Chaldean Elders Needs Assessment

An Analysis of the Unique Needs of Chaldean Older Adults in Oakland and Macomb Counties Based on Three Studies:

- 2004 AAA 1-B/CALC Survey of Chaldean Elders
- 2004 AAA 1-B/CALC Key Informant Interviews
- 1991 Needs Assessment of the Arab and Chaldean 60 and Over Population in Michigan

Conducted by Michigan Office of Services to the Aging

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Introduction

Since 1961, the Chaldean American Ladies of Charity (CALC) has organized efforts to preserve Chaldean heritage and to enrich the community through awareness, advocacy, education and advice, and emotional and economic support. The non-profit organization, based in Southfield, Michigan, provides services to help members of the community including new immigrants, youth and older adults. Services to older adults include translation, emotional support through visitation, financial assistance, social activities and transportation.

The Area Agency on Aging 1-B (AAA 1-B) is a nonprofit organization responsible for services to the more than 435,000 persons age 60 and older residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. The AAA 1-B is dedicated to: 1) advocating on issues of concern to older persons; 2) allocating federal and state funds for social and nutrition services; 3) developing new older adult service programs; 4) coordinating activities with other public and private organizations; and 5) assessing the needs of older persons and linking them with needed community-based long term care services. The AAA 1-B prioritizes activities that allow older persons to maintain their independence with dignity and places a special emphasis on assistance to frail, low-income, socially disadvantaged, and minority elders.

There are many barriers impinging upon the ability of Chaldean elders and caregivers to access necessary health and human services. While the CALC is able to address some basic needs for elders, traditional older adult service providers struggle to overcome language and cultural barriers to adequately serve this community. The increasing number of Chaldean elders with complex needs, coupled with barriers to accessing services and limited resources, makes it imperative that special efforts are made to understand their unique needs, and deliver services with these unique characteristics in mind.

To assist community leaders and organizations to address the needs of older Chaldeans, the AAA 1-B and CALC have collaborated in the development of this needs assessment. This report, consists of a review of previous Chaldean community needs assessments, interviews with key community members, and a survey of Chaldean older adults in southeast Michigan. An analysis of key findings is presented, with recommendations and potential solutions.
The Chaldeans are Christians who trace their lineage to the civilization of ancient Mesopotamia, now in modern-day Iraq. Chaldean ancestors are believed to be the last rulers of the Babylonian Empire and were converted to Christianity by the disciple Thomas. The native language is a form of Aramaic, which is believed to have been the language of Jesus Christ.

Chaldeans began migrating to the United States during the early 1900's for religious freedom and economic advancement. Along with many other immigrant groups, they gravitated to Detroit with its promise of employment in the auto industry. Many early immigrants, however, began working in the grocery trade and have continued the occupational tradition through today. It is estimated that more than 2,000 Michigan food stores are owned by Chaldeans. Additional waves of immigration have coincided with changing U.S. immigration policies as well as political turmoil and war in the Chaldean homeland.

While there is no official count of Chaldean citizens in the U.S Census, the Chaldean population in southeast Michigan is estimated to be approximately 120,000 people (CCC, 2006). Most Chaldeans have familial connections to the village of Telkaif (Telkeppe) and other small villages in northern Iraq. There are concentrations of Chaldeans in the northeastern quadrant of Detroit as well as in southeastern Oakland county and southern Macomb county. Presuming there are a similar percentage of older adults in the Chaldean community as in the general population (15%), we can say there are approximately 18,000 Chaldean elders over the age of 60 living in southeast Michigan.

The 2004 survey revealed that 58% of Chaldeans age 65 and older earn a yearly income of less than $15,000. In comparison, only 25% of Michiganians age 65 and older earn below $15,000.

Armed with a culture including close family ties and an entrepreneurial spirit, a growing number of business people have leveraged humble corner stores into major wholesale, development, and construction companies. The Chaldean Chamber of Commerce in Farmington Hills estimates that Chaldean-Americans own more than 6,000 businesses in Michigan. Additionally, Chaldeans can be found in many white-collar professions including medicine, education, accounting, social work, law and architecture.
While many Chaldeans are financially secure, many others, especially older adults and new immigrants, lack formal education and are living at or below the poverty level. Many recent immigrants are highly traumatized refugees fleeing from their war-ravaged homeland. The Detroit Arab American Study (2003) by the University of Michigan reports that southeast Michigan contains a clear disparity of some of the wealthiest and poorest Arab and Chaldean populations in the United States. In addition, they report that of non-U.S. born Arabs and Chaldeans in southeast Michigan, 56% have a high school diploma or less, and reported household incomes are correlated with the level of education. In a 1991 survey of Chaldean older adults conducted by the Michigan Office of Services to the Aging, 81% of respondents did not have a high school diploma.

Poor access to health care, mental health and social services, as well as a lack of educational attainment, limited English proficiency, and subsistence level incomes contribute to the emergence of emotional, mental and physical health problems among Chaldean older adults in Michigan.
Key Findings and Potential Solutions

This report is the result of a collaboration between the AAA 1-B and CALC with the intent to quantify unmet needs, understand barriers to access, and raise awareness of these issues to the public and traditional Aging Network service providers. Information was compiled from the three known community surveys specific to older adult Chaldeans in Michigan:

- 1991 OSA Needs Assessment of the Arab and Chaldean 60 and Over Population in Michigan
- 2004 AAA 1-B/CALC Chaldean Key Informant Interviews
- 2004 AAA 1-B/CALC Survey of Chaldean Elders

**Interpretation and Translation**

The ability to speak English is fundamental to receiving good medical care, learning about and using services, and fully participating in American society. In the 2004 AAA 1-B/CALC Survey of Chaldean Elders, only half of the respondents said they spoke English. Language problems are a major barrier to accessing services and participating in activities. It is a dominant problem within facilities such as public housing and nursing homes where English is the primary language. In addition to not speaking English, many Chaldean elders have little formal education and may be illiterate in their own spoken language. This leads to a complex situation where translation of printed materials is not an adequate solution.

In some cases, the language barrier is so significant that the elder may not have their basic needs met. One story, told by a CALC volunteer, described a situation where CALC was called because a Chaldean elder was creating a “disturbance” in the nursing home. When a CALC volunteer arrived to translate, it turned out that the woman only wanted a glass of water. A lack of communication of this nature must be addressed for Chaldean elders to live safely.

It was obvious from both the OSA survey and the 2004 survey that Chaldean older adults are not aware of the social services available to them—the language barrier is one of the likely reasons for this.

**POTENTIAL SOLUTIONS**

- Recruit more volunteer translators
- Train living facility staff in ways to communicate with non-English speakers
- Provide basic English classes for Chaldean elders
- Promote the use of AT&T Language Line
- Translate printed information about services
- Encourage social service agencies to recruit bilingual staff members
Key Findings and Potential Solutions

Transportation

The critical need for transportation services in the elder Chaldean community is well documented. Transportation was consistently mentioned in all surveys, interviews and prior needs assessments as a major area of unmet need. It was included in nearly every response about Chaldean elder’s needs in the OSA assessment and the 2004 survey and interviews.

Transportation was the most recommended service listed in the OSA survey, more than half of respondents listed it as a needed service in the 2004 survey, and 67% of key informants listed transportation in the top five concerns for Chaldean elders.

It is apparent from these assessments that the transportation situation for Chaldean elders in this community has not improved significantly over the last 15 years. Public transportation services may have improved during that time, but the access to and usage by Chaldean older adults has not increased. The 2004 Chaldean Elders survey revealed that 36% of respondents said they were aware of transportation services, however only 7% said they were currently using the service. Most said they drove themselves or had family caregivers drive them, but 38% percent still said they had trouble getting where they need to go. Although some elders may be aware of services, they are usually not able to access them because of the language barrier.

When transportation is not available, older adults are more likely to miss medical appointments, not attend religious or social events and cannot be fully involved in their community. Many need assistance performing basic activities such as grocery shopping simply because they don’t have transportation. Family caregiver stress increases as elders look to their family members to provide transportation.

POTENTIAL SOLUTIONS

- Offer interpretation services through SMART call center
- Promote the use of AT&T Language Line to assist elders with accessing services
- Provide community presentations about transportation services to elders
- Provide education on communicating with non-English speakers to bus drivers
- Develop a Chaldean-run volunteer transportation service
- Develop a Chaldean-run transportation coordination or dispatch center
Key Findings and Potential Solutions

Housing

Despite the fact that many adult children are caring for elders in the family home, there are still significant numbers of Chaldean elders living alone. The 2004 Chaldean Elders survey revealed that 61% of Chaldean older adults live with a spouse or relatives and more than 30% over the age of 65 live alone. The percentage of Chaldean elders living alone is comparable to other persons over the age of 65 living alone in both Oakland and Macomb counties.

Many elders living alone in their own homes have difficulty maintaining their home. Chaldean elders need help with home maintenance and repair, including cleaning and yard work. These are issues common to many other older adults, but significant in the Chaldean population due to a lack of knowledge of available services.

The Chaldean Manor, an independent living apartment complex, has had a waiting list of 33 people in 2006. The most pressing housing issue throughout the 2004 survey and interviews was the need for nursing home care that addresses the specific cultural and language needs of Chaldean elders.

The major needs in nursing home care are Chaldean and Arabic-speaking nurses and caregivers, Chaldean-focused dining choices and social activities that are familiar to Chaldean elders. Chaldean Manor, an independent living apartment complex, offers a housing option for independent Chaldean elders, but there remains a serious need for affordable housing and care for the frail elderly who require a higher level of support and services, both in nursing homes and in assisted living.

POTENTIAL SOLUTIONS

- Improve current nursing home situations through staff and volunteer education
- Create partnership with a nursing home to develop a Chaldean elder section
- Provide community presentations about home maintenance services for elders
- Develop a Chaldean-run volunteer home repair and maintenance program
- Employ a Housing Service Coordinator at Chaldean Manor
- Develop a Chaldean-run information center for housing related services
Key Findings and Potential Solutions

Social Engagement

Participation in social activities is considered a key element of good mental health and is related to both physical and cognitive functioning. Gerontology research indicates that older adults who retain their friendship connections and social activity level as they age are healthier and happier. Although the Chaldean community provides a level of social support to its community members, it is difficult for elders to participate fully in their community due to barriers including transportation. Often this is a more significant loss for Chaldean elders because many were very active in their community at a younger age. A major decline in the level of social activity can be devastating for older adults.

“Loneliness is a key issue. Many older adults are very depressed because they are isolated.”
—2004 Key Informant Interview

Most elders attend church regularly, but also have a desire to go on outings and short trips. There is a need for more social activities focused on Chaldean elders and a need for transportation to special events and outings.

POTENTIAL SOLUTIONS

- Investigate the incidence of depression in Chaldean elders
- Offer transportation to events and short trips
- Develop intergenerational programs to help connect Chaldean elders and youth
- Provide opportunities for participation in culturally-familiar social activities
Key Findings and Potential Solutions

**Health**
Overall, the physical health of Chaldean elders is similar to the general older adult population (FIF, 2004). The most common chronic diseases and conditions listed by Chaldean elders were hypertension, arthritis, diabetes and back or spinal problems and the rates of these concerns were not significantly higher than the general population. In both the OSA and 2004 surveys, a large percentage of elders had a doctor and visited them regularly. Professional interviewers in the OSA study introduced the idea that while Chaldean elders may be extremely satisfied with their health care experience, they may be uncritical health care consumers because of their experience with poor quality health care in their homeland. It is important to ensure that Chaldean elders are getting quality medical care and adequate interpretation during medical appointments.

**Family Caregiving**
Two recognized values in the Chaldean community are a dedication to helping community members and a culture that puts importance on caring for older family members. However, as indicated in the OSA and 2004 surveys, these community and cultural strengths can cause stressors when younger community members attempt to balance their Chaldean and American cultures. A lack of access to services is a burden on elders. It may also be a burden on caregivers who would benefit from some support of, and reprieve from aspects of their intense caregiving role.

“The major source of help for all problems is the family, which may place extreme stress on family resources.”
—OSA Survey (1991)

**POTENTIAL SOLUTIONS**
- Increase use of medical interpreters at hospitals and doctor’s offices
- Develop Chaldean caregiving resources
- Develop Chaldean caregiver support groups
- Educate family caregivers about community resources for older adults
The Michigan Office of Services to the Aging (OSA) conducted a survey-based needs assessment of 200 older adults in Arab and Chaldean communities in southeast Michigan in 1991. Interviews were conducted in person and with a translator in the respondent’s preferred language. In-depth interview questions asked about basic demographics, mental and physical health, access to and use of social services, housing and transportation. In some cases the data was delineated to show answers from Arabs and Chaldeans separately. Of the older Chaldeans who participated in the OSA study, most (82.4%) resided in Oakland county, while the remainder lived in Wayne (14.3%) and Macomb (3.3%) counties.

Services
Among Chaldean elders, there is a severe lack of knowledge about the help that is available to older adults. One set of questions asked all Arab and Chaldean respondents if they were familiar with, had used, or might use any social service on a list of services available to them. As seen in Figure 1, fewer than 30% of respondents were aware of most of the services. Home delivered meals is one of the most frequently used older adult services. However, fewer than 25% of respondents were aware of this service and only 1% had ever used it.

In addition to questions about familiarity and use of services, respondents were asked what services should be offered to Arab and Chaldean older adults. As shown in Figure 2, transportation, chore services, health screening, home repair, dental care, legal assistance, translation, home health aide and emergency energy assistance were the top services that respondents said should be offered.

Transportation, the top recommended service, was identified by 34% of respondents-two times more than any other service. Access to transportation was the primary issue, as 46% of respondents expressed difficulty getting to the places they needed to go while only 27% had the ability to drive. Beyond direct service needs, many adults (36%) identified an inability to learn about services as a major reason why they didn’t receive services from the community.
Chaldean and Arab Elders
Awareness and Use of Senior Services
(1991 Needs Assessment of the Arab and Chaldean 60 and Over Population in the State of Michigan, Michigan Office of Services to the Aging)

- Volunteer Opportunity
- Vision Assistance
- Transportation
- Telephone Reassurance
- Library
- Legal Assistance
- In-Home Visits
- Housing Assistance
- Homemaker Service
- Home Repair Service
- Home Health Aide
- Home Delivered Meals
- Hearing Impaired
- Health Screening
- Food Bank
- Financial Management
- Employment Services
- Emergency Home Monitor
- Emergency Energy Assistance
- Education programs
- Dental Health
- Crime Prevention
- Counsel/Long Term Care
- Congregate Meals
- Complaint/Long Term Care
- Chore Services
- Assessment/Referral
- Adult Day Care

0% 20% 40% 60%

Aware of Service  Would Consider Using  Have Used
General Population
Awareness and Use of Senior Services
(Michigan Needs Assessment of the 60 and Over Population
Michigan Office of Services to the Aging, 1986)
1991 OSA Needs Assessment

**Recommended Services for Chaldean and Arab Elders**
(1991 Needs Assessment of the Arab and Chaldean 60 and Over Population in Michigan, Michigan Office of Services to the Aging)

![Bar chart showing recommended services for Chaldean and Arab elders.]

**Top 15 Recommended Services**
for Chaldean and Arab Elders (1991)

1. Transportation
2. Chore
3. Health Screening
4. Home Repair
5. Dental Care
6. Legal Assistance
7. Home Health Aide
8. Emergency Energy Assistance
9. Homemaker Services
10. Education
11. Crime Prevention
12. Assessment/Referral
13. Housing Assistance
14. Adult Day Care
15. Vision

**Top 15 Recommended Services**
for the General Population (1985)

1. Transportation
2. Home Delivered Meals
3. Other
4. Legal Assistance
5. Health Screening
6. Chore
7. Home Health Aide
8. Homemaker Services
9. Crime Prevention
10. Home Repair
11. Congregate Meals
12. Home Visitors
13. Telephone Reassurance
14. Dental Care
15. Adult Day Care
1991 OSA Needs Assessment

Language
The OSA study concluded that many Arab and Chaldean elders are unable to access services because they do not speak English. Only nine percent of the participants were interviewed in English and only five percent speak English in the home. The biggest reason respondents said they couldn’t receive services was because they “can’t learn about services.” Many others said they were “uncomfortable going to an agency” and the agency was “difficult to talk to.” Language is clearly a barrier and service agencies must improve their outreach to non-English speaking elders, as well as their recruitment of multilingual employees.

Family Resources
The family is a source of primary support in Chaldean and Arab communities. The OSA survey confirmed that relatives provide the most assistance for all problems including money, health, loneliness, housekeeping, transportation, personal care, stress and legal issues. Relatives were also the major source for information about services. Twice as many respondents received information from family members than the next most used source-friends. This leads to a situation where family members can be pulled in too many different directions and have difficulty providing consistent help to elders.

Although the family is a strong source of help, Chaldean elders are still struggling to get their needs met. The OSA study determined that a significant number of Chaldean and Arab elders have problems that they consider serious or very serious and for which they are not receiving help. More than 50% said problems with money and health were serious or very serious in their life and more than 30% of those said they were not getting any help with these problems. In addition, more than 30% of respondents said that problems with getting places they need to go and dealing with loneliness were serious or very serious issues in their life and 30% of those said they were not getting any help.

The OSA survey shows a picture of Chaldean and Arab elders who are dealing with many problems typical for their age. However, many lack the ability to solve these problems themselves because of poor access to services as well as language and transportation barriers. Researchers concluded that the family, a major source of support, may be overextended by trying to assist elders and is in need of caregiver services that could help. The in-depth nature of the OSA study is valuable as a benchmark for comparison to present or future studies as well as a source for historical information about this community. However, the survey data was derived from information about both Chaldeans and Arabs.
In 2004, the AAA 1-B and CALC collaborated to gather information from surveys with Chaldean older adults and interviews with key informants.

The AAA 1-B and CALC conducted survey-based interviews with 150 Chaldean elders in southeast Michigan in 2004. Participants, identified by the CALC, consisted of those who live independently, one nursing home resident and residents of Chaldean Manor, an independent senior living facility. CALC volunteers and translators performed the interviews in the respondent’s preferred language. The survey consisted of 25 questions about demographics, physical health, awareness and use of social services, housing and transportation. The intention of this survey was to give a broad picture of the demographics and service needs of Chaldean elders.

## Characteristics

**County Residence:** Most of the participants (82%) lived in Oakland county, 11% lived in Macomb and 1% lived in Wayne county, with the remaining (6%) respondents not answering this question.

**Age:** Approximately 67% of respondents were between 65 and 84 years old, 27% were between 50 and 64 years, and 6% were over the age of 85.

**Gender:** 76% of respondents were female and 24% were male.

**Number of Years in U.S.:** Surveyed Chaldeans have lived, on average, 28 years in the United States. The longest tenure in the U.S. was 80 years and the newest immigrant surveyed had lived in the U.S. for 2 years. 72% of respondents had lived in the U.S for more than 20 years.

**Citizenship:** Most (71%) of respondents were U.S. Citizens and 25% were legal permanent residents. 2% of respondents reported “no status/undocumented,” 1% said they had refugee status and 1% reported “other non-immigrant” status.

**Marital Status:** 58% percent of respondents were single or widowed, 41% were married and only 1% were divorced. The percentage of respondents who are widowed is two times as large as the percentage of people over the age of 55 who are widowed in Michigan, Macomb or Oakland counties.

**Primary Language:** More than 90% of respondents know how to speak Chaldean, and for 70% of them Chaldean is the primary language spoken in the home.
English Ability: Some (23%) speak English as their primary language in the home, however only 52% of all respondents said that they speak English well.

Number of Children: 72% of respondents had four or more children. Most respondents said that some of their children live in Michigan.

Income: 58% of respondents over the age of 65 reported an income of less than $15,000 per year while nearly 9% had an income of more than $60,000 per year. In comparison, 25% of Michigan residents and 19% of Oakland County residents over the age of 65 have a household income of less than $15,000 per year. Younger Chaldeans in the survey had higher incomes. 36% of respondents between the age of 50 and 64 reported an income of less than $15,000 per year and 52% reported an income over $45,000.
Health Status: The most common chronic diseases were hypertension, arthritis and diabetes. Respondents also indicated difficulty walking and back/neck problems. Chaldean participants reported having chronic diseases at approximately the same rate as the general population.

Service Needs

Services: Overall, respondents were not aware of available services and many had not used any services. Just over 20% were aware of Information and Assistance services which help elders learn about other social services available to them. Currently, 31% claim to be receiving in home services such as bathing, cooking, housekeeping and medication reminders from social service agencies. 3% of respondents reported using an in-home service in the past. Many indicated a need for help including income assistance, transportation, housekeeping and home repair services.
Housing Situation: More than 60% of respondents reported living with relatives and nearly 30% said they live alone. The percentage of Chaldean elders living alone is similar to the general population. When asked what additional help is needed, 17% indicated that they need help with home maintenance, cleaning and yard work.

Healthcare: 95% of respondents said they have a doctor or primary health care provider and 82% had visited a doctor in the last six months.

Health Insurance: 29% of respondents have both Medicare and Medicaid insurance while 16% have Medicare alone and 25% have Medicaid alone. 15% have private insurance only and 11% have Medicare and private insurance. 4% of respondents have no health insurance.

Financial Assistance: 7% of respondents said they had gone without food in the last 6 months and 11% said they had gone without medication in the last 6 months because of a lack of money.

Recreation: When asked what types of recreation they had participated in within the last month, 88% of respondents said they attended church. 25% of respondents reported that they attended a senior center activity and 25% said they attended a club or social group. 11% said they participated in an exercise group and 17% did not answer the question.

Transportation: 46% of respondents said they drive themselves and 47% said that family caregivers help with transportation. Only 19% said they used a cab, bus or other form of transportation, and 38% of respondents said they have trouble getting where they need to go. 36% of respondents said they were aware of transportation services, however very few people said they were using transportation services. In addition, when asked in general what services were needed, 52% of respondents said transportation. There is a significant gap between needing and knowing about a service and actually using that service—probably because of language and cultural issues.
Key informants are professionals or community members who, by virtue of their occupation, volunteer position or other community role, have first-hand knowledge of Chaldean elders. Nine individuals were interviewed to learn about the needs perceived by those familiar with Chaldean elders. The CALC and the AAA 1-B identified key informants who are leaders from various Chaldean organizations in the community including the CALC, the Arab American Chaldean Council, nursing home administrators and those in the community who are regularly involved in providing for the needs of this population. The AAA 1-B conducted the interviews in consultation with the CALC Executive Director and Board of Directors. Three primary needs were indicated by most of the key informants: translation services, transportation options, and opportunities for socialization with others.

Seventy eight percent of interviewees identified translation and the inability to communicate effectively as an important problem, while sixty-six percent indicated transportation and lack of social activities as key issues. Housing alternatives and family caregiver issues were also mentioned as areas of concern. Information from the key informant interviews also reinforces findings about transportation, language and family caregiving issues discussed in the 1991 OSA survey.

Many of these problems are intertwined with each other. For example, an elder who doesn’t speak English can’t call the local transportation service to get a ride to a social event so they don’t attend, or they ask their family member who is already stressed about taking off work to take their loved one to the doctor the following day. These problems work together to increase the isolation of the elder and the burden on their family caregivers. Developing solutions to the complex web of problems in this community is not simple.

Translation, mentioned by nearly all key informants, is a concern that can seriously affect the level of care an elder receives in nursing homes or medical setting as well as their access to social services. Not being able to communicate with the outside world leaves elders isolated in their own homes.
Transportation was described as a difficult issue on the rise, and one for which a noted improvement has not occurred in the past two to three years. It was also frequently listed as a community concern and a recommended service. Key informants explained that Chaldean elders enjoy attending social events including church events and shopping trips, but a lack of opportunity and transportation issues are barriers to participation.

When non-English speaking Chaldean elders live in traditional senior housing, it is often difficult for them to participate in the housing community activities with English-only speakers. Chaldean elders’ access to family support, social activity, translation services, transportation, and other social services can be influenced by the location, amenities, physical structure of the housing in which they live. There is no Chaldean-focused nursing home in the area to serve Chaldean elders who need daily medical care. Local nursing homes are not prepared to appropriately serve non-English speakers. Several key informants talked about the dream of a Chaldean nursing home that would ensure that Chaldean elders receive good nursing care in an environment they can call home. They wish for a place where family members don’t have to worry that their loved one can’t tell the nurse that they don’t feel well, a place where elders aren’t left out of activities simply because they don’t speak the language and a place where the food is similar to that which the elders have been eating for decades, rather than an exclusive diet of standard American food.

Although family caregiver issues were not directly investigated, some key informants talked about how difficult it is for younger generations to fulfill the commitment to helping their elders while also working and raising their own children. They described sad situations in which some elders are depressed and isolated and others that are overly demanding toward their family caregivers. Neither situation is beneficial to the elder or their family.

“We believe the elderly in Wayne County are even more underserved, have greater language barriers, and are less saavy in their ability to meet their needs.”
Recommendations

This report provides a broad picture of Chaldean elders in Southeast Michigan and the problems they face. It is our intent that Chaldean community leaders, older adult service providers, and others in the community will use this report to further their understanding of the issues affecting Chaldean elders, and will seek to develop and bring together resources to improve the lives of these elders. Throughout this report there are potential solutions to the problems that challenge Chaldean elders and those who are committed to serving them. We hope that these ideas will be a springboard to foster new partnerships, new projects and programs, and expect that the information provided in this report will help guide community leaders in their response to the needs of Chaldean elders.

- Recruit more volunteer translators
- Train living facility staff in ways to communicate with non-English speakers
- Provide basic English classes for Chaldean elders
- Promote the use of the AT&T Language Line
- Translate printed information about services
- Encourage social service agencies to recruit bilingual staff members
- Offer interpretation services through SMART call center
- Provide community presentations about transportation services to elders
- Provide education on communicating with non-English speakers to bus drivers
- Develop a Chaldean-run volunteer transportation service
- Develop a Chaldean-run transportation coordination or dispatch center
- Improve current nursing home situations through staff and volunteer education
- Develop a Chaldean-run information center for housing related services
- Create partnership with a nursing home to develop a Chaldean elder section
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- Develop intergenerational programs to help connect Chaldean elders and youth
- Provide opportunities for participation in culturally-familiar social activities
- Increase use of medical interpreters at hospitals and doctor’s offices
- Develop Chaldean caregiving resources
- Develop Chaldean caregiver support groups
- Educate family caregivers about community resources for older adults