

SELF-REPORTED HEART DISEASE AMONG ARAB AND CHALDEAN AMERICAN WOMEN RESIDING IN SOUTHEAST MICHIGAN

Objectives: This study estimates the prevalence of heart disease among Arab and Chaldean American women and examines the association between Arab and Chaldean ethnicity and heart disease among a sample of women.

Methods: This was a cross-sectional study of a convenience sample of 2084 Arab, Chaldean, and African American women aged ≥ 18 years who completed a survey that was distributed at churches, mosques, and small businesses in southeast Michigan. Logistic regression was used to estimate odds ratios and 95% confidence intervals for the association between ethnicity and self-reported heart disease before and after adjusting for demographic, socioeconomic status, health care, chronic conditions, and health behavior variables.

Participants: A sample of 2084 Arab, Chaldean, and African American women 18 years of age and older.

Results: The overall prevalence of heart disease was 5.1%. Estimates were higher for Arabs (7.1%), lower for Chaldeans (6.6%), and lowest among African Americans (1.8%). In the unadjusted model, Chaldeans and Arabs were four times more likely to have heart disease than were African Americans. However, in the fully adjusted model, the association between Chaldean or Arab ethnicity and heart disease was no longer statistically significant.

Conclusions: Arab or Chaldean ethnicity was not significantly associated with self-reported heart disease among women, which suggests that other factors account for this relationship. Future studies should collect more detailed socioeconomic status, acculturation, and health behavior information. (*Ethn Dis.* 2008;18:19–25)

Key Words: Arab, Chaldean, Heart Disease

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INTRODUCTION

Heart disease disproportionately affects minority women.¹ Although non-Hispanic Whites are usually used as the reference category for health comparisons in the United States, non-Hispanic whites are a heterogeneous group.² According to the Office of Management and Budget, non-Hispanic Whites include persons having origins in Europe, North America, or the Middle East.² Therefore, using Whites as the reference group may miss variations in the health status of other groups in the White category, such as individuals from the Middle East.

Because of the homogeneity assumed among Whites, little attention has been paid to the health status of subgroups within the white category. For example, Arab Americans, a subgroup within the white category, may exhibit better or worse health outcomes compared to non-Hispanic whites as a whole.^{3–7} The prevalence of self-reported heart disease for Arab Americans in two studies was 3.7%⁷ and 7.6%.⁶ Further, estimates varied among Arab American subgroups and by sex: the prevalence of self-reported heart disease was 2.2% for individuals who identified as Syrian/Lebanese, 4.6% for Jordanian/Palestinian, 4.7% for Yemeni, and 4.9% for Iraqi/Chaldean. In addition, 2.6% of Arab and Chaldean women reported having heart disease, compared to 3.0% of males.⁷

Arab Americans, especially women, should be included in the current discourse on race/ethnicity and health for a number of reasons. First, according to some studies, Arab Americans have worse health outcomes than do non-Hispanic Whites.^{3–7} Second, the Arab American population has been increas-

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ing during the past two decades (660,000 in 1980 to 1,189,731 in 2000 – an 80% increase).^{8,9} Michigan is home to the highest concentration of Arab and Chaldean Americans in any state.^{8,9} According to 2000 US Census data, $\approx 100,000$ persons who identified as Chaldean or Arab live in Macomb, Oakland, and Wayne Counties in Michigan.¹⁰ Third, Arab Americans are not a homogeneous group.^{8,9} Finally, Arab Americans, especially women, have largely been ignored in health research. Therefore, using data from the 2005 Health Assessment Survey (HAS), this study has two objectives: 1) to estimate the prevalence of heart disease among Arab and Chaldean American women in southeast Michigan and 2) to examine the association between Arab and Chaldean ethnicity and heart disease among a sample of women.

METHODS

Setting and Subjects

The objective of the HAS was to assess the prevalence of and risk factors for various chronic conditions among individuals attending the Arab American and Chaldean Council (ACC) so that appropriate prevention and intervention programs for the Arab and