

# Health Literacy in the Chaldean American Community

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## ABSTRACT

This paper examines health literacy within the Chaldean American community, an immigrant population that remains underrepresented in public health literature despite facing significant healthcare barriers. Drawing on existing literature, the paper explores how linguistic, cultural, and structural factors influence healthcare access and understanding among Chaldean Americans, particularly in metropolitan Detroit and San Diego, which host some of the largest Chaldean populations in the United States. Language discordance, limited access to professional interpretation services, cultural perceptions surrounding healthcare and mental health, and difficulties navigating the U.S. healthcare system contribute to reduced health literacy and disparities in care. The paper also highlights the importance of community-based and culturally responsive interventions, including partnerships with organizations such as the Chaldean Community Foundation and faith-based institutions. Additionally, the discussion considers the growing importance of digital health literacy as healthcare systems increasingly rely on telehealth and patient portals. Ultimately, improving health literacy among Chaldean Americans requires collaborative public health strategies that prioritize culturally grounded communication, community trust, and equitable healthcare access.

## KEYWORDS

Health literacy; Chaldean Americans; immigrant health; cultural competence; language barriers; public health; healthcare disparities; community health

## INTRODUCTION

Health literacy, defined as the ability to access, understand, and apply health information, is increasingly recognized as a critical determinant of health outcomes in the United States. According to the U.S. Department of Health and Human Services, health literacy includes the capacity to obtain health information, navigate healthcare systems, and make informed medical decisions. Limited health literacy has been associated with poorer health outcomes, increased hospitalization rates, and lower use of preventive care services (Berkman et al., 2011). While health literacy challenges affect many populations, immigrant communities may face unique barriers related to language, culture, and healthcare access.

One community that illustrates these challenges is the Chaldean American diaspora. Chaldeans are an ethnically Iraqi and predominantly Christian minority group whose migration to the United States increased

significantly during periods of political instability and conflict in Iraq. Today, the metropolitan Detroit area hosts the largest Chaldean population outside Iraq, with estimates suggesting that more than 150,000 Chaldeans reside in the region (Chaldean American Chamber of Commerce). Additional Chaldean communities exist in cities such as San Diego. Despite their significant presence, the health experiences of Chaldean Americans remain underrepresented in public health literature. Understanding health literacy within this community is therefore essential for addressing disparities in healthcare access and improving long-term health outcomes.

This paper explores health literacy experiences and challenges within the Chaldean American community, with particular attention to the linguistic, cultural, and structural barriers that influence healthcare access and outcomes. It also discusses potential public health strategies that can support improved health literacy and promote health equity in immigrant communities.

## BACKGROUND: THE CHALDEAN AMERICAN COMMUNITY

The Chaldeans are an indigenous ethnic and religious minority originating from Iraq. Historically, they are associated with the Chaldean Catholic Church and speak dialects of Aramaic, including Chaldean Neo-Aramaic. Large-scale migration of Chaldeans to the United States began in the twentieth century and expanded significantly following the Gulf War and the Iraq War. Today, Michigan, particularly the metropolitan area surrounding Detroit, hosts the largest Chaldean population outside Iraq.

The Chaldean American community has developed a strong network of cultural, religious, and economic institutions. Organizations such as the Chaldean American Chamber of Commerce and the Chaldean Community Foundation provide social services, educational programs, and health initiatives aimed at supporting immigrant families. These organizations play an important role in bridging cultural and linguistic gaps between immigrant populations and American institutions.

Despite this strong community infrastructure, immigrant populations often encounter significant barriers when navigating complex systems such as healthcare. These challenges can be particularly pronounced for first-generation immigrants who may be unfamiliar with health insurance systems, preventive care practices, or medical terminology in English.

## UNDERSTANDING HEALTH LITERACY

Extensive research has demonstrated that health literacy significantly influences healthcare access, chronic disease management, treatment adherence, and preventive care utilization. Individuals with limited health literacy are more likely to experience poorer health outcomes and increased hospitalization rates.

A systematic review by Berkman and colleagues found that individuals with lower health literacy were more likely to experience hospitalization, poorer management of chronic disease, and difficulty

adhering to treatment plans (Berkman et al., 2011). These disparities are particularly pronounced among immigrant populations, who may face additional barriers such as language differences and limited familiarity with healthcare systems.

The National Academies of Sciences, Engineering, and Medicine emphasizes that health literacy is not solely an individual responsibility but also reflects how effectively healthcare systems communicate with diverse populations. Clear communication, culturally appropriate materials, and accessible health education programs are essential components of improving health literacy at the population level.

## LANGUAGE BARRIERS

Language differences represent one of the most significant challenges affecting health literacy among immigrant populations. Many first-generation Chaldean immigrants speak Chaldean Neo-Aramaic or Arabic as their primary language. While younger generations may be fluent in English, older adults often rely on family members or informal interpreters when communicating with healthcare providers.

Limited access to professional interpretation services can lead to misunderstandings regarding medical instructions, medication dosages, or treatment plans. Thus, language barriers in healthcare settings can negatively affect treatment adherence and health outcomes, while also reducing patients' overall satisfaction with their care (Kandula et al., 2007).

## CULTURAL PERCEPTIONS OF HEALTHCARE

Cultural factors also influence how individuals interpret health information and interact with healthcare systems. In many immigrant communities, healthcare decisions may involve family members or community leaders. Cultural norms can shape attitudes toward preventive care, mental health treatment, and communication with medical professionals.

For example, discussions about mental health may carry stigma in some communities, leading individuals to avoid seeking professional help. Within many immigrant communities, including portions of the Chaldean American community, mental health concerns may be associated with shame, family reputation, or fears of social judgment. Historical experiences of displacement, war-related trauma, and migration stress may further complicate conversations surrounding mental health. Community-based education initiatives and culturally sensitive counseling services may therefore help reduce stigma while encouraging individuals to seek support earlier.

Cultural competence, defined as the ability of healthcare providers to understand and respond effectively to the cultural and linguistic needs of patients, has therefore become an important focus of public health research (Betancourt et al., 2003).

## STRUCTURAL BARRIERS IN THE HEALTHCARE SYSTEM

Beyond language and culture, structural barriers within the healthcare system can also affect health literacy. The United States healthcare system is

complex, involving insurance enrollment processes, referral networks, and specialized medical terminology. For individuals unfamiliar with these systems, navigating healthcare services can be difficult.

Immigrant populations may also face barriers related to employment, transportation, or access to culturally appropriate health education materials. Studies have found that immigrant populations with lower health literacy levels are less likely to access preventive healthcare services and more likely to rely on emergency care (Sentell & Braun, 2012).

Sentell and Braun (2012) explain that immigrant populations with lower health literacy levels often experience difficulty navigating insurance enrollment systems, understanding referral processes, and accessing primary care providers. As a result, many individuals delay routine or preventive healthcare until conditions worsen, increasing reliance on emergency departments for non-emergency health concerns. These challenges reflect how structural complexity within the healthcare system can compound existing linguistic and cultural barriers.

## COMMUNITY-BASED SOLUTIONS

Community organizations play an essential role in addressing health literacy barriers within immigrant populations. In Detroit, organizations such as the Chaldean Community Foundation provide culturally tailored programs that support health education, social services, and language assistance for immigrant families.

Community-based approaches are particularly effective because they build on existing networks of trust. Partnerships between healthcare providers and community organizations can improve communication, increase access to health information, and promote preventive care practices. Strategies such as community health workers, bilingual education materials, and culturally informed outreach programs have shown promise in improving health literacy outcomes.

Faith institutions can also serve as important partners in health education efforts. Religious institutions often function as central gathering places for immigrant communities and may provide opportunities for health workshops, screenings, and educational events.

## PUBLIC HEALTH AND POLICY IMPLICATIONS

Improving health literacy among immigrant populations requires coordinated efforts at multiple levels. Public health interventions should focus on expanding language services, promoting culturally competent care, and supporting community-based health education initiatives.

Healthcare systems can improve communication by simplifying medical materials, providing professional interpretation services, and incorporating culturally responsive training for healthcare providers. Policymakers can also support programs that strengthen partnerships between community organizations and healthcare institutions.

As healthcare systems increasingly rely on telehealth services, electronic medical records, and patient portals, digital health literacy has

become another important component of healthcare access. First-generation immigrants may experience additional challenges related to technology use, internet accessibility, and understanding digital medical platforms in English. For older Chaldean adults in particular, difficulties navigating online appointment systems or telehealth services may further widen healthcare disparities. Public health interventions should therefore include culturally and linguistically accessible digital education resources to ensure equitable participation in modern healthcare systems.

Addressing health literacy disparities is not only important for improving individual health outcomes but also for promoting broader health equity. Immigrant communities such as the Chaldean diaspora illustrate how language, culture, and structural factors intersect to shape healthcare experiences.

## FUTURE DIRECTIONS

Looking forward, efforts to improve health literacy within the Chaldean American community should prioritize culturally grounded, community-based approaches. Given the central role of faith and religious institutions in Chaldean life, churches can serve as powerful venues for health education and outreach. Collaborations with trusted organizations such as the Chaldean Community Foundation can help bridge gaps between healthcare systems and community members by delivering linguistically and culturally tailored resources. Church-based awareness campaigns, such as health workshops, screenings, and informational sessions following services, may increase engagement, particularly among older adults who may be less connected to formal healthcare systems. Additionally, partnerships between healthcare providers and community leaders can foster trust, reduce stigma around topics such as mental health, and promote preventive care practices. Future interventions should continue to leverage these existing community structures to ensure that health information is both accessible and culturally resonant.

## CONCLUSION

Health literacy plays a critical role in shaping healthcare access and outcomes for immigrant communities in the United States. The Chaldean American community provides an important case study for understanding how linguistic, cultural, and structural barriers can influence health literacy. While community organizations and support networks have helped bridge some gaps, continued efforts are needed to ensure that health information is accessible, culturally appropriate, and understandable for diverse populations. By strengthening community partnerships and promoting culturally responsive healthcare practices, public health professionals can improve health literacy and advance health equity for immigrant communities across the United States.



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