

ABSTRACT

Background

Dental abnormalities have been identified as a leading problem among newly arriving refugees. It is unclear if refugees are aware of their own dental health issues. The objective of this project was to assess the refugee's perception of their existing oral health.

Methods

This project was a secondary data analysis of the Newly Arriving Refugee Surveillance System database. Data from 100 adult refugees were gathered to identify their perception regarding existing oral health and included refugees resettled through both resettlement agencies, Kentucky Refugee Ministries and Migration and Refugee Services. Surveys were administered by Global Health Center staff speaking in the native language of the refugee.

Results

Among the 135 refugees surveyed, 62% were male and 38% female. Refugees represented Cuba (87%), Syria (5%), Somalia (4%), and Iraq (4%). Oral health was described as fair or poor by 57% and current tooth pain was reported in 20%. More than half reported that it had been more than one year since they had seen a dentist or had access to dental care.

Conclusions

Our data indicate that refugees recognize their existing oral health abnormalities. The personal recognition of oral health abnormalities is a first step toward improving oral health condition. The next step is to develop a pathway that facilitates preventive oral health practices and access to care.

INTRODUCTION

➤ During Oct 2012 to Sept 2015, Kentucky has welcomed more than 8,150 refugees with nearly 3500 of them resettling in Jefferson county alone.

➤ Dental abnormalities have been identified as a leading problem among newly arriving refugees. There has been several studies about this issue among refugees in other states but none for refugees resettling in Louisville, KY.

➤ Refugees are more prone to both medical and psychiatric problems due to the unfortunate circumstances they have faced and lack of health knowledge and access to healthcare. Several studies have shown that dental health and hygiene is not a priority in conjunction with not being easily accessible for many refugees before they come to the US.

➤ It is unclear if refugees are aware of their own dental health issues

➤ The objective of this project was to assess the refugee's perception of their existing oral health..

METHODS

➤ This project was a secondary data analysis of the Newly Arriving Refugee Surveillance System database.

➤ Data from 135 adult refugees were gathered From Jun 2015 to Sep 2015 to identify refugees perception regarding existing oral health and included refugees resettled through both resettlement agencies, Kentucky Refugee Ministries and Migration and Refugee Services.

➤ Surveys were administered by Global Health Center staff speaking in the native language of the refugee

RESULTS

A total of 135 refugees surveyed from June 2015 to September 2015.

Table 1. Shows the basic demographic information of the refugees surveyed . The majority of refugees were males (62%) and single (51%). Age ranged between 18 to 64. Nearly 57% finished 12 or more years of school.

Figure 1. Shows country of origin for refugees involved in the study. Cubans were the largest population followed by Syrians then Iraqis and Somalis.

Table 2 Shows current dental problems encountered by refugees. Toothache was noted in 20% of the refugees while gum bleeding when brushing and tooth sensitivity to hot and cold were 28% and 40% respectively.

Figure 2 Shows overall health and oral health self-assessment. Nearly 60% refugees considered themselves to have a good overall health while almost 50% said their oral health was fair.

Figure 3 Shows percentage of tobacco use among refugees. The majority have recently stopped quit smoking or never smoked.

Figure 4 Shows type and frequency of food consumed. Fruit juice, coffee with sugar, white rice and white bread were consumed daily by more than 50% of the refugees.

Figure 5 Length time passed since the last visit to the dentist. Nearly 50% of the refugees visited the dentist within the last year while 30% within the pervious one to two years

Table 1: Demographic information of the refugees surveyed

Gender	Males 62%	Females 38 %
Marital Status	Married 49%	Not Married 51%
Age	Ranges between 18 and 64 years old	
Education Completed	12 years or less 57%	More than 12 years 42 % No schooling 1%

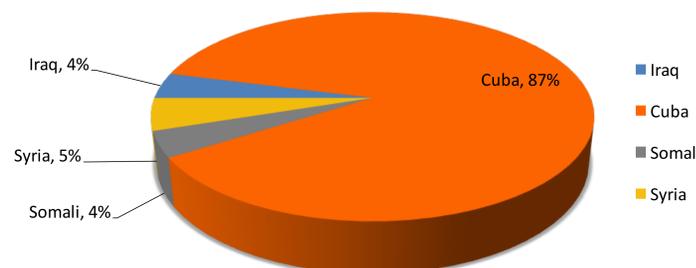


Figure 1. Country of Origin for refugees involved in the study

Table 2. Shows current dental problems encountered by refugees.

	Toothache	Gums Bleeds While Brushing Teeth	Gums Bleeds While Not Brushing Teeth	Teeth Sensitive to Hot or Cold Beverages
Yes	20%	28%	5%	40%
No	80%	72%	95%	60%

RESULTS

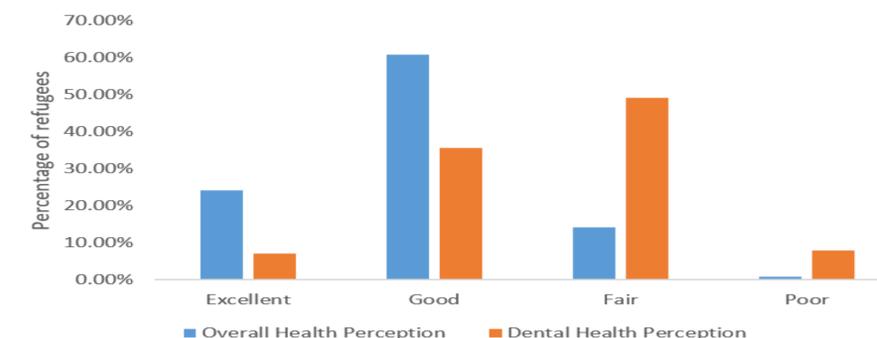


Figure 2: Overall health and oral health self-Assessment

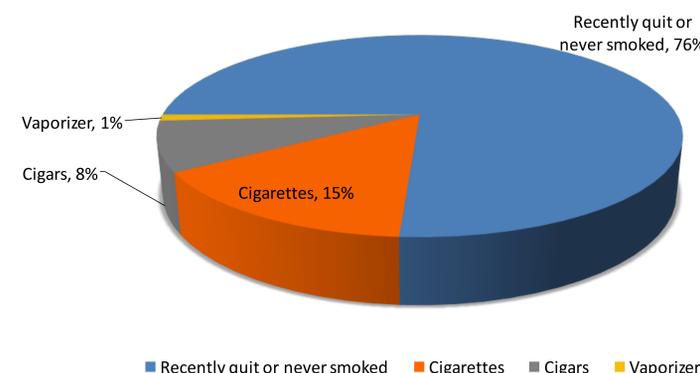


Figure 3: Percentage of tobacco use among refugees surveyed

CONCLUSIONS

➤ Our data indicates that refugees recognize their existing oral health abnormalities. Almost half said they have fair to poor oral health.

➤ Toothache, bleeding gum, tooth sensitivity to hot and cold were identified as some of the current dental problems encountered by the refugees.

➤ The personal recognition of oral health abnormalities is a first step toward improving oral health condition.

➤ Targeted interventions focusing on needs of specific refugee groups based upon the findings needs to be implemented to avoid complications that come from untreated dental problems.

➤ One important next step is to facilitates preventive oral health practices and access to dental care in this population.

REFERENCES

1- University of Louisville, Division of Infectious Diseases, REDCap (Research Electronic Data Capture).
2-Geltman, Paul L., et al. "Health Literacy, Acculturation, and the Use of Preventive Oral Health Care by Somali Refugees Living in Massachusetts." *Journal of Immigrant and Minority Health* 16.4 (2014): 622-630. Print.