Disaggregation of Middle Eastern and North African (MENA) as a racial category: Improving data equity in the 2023 Community Health Equity Survey (CHES)

Kerra Washington, MPH, Anna Makaretz, MPH, Ana Kantorowski, MPH, Nick Griffiths, MPH, McKane Sharff, PhD, Caroline Stack, MPH, Lauren Kipling, PhD, Beth Haefner, MPH, Ta-wei Lin, DrPH, Beth Beatriz, PhD - Massachusetts Department of Public Health, Boston, MA

**Questions? Email us at** **CHEI@mass.gov**

**Background**

1.06% of the US population and 1.62% of the MA population identified as Middle Eastern or North African (MENA) alone or in combination with other racial categories in the 2020 Census.1 MENA residents represent multiple languages, races, religions, and ethnic-religions. Immigrants from MENA countries, including Lebanon, Syria, Egypt, Morocco, Iraq, Jordan, Palestine, Yemen, Tunisia, Algeria, Libya, and many Gulf countries, came to the U.S. over the course of four waves.2

**Watch and learn more about CHEI’s Racial**

**Justice Framing, including the CHEI Health Inequities Pathway**

Historical and geopolitical events have both driven MENA immigration waves and resulted in reactive U.S. immigration policies that have perpetuated Islamophobia. Systems of oppression like Islamophobia drive social determinants of health and drive health inequities. U.S. naturalization laws and court cases that prioritized citizenship of certain groups have influenced the U.S. Census’ definition of racial groups, including the guidance to categorize MENA residents as ‘White’.3 MENA residents have never had a dedicated race or ethnicity category on the U.S. Census and have been expected to utilize other racial categories.

Census race and ethnicity data are used to determine state congressional redistricting plans, monitor access to home mortgage loans, and assist minority business development4, making true representation of citizens’ identities vital to ensuring equitable distribution of resources that contribute directly to health. Population level surveys are important tools to assess health outcome burden and identify inequities within and across populations and along the health equity pathway. The 2023 Community Health Equity Survey (CHES) was conducted to better understand the health-related needs facing Massachusetts (MA) residents and how systems of oppression contribute to inequities along the pathway to health.

**First Wave: 1870s-1924 (~110,000 people)**

**Second Wave: 1948 to early 1960s (~80,000 people)**

**Third Wave: 1965 to 1990s (~400,000 people)**

**Fourth Wave: 2000s to Present**

MIDDLE EASTERN/NORTH AFRICAN U.S. IMMIGRATION WAVES AND SELECT POLICIES

**Racism is… A system of advantage based on race** David Wellman

**1915: Dow v. United States**

**1977: Statistical Policy Directive 15**

**1997: Revisions to the Standards**

**2023: Revisions to OMB Statistical Policy Directive No. 15**

An appeals judge rules that Syrians should be classified as ‘white persons’, allowing Arab Christians to be granted U.S. citizenship5

The Office of Management and Budget (OMB) **classifies descendants from Middle East and North Africa as "White"** 6

OMB states that **further research is needed** to determine the best way to improve data on MENA population group7

OMB adds ‘MENA’ as new minimum reporting category and removes references to MENA from ‘White’ category.6

**Methods**

**Results**

The 2023 CHES was a non-probabilistic population-based survey of MA residents aged 14+ administered July - Nov 2023 in 11 languages. In response to national dialogue and analysis of previous surveys, MENA was added as a response option in the survey’s combined race/Hispanic ethnicity question. We compared:

* The unweighted distribution of demographic characteristics of respondents identifying as MENA to the full CHES sample.
* Health-related indicators for those who self-identified as MENA to those who identified as other racial groups.

We calculated prevalence rates by race/ethnicity group and prevalence rate ratios with 95% confidence intervals (CIs) weighted to the Massachusetts distribution of age, race/ethnicity, education, and gender. Prevalence rate ratio estimates were considered statistically significant if the 95% CI did not include 1.0.

**CHES Race/Ethnicity Question**

**What is your race or ethnicity?**

*Select all that apply.*

* + American Indian or Alaska Native

(specify below)

* + Asian

**Learn more about CHES 2023 Background & Resources, including a copy of the full survey**

* + Black or African American
	+ Hispanic or Latine/a/o
	+ Middle Eastern or North African

Compared to the full sample, the percentage of MENA respondents identifying as women was lower (59.1% vs 73.0%) and the percentage who preferred a language other than English (36.7% vs 14.3%) and who were born outside the U.S. (34.4% vs 15.3%) were higher.

|  |
| --- |
| **Table 1: Demographic1 characteristics of MA respondents, 18 years or older, who responded to the survey and those who identified as Middle Eastern or North African (MENA)** |
| **Category** | **Characteristic** | Full Sample(N=18379) | MENA (N=161) |
| n | % | n | % |
| **Age** | 14-17 | 2073 | 11.3% | 43 | 26.7% |
| 18-59 | 10487 | 57.1% | 100 | 62.1% |
| 60+ | 5819 | 31.7% | 18 | 11.2% |
| **Gender Identity** | Woman, girl, female | 12864 | 72.9% | 91 | 59.1% |
| Man, boy, male | 4137 | 23.4% | 44 | 28.6% |
| **Preferred Language** | English | 15282 | 84.0% | 94 | 58.4% |
| Language Other Than English | 2608 | 14.3% | 59 | 36.7% |
| **Nativity** | Not born in the US | 2811 | 15.3% | 55 | 34.4% |
| Born in the US | 15323 | 83.6% | 101 | 63.1% |
| **Education (18 +)** | Less Than High School | 841 | 5.3% | 11 | 9.4% |
| High School/GED | 1325 | 8.3% | 5 | 4.3% |
| Some College | 1674 | 10.5% | 14 | 12.0% |
| Bachelor’s Degree | 4365 | 27.3% | 27 | 23.1% |
| Graduate Degree | 5921 | 37.0% | 55 | 47.0 % |

Compared to White, non-Hispanic/non-Latine (nH/nL) adult respondents, MENA adult respondents were:

* 1.44 times as likely to have ever experienced intimate partner violence (95% CI [1.26,1.65]), and
* 2.67 times as likely to report suicidal ideation in the past year (95% CI [2.08,3.43]); 19.6% reported past year suicidal ideation, the highest percentage among any race/ethnicity group.

**Intimate Partner Violence, Ever**

**Total**

29.6%

**American Indian/Alaska Native**

43.6%

**Asian or Pacific Islander, nH/nL**

13.9%

**Black or African American, nH/nL**

**Hispanic or Latine/a/o**

33.1%

31.5%

**Middle Eastern or North African**

**Multiracial**

**43.5%**

36.3%

**Other race, nH/nL**

**White, nH/nL**

27.4%

30.1%

0.0% 10.0% 20.0% 30.0% 40.0%

**Suicidal Ideation, Past Year**

**Total**

7.0%

**American Indian/Alaska Native**

11.6%

**Asian or Pacific Islander, nH/nL**  3.4%

**Black or African American, nH/nL**  6.0%

**Hispanic or Latine/a/o**  6.1%

**Middle Eastern or North African**

**19.6%**

**Multiracial**

14.0%

**Other race, nH/nL**  7.2%

**White, nH/nL** 6.7%

0.0%

5.0%

10.0%

15.0%

20.0%

**Health Outcomes by Race/Ethnicity** 2 – Percent among MA Adults (18 years and older)

1 Listed n and % may not total sample size/100% due to unreported ‘prefer not to answer’ or ‘other’ response options. Ns and % are unweighted.

2 To allow for report of data on racialized groups often underrepresented in datasets, respondents identifying as AI/AN or MENA were assigned to these groups, regardless of other selected identities.

**Acknowledgements**

* + Native Hawaiian or Pacific Islander (specify below)

**Conclusions**

* + White
	+ Other (specify below)
	+ Not sure
	+ Prefer not to answer

**Contact Info:** **Kerra.Washington2@mass.gov**

MENA residents have unique experiences, influenced by historical context and systems of oppression that would otherwise be obscured in other race/ethnicity categories in the absence of equity-centered data collection practices. By including a MENA response option and disaggregating analyses by MENA identity, CHES 2023 highlights:

* The imperative that the use of standardized race/ethnicity categories reflect the unique identities, lived experiences, and strengths of all residents
* The need for equity-centered data collection and analysis to inform action to address the social and structural drivers that impact the health and well-being of MENA residents along the health inequities pathway

Special thanks to the Islamic Society of Boston, a CHES mini- grantee recipient, and our Community Engagement Advisory Committee members.

**1 https://**[**www.census.gov/library/stories/2023/09/2020-census-dhc-a-mena-population.html**](http://www.census.gov/library/stories/2023/09/2020-census-dhc-a-mena-population.html)

**2 https://**[**www.state.gov/dipnote-u-s-department-of-state-official-blog/the-story-of-arab-americans-beginning-in-america-and-the-quest-for-fair-representation/**](http://www.state.gov/dipnote-u-s-department-of-state-official-blog/the-story-of-arab-americans-beginning-in-america-and-the-quest-for-fair-representation/)

**3 https://belonging.berkeley.edu/islamophobia/islamophobia-legislative-database**

**4 https://**[**www.federalregister.gov/d/2016-23672/p-32**](http://www.federalregister.gov/d/2016-23672/p-32)

**5 Dow v. United States, (United States Court of Appeals, Fourth Circuit September 14, 1915).**

**6 https://**[**www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and**](http://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and)

**7 https://obamawhitehouse.archives.gov/omb/fedreg\_1997standards**