Practitioners’ Reported Experiences in Treating and Addressing the Oral Health in Patients of Refugee and Immigrant Populations

Rahma Mungia, BDS, MSc, DDPHRCS, Zoe Millspaugh (presenting) Caitlin Sangdahl, BS, Melanie Taverna, RDH, MSDH, FADHA, MAADH
The University of Texas Health Science Center at San Antonio

Introduction

Dental practitioners in Texas have a diverse patient demographic that often includes refugees, immigrants, and asylum seekers. Due to this diverse demographic, unique healthcare problems emerge, forcing practitioners to adapt to address their needs.

Refugees are characterized as people forced to flee their homes because of war, violence, or persecution, and refugee status is determined by an official entity, like a government or the United Nations Refugee Agency. Asylum seekers are similar to refugees, however, their claim for refugee status has not been determined legally. An immigrant is someone who consciously leaves their native country and moves to a foreign country with the intention of settling there. In 2022, 2.6 million people immigrated to the United States. Nationally, 13.9% of the United States population is foreign-born, with 17.2% of the Texas population being foreign-born, primarily from Latin America and Asia.

Due to the ever-changing population dynamics in the United States, understanding the oral health habits of these populations is crucial in effective treatment of this population. This study investigates dental practitioners’ confidence levels, challenges, and interest in future research regarding this population.

Abstract

Purpose: This study examined dental practitioners’ confidence levels, challenges, and inclination to participate in future research regarding refugee and immigrant populations.

Methods: A 5-question survey (“Quick-Poll”) was conducted via the South Texas Oral Health Network (STOHN) Practice-Based Research Network (PBRN), with N=43 dental practitioners responding.

Results: Most practitioners reported 0-10% of their patient population as refugees, immigrants, asylum-seekers, or resettled individuals. Common oral health challenges included unerupted teeth and urgent dental care needs, advanced periodontal disease, and partial or full edentulism. Over half of the practitioners felt very confident in addressing the patients' needs, through employing culturally sensitive approaches, like tailored treatment options, interpreter services, and education materials tailored to cultural norms. Additionally, 45% of the practitioners expressed interest in participating in future studies regarding this population.

Conclusion: Despite varying population demographics, most practitioners felt confident in providing culturally competent care to these patients. Nearly half expressed a desire in participating in future studies regarding this population.

Materials and Methods

A 5-question survey was conducted through the South Texas Oral Health Network (STOHN) Practice-Based Research Network (PBRN).

The survey was conducted through RedCap. A total of N=43 dental practitioners that are members of STOHN responded.

Results

1. 65% reported that 0-10% of their patient populations identified as refugees, immigrants, asylum-seekers, or resettled individuals, 20% reported having 11-20% of this population in their practice, 4% reported 21-30%, and 7% reported above 50% of their patients belonged to these populations.
2. Most common oral health challenges reported were unerupted teeth and the need for urgent dental care (92%), advanced levels of periodontal disease (81%), and partial or full edentulism (59%).
3. More than half (57%) of practitioners indicated they were very confident in their abilities to effectively address the oral health needs of these patients.
4. Practitioners address cultural considerations regarding this patient populations by offering culturally sensitive treatment options (57%), providing interpreter services for cultural nuances (57%), and tailoring educational materials to their cultural norms (52%).
5. 45% of the practitioners showed interest in participating in a future refugee and immigrant oral health study.

Conclusion

This quick poll showed that, regardless of the level of exposure to the refugee, immigrant, asylum-seeker or resettled patient most of the practitioners were confident in their abilities to successfully address their oral health needs with cultural sensitivity.

Just under half of the practitioners expressed a need to enhance their confidence in effectively providing treatment to these groups.

Even though most practitioners were confident, they were still enthusiastic about further comprehensive research addressing cultural competency in the care of this population.

References