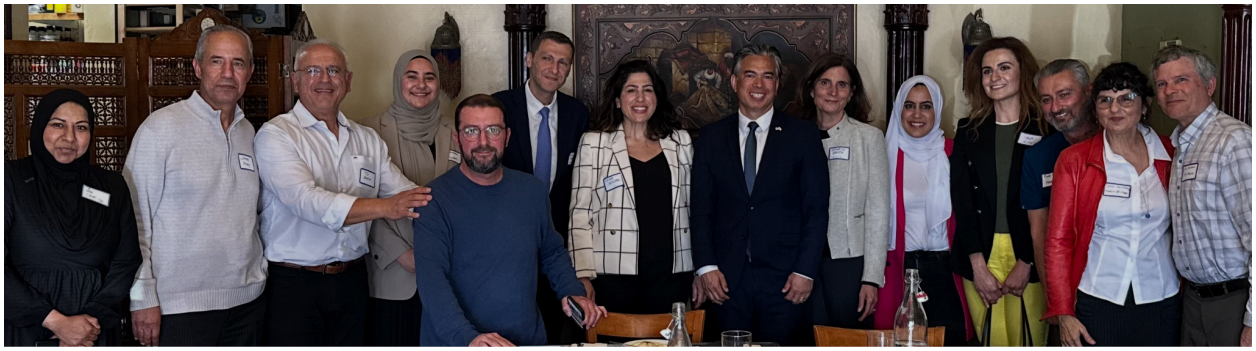
Arab and Muslim American Healthcare

Policy Brief and Cultural Competency Guide



San Diego County's Arab and Muslim leadership community meet with Attorney General Rob Bonta, 2023

Report prepared by:

Dr. Raed Al-Naser, President, National Arab American Medical Association (NAAMA)

Dr. Dina Hamideh, doctorate in Public Health - Health Behavior, University of California, San Diego

Policy Brief

Addressing Health Disparities and Enhancing Healthcare Access for Arab and Muslim Americans

by Dr. Raed Al-Naser

Executive Summary

Arab Americans represent a diverse and growing population in the United States, yet they remain largely invisible in national health data and policy conversations. Their health needs and risks are under-documented, leading to significant healthcare disparities. This brief calls for urgent policy action to recognize Arab Americans as a distinct ethnic group, improve data collection, and implement culturally competent healthcare practices to ensure equitable access and outcomes.

Background

Arab Americans are frequently classified as “white” in federal and health datasets, obscuring their unique health challenges. This lack of ethnic recognition limits targeted public health interventions, resource allocation, and the ability to track health disparities. Emerging evidence shows that Arab Americans suffer disproportionately from chronic diseases such as diabetes, cardiovascular disease, obesity, mental health disorders, and tobacco-related illnesses.

Since 9/11, the community has faced heightened xenophobia and hate crimes, which negatively impact physical and mental health. Barriers including language, socioeconomic status, cultural differences, and lack of culturally competent care exacerbate these disparities.

Key Issues

- **Data Deficiency:**
  Arab Americans are not recognized as a distinct ethnic category in the U.S. Census or CDC data, hindering health surveillance and equity-focused policy development. California legislators adopted the MENA (Middle East North Africa) designation in 2025.
- **Healthcare Disparities:**
  Elevated rates of chronic disease, mental health conditions, and substance abuse exist alongside low health insurance coverage, poverty, and access barriers.
- **Vaccine Inequity:**
  The COVID-19 pandemic highlighted inequitable vaccine distribution and uptake due to technological access challenges, misinformation, and systemic neglect.

Policy Recommendations

1. **Recognition of Arab Americans in Federal Data Collection**
   Enforce and promote the inclusion of a Middle Eastern/North African (MENA) ethnic category in Census and health data systems to improve visibility and inform tailored interventions.
2. **Improve Culturally Competent Healthcare Services**
   Mandate healthcare organizations to provide Arabic language interpretation, culturally relevant educational materials, and training for healthcare workers on Arab American cultural and health needs.
3. **Increase Arab American Representation in Healthcare Workforce**
   Promote recruitment and retention of Arab American health professionals and trainees to foster trust and enhance community-specific care.
4. **Expand Community-Engaged Public Health Initiatives**
   Fund partnerships with organizations like NAAMA to design and implement outreach, education, and preventive health programs targeting Arab American communities.
5. **Address Social Determinants of Health**
   Invest in programs addressing poverty, housing, food security, and mental health supports tailored to Arab American populations, especially refugees and immigrants.

Conclusion

Addressing the health disparities faced by Arab Americans requires intentional policy shifts, better data, and inclusive healthcare systems. Recognizing their unique identity and health needs is not only a matter of equity but a public health imperative. Collaborative efforts between policymakers, healthcare institutions, and community organizations will lead to healthier, more resilient Arab American communities and enrich the diversity of America's healthcare landscape.

About the Author

Dr. Raed Al-Naser, MD
President, National Arab American Medical Association (NAAMA)
Pulmonary and Critical Care Physician | Health Equity Advocate
Member of Sharp Grossmont Hospital Medical Staff, La Mesa, CA

Cultural Competence Guide for Arab-Muslim Americans

To equip healthcare professionals with more granular cultural, spiritual, and practical understanding necessary to provide respectful and effective care for patients.

by Dr. Dina Hamideh

Core Principles of Islam Relevant to Healthcare

- Belief in one God (Allah is God in Arabic).
- Life after death, reward/punishment, judgment day.
- Complete submission to God's will.
- Health providers are seen as facilitators of God's healing.

Healthcare Considerations for Arab-Muslim Patients

Health and Illness

- Illness may be seen as a test from God.
- Spiritual health is often prioritized over physical well-being.
- Muslims may turn to prayer, patience, and religious healing.

Privacy, Modesty, and Gender Concordance

- Strong preference for same-gender care providers.
- Modest dress expected—standard gowns may be declined.
- Always ask permission before exams, minimize exposure.
- Touching or handshakes across genders should be avoided unless clinically necessary. Putting your hand on your heart substitutes for a handshake.

Dietary Laws

- No pork, pork byproducts, alcohol, or meat not slaughtered in the name of Allah (God).
- Halal food required.
- During Ramadan, patients fast from sunrise to sunset, even water.
- Alternatives: vegetarian, fish, eggs, or home-prepared food.
- Do not apply to Christians but because both eat similar foods you could assume dietary restrictions.

Medications

- Avoid gelatin, pork-based ingredients, or alcohol in meds when possible.
- Many accept alcohol in life-saving medications.
- Confirm comfort with opioid analgesics, as recreational drugs are forbidden.
- In emergencies, Islam permits necessary treatment.

Prayer & Religious Practices

- Pray 5 times/day facing Mecca—offer space and time.
- Perform ritual washing (wudhu) before prayers.
- Friday (Jumu'ah) noon prayers are especially significant.

Gender and Same-Sex Providers

- Female patients may refuse male providers for exams, especially OB/GYN.
  Provide chaperones or allow family in the room if gender-concordant providers are unavailable.

End-of-Life, Death, and Hospice

- Euthanasia forbidden for Muslims and most Christians
- Organ donation permitted.
- Autopsy is allowed only for medical/legal reasons. Christians may require autopsy
- Burial within 72 hours—death certificate needed promptly. Christians often wait longer for burial.
- Patients may ask for prayer and forgiveness before death.

Hygiene & Ablution

- Offer assistance for ritual cleansing before prayer.
- Right hand used for feeding, handing objects, and meds.

Adoption

- Legal adoption is discouraged; fostering is rewarded.
- Foster children retain biological identity.

Medical Procedures

- Most are permitted: surgery, biopsies, blood transfusions, etc.
  Abortion allowed in cases of rape, incest, danger to mother's life and other health reasons.

Holy Days & Observances

- Ramadan: 1-month fast.
- Eid-ul-Fitr: End of Ramadan.
- Eid-ul-Adha: Sacrifice festival during Hajj.
- Jumu'ah (Fridays): Weekly congregational prayer.
- Lunar calendar: Holidays shift ~10 days earlier each Gregorian year.
- Orthodox and Latin Christians observe different dates for Christmas and Easter

---

Recommendations for Healthcare Providers

- ✅ Acknowledge cultural misunderstandings and avoid making assumptions. Ask how you can make their care more comfortable.
- ✅ Avoid using staff as interpreters—use trained interpreters and interdisciplinary collaboration to build cultural competence.
- ✅ Be patient, and observe body and facial language for cues.
- ✅ Respect individual diversity within the Muslim community.
- ✅ Involve Muslim staff when possible in care and communication.
- ✅ Train staff in cultural competence and Islamic healthcare needs.; recruit Arabs and Muslims.
- ✅ Include Muslim holidays in institutional calendars.

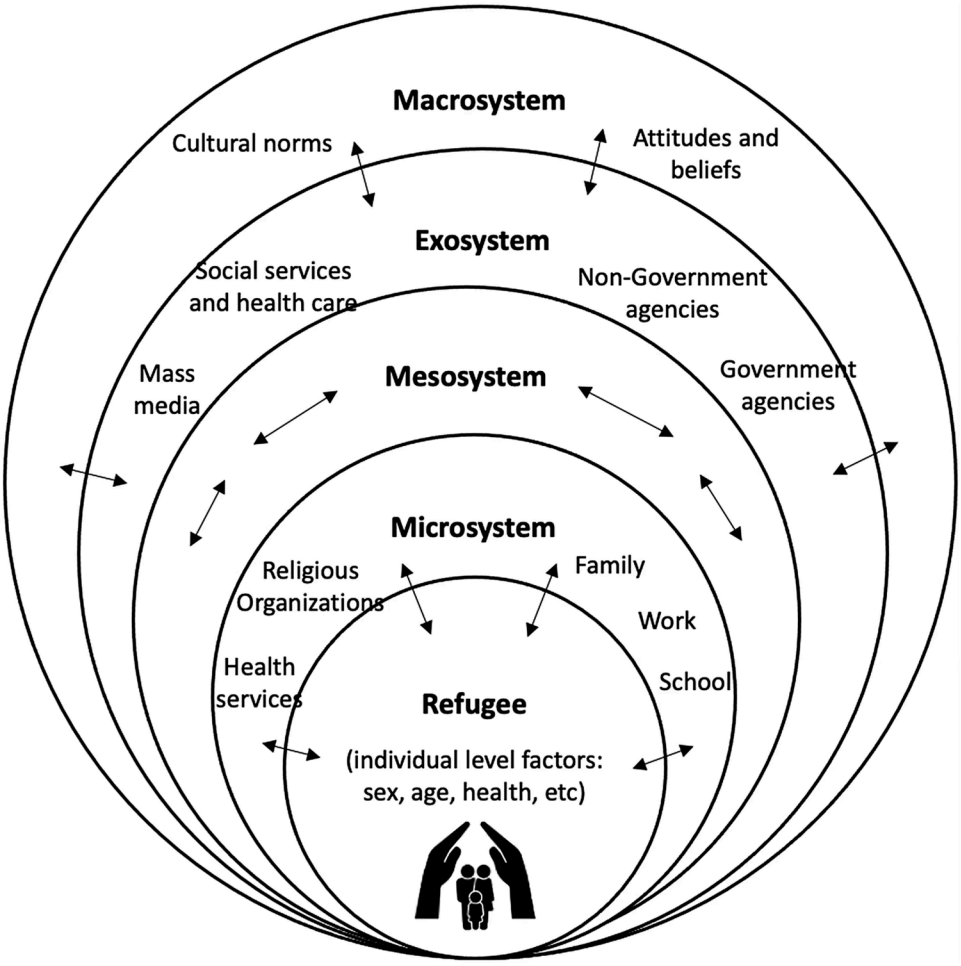
Enhancing Healthcare Team Outcomes

- Preserve life: In emergencies, life-saving treatment overrides all religious prohibitions.
- Include Muslim chaplains, halal meals, and gender-concordant options.
- Create a patient-centered environment respecting religious practices.

Mental Health Intervention Guidance for Arab and Muslim Refugees

- High-quality mental health intervention studies targeting refugees from Arab and Muslim-majority countries are lacking for psychosocial factors, emphasizing social connectedness to assist refugees in assimilating into their new communities.
- Multi-sector partnerships involving peers, community workers, technology, and students have been utilized to meet mental health needs.
- Community-based mental health interventions benefit Arab and Muslim refugees, consistent with findings across broader refugee groups.
- Addressing linguistic barriers, cultural differences, and fostering close collaboration with refugee communities and stakeholders are essential for effective interventions.
- Most interventions focus on immediate resettlement challenges at micro- and meso-levels, with limited attention to longer-term mental health needs at the macro-level.
- Mental health education and stigma reduction efforts often occur at the individual and community level; culturally-tailored interventions within mosques and churches are critical research gaps.
- Data triangulation, including interviews, helps explain quantitative findings and enrich intervention evaluation.
- Mental health stigma hinders access to care among Arab-Muslim immigrants, necessitating culturally sensitive approaches to reduce stigma and improve service. Social-based therapies and mental health literacy promotion in familiar settings such as homes, mosques, and through healthcare-resettlement agency partnerships enhance acceptance of mental health treatment. Specialized interventions like home-visiting Family Strengthening programs improve mental wellness beyond traditional therapies.
- Addressing linguistic barriers by providing services in native languages (e.g., Arabic, Farsi, Dari). Mental health stigma and symptom recognition may vary by language and cultural context; increased awareness and interventions can initially raise reported symptom scores and decrease misdiagnosis. The word mental health may translate in Arabic and other languages as “Crazy” or “something wrong with mind.” Mental health professionals use alternative methods to gauge a patient's emotions and symptoms, rather than calling it mental health! Western psychological principles may not apply to Middle Eastern North African patients.
- Community-Based Participatory Research (CBPR) methods show potential to engage marginalized communities but are underutilized in intervention, development, and evaluation.
- Collaborative program content development with community members and refugee-serving organizations strengthens intervention relevance and effectiveness.
- Culturally sensitive intervention design benefits from endorsement by religious leaders and involvement of refugee community members as interpreters and facilitators.
- Refugee involvement in all research stages (design, analysis, dissemination) remains limited, despite diverse community needs.
- Strong partnerships with refugees from various backgrounds and post-resettlement stages improve intervention sustainability.
- Refugees from Muslim-majority countries are underrepresented in public mental health research; there is an urgent need to study anti-Arab and Muslim discrimination’s impact.

- Addressing discrimination in healthcare systems is critical for policy development and equity. Muslim and Arab refugees face increased discrimination, exacerbating outcomes, including higher suicide rates.
- Challenges in interagency collaboration between refugee agencies and community partners can hinder the delivery of community-based mental health services and require further investigation.



Clinical Takeaways

- Always ask, don't assume.
- Respect, patience, and flexibility improve care.
- Cultural competence is ethical and improves health outcomes.

About the Author

Dr. Dina Hamideh, PhD, MS
Doctorate in Public Health- Health Behavior, University of California, San Diego