

Recognition For Mobilization: Unveiling the Divergent Paths of Hispanic and MENA Visibility in the US

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This study explores the critical role of census recognition in shaping health equity among Hispanic and MENA (Middle Eastern and North African) populations in the United States. It illustrates how the inclusion of the Hispanic community in demographic data has led to improved health outcomes through the formulation of health policies and programs specifically designed to meet their needs. In contrast, the exclusion of the MENA population from these data collection efforts has obscured their health disparities, limiting access to culturally competent healthcare and preventive services. This lack of visibility exacerbates existing health inequalities and hinders the development of effective interventions. The research highlights the necessity of creating a separate demographic category for MENA individuals in health data collection to enhance understanding of their health challenges and to ensure equitable health resource allocation. By advocating for more inclusive data practices, the study aims to foster a healthcare environment where all individuals, regardless of census recognition, can achieve optimal health outcomes, advancing health equity for all.

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Introduction

In the United States (U.S.), the census is a decennial survey carried out by the U.S. Census Bureau to count the populace and accumulate demographic statistics. This information helps determine policy decisions, resource allocation, and social programs. The census is a critical means of recognition, voice, and participation for ethnic groups (Bhagat, 2003). Through census data, grassroots organizations have provided impetus for investments in health facilities, disease prevention, and health insurance for Hispanic groups (Avilés-Santa et al., 2020). The health of Hispanic Americans has overall improved, with a decrease in the number of individuals lacking health insurance, improved access to preventive care, and reduced disparities in the treatment of chronic diseases.

The population of Hispanics in the U.S. has been increasing, and they are among the largest ethnic groups in the nation (United States Census Bureau, 2024). The census has made Hispanics visible for their role in politics, the economy, and culture. Because of this recognition, Hispanics have excelled in work, school, and healthcare (Borrell, 2005). Hispanic Americans have been impacted by systemic inequity, but their advancement in society has been accelerated due to the acknowledgment by the census. The census has made lobbying and representation possible by correctly counting and identifying Hispanics. Demographic data shows that Hispanic groups have more political power and can work on more specialized policies (Bhagat, 2003). Census data has also helped delegate how to distribute resources, making it possible for Hispanic families to get healthcare that fits their culture and community-based programs.

Middle Eastern and North African (MENA) Americans face distinct challenges that are exacerbated by the lack of acknowledgment or inclusion in the census. The MENA diaspora is not included in official demographic data, resulting in their sense of invisibility despite their distinct racial, cultural, and religious backgrounds. MENA individuals can improve their socioeconomic status by accessing services based on representative census data. The lack of

attention towards the experiences and needs of the MENA community strengthens the narrative of the “model minority,” making it more difficult to develop targeted health solutions (Bhagat, 2003). Due to the omission of MENA individuals in the census, unfounded biases and misconceptions about this group persist, resulting in discriminatory practices and their exclusion from healthcare services. Politicians face challenges in effectively conveying the concerns of existing MENA populations due to the necessity of obtaining precise and reliable data. Many individuals in the MENA diaspora face challenges in effective communication, experience cultural prejudice, and encounter difficulties in accessing culturally competent professionals, leading to inequalities in health and other social and economic issues among the group (Avilés-Santa et al., 2020). This study examines the intricate factors contributing to these disparities, including the significance of U.S. Census recognition for social activism and healthcare accessibility (Schnore, 1961). We analyze the experiences of Hispanic and MENA Americans to understand the reasons behind developing these paths and propose strategies to enhance health outcomes for the MENA diaspora.

Background and Significance

Hispanic immigrants have had a transformative impact on the country's society and economy since its inception. Acquiring government records, particularly the census, required significant effort to identify Hispanics. The early censuses frequently misclassified Hispanics because of their wide range of characteristics. The significance of this change was heightened when the Census Bureau started categorizing Hispanics as a racial group rather than an ethnic group (Bhagat, 2003). Hispanics were primarily categorized as either “White” or “Other,” a classification that marginalized them and disconnected them from their distinct identity and lived reality. This erroneous perception diminishes the Hispanic community's size and hampers its expansion rate, impeding efforts to address their needs and resolve their issues (Zraick

et al., 2024). It was imperative to confront these societal obstacles to guarantee a precise portrayal of Hispanic individuals in the 1980 census (U.S. Census Bureau, 1983). By acknowledging these concerns, a more accurate portrayal of Hispanic individuals was achieved, leading to increased activism and empowerment within American society. In subsequent censuses, the classification of Hispanic ethnicity was improved, resulting in a more accurate and comprehensive representation of their diversity. According to Borrell (2005), Hispanic Americans have the highest level of influence in both political and cultural aspects among the largest and fastest-growing groups in the United States.

Nevertheless, the census excludes the enumeration of Middle Eastern and North African individuals, placing them disadvantaged. The MENA population in the United States is a dynamic and culturally heterogeneous group originating from countries such as Lebanon, Egypt, Iran, and Syria. Due to the absence of a MENA category in the census, it is imperative that the group is accurately counted and acknowledged. This creates complexities when acquiring resources, addressing vocal requirements, or bridging social disparities. Individuals from the Middle East and North Africa (MENA) region encounter challenges stemming from the unstable political climate and evolving perspectives on race and ethnicity (Schnore, 1961). Years of promoting and supporting have raised awareness about Hispanic Americans, while individuals from the MENA region may require assistance in recognizing their racial and national origins. Tracking changes in the population and needs of MENA ethnicities is challenging due to the need for consistent data labeling. As a result, the population from the MENA region is frequently left out of mainstream discussions despite their distinct identity and lived experiences.

Demographic information aids in policy-making and resource allocation. These influence government spending, the formulation of public programs, and concrete steps taken toward less inequality and more fairness. Census data is essential for ascertaining individuals'

living standards, requirements, and choices pertaining to healthcare, education, housing, and transportation. Census data also facilitates the decision-making process for lawmakers by providing insights into the population's needs, optimal resource allocation, and the monitoring of social and economic objectives through the analysis of population trends, socioeconomic indicators, and geographic distribution (Bhagat, 2003).

This study is critical because it examines how the census impacts the minority populations of the U.S. and how the census impacts social mobility and health equity. A comparison and contrast of experiences between Hispanic and MENA people further delineates how race, ethnicity, and identity impact access to resources, opportunities, and outcomes (Schnore, 1961). This research, therefore, attests to the level of equity in the inclusion of all in data gathering and representation for social justice and less inequality. A lack of recognition from the census exacerbates the health disparities the MENA community faces (Patel et al., 2021).

Further, this research will explain how the lack of recognition within the census further perpetuates structures in which inequalities are preserved. This study will impress the need for inclusivity in data collection, analysis, and public policy and practice decisions. This report emphasizes the necessity of recognizing and valuing America's diversity by campaigning for MENA's census inclusion. This study also highlights the Hispanic community's success in leveraging census recognition to mobilize society, which will inform equity and inclusion policies. This study urges policymakers, scholars, and advocates to address minority concerns, remove systemic barriers to access and opportunity, and create a just and inclusive society.

Literature Review

A review of the relevant literature delves deep into the complexity of elements that thus impact social mobility and capacity building among marginalized communities, specifically the Hispanic and MENA populations residing within the confines of the United States. Political

advocacy, socioeconomic equity and capital, and cultural integration are key areas this article explores. Each plays a critical role in determining the outcome of mobilization ability against institutional neglect.

Political lobbying is a potent agent that may set the policy reforms and resource allocation rolling for underrepresented groups. According to Batliwala (2002), grassroots movements and community-led initiatives lead the efforts. It is these grassroots movements and community initiatives that get power from the close local-level relationships they have with the communities they are to represent. The purpose of these movements is to cause change through their application of localized acts, coalition building, and raising the collective voice, which puts pressure on political and economic institutions. Organizations such as MALDEF have played outstanding roles in advocating for the recognition and inclusion of the Hispanic community in the census (History - MALDEF, 2024). This research demonstrates that political lobbying can substantially impact resource allocations and policy reforms. Advocates can influence legislation, financial objectives, and resource allocations by engaging with politicians, mobilizing public support, and harnessing the collective power of a large group.

Long-term political lobbying has played a crucial role in dismantling institutional racism and structural barriers for the Hispanic community by increasing their visibility and garnering more attention. Due to the higher visibility of Latino and Hispanic individuals, laws, programs, and studies were able to effectively address their specific needs (Mora, 2014).

Changes in policy and the use of resources are affected by political pressure. Advocating can lead to legislative changes, establish financial objectives, and guarantee equitable distribution of resources. One can achieve this objective by engaging in direct advocacy with politicians, mobilizing individuals to voice their opinions, and harnessing the collective influence of all eligible voters. Hispanics have gotten past institutional racism and structural problems by constantly pushing for political change, which has made them more visible and recognized

(Velasco-Mondragon et al., 2016). Due to the increased recognition of Hispanics and Latinos, policies, programs, and study agendas have been developed that aim to cater to their specific requirements.

Capital and socioeconomic fairness are two of the most critical factors studied as social mobility factors (Nabavi et al., 2021). In both Hispanic and MENA communities, education is essential in building human capital and determining how people move up in society. This transformative force gives people the information, skills, and titles they need to get jobs, raise their social and economic status, and reach their full potential. Education is a crucial factor for Hispanic Americans in terms of upward mobility and financial success. The pursuit of education is of utmost importance to numerous Hispanic individuals and families, driven by their desire for a more prosperous future despite the obstacles they face, such as language barriers, discrimination, and limited access to resources. Education is commonly regarded as a personal investment and a method to uplift entire communities from poverty. Individuals of Hispanic heritage can overcome socioeconomic obstacles, enhance their employment prospects, and contribute to their communities' economic advancement and social welfare by pursuing higher education (Bruchi, 2006).

Education is valued in MENA communities because it promotes social mobility and economic independence. Many families from the Middle East and North Africa (MENA) region value education for its potential to enhance their children's future prospects. Despite language barriers, acculturation stress, and discrimination, many MENA students pursue higher education to improve their finances and achieve their goals. An excellent education is essential for economic stability, performance, and social integration. Middle Eastern and North African (MENA) individuals aim to break the cycle of poverty, improve their quality of life, and contribute to their communities.

According to Bruchi (2006), education is crucial in promoting economic growth and facilitating the social integration of Hispanic

and MENA groups. It also enables them to actively participate in civil society and preserve their cultural heritage. Education equips students with the necessary skills to navigate intricate social dynamics and advocate for their rights and interests. This fosters critical thinking, cultural understanding, and a sense of belonging. Education empowers individuals to combat discrimination, challenge stereotypes, and gain a deeper understanding of their own culture as well as other cultural groups. Both Hispanics and MENAs experience health disparities and outcomes that can be attributed, in part, to their socioeconomic status. It includes various economic, social, and environmental factors that affect individuals. Low-income families often face significant challenges in accessing adequate healthcare, nutritious food, secure housing, and other essential resources that are crucial for maintaining good health and well-being. Consequently, they face an elevated susceptibility to experiencing numerous detrimental health consequences, such as increased rates of chronic illnesses, mental health disorders, and premature mortality.

Socioeconomic differences are one of the most prominent health inequalities in Hispanic and MENA groups. Poor economic status hinders those with lower incomes from accessing preventive health services, controlling chronic diseases, and finding their way around complex healthcare systems. In addition, financial instability, unemployment, and lack of health insurance have increased health disparities among the populations regarding medication and other forms of treatment, as well as access to preventive health services. Approaches to reducing socioeconomic health disparities must be broad-based and multi-sectoral, address the root causes of inequities, promote economic opportunities, and ensure equal access to resources and opportunities for all individuals and communities. Economic disparities within Hispanic and MENA communities only prove how intricate social inequality is about the opportunities, resources, and outcomes of people (Ayón, 2015). Although both the Hispanic and MENA populations possess a wide range

of socioeconomic backgrounds, they vary from affluent professionals to low-income families struggling to get by.

Economic disparities in Hispanic communities are formed by a variety of factors: immigration status, educational attainment, occupational segregation, and labor market discrimination. For MENA individuals, the challenges are more about immigration status, speaking English, and limited access to economic opportunities (Ayón, 2015). In addition, the wealth and income gaps and access to resources within both Hispanic and MENA communities contribute to social stratification and inequality, reiterating cycles of poverty and limiting personal ways of getting upward mobility and economic security. Reducing economic disparities among Hispanic and MENA communities requires targeted interventions to address the structural determinants of inequality, promote economic empowerment, and ensure equal opportunities in education, employment, and economic opportunities for all people, regardless of their background or socioeconomic status. In order to create equitable and inclusive societies where individuals can fully realize their capabilities, it is imperative to allocate resources toward education, foster economic opportunities, and address the root causes of inequality (Ayón, 2015).

MENA advocacy groups encounter various challenges that highlight the inherent structural issues impeding equitable representation and resource sharing for all individuals (Elidrisy, 2024). These groups frequently encounter barriers, such as insufficient financial resources, political influence, and interconnected biases. MENA advocacy groups depend on volunteerism and local support to function with limited financial resources. In order to function effectively, they require improved infrastructure and financial support from prominent advocacy organizations. Their lack of economic stability impedes their ability to advocate and organize communities, diminishing their political and policy-making influence.

MENA advocacy groups need to have government power or representation in general, which makes it far more challenging to advance

causes associated with the rights and interests of their communities. Experienced and well-established minority advocacy groups, particularly those representing African Americans and Hispanics, possess unique knowledge and skills in effectively promoting their causes within the realm of mainstream politics. The MENA advocacy groups assert that their cases are highly challenging to be acknowledged. Official demographic figures do not recognize the Middle Eastern and North African people as different ethnic groupings, which makes them feel more excluded. The absence of acknowledgment exacerbates the difficulty in discerning the requirements of these groups and providing them with aid. The economies of Hispanic and MENA regions exemplify the complexity of social inequality and its impact on health and social mobility. Despite the diversity of their socioeconomic backgrounds, Hispanic Americans are disproportionately represented in economically disadvantaged and low-wage groups. According to the U.S. Census Bureau, Hispanic households have lower earnings compared to non-Hispanic White households. Financial challenges hinder Hispanic growth and economic mobility, compounded by the need for strong schools, jobs, and affordable housing.

For MENAs, immigrant status, language barriers, and job market discrimination worsen wage discrepancies. Zraick et al. (2024) found that Middle Eastern and North African populations are poorer and unemployed. Financial challenges are widespread among newly arrived immigrants and refugees. Economic inequality persists for MENA individuals due to disparities in education and occupational segregation, which hinder upward mobility and financial stability. These issues impact national identity, social support, and healthcare. Understanding the complex relationship between cultural integration and health is crucial yet challenging. Cultural assimilation fosters social cohesion and a sense of belonging. However, some individuals struggle to understand and access healthcare systems, receive culturally sensitive care, and overcome discrimination and social stigma. Acculturation—adapting to a new culture—

can also influence immigrants' health, often affecting diet, exercise, and healthcare practices. It can improve access to preventive care and health information, enhancing overall well-being. Still, it may also encourage unhealthy habits like smoking and a sedentary lifestyle, which can lead to chronic diseases like diabetes and cardiovascular disease (Zraick et al., 2024). The amalgamation of cultures has the potential to adversely affect the health of individuals residing in the MENA region. Health outcomes can be influenced by language, culture, and the ability to access healthcare that is suitable for one's cultural background. Language barriers, cultural guilt, and insufficient culturally responsive care can impede the ability of MENA individuals to obtain necessary healthcare and impact their health outcomes.

Many social, economic, and cultural factors affect marginalized groups' ability to move up in society and build their skills. Some examples are the problems that MENA advocacy groups face, the differences in income between Hispanic and MENA communities, and the effects that cultural integration has on health and well-being. To fully comprehend the difficulties faced by Hispanic and MENA communities in the United States, it is necessary to analyze these problems in the larger framework of structural inequity and systemic prejudice. This examination is crucial for their endeavor to achieve fair and equal access to resources and opportunities. To effectively solve these problems, it is necessary to approach them from various perspectives. This approach aims to rectify systemic inequities, enhance individuals' financial prospects, and promote cultural sensitivity within healthcare and social service systems.

The literature study involves a substantial collection of data showcasing a strong correlation between an individual's socioeconomic status and health outcomes. Individuals from socioeconomically disadvantaged backgrounds may struggle to access sufficient healthcare, nutritious food, and favorable living conditions. The difference in access to health care could potentially contribute to their overall inferior health status (Avilés-Santa et al., 2020). Several

studies in the review indicate that the health outcomes of the MENA population are inferior when compared to the “White” population. For instance, they exhibit elevated poverty rates, limited availability of health insurance plans, and a substantial population burdened by health issues such as diabetes. There is an urgent requirement to establish priorities for interventions and resource allocation in order to address the health issues of the MENA population (Darga, 1999).

According to the findings of the literature, cultural assimilation was the other crucial topic investigated. Individuals navigating society’s problems can benefit significantly from maintaining their cultural identity and cultivating strong community connections. These activities can help develop a feeling of belonging, boost self-esteem, and provide an essential support system. Additionally, the study notes the possible underestimating of the broader social integration that the census can assist.

Marginalized communities face various challenges while attempting to integrate into a larger society. These challenges include discrimination, unfavorable stereotypes, language barriers, and cultural misunderstandings. The literature review brings attention to studies that indicate that people from the Middle East and North Africa region have experienced discrimination and trauma as a result of misunderstandings, harmful media depictions, and public rhetoric (Aziz, 2020; Maghbouleh, 2017). These experiences may result in heightened traumatized responses, apathy, and substantial challenges in effectively assimilating into society, exacerbating the existing issues that the MENA population is already attempting to address. Certain groups’ contributions and challenges are not appreciated due to their position in the social hierarchy, exacerbating the existing unfairness and inequality within the system (Honneth, 1992). This social hierarchy persists due to the inability of individuals to discern certain societal groups. The collective MENA diaspora is significantly affected by the recurring pattern of being disregarded and marginalized. Advocacy groups may face marginalization, with lawmakers and society potentially disregarding

the rights and interests of the communities they strive to safeguard (Honneth, 1992). Insufficient attention given to these groups can lead to the implementation of ineffective or detrimental policies and practices, exacerbating social and economic inequality.

The literature review provides a comprehensive understanding of the various factors influencing upward social mobility and skills enhancement in marginalized populations. This framework is offered by examining three essential domains: political advocacy, socio-economic equity and capital, and cultural integration. This highlights the potential impact of census recognition in addressing institutional neglect and promoting fair distribution of resources. This topic will be explored through case studies and in-depth analysis. The literature study will establish a strong foundation for comprehending the reasons behind the disparate outcomes experienced by MENAs and Hispanics in their struggle against institutional neglect. This will facilitate the formulation of plausible explanations and policy modifications (Patel et al., 2021).

Research Methodology

A qualitative approach through the literature review and thematic analysis techniques is applied in this paper. This research approach is appropriate because the study is about the contrasting outcomes of mobilization capacity against institutional neglect for the MENA and Hispanic populations. In this qualitative approach, there will be a deeper understanding of how complex social, political, and cultural factors impact the contrast outcomes. Literature analysis lies at the core of this research since it enables the researcher to analyze and draw insights from various relevant sources. It may include government reports, policy literature, academic literature, advocacy, and community group publications. Serious scrutiny of this literature would help the researcher come across valuable information, perspectives, and evidence concerning the experiences of the Hispanic and MENA populations, the challenges they face, and strategies used in overcoming institutional neglect and promoting social mobility.

In addition to literature analysis, thematic analysis will help identify and interpret the recurring patterns and themes in the collected data. The systematic approach to data analysis will assist in categorizing the information obtained from the collected data. A wide variety of primary and secondary sources will be used for this study. First-hand accounts, interviews, or statements from people in the Hispanic and MENA communities, as well as from policymakers and advocacy group workers, can serve as primary sources. Secondary sources include academic literature, government reports, news stories, and other relevant publications that provide information on the issue's broader context and history. Case selection is essential to this study, as health equality is crucial when examining how census recognition has facilitated social mobility for Hispanics. This study investigates how the census addresses health disparities and inequitable treatment within the Hispanic community. Additionally, it will help resolve issues related to the collection of imprecise demographic data and the formulation of policies (Avilés-Santa et al., 2020).

The study will also examine how the MENA diaspora's health inequalities are caused by not having a census as a different case study. The MENA community deserves greater focus and consideration, as they are currently excluded from census data (Patel et al., 2021). It is imperative to gather data from every individual and support marginalized groups. The selection of the cases was based on their potential to catalyze institutional change to address the neglect of individuals and promote health equity for both groups. The study aims to investigate the reasons behind upward social mobility and improve the MENA population's representation in the census. A hybrid analysis using literature and thematic coding is used for the research approach.

Therefore, this qualitative research aims to explain the factors that lead to the contrasting results in the mobilization capacity against institutional neglect for the MENA and Hispanic populations. The findings and analysis derived from such methodology may finally inform policy recommendations and potential solutions

to the problems unique to these communities. Researchers must avoid bias in all research processes, from framing questions to collecting data, analysis, and interpretation. Societal attitudes and prejudices can drive participants' and researchers' perceptions, decisions, and interactions. These, consequently, may lead to biased findings or misrepresent the experiences of marginalized people. To reduce the impact of bias, researchers should recruit diverse research teams, engage in reflexivity, and implement rigorous methodological procedures such as triangulation and member checking. These practices enhance the validity and reliability of their results.

Researchers must contend with several inherent restrictions in studying social mobility, health equality, and Census recognition among Hispanic and MENA groups. These limitations are in addition to ethical considerations that scientists must consider (Bouchrika, 2024). The availability and quality of data, particularly disaggregated statistics that capture the distinct experiences and inequities within these groups, are some of the limitations that can be encountered. In many cases, the official census numbers must adequately capture the complexities of Hispanic and MENA identities. This occurs due to the aggregation of data, which combines various groups into broad categories, obscuring the distinctions within each group and impeding the implementation of customized programs. Health data sources may require additional specificity or precision, thereby posing challenges in identifying and rectifying disparities in health outcomes and healthcare access between MENA and Hispanic populations.

Findings and Analysis

Hispanic Population

Participation in the U.S. Census has helped Hispanics rise in society by reducing institutional marginalization of this diverse and dynamic population. The Hispanic community in the United States is significantly impacted by health equity and social mobility. This phenomenon occurs due to the intricate interplay of socioeconomic, cultural, and institutional

factors. In order to develop precise policies and interventions that effectively address disparities and promote equitable opportunities for Hispanic individuals and communities, it is crucial to possess a comprehensive comprehension of these mechanisms (Borrell, 2005). This section explores the significant impact of recognition on three key aspects: engaging individuals, formulating targeted policies and programs, gathering data, and distributing resources. First and foremost, collecting accurate demographic data on the Hispanic community has helped policymakers and institutions learn more about the group's size, where they live, and their unique needs. This data aids legislators in determining the most effective means of allocating funds and resources to regions with a high concentration of Hispanic individuals (U.S. Census Bureau, 1983). Lawmakers will be able to make and run more effective programs and interventions that help people move up in society and fix systemic inequality if they know about streets and places with a lot of Hispanic people.

Hispanics have faced greater challenges accessing healthcare, exacerbating existing health inequalities (Avilés-Santa et al., 2020). Various studies indicate that the burden of different health disorders, such as diabetes, obesity, and hypertension, is considerably higher in Hispanic Americans compared to their non-Hispanic White counterparts. Several circumstances, including poor access to healthcare services, language challenges, immigration status, and socioeconomic disadvantage, frequently accentuate these gaps. Hispanic persons are thus exposed to higher risks of morbidity and mortality, thereby highlighting the urgent need to address structural barriers and proactively promote health equity measures within Hispanic communities. These include having lower median family incomes, higher poverty rates, and poor access to high-wage employment opportunities—all even though Hispanic individuals have made gains in school attainment and workforce engagement. Often, systemic inequalities in education and housing

The health equity and social mobility intersection must be underscored to bring out

fully the complex difficulty that the Hispanic population is currently facing. Health inequalities affect individuals' physical health and have broader-reaching implications for economic stability, educational attainment, and life course outcomes (Avilés-Santa et al., 2020). This could exacerbate their current economic difficulties and restrict their chances for socioeconomic progress. In addition, socioeconomic factors such as the accessibility of affordable housing, healthy food, and secure neighborhoods impact individuals' health results and repercussions. These factors also determine an individual's ability to achieve upward mobility and reach their full potential (Avilés-Santa et al., 2020).

Access to correct demographic information has helped policymakers create specific policies and programs that meet the specific needs and challenges of the Hispanic group. Utilizing census data for purposes beyond informing policymaking and resource allocation has played a crucial role in empowering the Hispanic community's lobbying and mobilization efforts. The census provided advocacy groups and grassroots movements with the necessary data to facilitate collaboration and amplify their voices by illustrating the community's population, geographical spread, and demographic composition (U.S. Census Bureau, 1983). Hispanic leaders and activists have successfully advocated for policy changes, launched social justice campaigns, and initiated community-based projects to enhance public awareness and understanding of their community due to their increased visibility and recognition.

Individuals and families of Hispanic origin can now effectively assert their rights, access essential services, and seek advancement in society and the economy. Including Hispanics in the U.S. Census has improved their representation and prevented institutions from overlooking their residents. This has facilitated effective policymaking and contributed to better outcomes for the Hispanic community and the country. Advocacy groups, policymakers, and organizations acknowledge the systemic issues in Hispanic communities and work to empower them by advocating for policy reforms and giving them a platform to voice their concerns (U.S. Census Bureau, 1983).

However, despite these difficulties, the Hispanic community possesses several noteworthy assets, contributing to healthcare distribution and the advancement of social mobility. Familial solid relationships, social support networks, and cultural traditions are cultural assets that protect against adversity and promote collective efforts to address the community's needs. Furthermore, grassroots organizations, community health clinics, and advocacy groups are crucial in campaigning for legislative reforms, boosting access to healthcare services, and promoting health education and preventative care efforts within Hispanic communities. These are all areas in which Hispanic communities are particularly vulnerable.

To achieve health equity and social mobility, a comprehensive approach is required to address structural biases and promote the Hispanic community's overall well-being. This includes targeted investments in healthcare facilities, healthcare services sensitive to different cultures, and community-based activities dealing with the social determinants of health. Avilés-Santa et al. (2020) suggest that providing education, economic opportunities, and social support networks can aid Hispanic individuals and communities in achieving further upward social mobility.

MENA Population

The Middle Eastern and North African groups have faced difficulty because they have yet to be counted in the census (Maghbouleh et al., 2022). Due to the lack of a MENA category in the census, it is necessary to gather more complete and accurate information regarding the diversity and activity of the MENA group. Institutions and politicians can better understand the MENA community by analyzing broken-down data to identify its needs and problems. Planning targeted interventions and resource sharing is essential to enable families and individuals from the MENA region to overcome systemic inequality and social mobility barriers (Maghbouleh et al., 2022).

Policymakers have made it difficult to ignore the MENA population. Therefore, we require accurate statistics on this group (Zraick et al.,

2024). Accurate information about the quantity, geographical distribution, and requirements of individuals in the MENA group is crucial for delivering assistance. The MENA community has been denied the receipt of health care and other services and has yet to be enumerated in the census. According to Zraick et al., health and service groups can only contact MENA groups and provide appropriate services if they have the correct data information. MENA diaspora individuals and families need support accessing education, healthcare, and employment services. Systemic barriers create unfair systems and lead to exclusion.

People from the Middle East and North Africa experience varying health outcomes and access to healthcare in the United States. These differences are rooted in social, economic, cultural, and structural forces. For example, they are more likely to have psychological problems and long-term diseases like diabetes and heart disease. These differences occur because of race, society, and socioeconomic status and because some people are mistreated in the health system. Health disparities within the MENA community exist due to the difficulty of acquiring medical care adapted to their culture, genetics, and language. It can take longer to get a diagnosis, treatment results can be wrong, and the standard of care can decrease. Most importantly, people in the MENA community have shared experiences and similar identities, which makes their health results different.

MENA people have worse health outcomes due to structural barriers like insufficient disaggregated data, underrepresentation in health studies, and lack of culturally competent healthcare workers (Pandey et al., 2021). People from different racial, religious, and national groups are often categorized broadly as "White" or "Other" in official census data (Nowrasteh, 2024). This lack of detailed data hinders the identification of health disparities, efficient resource allocation, and policy changes needed to address the unique health needs of MENA groups. Language barriers and differing health beliefs complicate access to medical care and navigation of the healthcare system. Many

MENA individuals face challenges in accessing care due to language issues, leading to poor communication and suboptimal care (Pandey et al., 2021). Cultural norms related to gender, privacy, and stigma can discourage preventive care, sharing personal health information, or seeking mental health services, exacerbating health inequities in the MENA community.

MENA individuals require a comprehensive strategy that takes into account all aspects of health inequities in order to address the consequences of health outcomes and disparities. This encompasses enhancing monitoring and data collection systems, documenting the diverse array of Middle East and North Africa (MENA) identities, augmenting the representation of the MENA population in health research, and providing healthcare workers with additional training on cultural competence. Promoting healthy lifestyles among MENAs and reducing health disparities requires greater emphasis on programs to improve communication, health education, and the social determinants of health, Maghbouleh et al. explain. Health equity means getting the best healthcare services that are sensitive to culture. We can achieve this by acknowledging the distinct requirements and encounters of the MENA community and implementing proven strategies to address health disparities.

Being counted in the census and not becoming invisible to institutions is challenging. Therefore, agencies, governments, and service providers should emphasize the unique issues and needs of the MENA group and take action to address them. Much work remains to include all groups in data collection and recognize the MENA population, ensuring their visibility. This promotes social justice, equity, and inclusion for all groups, irrespective of their background or demographic status.

Discussion and Implications

The findings from this study identify the importance of census recognition in providing impetus toward social mobility and reducing health inequities among socially marginalized communities. The disparities in Hispanic and

MENA lived experiences present the outcomes of ethnic data collection and representation. Population census has helped increase mobility and good health in Hispanic populations. According to Velasco-Rodragon et al., knowing the community's size, location, and unique characteristics has helped policymakers and organizations provide targeted interventions, adequate resources, and exceptional health solutions that cater to users' needs. By employing a data-driven methodology, healthcare programs that are culturally competent, bilingual education programs, and workforce development strategies have been put into action. These initiatives have directly enhanced the well-being of the Hispanic community, facilitated their upward mobility in the labor market, and increased their financial capacity.

However, the exclusion of the MENA community from the census exacerbates the negative consequences of being disregarded and rendered invisible. Policymakers and healthcare providers can utilize precise demographic data to identify and address the distinctive healthcare challenges encountered by the MENA group. As a result, persistent inequalities and injustices continue to exist because it is challenging to ascertain the specific requirements of that particular group in terms of healthcare access and culturally appropriate support (Patel et al., 2021). Additionally, it demonstrates the crucial importance of political lobbying and community organizing in effecting policy and social changes. The relative success of the Hispanic population's recognition by the census and mobilization against institutional neglect may have been the forceful and efficient workings of influential advocacy groups and grassroots movements. Deeply entrenched within the community, these organizations have been instrumental in amplifying the collective voice of the Hispanic people and putting pressure on the policy frame and public discourse.

The lack of institutionalized structures for advocacy of the MENA population has been an occurrence for their marginalization and, therefore, cannot champion their demands against institutional neglect (Patel et al., 2021).

Therefore, community-led initiatives should be encouraged, and a coalition of MENA advocacy organizations should be nurtured that can champion policy change for fair representation. Cultural integration and representation are critical factors in facilitating social mobility and reducing health inequity. In this respect, retaining cultural identity and strong community bonds for marginalized communities can provide a sense of belonging, self-esteem, and essential support structures. However, the study's findings suggest that census recognition can play a vital role in facilitating greater social integration and representation of these communities' unique problems.

Looking forward, the critical policy interventions and future directions that can be drawn from the findings of this study emphasize the imperative of ameliorating institutional neglect and marginalization of the Middle Eastern and North African populations. Key policy recommendations include: firstly, the need to establish, in both the U.S. Census and in state-level data collection, a separate demographic category for MENAs to ensure that the very diverse community is represented correctly and through the appropriate means of data disaggregation (Kauh et al., 2023). Secondly, policymakers, healthcare providers, and MENA community organizations must collaborate to formulate healthcare initiatives that are sensitive to the MENA culture and directed toward specific health disparities among the MENA population. Investing in research and data collection efforts toward understanding the unique healthcare needs, challenges, and sociocultural factors influencing the health outcomes of the MENA population is also essential. Thirdly, MENA advocacy groups and grassroots movements must be empowered and supported to amplify their voices, shape public discourse, and drive policy reforms that tackle institutional neglect and promote equitable representation—finally, educational and public awareness.

Research by Etoori et al. (2023) shows that public awareness campaigns are essential for battling stereotypes and making people, politicians, and healthcare professionals more

aware of other cultures. Many people do not need help understanding the different experiences, contributions, and needs of the Hispanic and MENA groups. These efforts help apparent confusion, lower stigma, and promote understanding and unity across cultural lines. Get rid of the false beliefs and stereotypes that make people hate and misbehave toward Hispanic and MENA people. This is a crucial aspect of enhancing comprehension. These campaigns can utilize various strategies to disseminate information, challenge preconceived notions, and highlight the diverse cultural heritage and influence of the Hispanic and MENA communities. These encompass various forms of communication and information dissemination, such as traditional media outlets, online social platforms, educational resources, and local gatherings. Etoori et al. (2023) assert that these campaigns provide healthcare workers with the essential knowledge and skills.

The MENA and Hispanic communities encounter systemic issues and unjust treatment. Addressing these concerns is crucial in order to provide financial support to advocacy groups and grassroots movements (George et al., 2014). These groups effect change by highlighting the perspectives of marginalized groups, advocating for policy reforms, and mobilizing community members to demand justice and equity. If activist groups and grassroots movements are provided with the necessary resources, training, and support, community members can effectively advocate for their rights, access vital services, and collaborate on essential health concerns. These groups are necessary for individuals to develop social connections, strengthen communities, and acquire knowledge about complex systems and processes.

Granting advocacy groups and community movements increased authority can also lead to the implementation of systemic change. These groups have the ability to advocate for policies and actions that address the underlying factors contributing to health issues and social inequality (George et al., 2014). They advocate for legislation, foster community cohesion in local areas, and establish alliances. Empowering advocacy groups

and grassroots movements can effectively engage Hispanic and MENA individuals in politics and public affairs, thereby enhancing their political empowerment and representation.

Conclusion

This paper analyzed the variances in the mobilization capability against institutional neglect for Hispanic and MENA Americans. This research paper took political advocacy, socioeconomic equality, and cultural integration to understand how they shape social mobility and health equity for underrepresented groups. First and foremost, the study's findings call out for reliable ways in which demographic data is collected and presented. Hispanic social mobility started when census recognition led to policies, resources, and advocacy personalization. Further, such data-driven methodology improved the Hispanic community's health, education, and social advancement.

On the other hand, this kind of institutional neglect of the MENA population—the census recognition—has aggravated the existing disparities. The increasingly essential demographic data have been impairing policymakers' ability to denote and tackle the unique challenges in health care in the MENA community, thereby causing obstacles to access to appropriate, culturally competent services and resources. In addition, invisibility arising from this lack of representation has made the MENA population unrepresented in the process of policy enactment; hence, this has been fostering inequities and neglect.

This study should open further areas for future research to consider the complexity and nuances of health equity, social mobility, and census recognition among United States Hispanic and MENA populations. Regardless of the insights from the current study, a couple of limitations must be admitted. First, reliance on already published literature and secondary data sources may limit depth. This research investigated how the ability to organize against institutional failure affects the lives of Hispanic and MENA Americans differently. This study examined how political activism, socioeconomic equality, and cultural integration affect underrepresented groups'

health and social mobility. The study's main results underline the importance of collecting and presenting accurate demographic data. This served as the first step toward recognizing Hispanic social mobility. It made policy, funding, and advocacy more flexible. Based on the data, this method helped the Hispanic community improve their health, education, and social lives. However, this kind of official neglect of the census recognition of the MENA population has made differences between groups even bigger. It is getting harder for lawmakers to understand and solve the specific health problems of the MENA community due to the need to have more precise demographic data. It makes it hard for people to. This lack of representation has also made the MENA community invisible, which has made them less involved in making policy, which leads to unfairness and neglect.

This study has opened a path toward advanced research on health justice, social mobility, and census recognition of the MENA and Hispanic peoples of America. While this study provides some valuable insights, several issues must be highlighted. Firstly, the examination of current literature and data sources is expected to restrict the scope and comprehensiveness of our knowledge and understanding. This underscores the glaring need for primary research into the lived realities, views, and aspirations of Hispanics and MENA groups through firsthand accounts. Qualitative research methods offer excellent opportunities to use in-depth interviewing, focus groups, participatory action research, and direct engagement with community members to unpack intersectional identities and cast light upon structural barriers and resilience strategies shaping health equity and social mobility within their respective populations.

Second, poor disaggregated data and the underrepresented Hispanic and MENA identities in official census data raise the barriers to effectively assessing disparities and efficiently targeting initiatives. Further research is needed to emphasize improving data collection methodologies in expanding and expanding categories. In addition, social, political, and economic landscapes are dynamic, and

longitudinal studies are needed to monitor change over time, evaluate the impacts of governmental interventions and social movements, and detect emerging trends and inequities affecting Hispanic and MENA communities. The longitudinal designs present valuable insights regarding health equity trajectories, social mobility, and census recognition. They enable researchers to investigate causal relationships among various factors, probe into differential outcomes, and assess the effectiveness of interventions and policies in treating disparities in promoting inclusive outcomes within society.

Future studies are also suggested to adopt multidisciplinary methods that bring together public health, sociology, anthropology, political science, and demography. This will allow understanding, from multiple levels of analysis, the complex and multifaceted nature of health equity, social mobility, and census recognition. Beyond informing better research approaches, conceptual frameworks, and policy recommendations, such interdisciplinarity brings a more complete picture of the structural causes and socio-cultural dynamics shaping the experiences of Hispanic and MENA groups. Finally, community-engaged research partnerships are needed to ensure that research findings are applicable, easily accessible, and actionable for Hispanic and MENA groups. Collaborative research activities allow the researcher and community stakeholders to co-create knowledge, capacity, and movement for real change. This will be achieved by prioritizing community-driven research agendas, including amalgamating views in process and outcome measures of health inequities, empowering each other, and raising a voice in discussions representing the populations most affected.

These limitations notwithstanding, the current study's findings make it imperative to have holistic policy interventions and future directions in dealing with institutional neglect and xxix marginalization experienced by the MENA population. An initial step toward ensuring appropriate representation and data disaggregation for this community is creating a distinct MENA demographic category within the U.S. Census and state-level data collection efforts.

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