Reviewer's report

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

Version: 1 Date: 16 June 2009

Reviewer: Brad Meisner

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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:

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.

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."

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).

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.

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.

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.

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.

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.

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

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.

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

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.

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.

RECOMMENDED GUIDELINES
1. Is the question posed by the authors well defined?
   Yes.

2. Are the methods appropriate and well described?
   Yes.

3. Are the data sound?
   Yes. Presented clearly in Table 1.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   For the most part, yes. However, some elaboration in the discussion as mentioned above would improve the overall quality of the paper.

6. Are limitations of the work clearly stated?
   A limitations section of the current project should be added to the discussion.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Only published papers were considered. This should be stated in the limitations section that should be added to the discussion.

8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Yes.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.