Increasing Access to Dental Care and Telehealth for Refugee Populations

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Disclosure

• The speakers have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in this CME activity

• We do not intend to discuss an unapproved/investigative use of commercial product/device in our presentation

Objectives

• Participants will provide culturally appropriate education and dental resources for patients in refugee or immigrant families
• Participants will provide high quality care through telehealth and mhealth to patients and families best served in a language other than English

Outline

• Evaluate refugee dental health and disparities
• Describe dental access research
• Review culturally tailored dental materials
• Summarize telehealth research for refugees
• Discuss tips and resources to improve telehealth for refugees

Background

• Refugees have higher rates of oral disease
• A study of pediatric refugees resettled to Georgia in 2010-2011 showed ~50% had dental caries

Background
Causes of Dental Disparities

- Country of origin: cultural dietary and oral hygiene practices, lack of knowledge, lack of access
- In the US: all of the above, and underutilization of preventive dental services
  - Low dental health literacy / acculturation
  - Lack of knowledge about available services
  - Concerns about cost
  - Reliance on emergent care
  - Fear of care

Identified Need in Wyandotte County

- Wyandotte County dental services are limited - Only 1 dentist per 3,019 individuals
- Vibrant Health Dental Clinic (VHDC) adult refugee clinic opened in 2016 but was underutilized
- Known barriers included:
  - Greater disease burden requiring treatment beyond routine cleaning
  - Lack of dental insurance

Purpose of Our Project

1. Understand perceptions of dental healthcare by refugees in Wyandotte County, Kansas
2. Improve dental services utilization by those refugees
3. Evaluate a novel educational approach to improving dental healthcare utilization

Process: Creation of Educational Materials

- Observation of refugee health assessments
- Focus groups with Wyandotte County Community Health Council community health workers (CHWs) (n=7) and Catholic Charities staff (n=7) June – July 2017
- Barriers identified:
  - Knowledge gaps in available services -> Transportation
  - Low dental health literacy -> Dental Health at Home
  - Fear and stress about dental health visits -> What to Expect
  - Concerns about cost -> Why, When, How

Process: World Café

- Format for hosting large group dialogues and intentionally designed to be collaborative and non-prescriptive
- Conducted January 25, 2018 with Bhutanese and Burmese adult refugee community members (n=22)
- Participants discussed perspectives around dental health in their communities then provided feedback on the educational materials
- More effective than surveys in gathering accurate individual responses
Process: Refinement of Educational Materials

• Gathered suggestions from refugee community members and other stakeholder groups
• Some suggestions could not be included immediately
• Professional graphic design assistance
• Translation into Burmese and Nepali

Evaluation of Educational Materials

• Burmese, Bhutanese, and Swahili-speaking refugee community members recruited through fliers at Catholic Charities citizenship classes
• 48 participants completed a pre-survey and dental educational session February - March 2019; 37 of those participants (77%) completed a post-survey 6 months later
• REDCap, Microsoft Excel, and RStudio were used to analyze pre- and post-survey data

Qualitative Results

Knowledge
• Correct brushing frequency increased from 93.9% to 97.0%
• Correct dental visit frequency increased from 39.4% to 42.4%

Beliefs
• Not receiving appropriate dental care increased 48.6% to 74.3%
• Majority believed dental health was of equal or greater importance than overall health in pre- and post-survey (97-100%)

Behaviors
• Dentist as preferred provider increased from 53.8% to 80.8%
• At least twice daily teeth brushing increased from 76.9% to 92.3%

Utilization
• Self-reported completed dental increased from 42.4% to 60.6%

Conclusions

• Gathered insights into the multilevel socio-economic factors encouraging and limiting utilization of dental healthcare by Bhutanese, Burmese, and Swahili-speaking refugees in Wyandotte
• Developed novel dental health educational materials through collaboration with refugee community members
• Improved refugee dental knowledge, beliefs, behaviors, and utilization (though not significant)
• Education alone may not improve oral health disparities amongst refugees

Quantitative Results

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Next Steps

• Distribution of educational materials through KAAP
• Additional translations of educational materials
• Customizable handouts and presentation slides on KAAP website
KAAP website refugee resources for pediatricians

- Handouts
- Social media kits

KAAP supported refugees statewide

- ordered 2,448 dental kits that included
  - toothbrushes (with the Oral Health KS website printed on them)
  - toothpaste
  - dental floss
- ordered 1,850 printed handouts in various languages per request
- shipped kits and handouts to 7 different sites in Kansas
  - Wichita
  - Garden City
  - Kansas City locations
Definitions

- **Telehealth**
  - Use of electronic information and telecommunication technologies when patient and provider are not in the same place at the same time (Health and Human Services)

- **Mhealth**
  - Use of mobile and wireless technologies to support the achievement of health objectives (World Health Organization)

Scope of the Problem

- As of mid-2020 there were 80 million forcibly displaced people worldwide.
- More than 2/3 of displaced persons come from just five countries: Syrian Arab Republic, Venezuela, Afghanistan, South Sudan, and Myanmar
- 39% hosted in 5 countries (Turkey, Colombia, Pakistan, Uganda, Germany)
- 30-34 million are children

Source: UN News December 2020

Global Experience

- **Experience in Australia**
  - 120 patients treated in an Infectious Disease clinic
  - Technical issues in 25% of consultations
  - Consistent bandwidth of at least 512 kbps for upload and download
  - Latency of 300 ms or less

Schultz, et al 2014 Internal Medicine Journal

- **Experience in Syria**
  - Mhealth tools effective for improving immunization levels and prenatal check up appointments
  - Better access to cell phones than soap


Global Experience

- **Telepsychiatry**
  - Limited evidence
  - Similar outcomes to face to face encounters
  - Patients and providers prefer face to face treatment over video conferencing

Hassan, et al 2019 Cureus

Increasing Importance of Telehealth

- **U.S. Refugees and COVID-19 risk factors**
  - Live in multigeneration households
  - Rely on public transportation
  - Language barriers
  - Essential workers
  - Lack sick leave

CDC.gov updated July 2020
U.S. Experience

• Telehealth Use Among Safety-Net Organizations in California During the COVID 19 Pandemic
  • Very minimal telehealth use pre-pandemic
  • CMS estimates that 30% of visits were telephonic during the pandemic

Use Appropriate Interpretation During Telehealth Visit

• Introduce yourself to the interpreter
• Speak directly to the patient
• Speak more slowly (not more loudly)
• Be patient
• Use teach back
• Know how your system interfaces with interpreters

Source: Home | National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

Local and State Resources

• Local Resettlement agencies
• Communities Concerned for Immigrants & Refugees
  • http://ccirkc.com/
• State Refugee Health Coordinators
  • Find Resources and Contacts in Your State | The Administration for Children and Families [hhs.gov]

National Resources

• ADA Infographics about cost and barriers to care
  • https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1117_4.pdf?la=en
  • https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1117_2.pdf?la=en
• Oral Health care in the pandemic:
  https://www.aappublications.org/news/2021/03/01/oralhealth030121?utm_source=TrendMD&utm_medium=TrendMD&utm_campaign=AAPNews_TrendMD_0

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