly, these studies may eventually suggest better individualized treatment approaches for population subsets, leading to disease-free patients and overall higher survival rates, the ultimate goal of cancer therapy.

Reference

1. Do HT, Kau T-Y, Weiss LK, et al. Comparison of breast cancer cases in the Arab-American and Caucasian populations of metropolitan Detroit. Program and abstracts of the 23rd Annual San Antonio Breast Cancer Symposium; December 6–9, 2000; San Antonio, Texas. Abstract 223. *Breast Cancer Res Treat.* 2000;64: 61.