

# REPORT: HEALTH-RELATED POLICY, ENVIRONMENTAL HEALTH, AND CHRONIC DISEASE

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## SECTION V. REPORT: INTERACTIVE PANEL DISCUSSION ON HEALTH-RELATED POLICY, ENVIRONMENTAL HEALTH, AND CHRONIC DISEASE

Summarized by session moderators David J. P. Bassett, PhD;  
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The session opened with introduction of the panelists: Kimberlydawn Wisdom MD, Michigan Surgeon General; Joseph Harford PhD, director, Office of International Affairs of the National Cancer Institute, Bethesda, MD; Sabri Belgacem MD, director, Health Systems Policy and Development, World Health Organization – Eastern Mediterranean Regional Office, Cairo, Egypt; Ali Mokdad, PhD, Center for Disease Control and Prevention, Atlanta, GA; and Adnan Hammad, PhD, director, ACCESS Community Health and Research.

In introducing the discussion session, David J.P. Bassett, PhD, noted how the early Arab American Health conferences identified a need to collect and collate previously unavailable data on disease prevalence in the Arab American community. An integral part of these biennial conferences has been the ACCESS-based research conducted in collaboration with local universities and healthcare organizations in southeastern Michigan. At each new meeting, a greater participation of health professionals and academics from the Middle East brought many new perspectives to these endeavors.

The 4<sup>th</sup> National Conference successfully recruited a wide range of speakers not only from the Arab world, but also from Michigan, as well as national and international health organizations. Therefore, a unique combination of experiences from non-Arab, Arab American and Middle East populations helped to promote the de-

velopment of effective intervention strategies. Through efforts such as these conferences, programs, especially those that promote better lifestyles for sustained health, are in development. These programs must consider the mental stress due to differences in culture and language, accessibility to health care and the immigration process itself.

In his remarks, Joseph Harford, PhD recalled comments from John Seffrin, PhD on his global perspectives that addressed growing concerns about an inability to deal with chronic diseases in the developing world. He noted a dramatic increase in cancer in Middle East countries and a general prediction of a future overload of the healthcare systems, because such systems have previously focused on short-term treatment of communicable diseases. Harford also noted the establishment of a regional consortium of seven regional NCI cancer registries in the Middle East to prepare for this epidemic. In addition, the importance of community-based programs to address the increasing use of tobacco among young Arabs, in general, and Arab Americans, in particular, was stressed. A lively dialogue between the audience and panelists rounded out the discussion.

A recurring theme was the disconnect between policymaking and the lack of resources and political inclination to address many chronic disease conditions, including the provision of programs to promote healthy lifestyles and increase health screening. The audience

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## PANEL DISCUSSION - Bassett and Darwish-Yassine

first raised the need to promote safe environments that allow people to walk as well as participate in other exercise-related activities. First to respond, Kimberlydawn Wisdom, MD, encouraged the organizers to invite more policymakers to future conferences. She then described how the state of Michigan uses teams that include architects, engineers and public health professionals to design safe places to walk and promote exercise in the development of new living communities and in the remodeling of older ones.

Discussions also focused on the development of programs to address lifestyle changes, including exercise, and pointed out how the cultural strengths of a community might be used to make such programs attractive and sustainable. The panelists stressed the need for early involvement of communities in the design of environments and the establishments of such intervention programs.

The audience raised issues concerning lack of access to early screening programs and long-term management programs for chronic conditions. In the Middle East, political expediency of short-term administrations appears to drive the establishment of new hospitals rather than investment in such programs. Such facilities were important in the past when treatment of infectious diseases was the health priority. In addition to a relative lack of suitable screening programs, Harford commented on the stigma of cancer that delays its early presentation, leading to an inability to apply modern intervention strategies. He indicated that, in comparison with the United States and Europe, a reluctance to seek help still exists in the Middle East and most likely carries over into the older Arab American population. Sabri Belgacem, MD, noted that this stigma and barrier to early treatment also applies to other chronic conditions, including diabetes and cardiovascular disease. Two members of the audience noted that access to

health care to manage chronic diseases is also limited in the United States for many individuals, especially refugees.

Wisdom announced a new initiative designed to assist 550,000 Michigan residents who do not have ready access to health insurance from either government or employer supported programs. Other members of the audience commented on the lack of resources to support research and programs to modify behaviors that include helping individuals to stop smoking, exercise more, and deal with metabolic syndromes associated with obesity and cardiovascular disease.

Ali Mokdad, PhD, continued the discussion on the disconnect between policymaker actions and the actual needs of society by noting the influence and control the tobacco industry exerts on policy decisions for marketing their products. He also noted the power of the media, illustrating how the introduction of satellite TV networks in the Middle East sparked a rapid increase in water pipe use not only in the Arab world but also in Arab communities across Europe and North America. He emphasized the need to focus on the social determinants of health in trying to prevent the increases in ill health. He noted the relative inability of health professionals to influence behavior and reduce the mental stress of their patients and clients. He also indicated that health professionals have failed to lobby effectively to change health policies and to promote research and training in these areas.

Paul Shaheen, who serves on the steering committee of the Michigan Council for Maternal and Child Health, addressed the worldwide increase in tobacco usage, citing ongoing difficulties in getting political action against the tobacco industry. He described the need to work with health professionals and schools to develop suitable educational programs for all grade levels. Such programs would help students learn how to make decisions based on un-

derstanding the context and consequences of what is being offered, and most importantly to make choices independent of media and peer pressure. Based on previous experience with programs to reduce substance abuse, he explained that such intervention programs provide inexpensive ways to combat the promotion of tobacco use in schools worldwide.

Ibrahim Kira, PhD, of ACCESS initiated a discussion on the mental health aspects of dealing with chronic diseases, emphasizing how depression becomes a major barrier to effective intervention and improvement. He noted the importance of an integrative approach in treating the whole person in the context of the family and community, a model used by ACCESS to translate research into evidence-based practice in the Arab American population. Harford followed by emphasizing the need for a similar holistic approach to treating cancer, recognizing the mental health needs of cancer survivors and terminally ill patients and the support needed by their respective families.

A member of the audience noted the importance of seeing cultural differences not as barriers but as opportunities to develop innovative sustainable programs to affect dietary changes, decrease and prevent tobacco use and enhance exercise. Adnan Hammad, PhD, closed this part of the panel discussion by emphasizing the high numbers of immigrants entering Michigan each year. He described the transitions and challenges they experience, especially if they come from rural areas in their country of origin. Many go from living a life filled with much exercise to sitting in a factory, driving instead of walking to work, and switching from eating a healthy diet to one that is rich in red meat and fat. At the same time the immigrants must deal with the stresses of language, cultural change, and the immigration administration process that sometimes can take several years.

May Darwish-Yassine, PhD, led a discussion on how to reduce tobacco use and introduce effective smoking prevention programs. She emphasized the role of family members in influencing children's use of tobacco and the fact that the very high usage and social acceptability of narghile (water pipe) smoking in the Middle East is perpetuated by the immigrant population in the United States.

A participant requested advice on how to deal with patients who use the water pipe. Harford stressed that the message from the medical community should be that there are no safe levels for smoking and that regular and infrequent use of tobacco in any form is risky behavior. He also noted that infrequent water pipe smoking most likely would not have much effect on appetite suppression. Another participant indicated that some water pipe sessions last as long as an hour and involve greater depths of breathing of around 500 mL per puff compared with 50 mL per puff for a cigarette. He also said that research suggests that the water used in the water pipe removes some of the nicotine; therefore a dependent smoker would need to increase usage in order to satisfy

his need for nicotine at the price of being exposed to a greater amount of cancer causing tars.

The recognition of the addictive effects of tobacco smoking was discussed, commenting on the adolescent misperception that it is easy to quit and on the observation that a majority of smokers actually want to quit but have great difficulty doing so. In discussing approaches to cessation and prevention, conference participants familiar with Arab American immigrants in California raised the possibility that the influence of sustained cultural practices and beliefs in the relatively dense community in southeastern Michigan might differ considerably from more dispersed Arab American groups in other metropolitan areas. They also noted that, although California is unfriendly to cigarette smokers, the establishment of narghile lounges in Arab restaurants in San Francisco is on the increase.

The failure of health policies to control tobacco was illustrated by an audience member who compared the rapid removal from the market of useful drugs with relatively low incidents of adverse health effects to the failure to

remove tobacco from the market even though it causes so much chronic disease and death. Harford indicated that lung cancer deaths over time were decreasing in California, an unfriendly state for smokers, compared with Kentucky where tobacco use is promoted. He emphasized the need for community-based group action to lobby local government and national congressional leaders.

Closing remarks by Wael Sakr, MD and the panelists pointed to the need to focus efforts on preventing children from smoking and to apply methods used for treating other addictions to those wishing to quit. The need for health professionals to educate politicians by providing data on effective smoking-cessation program expenditures and long-term savings in health-care costs was discussed. Emphasis was made on the need for health-care professionals to continue to work with community leaders in promoting administrative control of tobacco at the state and local levels by encouraging tax increases on tobacco, denying tobacco access to minors, and banning smoking in public places and restaurants.