

ABSTRACT

Background: Dental problems, including existing oral health issues and abnormalities of the teeth, are among the top health conditions recognized among newly arriving refugees in Kentucky. Oral health receives little attention during the refugee domestic health screening and care planning often leading to untreated dental problems. The objective of this project was to review the current level of dental problems that exist among newly arriving refugees in Louisville KY.

Methods: This study involves an evaluation of data available in the Newly Arriving Refugee Surveillance System database. Data was gathered from refugees including existing oral health, dental hygiene practices, and visual inspection of the oral cavity.

Results: In the evaluation, 128 refugees were assessed with 87% Cuban, 4% Somali, 4% Iraqi and 5% Syrian. Gingival or periodontal problems, missing teeth and dental caries were the most commonly identified dental problems. Gingival or periodontal problems were identified in a majority of the Cubans (72%) followed by missing teeth (69%). Iraqi, Somali and Syrian refugee groups also demonstrated gingival or periodontal problems, missing teeth and dental caries.

Conclusions: A variety of dental problems were recognized among the resettling refugees and access to dental care at the time of resettlement is limited. As part of a holistic approach to refugee health care, it is essential to have a dentist as part of the multidisciplinary team with dental care planning initiated early in resettlement. Furthermore, oral health and appropriate oral hygiene should be part of the educational process provided to refugees.

INTRODUCTION

➤ In 2012, Kentucky accepted 3% of the total refugee population coming to America. Among the total of 1976 refugees who reached Kentucky, Asylees account for around 4%, Cubans were 19% in number, resettled refugees were 73%, and the last 4% were Iraqi and Afghan Special Immigrant Visa (SIV) recipients (4).

➤ Previous studies conducted focusing the Oral Health status of refugees, report that untreated dental decay is seen in 85 percent of the study population, moderate to severe gingivitis was present among 98 percent of the refugees and around 85 percent of the population had periodontal problems(1).

➤ In addition to pain associated with poor dentition, the relationship between oral health and systemic health is increasingly recognized. Periodontitis and other Oral lesions have a major link with systemic diseases like cardiovascular disease, diabetes and other reproductive outcomes (5).

➤ The life in refugee camps can usually worsen the existing oral health situation or it can even lead to new oral health issues due to lack of proper care and treatment and furthermore research shows that Oral health is ignored or given low priority when providing refugee health care screening and planning (4)

➤ Oral problems are preventable with early intervention and appropriate treatments (2).

METHODS

➤ This study involves the evaluation of data available in the Newly Arriving Refugee Surveillance System database. Information was gathered from refugees regarding existing oral health, dental hygiene practices, and visual inspection of the oral cavity. A total of 128 refugees above the age of 18 were assessed from June 2015 to Sep 2015.

➤ Oral examinations were carried out with mouth mirror and no radiographs were taken. Oral problems were categorized into orthodontic, prosthodontic, gingival or periodontal, restorative ,surgical needs and oral cancer assessment. Dental caries status was assessed by DMFT(Decay, missing, filled teeth) index and Overall Oral hygiene status was assessed by OHI-S (Oral hygiene Index Simplified).

RESULTS

➤ A total of 128 refugees above the age of 18 were assessed from June 2015 to Sep 2015.

➤ **Figure 1** shows among the 128 refugees assessed, 87% were Cuban, 4% Iraqi, 4% Somali and 5% Syrians.

➤ **Figure 2** shows 53%of the population had no decayed teeth, 34% had no missing teeth and 76% of population had one or more fillings inside the mouth.

➤ **Figure 3** shows the priority of dental care needs among refugees. Gingival or periodontal problems were present among (72%) of the population. This is followed by missing teeth (66%) and prosthodontic needs (59%). Dental decay (47%) and overall restorative treatment needs including dental attrition, abrasion, erosion, fractured teeth and fractured restorations constitute (55%). Orthodontic problems were present in only (28%) of the population followed by surgical needs or extraction (12.5%).

➤ **Figure 4** shows the prevalence of dental problems among refugees from different countries. Cubans had gingival or periodontal problems (72%) followed by missing teeth(69%) and decay (44%). Iraqi had (75%) gingival or periodontal problems, decay (75%) and missing teeth (75%). Syrians had (57%) gingival or periodontal problems, missing teeth (57%) and decay (14%). Somali had (100%) gingival or periodontal problems, decay (75%) and missing teeth (25%).

➤ **Figure 5** mentions the prevalence of Gingivitis and Periodontitis among different refugee population. Among the population, 54% had Gingivitis and 35% had Periodontitis.

Country of Origin

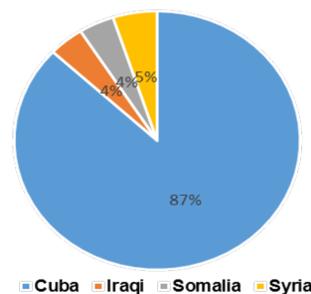


Figure 1. Country of origin of refugees

RESULTS

Decayed, missing & filled teeth among refugees

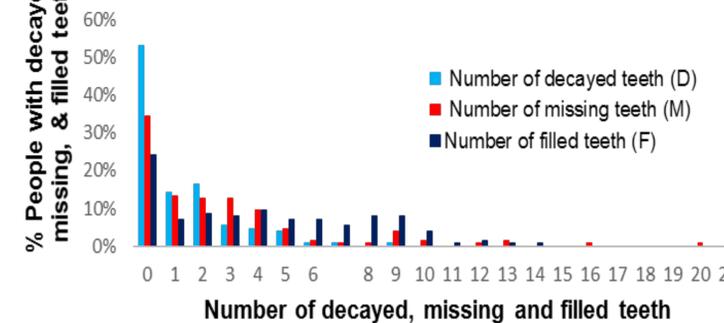


Figure 2. Prevalence of decayed, missing & filled teeth

Oral Health Assessment Among Refugees

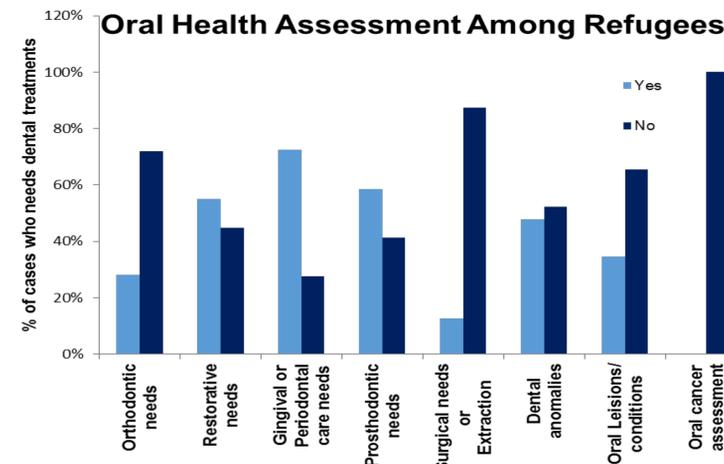


Figure 3. Oral health assessment among refugees

Prevalence of dental problems among refugees

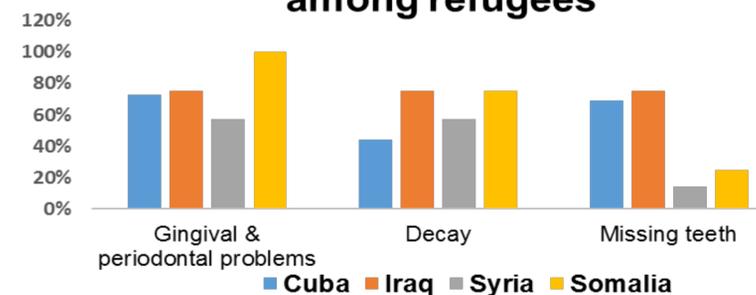


Figure 4. Prevalence of dental problems among refugees

Prevalence of Gingivitis & Periodontitis

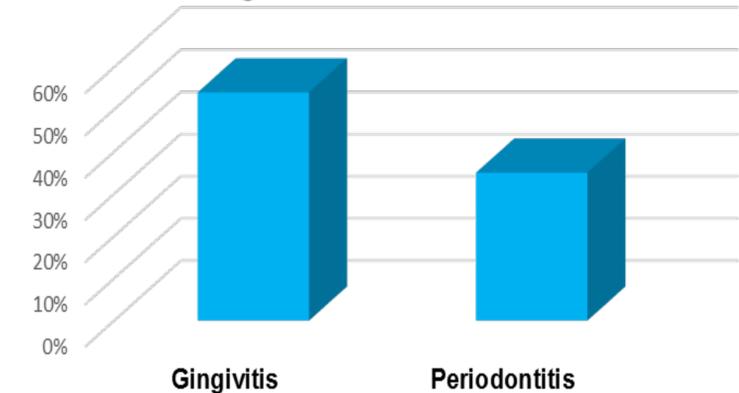


Figure 5. Gingivitis and Periodontitis among refugees

CONCLUSIONS

➤ Multiple dental problems were recognized among resettling refugees. The most common dental problems noted are gingival or periodontal problems, dental caries and missing teeth.

➤ One of the major reason for poor Oral health among refugee population is access to dental care. Linguistic barriers, cultural factors and inadequate health literacy also play a role in determining the Oral health among the refugee population.

➤ Extraction of tooth is always recommended as a treatment option, if no other dental procedures can be done to restore tooth. Unfortunately since root canal treatments and other dental procedures are not affordable for the refugee population, teeth extraction has often been chosen as the cure.

➤ A necessary approach is to incorporate dental assessment and a treatment plan with options for preventive treatment at the earliest time of resettlement

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