

Bridging Cultural Barriers: Addressing Healthcare Hesitancy in the Chaldean Community

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ABSTRACT

The Chaldean community, originating from Iraq, faces unique challenges in accessing and engaging with healthcare systems in the United States. Concentrated in Detroit, Michigan, and El Cajon, California, this culturally distinct population exhibits hesitancy toward modern medicine, influenced by historical, cultural, and systemic factors. This paper explores the roots of Chaldean healthcare hesitancy, particularly during the COVID-19 pandemic, when distrust in government initiatives, cultural concerns, and misinformation significantly impacted vaccine uptake. Through culturally tailored outreach, such as campaigns led by Chaldean physicians and community organizations like Project Bismutha, steps have been taken to address these barriers. The paper highlights the importance of culturally sensitive care, trust-building, and targeted public health initiatives in improving health outcomes for Chaldeans. Drawing on examples from Michigan and California, it advocates for expanded community engagement, policy interventions, and training in cultural competence to bridge gaps in healthcare access and foster trust. These strategies serve as a model for addressing health disparities in other underserved populations.

INTRODUCTION

The Chaldean community originates from Iraq, where its members have deep historical and cultural roots. As devout Catholics, Chaldeans have a strong sense of identity tied to their indigenous homeland. Their native language, Aramaic, connects them to their ancient heritage, while many also speak Arabic, the dominant language of Iraq, and English. In the United States, the Chaldean population is primarily concentrated in two key areas: Detroit, Michigan, and El Cajon, California. These communities have established vibrant cultural enclaves that preserve their traditions while adapting to life in America. (Sharp HealthCare)

The migration of Chaldeans to the United States began in the early 20th century, primarily from northern Iraq. These migrations were driven

by a combination of economic opportunities and the desire to escape persecution as a religious minority. Despite their distinct identity, Chaldeans are often grouped with Arab Americans in demographic studies due to shared geography and cultural similarities. Michigan, in particular, has a significant Arab American population, with estimates exceeding 500,000 residents after accounting for under-reporting. The majority reside in the Detroit metropolitan area, with Dearborn serving as a cultural hub where nearly a third of residents are Arab or Chaldean. While many Arab Americans in Michigan trace their origins to Lebanon, Yemen, Syria, and Iraq, Chaldeans uniquely originate exclusively from Iraq. (Michigan Department of Health and Human Services)

Studies reveal that Arab Americans, including Chaldeans, face significant health disparities. A statewide analysis of Michigan deaths from 1990 to 2007 found higher mortality rates among Arab Americans for chronic illnesses such as cancer, diabetes, and heart disease compared to non-Arab and non-Hispanic whites. Despite constituting approximately 5% of Michigan's population, comprehensive and accurate health data on Chaldeans is limited. Recognizing this gap, the Michigan Department of Health and Human Services (MDHHS) conducted the first-ever Arab/Chaldean-specific Behavioral Risk Factor Survey (BRFS) in 2013. This survey was pivotal in identifying health trends and challenges specific to this community. Notably, Michigan remains the only state to include Arab/Chaldeans as a recognized minority group in its Office of Minority Health, underscoring the state's unique role in addressing the needs of this population.

More recently, a 2018 study, examining the socioeconomic status and health of Arab and Chaldean Americans in Michigan found significant disparities influenced by education and income. Chaldean Americans exhibited poorer health outcomes compared to non-Arab White Americans, with 25% reporting fair or poor health compared to 15% among Whites. Chronic illnesses such as diabetes and heart disease were more prevalent among those with lower socioeconomic status, disproportionately affecting Chaldeans. Mental health disparities were also pronounced; Chaldeans with lower education levels reported 30% higher rates of psychological distress compared to their more educated counterparts. These findings underscore that education plays a critical role in health outcomes and improving access to educational and economic opportunities could help mitigate these disparities (Jamil et al.).

This paper aims to explore the Chaldean community's hesitancy toward modern medicine, particularly in the context of public health initiatives, and to propose strategies for improving engagement and trust. Understanding the roots of this hesitancy is essential for fostering better

health outcomes and strengthening public health measures within the Chaldean population.

HEALTHCARE HESITANCY IN THE CHALDEAN COMMUNITY

Hesitancy toward modern medicine is not a new phenomenon among the Chaldean community. Historical and cultural factors contribute to a deep-seated skepticism toward healthcare systems, which became particularly evident during the COVID-19 pandemic. Vaccine hesitancy in Michigan's Chaldean community was fueled by a combination of distrust in government health initiatives, cultural concerns, and the widespread dissemination of misinformation. Many community members expressed fears about potential vaccine side effects, questioned the rapid pace of vaccine development, and were influenced by conspiracy theories circulating within their networks. This hesitancy reflected broader trends observed in other minority communities but was exacerbated by unique cultural factors within the Chaldean population. A report from CBS Detroit in September 2021 highlighted these concerns, noting that many Chaldean-Americans were reluctant to receive the COVID-19 vaccine due to uncertainty surrounding its safety and efficacy. Religious beliefs and misinformation circulating within the community further exacerbated this hesitancy, despite the efforts of healthcare professionals to address these fears. The report also emphasized that some Chaldean doctors in Michigan actively advocated for vaccination, recognizing that tailored outreach and clear communication were necessary to overcome these barriers ("Over 150 Chaldean Doctors in Michigan Plead with Community to Get Vaccinated").

The healthcare hesitancy within the Chaldean population mirrors patterns seen in Black and Hispanic communities, where distrust of medical institutions contributes to poorer health outcomes. However, this hesitancy is shaped by distinct cultural and historical factors. Chaldeans' experiences as a persecuted minority in Iraq have fostered a unique form of distrust, compounded by challenges navigating the U.S. healthcare system. Their strong emphasis on familial decision-making and reliance on faith-based guidance further differentiates their approach to healthcare. Language barriers also play a role, with fewer resources available in Chaldean (Neo-Aramaic) compared to Spanish-language options. As a result, solutions for Chaldean communities should involve outreach through trusted leaders, culturally tailored health literacy programs, and smaller, community-centered initiatives to build trust. Recognizing these nuances allows for public health strategies that better resonate with Chaldean cultural values and experiences.

To combat this vaccine hesitancy, Chaldean physicians launched targeted and culturally sensitive outreach campaigns. Recognizing their role as trusted figures within the community, these doctors used personal

interactions, community forums, and religious institutions to dispel myths and emphasize the vaccine's safety and efficacy. Communication was tailored to the community's linguistic preferences, with information provided in Arabic and Aramaic to ensure accessibility. Personal stories of patients affected by COVID-19 were shared to highlight the seriousness of the virus and the life-saving potential of vaccination. By blending medical expertise with cultural understanding, Chaldean physicians successfully fostered trust and encouraged greater vaccine uptake within their community. (MLive, 2021).

As such, to address healthcare hesitancy in the Chaldean community, it is essential to build on existing efforts while exploring new strategies tailored to their unique needs. Community-led education campaigns, like those successfully implemented during the COVID-19 pandemic, should be expanded to address other public health concerns such as chronic disease prevention, cancer screenings, mental health, and maternal care. These campaigns should incorporate culturally relevant messaging delivered in Chaldean (Neo-Aramaic) and Arabic to ensure accessibility. Partnerships with religious and cultural institutions, such as Chaldean Catholic churches, community centers, and advocacy groups, can serve as trusted platforms for disseminating information, organizing health fairs, and hosting workshops. Additionally, healthcare providers should receive comprehensive training in cultural competence, including an understanding of Chaldean history, religious beliefs, and family dynamics, to build rapport and address patients' concerns effectively. Offering interpreter services and culturally sensitive materials in healthcare settings can further reduce barriers and improve trust, ensuring that Chaldean patients feel understood and supported.

Overall, expanding these campaigns is crucial because healthcare disparities in the Chaldean community extend beyond infectious diseases to chronic illnesses and mental health. High rates of heart disease, diabetes, and hypertension have been observed, partly due to limited access to preventive care and health education. Additionally, mental health is a significant but often overlooked concern. The Chaldean community has faced generational trauma stemming from persecution in Iraq, displacement, and the challenges of resettlement, leading to increased rates of anxiety, depression, and PTSD. However, cultural stigma around mental health often discourages open discussion or seeking professional help.

To address these issues, campaigns should integrate mental health education alongside physical health topics, using culturally sensitive approaches to reduce stigma. Collaborating with Chaldean religious leaders, who are respected voices within the community, can help normalize mental health discussions through sermons, workshops, and community events. Providing bilingual resources, peer support groups, and accessible counseling services within familiar settings, such as churches and community centers, can also encourage participation and trust. By expanding these initiatives, public health efforts can holistically support the well-being of the Chaldean

community and foster a more open dialogue around both physical and mental health.

BUILDING TRUST THROUGH RELATIONSHIPS

In the Chaldean community, trust is a cornerstone of healthcare engagement. A 2019 study examining attitudes toward health research participation among Arab and Chaldean Americans identified several key themes. Participants emphasized the importance of clear communication about research goals and outcomes, and the role of clinicians as trusted intermediaries. Social relationships and reputation were also significant factors influencing decisions to participate in health research. The study concluded that acknowledging cultural and immigration histories, building trust, and involving community leaders are essential strategies for improving health research participation. (Campbell-Voytal, K. D.)

These findings underscore the importance of culturally competent care and communication in building trust within the Chaldean community. Healthcare providers must recognize the unique cultural values and experiences that shape the community's perceptions of medicine. By fostering relationships and involving community leaders, healthcare systems can create an environment where Chaldeans feel understood and respected, thereby increasing their willingness to engage with medical interventions.

ADDRESSING HEALTH NEEDS IN THE COMMUNITY

The Chaldean community is not limited to Michigan; it also has a significant presence in El Cajon, California, a suburb of San Diego. Sharp Grossmont Hospital has made strides in addressing the unique needs of Chaldean patients by offering interpreter services and multilingual educational materials. Registered nurse Sara Shayya, a member of the Chaldean community, emphasizes the importance of understanding cultural nuances, such as preferences for same-gender providers and involving extended family in decision-making. However, while these initiatives are commendable, they remain limited by funding and scale. Many Chaldean patients still struggle with healthcare hesitancy, and access to culturally competent care remains inconsistent. Without broader systemic changes or increased investment, these isolated efforts are insufficient to fully address the underlying mistrust and disparities.

In Metro Detroit, Project Bismutha, run by the Chaldean Community Foundation in partnership with the Chaldean American Association for Health Professionals (CAAHP), offers free or low-cost medical services to uninsured Iraqi Christians. This program provides primary care, chronic disease management, and medication access. Yet, despite its successes,

Project Bismutha is constrained by eligibility criteria, limited capacity, and funding challenges. Many in the Chaldean community still fall through the cracks due to lack of awareness or ineligibility for the program. Expanding similar initiatives to other regions with significant Chaldean populations, like El Cajon, could help—but only if they are supported with sufficient resources and outreach. Without such support, healthcare hesitancy and disparities will persist, underscoring the need for more comprehensive, systemic approaches.

THE PATH FORWARD

Policy initiatives at the state and national levels can play a critical role in addressing the healthcare needs of the Chaldean community. One fundamental step is ensuring that Chaldeans are accurately represented in demographic and health data collection efforts. Currently, Chaldeans are often categorized under broader labels such as "White" or "Middle Eastern," which obscures the specific health challenges they face. By recognizing Chaldeans as a distinct subgroup in surveys and data collection, policymakers and healthcare providers can gain a clearer understanding of issues such as chronic disease prevalence, mental health needs, and barriers to care.

With accurate data, targeted interventions can be developed, such as funding for culturally tailored health education programs, mental health services, and preventive care initiatives. Additionally, policies that support language access, such as requiring healthcare facilities to provide interpreters and materials in Chaldean (Neo-Aramaic) and Arabic, can significantly improve healthcare outcomes. State and federal funding for community health centers that serve immigrant and minority populations, including Chaldeans, can also bridge gaps in care. By embedding these initiatives into broader public health strategies, policymakers can ensure the Chaldean community's needs are addressed in a systematic and sustainable way.

CONCLUSION

The Chaldean community's experiences with healthcare hesitancy highlight the importance of culturally sensitive care and trust-building in addressing health disparities. From Michigan to California, efforts to engage the Chaldean population demonstrate the value of blending medical expertise with cultural understanding. By continuing to prioritize cultural competence, community engagement, and accessible care, healthcare systems can ensure that Chaldeans—and other underserved populations—receive the support they need to lead healthier lives.

REFLECTION

As a first-generation Chaldean-American living in Detroit, I have seen first-hand the struggles with providing culturally competent care to the Chaldean community. For instance, during health crises such as the Covid-19 Pandemic. I was able to see, firsthand, members of my community, including in the Chaldean church, express hesitancy in vaccinations and other forms of modern medicine. Yet, I have also seen access to care for those that do choose to obtain it to be difficult. This paper will serve to inform others on this minority population in the United States and help to implement policy decisions which benefit the group.

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