Oral Health Assessment Among Newly Arriving Refugees in Louisville KY

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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%). Iraq, Somali, and Syrian refugees 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 is present among 98 percent of the refugees and around 85 percent of the population had periodontal problem(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 (6).

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