Author's response to reviews

Title: The health of Arab-Americans living the United States: a systematic review of the literature

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Author's response to reviews:

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Dear Editor:

Thank you for the review of our paper. We are grateful for your and the reviewers’ thorough read and edits, which we believe has led to an improved manuscript. We have, in this revised version addressed all reviewer comments and summarize our edits to the MS below.

Reviewer 1 report:

SUMMARY
This engaging and important paper presents the findings of 34 published studies that investigated biological or psychological morbidities of Arab-Americans and discusses some factors that may influence these effects compared to non-Arab-Americans. This manuscript presents an especially significant topic within social epidemiology and areas of investigation that extend beyond it. Overall, my comments are inconsequential to the main thrust of the paper. Here are my comments:

Thank you.

INTRODUCTION

1) Discretionary Revision. Please reference and/or briefly expand upon: “... they share a set of cultural norms, heavily influenced by Islam, that may substantially influence health behaviors.” This is particularly important due to the fact that health behaviours are significantly associated with many of the health-related outcomes that are discussed in the paper.

   We have expanded the statement in the present form of the MS by adding: “...they share a set of cultural norms, heavily influenced by Islamic behavioral restrictions, that may substantially influence health behaviors.”

2) Discretionary Revision. While describing Arab-Americans in the US, please add a reference for: “As compared to the general US population, AAs are on the
whole better educated, more affluent, and more likely to be entrepreneurs or own businesses."

We have added the noted citation directly following this statement in the present form of the MS.

METHODS
1) Discretionary Revision. This paper reviewed research published from 1980 to 2008 to “reflect current thinking about the relation between ethnicity and health”. Given the recent events mentioned on Page 1 (e.g., 911 and the war in Iraq) it may be important to mention how many articles were published following these events. This is may be important considering the citation in the current research of Lauderdale (2006) that found proximity in time to such events may negatively influence the outcomes discussed. Are the effect sizes, of the available and relevant studies, moderated by year of study (pre- vs. post-event(s))? If so, this may be something to add the results and/or discussion section(s).

We appreciate the reviewers point. However, we feel that the issue is sufficiently discussed in the discussion section. “… the literature about AA health has yielded few studies explicitly concerned with the health effects of potentially important exposures, such as…discrimination among AAs. For example, as an ethnic group, AAs have been systematically targeted for discrimination—more so since the terrorist attacks of September 11, 2001 and the subsequent wars in Afghanistan and Iraq [4, 5]. However, there are only two studies of which we are aware that explicitly explore the relation between discrimination and health among AAs.”

RESULTS
1) Minor Essential Revision. Seven morbidity clusters were said to have emerged from the search; however, these clusters are in fact a result of the keywords used in the article search methodology. It is possible that less specific terminology may have generated different and/or additional clusters. Either a) the fourth sentence of the first paragraph of this section should be re-worded to reflect this notion and the introduction expanded to justify why these seven specific morbidities were selected or b) it should be discussed in a limitations section at the end of this paper.

In the present form of the MS, we altered the fourth sentence of the first paragraph of the results section to “We organized our findings around eight morbidity clusters…”. We also included the following caution in the limitations section of the discussion: “There are several cautions that should be noted when interpreting the findings of this review. First, we organized our findings around eight morbidity clusters. It is important to note that this organization was likely influenced by the search terms used in the article search methodology.”

2) Minor Essential Revision. Please indicate in the first paragraph of this section how many of the 34 papers directly compared Arab-Americans to other groups in the US population in tandem. These papers best represent the crux of the thesis
that suggests Arab-Americans have unique health-inequalities compared to other groups.

We have included the following statement in the present form of the MS: “Of the reviewed articles, only 7 reported direct comparisons of health metrics between AAs and other racial/ethnic groups.”

3a) Minor Essential Revision. The ‘Women and Children’s Health’ and ‘General Health’ sections are largely a paper-by-paper review of the related findings. It may be useful to condense these sections to present overall findings that better inform the theses of the paper.

While the “General Health” section of the former version of the MS was largely a paper-by-paper review of a relatively heterogeneous collection of reports, we find the “Women and Children’s Health” section to be more in line with the theses of the review upon removing from that section the study about attitudes toward domestic abuse, as is done in the present form of the MS. In line with the revision recommended below, we have reorganized the former “General Health” section and a portion of the “Women and Children’s Health” section into two sections entitled “Health and Illness Psychology” and “Miscellaneous Reports”. We believe that this reorganization scheme serves to better frame the reviewed articles within the context of the overall theses of the paper. However, since both sections still contain relatively heterogeneous studies, attempting to more broadly condense the material may 1) lead to conclusions that are not based in the data, and 2) fail to communicate the disparate foci of the papers discussed therein.

3b) Discretionary Revision. In order to condense these sections, perhaps this section could be broken down into further sub-headings. For example, “Health and Illness Psychology” could be used to synthesize the findings on health care needs, self-reported health and activity limitations, and HIV/AIDS knowledge and attitudes. From a psychosocial epidemiological perspective, ‘psychological well-being’ may represent an eighth morbidity cluster that is unique to the ‘mental health’ cluster such that it does not connote the ‘mere’ absence of a mental disorder. The same could be said for the remaining studies reviewed in this section. Each remaining study may be a cluster in its own right but sufficient research has not yet established them as such. This possibility should be mentioned in the limitations section and/or future directions section.

In the present form of the MS, the “Mental Health” section has been renamed “Psychological Well-being”, and an eighth cluster entitled “Health and Illness Psychology” has been created that reviews studies concerned with health care needs, self-reported health and activity limitations, HIV/AIDS knowledge and attitudes, and attitudes toward domestic abuse. The “General Health” section was renamed “Miscellaneous Reports” to better reflect the heterogeneous nature of the studies reviewed therein. The following was added to the limitations portion of the “Discussion” section: “…while several of the topics discussed in articles reviewed in the “Miscellaneous Reports” portion of the results may represent defined morbidity clusters in their own right, there was not sufficient published research to establish any of them as such with regard to the health of AAs living
DISCUSSION

1a) Minor Essential Revision. The discussion begins by assessing the limitations inherent within (a) interpreting so few published findings and (b) the published findings themselves. An introductory paragraph should be added before this limitations discussion that recapitulates the major findings of the current review to support and emphasize the importance of the theses presented in the paper.

Following the reviewer’s recommendation below, in the present form of the MS, we have moved the first paragraph of the “Conclusions” section to the first paragraph of the “Discussion” section.

1b) Discretionary Revision. Perhaps the first paragraph of the ‘Conclusions’ section could be moved to act as this summary.

Again, in the present form of the MS, we have moved the first paragraph of the “Conclusions” section to the first paragraph of the “Discussion” section.

2) Discretionary Revision. The discussion on the limited external generalizability outside of Michigan is excellent; however, a strength that is contained within this limitation is that there is high internal validity among the published studies to date. As a result, the findings reviewed are essential for health promotion intervention design for those Arab-Americans living within Michigan. However, a long discussion on this detail may be beyond the scope of the current paper.

We appreciate the reviewer’s observation in this regard. However, given the scope of the current paper as a review about the health of Arab-Americans living in the US, we feel that a discussion about the role of the internal validity of studies within Michigan in health promotion intervention design within that state may distract the reader from the overall discussion of the overuse of convenience samples in Michigan as a limitation to our understanding of Arab-American health across the US, and from the main aim of the review.

3) Minor Essential Revision. What are some of the limitations of the current paper (e.g., publication bias due to the fact that only published papers were reviewed)? Also, please refer to the first and last points made in the ‘Results’ section above.

The following paragraph was added to the “Discussion” section in the current form of the MS: “There are several cautions that should be noted when interpreting the findings of this review. First, we organized our findings around eight morbidity clusters. It is important to note that this organization was likely influenced by the search terms used in the article search methodology. Second, because our inclusion criteria restricted the articles reviewed herein to those published in peer-reviewed journals, there may be publication bias regarding the articles discussed in this review. Therefore, our findings may not accurately reflect current knowledge about Arab-American health in the US. Third, while several of the topics discussed in articles reviewed in the “Miscellaneous Reports” portion of the results may represent defined morbidity clusters in their
own right, there was not sufficient published research to establish any of them as such with regard to the health of AAs living in the US.”

CONCLUSIONS
1) Discretionary Revision. I suggest expanding this heading to encompass the important future directions outlined: “Conclusions and Future Directions”.

The heading has been altered to “Conclusions and Future Directions” in the present form of the MS.

REFERENCES
1) Minor Essential Revision. A very minor editorial comment: There are a number of formatting errors in the reference section, including a rogue punctuation mark between references 59 and 60.

The references have been rechecked for formatting errors, and all known errors have been corrected in the present form of the MS.

TABLE 1
1) Minor Essential Revision. Table 1 is very informative and useful; but, it has a number of minor formatting errors. For a few examples, the “location” for Jamil et al., 2008[15] (page 27), Jamil et al., 2005[47] (page 31), and El-Essawi et al., 2007[68] (page 33) are not capitalized. Also, in order to be consistent with the rest of the manuscript, on page 34, there should be a space after the equation sign for your odds ratios abbreviation.

The table has been rechecked for formatting errors, and all known errors have been corrected in the present form of the MS.

Reviewer 2 report:
I have no comments to add. The paper is excellent as is.

Thank you.

If you have any questions or comments please do not hesitate to contact the corresponding author. Thank you for your continued interest in this mS. We look forward to hearing from you.

Sincerely yours,

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