
A survey of skin disease and skin-related issues in Arab Americans

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Background: There is a paucity of knowledge relating to dermatologic conditions in Arab Americans.

Objective: To assess common skin diseases and concerns and to evaluate access to dermatologic care and perception of skin in Arab Americans.

Methods: Arab Americans from 3 Southeast Michigan locations (community health center [n = 207], mosque [n = 95], and church [n = 99]) completed a survey questionnaire.

Results: The most common self-reported skin conditions were acne, eczema/dermatitis, warts, fungal skin infections, and melasma. The most pressing skin concerns were uneven skin tone, skin discoloration, dry skin, acne, and facial hair. Significant associations exist between socioeconomic status and having seen a dermatologist. Attitudes surrounding skin perception were related to the number of years of residence in the United States.

Limitations: The skin condition data were gathered from a self-reported survey.

Conclusions: Skin conditions and other related issues that affect Arab Americans are similar to those which affect other skin-of-color populations. (J Am Acad Dermatol 2007;56:933-8.)

The population of the United States is ethnically and culturally diverse. Arab Americans constitute an ethnic group that comprises several generations of immigrants from the Arabic-speaking countries of southwestern Asia and North Africa that have been settling in the United States since the 1880s. Currently, an estimated 3.5 million Arab Americans live in the United States.¹ Throughout the United States, the Arab American community is diverse in terms of country of origin, with Lebanese Americans representing the largest group.² Michigan has the highest concentration of

Arab Americans in the United States. Approximately 490,000 Arab Americans reside in Michigan, with 39% living in Wayne County, located in southeast Michigan. Michigan's Arab American population grew by more than 65% between 1990 and 2000. In Michigan, although Lebanese Americans represent the largest ethnic group, the largest number of new immigrants came from Iraq in the 1990s, following the Gulf War.³

According to the year 2000 census data, the analysis of the US population demonstrates that there will be a remarkable shift in the country's demographics in the 21st century, with a profound growth rate among many different ethnic groups.^{4,5} It is predicted that approximately 48% of the US population will be non-Caucasian by the year 2050.^{5,6} Cutaneous diseases often present differently in those individuals with skin of color. In the United States, the epidemiology of skin disease in ethnic populations has been studied in Hispanics, African Americans, Asians, and Native Americans.⁷ Skin of color or ethnic skin has been traditionally defined as non-Caucasian darker skin, specifically Fitzpatrick skin phototypes IV, V, and VI.^{6,8} Individuals of Arab descent are often classified as Caucasian; however, they possess a wide spectrum of different skin colors. For example, individuals having Lebanese or Syrian

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origin tend to have fair skin; whereas those individuals of Yemeni origin tend to have more darkly pigmented skin.

Despite the growth of the Arab American population, there is a paucity of knowledge relating to dermatologic conditions in Arab Americans. The aims of this study were to determine the most common skin diseases and concerns among Arab Americans and to assess access to dermatologic care and perception of skin in an Arab American community in southeast Michigan.

METHODS

A total of 421 adult Arab Americans, ages 20 to 80 years, from 3 different locations in the metropolitan Detroit/southeast Michigan area—a community health center, a mosque, and church—were asked to participate in a cross-sectional study. The study involved taking a survey in the form of a self-completed questionnaire.

During the first phase of survey development, the initial question pool was generated by the authors, and the initial items were composed to assess the most common skin diseases (ie, diagnosis given previously by a physician) and concerns (ie, participants' own concerns), and access to dermatologic care and perception of skin among Arab Americans. These items went through numerous vetting sessions. Several items were revised for clarity and to ensure responder comprehension. Once the revision process was completed, the survey was translated into Arabic by a certified Arabic language translator. Both English and Arabic versions of the survey were field tested during a health fair at the community health center. Twenty-one individuals participated in the field testing process. During the brief cognitive interview following each administration, all of the responders reported that they had understood the survey items and could complete the survey in less than 15 minutes. On the basis of the participants' input during the field testing session, minor changes were made in the demographics section of the questionnaire. Furthermore, during the field testing session, several responders had not completed the entire survey. Thus to resolve this issue, when the study was conducted, each participant was encouraged to complete the entire survey during the informed consent process. The study was approved by the Institutional Review Board of Henry Ford Hospital, Detroit, Michigan (IRB Protocol number 3457, 4/11/05).

After the field testing session, the study was conducted at the community health center, at the mosque, and at the church. Systematic sampling was employed, which involved identifying a random start

where every n th element was selected to participate (ie, where $n = 3$, we sampled every third participant). At the community health center, every third patient scheduled for a clinic appointment was invited to complete the questionnaire. At the mosque after Friday prayer and at the church after Sunday mass, every third person who exited the worship area was invited to complete the survey. The appointment schedule at the community health center was random, as were the exit patterns from worship areas within the mosque and church.

Once informed consent was obtained, the participants were given a questionnaire to complete in either English or Arabic. In addition to the questions pertaining to dermatologic conditions, disease and other skin-related issues, demographic information, including sex, age, educational level, income level, country of origin, and number of years spent living in the United States, were also collected.

The mosque and church samples were similar in terms of socioeconomic status and were therefore combined for analysis purposes. The statistical software package, *Statistical Package for the Social Sciences* (SPSS), version 13.0 (SPSS 13.0 for Windows, Chicago, Ill, 2004) was used. Basic descriptive statistics were generated and included the means, medians, and frequencies. The contingency data were analyzed using the Pearson chi-square statistic. In addition, odds ratios were derived. An alpha level of 0.05 was determined to be statistically significant. The comparison of proportions test was also performed.

RESULTS

Demographics

Of the 421 participants given the questionnaire, 401 individuals (95.2%) completed the survey in its entirety (community health center [$n = 207$], mosque [$n = 95$], church [$n = 99$]). Data from these 401 individuals were included in the analysis. The demographic data, including sex, age, and country of origin for the 401 participants, is detailed in Table I.

Income level was significantly different between the community health center population and the mosque and church population (Table I). In addition, the mosque and church population participants reported a significantly higher overall education level in comparison to the community health center participants. In contrast to the mosque and church population, the community health center population represented a group of individuals who were newer immigrants to the United States.

Self-reported skin diseases and concerns

The 5 most common self-reported skin diseases, based on diagnoses given previously by a physician,

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