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# Improving Healthcare for Coptic Egyptian Migrants

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Newtown

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# Problem Identification and Description:

## AHEC Focus Area: Cultural Competency

- ▶ There is very little known about Coptic Egyptian migrant health in the current literature.
- ▶ Exploring health beliefs and behaviors in regard to seeking medical care is important.
- ▶ Additionally, understanding how the Coptic church plays a role in healthcare is essential as many Coptic individuals believe spirituality influences physical health.

# Impact on Public Health

- ▶ Research shows that religion and spirituality, although helpful in many ways, can be damaging to certain aspects of health. This is mainly attributable to miscommunication or misunderstanding of information, negative beliefs, or negative religious coping [1].
- ▶ Obesity and cardiovascular disease (CVD) were identified as the most common health risk factors for Coptic Egyptian migrants [2].
- ▶ CVD was mostly attributable to stress. Many members of the Coptic church believed it was amenable to spiritual healing [2].
- ▶ When necessary, most members of the community preferred to see providers that were also members of the Coptic church, which might devalue perceptions of family medicine [2].
- ▶ Healthcare practices should involve consulting leaders of faith-based communities to avoid overlooking potential barriers that affect certain cultural groups [3].

# Community Perspective

- ▶ *“They think the doctor won’t understand them”* - **Priest**
- ▶ *“A lot of them don’t speak English and are worried they will not be able to communicate efficiently with their doctor”* - **Priest**
- ▶ *“They feel more comfortable with home traditions in treating illness sometimes”* - **Priest**
- ▶ *“Sometimes they need encouragement to see a doctor while they also pray for help”* - **Priest**

# Intervention and Methodology

- ▶ Interviews were conducted at the Holy Theotokos & Saint Athanasius Coptic Orthodox Church in Cheshire, CT. Interviews were conducted with priests of the church.
- ▶ Questions asked during the interview were intended to gain a better understanding of the Coptic community perspective of the healthcare system.
- ▶ Another goal of the study was to understand some of the barriers that prevent Coptic migrants from seeking healthcare.
- ▶ Two priests who have served in the church for over 15 years were interviewed. Written consent was obtained before the interview.

# Results and Response Data

These interviews revealed two major barriers:

- ▶ Coptic Egyptian migrants are more reluctant to seek healthcare if they do not speak English.
  - ▶ There is a factor of embarrassment that many migrants feel when they are not able to communicate about their health.
  - ▶ This barrier is often negated if there is an English-speaking family member or friend that can accompany them to their visit.
- ▶ Coptic Egyptian migrants are more comfortable seeking care if their provider is of a similar background.
  - ▶ Coptic Egyptians prefer to see a physician of Arab ethnicity more than a non-Arab provider, even if that physician does not speak Arabic.
  - ▶ Sharing a similar culture, even if not exactly the same, makes Coptic migrants feel more comfortable during their office visits.

# Effectiveness and Limitations

- ▶ The results of the interviews emphasize the importance of diversity in healthcare.
  - ▶ Patients are more likely to seek healthcare if there they are able to communicate in their native language.

## Limitations

- ▶ The interviews were mostly with priest of the church rather than directly with Coptic migrants, limiting the accuracy of Coptic migrant perspectives on healthcare.
- ▶ The interviewed population was a small Coptic community in Connecticut and therefore may not be representative of the general Coptic migrant community in the USA.
- ▶ Future studies should include Coptic Egyptian migrants over the nation to accurately assess the issue.



# Recommendations for Future Interventions

- ▶ The findings of this study suggest that cultural competency plays a crucial role in preventative medicine.
  - ▶ Healthcare providers should recognize the importance of cultural and linguistical competent care.
- ▶ Increased efforts are necessary to gather more information on language preferences for migrant communities.
- ▶ It may be beneficial to develop culturally competent disease management programs to improve healthcare for minorities.
  - ▶ Increased diversity and representation of minorities is needed in healthcare to allow patients to connect and feel comfortable with their providers.
  - ▶ Small communities should be involved in the creation of healthcare policies.
  - ▶ Cultural competency should become an institutional priority in healthcare.

# References

1. Weber SR, Pargament KI. The role of religion and spirituality in mental health. *Curr Opin Psychiatry*. 2014;27(5):358-363. doi:10.1097/YCO.0000000000000080
2. Shenouda JEA, Cooper MJF. "One Big Family": Pastoral Care and Treatment Seeking in an Egyptian Coptic Church in England. *J Relig Health*. 2017;56(4):1450-1459. doi:10.1007/s10943-017-0381-5
3. Dascalu S, Flammer PG, Ghafari M, Henson SC, Nascimento R, Bonsall MB. Engaging Religious Institutions and Faith-Based Communities in Public Health Initiatives: A Case Study of the Romanian Orthodox Church During the COVID-19 Pandemic. *Front Public Health*. 2021;9:768091. Published 2021 Dec 16. doi:10.3389/fpubh.2021.768091

# Interview Consent Form

- ▶ *Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.*
- ▶ Consented
- ▶ Name: Priest in Ceshire, CT.
- ▶ Name: Priest in Ceshire, CT.
  
- ▶ Did NOT Consent
- ▶ Name:
- ▶ Name: