## RESOLUTION

Subject: The Classification of Arab and Middle Eastern North African Patients as White and its Impact on Health Disparities

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Referred to: Reference Committee

WHEREAS, Arabs in the United States Census are classified as White, health disparities go undocumented in this population<sup>1</sup>; and

WHEREAS, prejudice and discrimination against the Arab community have impacted health outcomes and susceptibility to violence<sup>2</sup>; and

WHEREAS, evidence has linked racism to health disparities in diverse populations<sup>2</sup>; and

WHEREAS, categorizing Arabs, a minority population, as white leads to undocumented health disparities and invisibility in research<sup>1</sup>; and

WHEREAS, Arabs in the United States are typically perceived and treated as though they are non-White due to ethnicity, culture, religion, and immigration status<sup>1</sup>; and

WHEREAS, nearly a quarter of Arabs in the United States live in poverty<sup>1</sup>; and

WHEREAS, 61% of Arabs in the United States speak a language other than English at home<sup>1</sup>;

and

WHEREAS, 60% of Arabs reported discrimination at work following the incidence of the 9/11 attack<sup>1</sup>; and

WHEREAS, 40% of Americans reported personal prejudice toward Arabs or Muslims<sup>1</sup>; and

WHEREAS, disease prevalence and barriers to care are unknown in this population due to lack of classification in research<sup>1</sup>; and

WHEREAS, anti-Arab sentiment was correlated to depression and unhappiness, outlining the still unknowns of potential disparities in mental health outcomes<sup>1</sup>; and

WHEREAS, the lack of disaggregation of data between Arabs and Whites creates issues concerning external validity of research data<sup>3</sup>; now, therefore, be it

RESOLVED, that KMA encourages health care providers to create a demographic for Arabs and those of Middle Eastern and North African origin to have their own classification in categorizing race and ethnicity; and be it further RESOLVED, that KMA recognize Arab and Middle Eastern North African communities as minority populations; and be it further

RESOLVED, that KMA encourage research efforts that consider all minority populations including the Arab community; and be it further

RESOLVED, that the medical community should broaden research efforts to include unknown communities facing similar concerns.

## **References:**

1. Abboud S, Chebli P, Rabelais E. The Contested Whiteness of Arab Identity in the United States: Implications for Health Disparities Research. Am J Public Health. 2019 Nov;109(11):1580-1583. doi: 10.2105/AJPH.2019.305285. Epub 2019 Sep 19. PMID: 31536397; PMCID: PMC6775909.

Awad GH, Abuelezam NN, Ajrouch KJ, Stiffler MJ. Lack of Arab or Middle Eastern and North African Health Data Undermines Assessment of Health Disparities. Am J Public Health. 2022 Feb;112(2):209-212. doi: 10.2105/AJPH.2021.306590. PMID: 35080949; PMCID: PMC8802571.

<sup>3.</sup> Ford CL, Sharif MZ. Arabs, Whiteness, and Health Disparities: The Need for Critical Race Theory and Data. Am J Public Health. 2020 Aug;110(8):e2-e3. doi: 10.2105/AJPH.2020.305749. PMID: 32639902; PMCID: PMC7349458.