

# Incorporating Religion into the Health Disparities Narrative

The University of Chicago hosts a conference on Advancing Muslim American Health Priorities

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**F**OR FAR TOO LONG, MUSLIM American health disparities have been placed on the national agenda's backburner. With a population predicted to double by 2050, the scattered projects on their health outcomes must be properly aligned for positive impact (<https://www.pewresearch.org/fact-tank/2018/01/03>).

According to the National Institute of Minority Health and Health Disparities, interventions on the individual, community and population levels are key to eliminating health disparities among minority groups (<https://nimhd.nih.gov/about/overview/mission-vision.html>). Despite this, neither the National Institutes of Health nor the Agency for Healthcare Research and Quality (AHRQ) consider Muslim Americans a health disparities population, and thus federal Health Disparities Strategic Plans and funding opportunities don't study of this population's religion-related health differences.

Demographically, the 2017 Pew Research Poll found that Muslim American population is diverse: roughly 41 percent are of Arab or Middle Eastern descent, 28 percent are Asian, 20 percent are black or African American, and 8 percent are Hispanic (<https://www.pewforum.org/2017/07/26>). The Institute for Social Policy and Understanding's American Muslim Poll, conducted in 2018, reported that 56 percent of Muslim Americans are immigrants, and despite commonly being pulled into the "model-minority" narrative, one-third of them live at or below the federal poverty line (<https://www.academia.edu/3754608>).

But even though the Muslim American community numbers almost 4 million, little existing empirical research explores



▲ Rami Nashashibi delivering the keynote address at A-MAP

the social, economic and racial factors that impact health differences between these Americans and other U.S. groups, and fewer studies examine how religion influences these disparities (<https://www.pewresearch.org/fact-tank/2018/01/03>). Tellingly, a systematic literature review found that between 1970-2009, only 171 empirical studies focused on Muslim American health disparities, and only a handful of these considered religious factors to impact Muslim health outcomes (<https://digitalscholarship.unlv.edu/jhdrp/vol8/iss1/1>).

However, research suggests that Muslims share certain beliefs, values and experiences that can shape health behaviors across racial and ethnic lines (<https://www.researchgate.net/publication/225086292>). Muslim Americans have been found to have a God-centric view of healing, with many using supplication and recitation of the Quran

as additional forms of disease treatment (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4428580>). Thus, for many Muslims, health is more holistic and religious practices are a means for healing beyond the biomedical model.

Beyond different ideas about healing, Muslim values of modesty also impact health-seeking behavior, screening practices and patient-physician communication ([https://www.tandfonline.com/doi/abs/10.1300/J013v28n03\\_04](https://www.tandfonline.com/doi/abs/10.1300/J013v28n03_04)). A study of mosque-attending Muslim women in Chicago found more than half of the participants reported delaying seeking care due to a perceived lack of female physicians (<https://www.ncbi.nlm.nih.gov/pubmed/26890129>). Additionally, Islamic law and ethics impact Muslim behaviors and attitudes toward biomedical interventions

such as vaccines, organ transplantation and end-of-life care (<http://www.sjkdt.org/article.asp?issn=1319-2442;year=1996;volume=7;issue=2;spage=109;epage=114;au-last=Albar>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3319889>; <https://journals.sagepub.com/doi/abs/10.1177/1526924819893933?journalCode=ptib>; <https://www.sciencedirect.com/science/article/pii/S0264410X14000504>).

To address these knowledge gaps and bring Muslim American health into the broader health disparities narrative, in 2017 and with support from the Patient-Centered Outcomes Research Institute (PCORI), the University of Chicago's Initiative on Islam and Medicine, the UMMA Community Clinic, the Whitestone Foundation and the Worry Free Community launched the Engaging Muslim Americans for Research on Community Health (E-MARCH) project.

This two-year endeavor had two goals: (1) to build community capacity for research by addressing knowledge as well as network gaps among motivated stakeholders and (2) to identify health priorities for mosque-based, patient-centered outcomes research.

In conjunction with a carefully recruited cohort of 16 Muslim community leaders and healthcare stakeholders, the E-MARCH project settled on mental, reproductive and sexual health as key priorities among Muslim Americans. These themes set the agenda for the Advancing Muslim American Health Priorities (A-MAP) conference held in 2019.

## **BUT EVEN THOUGH THE MUSLIM AMERICAN COMMUNITY NUMBERS ALMOST 4 MILLION, LITTLE EXISTING EMPIRICAL RESEARCH EXPLORES THE SOCIAL, ECONOMIC AND RACIAL FACTORS THAT IMPACT HEALTH DIFFERENCES BETWEEN THESE AMERICANS AND OTHER U.S. GROUPS, AND FEWER STUDIES EXAMINE HOW RELIGION INFLUENCES THESE DISPARITIES.**

Last October, the A-MAP conference was convened to (1) draw attention to Muslim American health challenges, broadly speaking; (2) develop mosque community-based PCOR approaches to mental, reproductive and sexual health disparities; and (3) build out a network of leaders and stakeholders who are conversant with the inner workings of mosques, as well as PCOR and community-engaged research. This multi-pronged effort would better position Muslim community members to participate in health research, interventions and programs that tackle pressing issues of relevance to our community.

The two-day conference, which hosted 94 policymakers, community activists, patients, physicians, psychologists, scholars and health professionals from across the country, included round table discussions that focused on (1) engaging mosque communities, (2) mental health, and (3) reproductive and sexual health. Researchers at various stages of their work were also offered the chance to present their findings to community stakeholders during a Health Research Shark Tank. Candid conversations about the unique health challenges faced by Muslim women, social stigma and the need for intersectionality in research emerged

through round table discussions and panel presentations.

Conference presenters also offered fresh perspectives on topics ranging from cancer screening to cardiovascular disease prevention programs. Many also noted that focus groups, crisis response teams and a diverse Community Advisement Board could enhance community involvement in PCOR and bring about larger-scale changes.

The novel Shark Tank sessions featured presentations of projects developed by the E-MARCH cohort members to a distinguished panel of experts (“sharks”): Aminah

Abdullah (Susan G. Komen Foundation-Chicago), Dr. Doriane Miller (University of Chicago Center for Community Health and Vitality), Courtney Clyatt (PCORI), Dr. Aziz Sheikh (University of Edinburgh Usher Institute) and Dr. Tariq Cheema (The World Congress of Muslim Philanthropists). Both the presenters and the audience received feedback on research methodology as well as advice on how to prepare their projects for submission to local and national funding opportunities.

The two keynote speeches centered on the interplay among research, policy and national priorities. Dr. Rami Nashashibi of the Inner-City Muslim Action Network shared lessons learned from his organization’s work with underserved communities, stating, “There is a symbiotic relationship between research, reflection and meditation. The larger premise is that our community should be poised and ready to wrestle with evidence-based research, practical implications, and sustainability of practice.”


The second keynote speaker, Prof. Aziz Sheikh, echoed this remark, stressing that “there is a critical need for better data to effectively identify and address Muslim health issues. The emphasis lies in data — it makes us objective, keeps the discussion

moving, and gets us to the table... We are trying to find where the data takes us, because the data is a means to the end.”

Themes emerging from the discussions at the conference emphasized the need for Muslim health research to be patient-centered, and for community health programs to be data-focused and holistic so they can effectively address the spectrum of social and structural issues that affect Muslim American health outcomes. Attendees agreed that open discussion, collaborations and community engagement are key to empowering the community to address its own health challenges. They also agreed that future research should utilize empirical methods, as well as theological resources to address health disparities. Furthermore, researchers should work to create inclusive and religiously tailored community messaging around mental, reproductive and sexual health.

Since the A-MAP Conference, the E-MARCH team has developed a comprehensive Mosque-Based PCOR Toolkit, which will be disseminated to mosques nationwide and serve as a template for addressing Muslim American health disparities. The Toolkit’s detailed Stakeholder Engagement Plan will equip community leaders to design research projects informed by patients, caregivers, clinicians, researchers, policymakers, health systems, hospitals and other stakeholders.

With many Muslim households facing economic instability, social pressures in the form of Islamophobia and limited healthcare due to socio-economic barriers, it is vital that PCOR be adopted collectively, especially as it offers counter-narratives about Muslim Americans’ health practices and outcomes.

Visit the University of Chicago’s Initiative on Islam and Medicine, <https://voices.uchicago.edu/islamandmedicine/emarch-overview>, to learn more about E-MARCH’s contributions to religiously focused and culturally relevant patient centered outcomes research. Keynote lectures from the conference were video-recorded and are available on the collaborating organization’s websites and YouTube channels. 

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