National Network for Arab American Communities

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Establishment of "MENA" Category for Arab American Representation

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Executive Summary

By any reasonable measure, the Arab American and broader Middle Eastern and North African (MENA) community are a historically underserved community, whether in the areas of public health, financial services, or entrepreneurial growth programs, among others. At the same time, the MENA community is marginalized and excluded from Federal programs designed to expand access to healthcare, financial services, and business development assistance. Under our current Federal standards for community group recognition, Middle Easterners and North Africans are effectively classified as "White" – the most recent guidance defines "White" people as "a person having origins in any of the original peoples of Europe, the Middle East, or North Africa."

Given the political and economic significance of data on race and ethnicity, this categorization is significant and harmful for Arab Americans and the broader MENA community. Likewise, NNAAC will pursue pathways to establish a 'MENA' category within our Federal standards for data collection and reportage on race and ethnicity. NNAAC will also pursue reforms to programs that address the social and economic conditions of minority populations, disadvantaged individuals, and underserved communities.

What is the Arab American and broader MENA Community?

MENA is short for Middle Eastern or North African. The MENA designation includes the diversity of people living in a distinct geographic region of the globe, the nationalities of which include all member countries of the Arab League (Algeria, Bahrain, Comoros Islands, Djibouti, Egypt, Iraq, Jordan, Kuwait, Libya, Lebanon, Mauritania, Morocco, Palestine, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen) as well as countries like Iran, Turkey, and/or Israel.

Accordingly, the MENA region is *not* comprised of just one faith, cultural, or linguistic tradition, but of diverse ethnic and religious groups such as Assyrians, Chaldeans, Copts, Druze, Kurds, Shi'a and Sunni Muslims.

Historical Background of MENA Exclusion

Like many underserved populations, the Arab American and broader MENA community is subject to systemic exclusion from the established pathways for community advancement; our unique health needs, small business concerns, residential segregation in ethnic enclaves, and linguistic and cultural barriers to familial or professional development are underrepresented or outright excluded from consideration in Federal programs designed to address those very conditions. The historical roots of systemic MENA exclusion date back to the 1970s.

Starting in the 1970s, Congress begins to vest the Office of Management and Budget (OMB) with the authority to coordinate systems for data collection *and* procurement. In 1977 the OMB issued the 'Race and Ethnic Standards for Federal Statistics and Administrative Reporting' and set forth statistical policy directives to guide Federal data collection processes. Statistical Policy Directive No. 15 required compilation of data for four racial categories (White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander), and an ethnic category to indicate Hispanic origin, or not of Hispanic origin. In the following years, Congress authorizes programs to drive resources to racial and ethnic minorities, socially and economically disadvantaged individuals, and underserved communities. When these pieces of legislation go to Executive agencies for implementation, they effectively cross-reference OMB's Statistical Policy Directive No. 15.

In other words, OMB policies determine which groups are recognized and which receive government resources. Since Arab Americans are excluded from the list of racial and ethnic minority groups, we have limited access to resources authorized for minority groups, disadvantaged individuals, and underserved communities. In effect, this marginalizes the unique needs of a population with cultural and linguistic barriers, as well as pre-existing conditions that are inherited from either their descendants or their countries of origin. The lack of a racial/ethnic identifier for the Arab American community has also suppressed groups from trying to articulate the Arab American community as one of the groups for whom racism deleteriously affects health outcomes.

Benefits to MENA Inclusion

For one, the existing data on the Arab American community is limited because the Federal statistical policy directives do not require disaggregated data on individuals from the (Middle East and North Africa) MENA region. Instead, Arab Americans are collapsed into the White reference category. Individual respondents ultimately determine if MENA is an appropriate identifier for them. However, given the diverse origins and experiences of the migrants from the MENA region, a mix of factors may determine an individual's choice to identify with the MENA community. There are both descriptive and normative reasons for supporting establishment of a MENA category in Federal programs.

The MENA category also resonates with Arab Americans the broader MENA diaspora. The U.S. Census Bureau convened a "2015 Forum on Ethnic Groups from the Middle East and North

Africa" and tested the use-value of a MENA category in the 2015 National Content Test.[1] They found that respondents were significantly less likely to choose another racial category when offered a distinct MENA category. When no MENA category was present, 86% of MENA respondents identified as white, whereas only 20% did so when a MENA category was included.[2]

Additionally, disaggregating broad racial categories allows for better understanding of the health, social, education and economic factors which influence life chances. With disaggregated data, intragroup differences are more visible. Differences in health outcomes between various national origin groups have been documented in Michigan, and differences in behaviors and outcomes based on generation status in California.[3][4] There are many significant differences in health behaviors and outcomes, education, and income between whites and those in the MENA community.[5][6][7][8][9][10][11] MENA Americans have been found to have lower incomes and higher education levels, as well as higher levels of tobacco use and lower cancer screening rates than the majority white population.

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[1] Buchanan, A., Marks, R., Figueroa M.A. (September 7, 2016). 2015 Forum on Ethnic Groups from the Middle East and North Africa. *Population Division – U.S. Census Bureau*. <https://www.census.gov/content/dam/Census/library/working-papers/2015/demo/MENA-Forum-Summary-and-Appendices.pdf>.

[2] Matthews, K., Phelan, J., Jones, N. A., Konya, S., Marks, R., Pratt, B. M., ... & Bentley, M. (2017). 2015 national content test race and ethnicity analysis report: A new design for the 21st century

[3] Ajrouch, K. J., & Jamal, A. (2007). Assimilating to a White Identity: The Case of Arab Americans. International Migration Review, 41(4), 860–879. https://doi.org/10.1111/j.1747-7379.2007.00103.x

[4] Abuelezam, N. N., El-Sayed, A. M., & Galea, S. (2019). Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC public health*, *19*(1), 892. https://doi.org/10.1186/s12889-019-7233-z

[5] Abuelezam, N. N., El-Sayed, A. M., & Galea, S. (2019). Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC public health*, *19*(1), 892. https://doi.org/10.1186/s12889-019-7233-z

[6] Abuelezam, N. N., El-Sayed, A. M., & Galea, S. (2018). The Health of Arab Americans in the United States: An Updated Comprehensive Literature Review. *Frontiers in public health*, *6*, 262. https://doi.org/10.3389/fpubh.2018.00262

[7] Abuelezam, N. N., & El-Sayed, A. M. (2021). Objective and subjective poor mental health indicators among Arab Americans in Michigan: a population-based study. *Ethnicity & health*, *26*(2), 225–234. https://doi.org/10.1080/13557858.2018.1494822

[8] Ajrouch, K. J., & Antonucci, T. C. (2018). Social Relations and Health: Comparing "Invisible" Arab Americans to Blacks and Whites. *Society and mental health*, *8*(1), 84–92. https://doi.org/10.1177/2156869317718234

[9] Dallo, F. J., Prabhakar, D., Ruterbusch, J., Schwartz, K., Peterson, E. L., Liu, B., & Ahmedani, B. K. (2018). Screening and follow-up for depression among Arab Americans. *Depression and anxiety*, *35*(12), 1198–1206. https://doi.org/10.1002/da.22817

[10] Kindratt, T. B., Dallo, F. J., & Roddy, J. (2018). Cigarette Smoking among US- and Foreign-Born European and Arab American Non-Hispanic White Men and Women. *Journal of racial and ethnic health disparities*, *5*(6), 1284–1292. https://doi.org/10.1007/s40615-018-0476-z

[11] Dallo, F. J., & Kindratt, T. B. (2016). Disparities in Chronic Disease Prevalence Among Non-Hispanic Whites: Heterogeneity Among Foreign-Born Arab and European Americans. *Journal of racial and ethnic health disparities*, *3*(4), 590–598. https://doi.org/10.1007/s40615-015-0178-8

Ethnicity and race are important determinants of health in Arab American infants.[12] Arab American mothers have higher odds than non-Hispanic white mothers of initiating breastfeeding, giving birth to small-for-gestational-age infants, and having gestational diabetes.[13] Other recent research identifies disparities between Arabs in the United States and non-Arab White Americans in terms of poverty, language access, and insurance coverage.[14]

The MENA diaspora in America has experienced persistent and systemic stigma and discrimination, particularly due to the racist backlash at home from American geopolitical and military campaigns abroad. For example, the Arab-Israeli War of 1967, the War on Terror, and the Arab Spring, to name a few, accomplished a sort of second-order effect by creating a surplus population of Arab émigrés fleeing from violence or state breakdown. When they arrive from the Middle East and North Africa, they come to America as a racialized and under-resourced population.[15] The most recent issue of the *ACCESS Health Journal* published studies which identified "a growing body of research" indicating that Arab Americans, particularly refugees, "are subject to a host of stressors, including discrimination, lack of social support, and economic hardship that could detrimentally influence their mental health" but which are under-emphasized without "the introduction of an Arab-origin or MENA identifier in nationally representative epidemiologic surveys."[16]

Altogether, these factors suggest that there is a significant community in this country underserved by the lack of a MENA category and for whom only organizations serving members of the MENA community can provide culturally and linguistically appropriate services. Nadia Abuelezam and Sandro Galea assessed data from the 2003-2016 California Health Interview Survey (CHIS) to better understand "the generalizability of the inferences from each of [the] strategies" to study Arab American health outcomes without a MENA category, and ultimately found that, "without MENA identifier … [Arab Americans] remain a difficult population to identify in public health research."[7] This inclusion will improve health disparities data and "[expand] the funding opportunities for health researchers to address and reduce [health] disparities among Arabs in the United States."[8]

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[12] Abuelezam NN, Cuevas AG, El-Sayed AM, Galea S, Hawkins SS. Infant Health for Arab and Non-Arab Mothers Identifying as White, Black, or Other in Massachusetts. Am J Prev Med. 2021 Jan;60(1):64-71. doi: 10.1016/j.amepre.2020.06.032. Epub 2020 Oct 2. PMID: 33019995.

[13] Abuelezam NN, Cuevas AG, Galea S, Hawkins SS. Maternal Health Behaviors and Infant Health Outcomes Among Arab American and Non-Hispanic White Mothers in Massachusetts, 2012-2016. Public Health Rep. 2020 Sep/Oct;135(5):658-667. doi: 10.1177/0033354920941146. Epub 2020 Aug 17. PMID: 32805192; PMCID: PMC7485048.

[14] Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. Am J Public Health. 2011;101(suppl 1): S149–S155; Abuelezam NN, El-Sayed AM, Galea S. Arab American health in a racially charged US. Am J Prev Med. 2017;52(6): 810–812.

[15] Abboud S, Chebli P, Rabelais E, "The Contested Whiteness of Arab Identity in the United States: Implications for Health Disparities Research," *American Journal of Public Health* 109 (September 19, 2019): 1580-1583.

[16] Sanjana Pampati, Carlos Mendes de Leon, Madiha Tariq, Evette Cordoba and Zaineb Alattar," The Mental Health of Arab Americans. Finding from Southeast Michigan," *ACCESS Health Journal* 4th Issue, (Spring 2019): 261-2.

NNAAC's Position

NNAAC supports the revision of the Office of Management and Budget's Statistical Policy Directive No. 15 to include the Middle Eastern and North African (MENA) community, as well as amendments to social service provision programs that target racial and ethnic minority groups, socially and economically disadvantaged populations, and underserved communities.

For these amendments, implementation guidance should follow from the Asian & Pacific Islander American Health Forum (APIAHF) joint report:

> ☐ Middle Eastern or North African – Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.[1]

Section 1707(g) of the Public Health Service Act cross-references OMB SPD No. 15 to identify disparate impact in health care and health services and apportion funds and resources authorized under the Office of Minority Health. Without a 'MENA' category within the Federal standards, then public health disparities between the general population and the MENA population will persist. **Section 1707(g) can be amended or reinterpreted to include MENA as a racial and ethnic minority group and target funds toward community-based organizations (CBOs) serving MENA communities.**

The Small Business Administration cross-references OMB SPD No. 15 in its interpretation of Section 8(a) of the Small Business Act, which articulates that small business concerns of "socially and economically disadvantaged" are entitled to technical assistance and support from the Federal government. **Section 8(a)(4) of the *Small Business Act* (15 U.S.C. 637) can be amended or reinterpreted to include the "Arab/Middle Eastern and North African" population among the designated groups for whom "there is a rebuttable presumption" of being "socially disadvantaged" and, therefore, considered by the Small Business Administration "economically disadvantaged."**

The Treasury Department cross-references OMB SPD No. 15 in its definition of "minority depository institution", which is the type of entity eligible for "financial assistance through equity investments, deposits, credit union shares, loans, and grants," as well as technical assistance either "directly; through grants; or by contracting with organizations that possess expertise in community development finance."[17] **Section 308(b) of H.R.1278, the *Financial Institutions Reform, Recovery, and Enforcement Act* (FIRREA) (12 U.S.C. 1811)[18] can be amended or reinterpreted to include the MENA community.**

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[17] H.R.3474 - 103rd Congress (1993-1994): Riegle Community Development and Regulatory Improvement Act of 1994." 1994, September 23). https://www.congress.gov/bill/103rd-congress/house-bill/3474.

[18] "H.R.1278 - 101st Congress (1989-1990): Financial Institutions Reform, Recovery, and Enforcement Act of 1989." *Congress.gov*, Library of Congress, 9 August 1989, https://www.congress.gov/bill/101st-congress/house-bill/1278.

Appendix I – MENA Inclusion within section 8(a) of the Small Business Act

The *Small Business Act* as amended (15 U.S.C. 631) established offices of small and disadvantaged business utilization across "each agency having procurement powers."[10] Today, that includes the Departments of Defense, Commerce, Energy, Transportation, State, Interior, and Justice, as well as the Social Security Administration. It also established a business development program that targets resources, including technical support and financial assistance, to "small business concerns" owned and operated by minority individuals. MENA entrepreneurs face unique barriers to enter the small business community and the SBA can be amended to formally include them as a group eligible for assistance under the 8(a) business development program.

A 2012 study of the Arab American small business and entrepreneurial community in Detroit, MI found that Arab American entrepreneurship contributed a significant amount to the economic stability of Detroit after the Great Recession.[19] It also identified success factors that are broadly replicable across the country, such as the necessity of community business assistance through social service organizations that close the gap between Arab American entrepreneurs and the linguistic or cultural barriers to small business ownership. Also crucial were capital investment funds, which facilitate the transfer of low or no interest rate startup or relief capital, as well as organizations that provide business training, opportunity searching, and instrumental support for start-up businesses.

Consideration of different group characteristics is a necessary precondition for the development of opportunity structures through which small businesses flourish in underserved communities. Without disaggregated data, we are unable to estimate the impact of small business downturns to local economies that rely upon small business concerns of the Arab American and broader MENA community. We are also unable to direct sufficient resources to local economies which may rely upon small business ownership from the Arab American and broader MENA community.

Appendix II – MENA Inclusion within section 308(b) of FIRREA

Recently, the Treasury Department allocated $9 billion in funding toward Certified Community Development Financial Institutions (CDFIs) and Minority Depository Institutions (MDIs). CDFIs specialize in serving individuals and communities that are underserved by traditional financial institutions. MDIs were formed to address discriminatory banking practices and to provide credit to groups of people who historically were denied credit. Section 308 of FIRREA cross-references the list of racial and ethnic minority groups to identify the groups which the Treasury Department will consider in assessments of whether "any Federally insured depository institution" qualifies as a "minority depository institution" (MDI). According to the FDIC, an

[19] Ola Marie Smith Roger Y.W Tang Paul San Miguel, (2012),"Arab American entrepreneurship in Detroit, Michigan", American Journal of Business, Vol. 27 Iss 1 pp. 58 – 79.

institution will be considered an MDI if most of its Board of Directors are minorities and if the community the institution serves is predominantly minority.

MDIs allocate funds to "any federally insured depository institution where 51 percent or more of the voting stock is owned by any "Black American, Asian American, Hispanic American, or Native American minority individuals," while the Federal Reserve's MDI Program provides "provides technical assistance for groups interested in organizing new institutions and applying for deposit insurance." In carrying out their mission, MDIs help communities that are challenged with demographic and economic weaknesses and in which options for accessing traditional banking services tend to be limited. They help to reduce the number of underbanked customers and provide banking services that may otherwise not be provided. Most MDIs are in America's major metropolitan areas, as is most of this country's Arab American population.

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