Summary Review / <Topic Area>

Title/Question What factors influence refugees' attendance to dental care services?

Authors Stefan Serban[1], David I Conway[1]

[1] School of Medicine, Dentistry, and Nursing, University of Glasgow, Glasgow, UK

A Commentary on Veginadu P, Gussy M, Calache H, Masood M. Factors associated with access to dental care among refugees: A systematic review of quantitative studies. Community Dent Oral Epidemiol. 2023;51:729-737. doi:10.1111/ cdoe.12835

Data sources Four electronic databases MEDLINE (via Ovid), Embase (via Ovid), Web of Science and American Psychology Association PsycINFO.

Study selection Quantitative observational or interventional studies, published until the end of February 2022 with no restrictions to date, language, or region of publication.

Data extraction and synthesis Screening performed by one author and a second author independently reviewed a random sample of 10% of the articles. Disagreements were resolved in consultation with a third author.

Results The results were presented as a narrative review due to large heterogeneity of data. Nine studies met the eligibility criteria and most of them were rated as fair quality. The main factors influencing refugees access to dental care services were demographic and socioeconomic characteristics and English language proficiency.

Conclusions The review suggests that individual level factors may have a predisposing effect on refugees' access but limited evidence on other enabling and contextual factors.

GRADE Rating: High / **Medium** / Low / Very Low

Commentary

Refugees are defined by the United Nations as "persons who are outside their country of origin for reasons of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order and, as a result, require international protection." Refugees are distinct from migrants – which has no formal international legal definition. The United Nations state that "most experts agree that an international migrant is someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status."[1] Oral health and dental care of refugees has not received much attention and may not be perceived as a public health priority while they face significant general health and wellbeing challenges.[2,3]

This systematic review aimed to examine the factors determining access to dental care for refugee populations worldwide. The protocol for the review was preregistered on the International Prospective Register of Systematic Reviews (PROSPERO) and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) reporting guidelines. The authors searched four electronic databases using broad search terms to include as many publications as possible. The search retrieved 6,776 unique records of which 69 met the eligibility criteria and nine studies were included in the

narrative synthesis. The quality of the included studies was assessed using the National Institutes of Health quality assessment tool. Based on this, seven studies were rated as “fair” and two were rated as “poor” quality.

The results were presented as a narrative review as the authors described significant heterogeneity in the data. The main findings relating to access to dental care were integrated into the Behavioural Model. According to this model, the factors associated with refugees’ access to dental care can be described as individual and contextual with each of these having predisposing, enabling and need components.

Among the individual-level factors, the review found that English language proficiency was most commonly associated with refugees’ access to dental care services.

As the authors highlighted, the findings of the review are skewed towards the anglophone world as the review excluded articles published in non-English languages. Therefore, it is not surprising that English language proficiency was a dominant factor influencing access. The authors rightly described this as a potential proxy measure for refugees’ socioeconomic status and thus a potentially confounding factor for the results. Furthermore, this may have implications for the generalisability of the findings for the non-anglophone world.

For context, the paper suggests that by the end of 2022 there were almost 29 million refugees worldwide. These figures are before the full impacts of the ongoing major conflicts in Ukraine, Sudan, and Palestine are known.[4] According to the UN Refugee Agency (UNHCR), the top five countries in terms of numbers of refugees hosted are Iran, Turkey, Germany, Colombia and Pakistan, together these hosting approximately 14 million refugees.[5] None of these countries is a traditionally English speaking country. To address this limitation, the authors highlighted that it would have been preferable to include publications from non-English journals as well as grey literature however this was not possible due to limited resources.

Other individual level factors highlighted in this review, influencing refugee’s access to dental care services were related to patients’ demographic characteristics, socioeconomic status, health literacy, and various domains relating to refugee’s “acculturation” and “integration” in the host country. Based on these findings, the authors recommendations were focused on educational and oral health promotion programmes aimed at improving refugees’ oral health literacy. The success of these programmes would depend on the increased cultural competency and dental system literacy of community support workers providing services for these patient groups.

At contextual level, the review identified two factors: direct and indirect costs for accessing dental care and issues around location, waiting time and cultural and linguistic appropriateness of the dental care services. The review did not identify trauma informed care as a distinct factor, however this has been mentioned in various other sources in the literature.[6,7]

The review has followed a robust methodological approach and was focusing on the factors associated with refugees’ access to dental care. However, whilst access to dental care is important, oral health is wider than just access to care and prevention plays a crucial role in improving oral health and reducing inequalities, especially for vulnerable populations.[8,9] Targeted supervised toothbrushing programmes like Childsmile, in school and pre-school settings provide significant benefits in improving children’s oral health and overall reduce the need for accessing care on the longer term.[10,11]

Practice Points

- Providing dental care services and oral health promotion interventions to refugees requires culturally competent skills and additional training especially in providing trauma informed care.
- Targeted prevention programmes are key for improving oral health and reducing inequalities, especially for vulnerable groups.

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