INTRODUCTION

The Arab-American population in southeast Michigan comprises the largest Arab community in North America and the second largest outside the Middle East. Whereas Arab Americans share a common cultural and linguistic heritage, and possibly some ethnically linked risk factors and disease patterns, levels of health awareness and appropriate health-seeking behaviors are largely influenced by socioeconomic and educational factors. Arab Americans are not yet a federally recognized minority population. This population faces a number of cultural, social, and educational problems in adapting to the norms and practices of American society.

During the last several decades, a number of professional and community-based, service-oriented organizations have emerged, offering relevant services and educational programs. The Arab Community Center for Economic and Social Services (ACCESS) is a prime example of such an organization, with a focus geared to providing service to the lower socioeconomic strata of the Arab-American population, a group that shares similar demographics with other medically underserved communities in the United States.

Health education and health-related services are major components of the ACCESS programs that have witnessed an exponential growth in recent years. In addition to increasing the numbers and scope of these services, ACCESS has been particularly successful in establishing productive collaboration with both regional and national academic and community healthcare institutions. These partnerships have helped expand the services, but also have secured a number of state and federally funded grants. More recently, this scope has expanded internationally to establish collaborations with numerous institutions and individuals within most of the Arab countries.

When addressing the health needs and services of the community, ACCESS realizes that a major hurdle in obtaining services lies in the limitations of the larger healthcare delivery system to attend to the specific needs of this population. The need to address and bridge these difficulties resulted in a national conference on health issues in the Arab-American community. Such an event has transpired three times during the last six years. This supplement summarizes the proceedings of the third of these biennial events.

The objectives of the conference were to:

- Promote health and well-being among Arab Americans generally and, more specifically, to provide dedicated service organizations, including ACCESS and others, a valid scientific basis for planning health programs and activities.
• Incorporate the Surgeon General’s Healthy People 2010 goals, emphasizing health promotion and disease prevention, into its long-term objectives by addressing the key themes of Healthy People 2010 as they pertain to the Arab-American population.

To achieve these objectives, the conference was designed to bring together providers of care, health policy makers, researchers, educators, community advocates, and community participants in a highly focused forum. This provided a venue to promote cooperation and collaboration between academic institutions, healthcare providers, and community-based organizations in addressing the major health threats to the Arab-American community.

With its deliberations completed, this forum will disseminate scientific information regarding the prevalence of health risk factors in the Arab-American population. It will also develop concrete action plans to reduce the burden of disease, promote health and well-being, and narrow the gap between racial and ethnic groups as promulgated by long-standing public policy at local, state, federal, and international levels.

Based on the results from the previous two biennial conferences, ACCESS has been able to increase its ability to develop targeted programs and services that include campaigns on cancer, diabetes, cardiovascular, mental health, and environment services. Currently, ACCESS is the recipient of four funding awards from the National Institute of Health (NIH) and implements these projects in cooperation with major academic institutions such as the University of Michigan School of Public Health and Wayne State University College of Nursing.

Another important dimension of this conference has been the diverse and distinguished panel of experts in medicine, nursing, and public health from numerous academic institutions in multiple Arab countries. Data and experiences from countries including Egypt, Iraq, Jordan, Lebanon, Morocco, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, and Yemen were presented and discussed during the conference. The essence of these presentations is captured in these proceedings.

We sincerely hope that the outcome of this conference will be of interest and use to other immigrant communities and that the conference and its subsequent activities for Arab Americans can serve as a model for establishing the need to promote better understanding for cultural diversity as an essential component in effective healthcare delivery.

**STRUCTURE OF THE PROCEEDINGS: A GUIDE TO THE DOCUMENT**

Following this introduction, the document is arranged into five sections [II–VI], pertaining to the five major areas of focus adopted by the conference.

**Section II. Cancer and Women’s Health**

**Section III. Cardiovascular Diseases and Diabetes**

**Section IV. Environmental Health and Tobacco Use and Its Control**

**Section V. Public Health in the Arab World**

**Section VI. Mental Health**

**Section VII. Conclusions**

In most cases, the individual sections are arranged in the following format:

Part A—Overview: provided by the co-editors of each section with the intention of highlighting the objectives of the section and emphasizing the important contents of the different components of the sections.

Part B—Summary of the key note presentations: offering the main points made by the invited experts on the sections’ topics.

Parts C, D, E—Subsections pertaining to the individual papers, summaries, and abstracts of the session. Some sections will have more than three subsections in this area.

**Part F—Summary of the Session**

Please note: the major exception to this flow is Section IV: Environmental Health and Tobacco Use and Its Control, which, in addition to the individual papers, also contain summaries of the NIH-funded collaborations between ACCESS and various universities. (Ethn Dis. 2005;15[suppl 1]:S1-vii–S1-viii)

**ACKNOWLEDGMENT**

The editors of this publication and organizers for the 3rd Biennial National Conference wish to express gratitude and appreciation to all those who contributed to the success of the Conference on Health Issues in the Arab-American Community. The conference brought together local, national, and international providers of health care, health policy makers, researchers, educators, and community advocates. Their work helped disseminate important scientific information regarding the prevalence of health risk factors in the Arab-American communities. It made possible the formulation of concrete action plans to reduce the burden of disease and promote health and well-being in this population. This model is applicable to other immigrant and ethnic groups who face similar challenges in health promotion and disease prevention in their respective groups.

Also vital to the success of the conference was the partnership with the Wayne State University, School of Medicine; the Scientific Committee under the leadership of Dr. Wael Sakr, the Organizing and Steering Committees (see Appendix), and all the presenters, contributors, and editors for their dedication and scholarly contributions.

The amount of resources necessary to successfully hold a scientific event of this magnitude can only be realized by the vision, dedication, and generosity of a great team. Special thanks to all our conference sponsors who made this event possible (see Appendix).

We look forward to an even greater success at the 4th Biennial National Conference on Health Issues in the Arab-American Community scheduled to take place in September 2005. Please visit our website for details and updates at: www.accesscommunity.org.

Respectfully submitted,

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