Introduction
Over 10,000 refugees have resettled in San Antonio (Texas) since 2010. Refugees resettling in the United States tend to experience high levels of oral health disease.

San Antonio Refugee Health Clinic (SARHC) is an interprofessional collaborative of students and faculty from the schools of dentistry, medicine, and nursing at the University of Texas Health at San Antonio (UTHSA).

This clinic has seen over 100 refugee dental patients in the year 2021, noting various oral health concerns in all age groups.

To understand the oral health needs of the incoming refugee patients at the SARHC, an interprofessional team consisting of dental, medical, and nursing students and faculty volunteering at the clinic identified the oral health status and treatment needs for these patients.

Materials and Methods
The dental team examined and questioned 244 refugee patients about their demographic characteristics and barriers to care and provided tailored treatment referrals.

• The joint dental, medical, and nursing interprofessional teams (IFP), assessed and treated the patients' dental and medical ailments.

• Participants were interviewed both in person at screening clinics and by phone.

• Data on patient demographics, medical history, and encounter findings were compiled using Qualtrics surveys and analyzed.

Results

- Of the 244 surveyed refugees, 67 were from Afghanistan and 31 from Myanmar.
- 50% of the 244 refugees were between the ages of 36 and 64 years old (Female122, Male122).
- 40% of these patients have less than a high school education.
- 65% listed pain as the chief complaint.
- 99% of the patients lacked dental insurance and 52% had no medical insurance.
- 53% of these patients could not afford dental care and 39% did not know how to find a dentist.
- 46% of the refugees had periodontal complaints, and 70% had at least one untreated decayed tooth.
- 31% consumed sugary/acidic foods and drinks whereas 32% drank tea/coffee with sugar on a regular basis.

Conclusions

- Clinical findings revealed widespread oral health concerns, treatment needs, and lack of access to oral health care.
- Limited English proficiency compounded these issues, leading to lower levels of oral health literacy for this population.
- A combination of patient empowerment, cultural sensitivity approaches, and tailored referrals to designated clinics may improve the oral health status of refugees in San Antonio.
- A serendipitous outcome was the cultural humility lessons learned by the dental students from their exchanges with this refugee population.

References