

Newcomers' perceptions of their experiences with oral health care in Canada and the United States

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ABSTRACT

Background: Recently, an increasing number of immigrants and asylum seekers and refugees (ASRs) have settled in both Canada and the United States. The poor oral health status prevalent among this population is a significant issue. Oral health professionals in both countries should understand newcomers' experiences with oral health care services to become more culturally competent. This narrative review aims to explore the experiences of immigrants and ASRs with oral health care in Canada and the United States and identify research gaps for future qualitative studies. **Methods:** This review was conducted from January to April 2024 using Arksey and O'Malley's framework and the PRISMA-ScR guideline. Four electronic databases (PubMed, CINAHL, DOSS, and EMBASE) were searched using keywords grouped under 2 themes: "immigrants" and "oral health service." Only peer-reviewed qualitative articles published in English within the last 10 years were selected. **Results:** Of 1349 original studies identified, 8 articles were included and reviewed. Three main themes emerged from newcomers' perspectives on their experience with oral health care in Canada and the United States: quality of care and professional behaviours, concerns about pediatric oral health care, and challenges in accessing care. **Discussion and Conclusion:** There is a need to improve cultural sensitivity and cross-cultural communication skills curricula in professional oral health education. Furthermore, making dental insurance more affordable, clarifying coverage for newcomers, and promoting collaboration between stakeholders and policymakers are essential to addressing the oral health concerns of immigrants and ASRs. Future research should prioritize primary interviews to gain more insights into newcomers' experiences when accessing oral health care.

RÉSUMÉ

Contexte : Un nombre croissant d'immigrants, de demandeurs d'asile et de réfugiés (DAR) se sont récemment installés au Canada et aux États-Unis. Le mauvais état de santé buccodentaire de cette population est un véritable enjeu. Les professionnels de la santé buccodentaire au Canada et aux États-Unis doivent comprendre les expériences des nouveaux arrivants avec les services de santé buccodentaire afin de devenir plus compétents sur le plan culturel. La présente étude narrative vise à explorer les expériences des immigrants et des DAR en matière de soins buccodentaires au Canada et aux États-Unis et à relever les lacunes de la recherche en vue d'études qualitatives futures. **Méthodes :** La présente revue a été réalisée de janvier à avril 2024 en utilisant l'approche d'Arksey et O'Malley et les lignes directrices de PRISMA-ScR. Quatre bases de données électroniques (PubMed, CINAHL, DOSS et EMBASE) ont été consultées à l'aide de mots clés, regroupés sous 2 thèmes : « immigrants » et « service de santé buccodentaire ». Seuls les articles qualitatifs évalués par des pairs et publiés en anglais au cours des 10 dernières années ont été sélectionnés. **Résultats :** Huit articles ont été inclus et examinés sur les 1349 études originales relevées. Trois thèmes principaux sont ressortis des perspectives des nouveaux arrivants en matière de leur expérience avec les soins buccodentaires au Canada et aux États-Unis : la qualité des soins et les comportements professionnels, les préoccupations concernant les soins buccodentaires pédiatriques et les difficultés d'accès aux soins. **Discussion et conclusion :** Il est nécessaire d'améliorer les programmes de sensibilisation aux réalités culturelles et de communication interculturelle dans l'enseignement de la santé buccodentaire. De plus, il est essentiel de faire en sorte que l'assurance dentaire soit plus abordable, de clarifier la couverture pour les nouveaux arrivants et de promouvoir la collaboration entre les intervenants et les décideurs politiques pour répondre aux préoccupations des immigrants et des DAR en matière de santé buccodentaire. Les recherches futures devraient privilégier les entretiens primaires pour mieux comprendre les expériences des nouveaux arrivants en matière d'accès aux soins buccodentaires.

Keywords : access to oral health; dental care experience; dental health services; immigrants; oral health; refugees

PRACTICAL IMPLICATIONS OF THIS RESEARCH

- Newcomers to Canada and the United States face various challenges in accessing oral health care and had both positive and negative experiences with oral health professionals, which could affect their access to care.
- More research is needed to collect first-hand information through interviews, gathering newcomers' candid perspectives on facilitators and barriers to care encountered during or after their oral health treatments.

CDHA/CJDH STUDENT WRITING COMPETITION

Our annual writing competition, proudly sponsored by PHILIPS Sonicare, encourages students in a diploma, baccalaureate or degree-completion program to develop a love for writing and research and to recognize the possibilities that such endeavours offer for personal and professional growth. The editorial board of the *Canadian Journal of Dental Hygiene* is delighted to publish the winning literature review entry from its 2023–2024 competition, which ably addresses the Canadian Dental Hygienists Association's 2022–2024 dental hygiene research agenda category of "access to care and unmet needs."

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INTRODUCTION

In Canada and the United States, the immigrant population has increased dramatically in recent decades. In 2023, Canada set a target to welcome 465,000 immigrants.¹ In addition, the number of asylum seekers and refugees (ASRs) has increased to 1,088,015 since 1980.² Similarly, there has been a recent increase in immigration in the United States (US), with the number reaching 46.2 million, representing nearly 13.9% of the total US population in 2022.³ The US admits approximately 566,000 legal immigrants annually, along with an average of 135,000 ASRs.³ Moreover, Mexican immigrants have become the largest immigrant population, with a total of 10.7 million individuals, accounting for 23% of total US immigration.³ As the immigration population continues to grow, addressing the oral health needs of these newcomers becomes increasingly important.

Newcomers to Canada and the United States experience higher rates of oral disease compared to the general population. In Nova Scotia, for example, more than half of the immigrants and 85% of refugees experienced untreated tooth decay.⁴ Additionally, most immigrants and refugees were found to have moderate or severe gingivitis and periodontitis when compared to the Canadian adult population.⁴ Similar disparities were found in the US: 43% of Mexican children have untreated caries, compared with 26% of non-Mexican White children.⁵ Newcomers face significant barriers to oral health care, despite their disproportionate need.

In 2023, 33% of new immigrants and 32% of non-permanent residents avoided dental appointments due to cost, compared to 22% of Canadian-born individuals.⁶ Similarly, oral health care services in both Canada and the US are typically provided by private dental clinics on a fee-for-service basis.⁷ The high cost of oral health care, lack of dental insurance, and financial hardship are only some of the barriers faced by immigrants and ASRs when accessing care.⁸ Immigrants and ASRs also experience stigma and discrimination from oral health care providers, as well as dental fear and anxiety. In addition, they may have limited English language skills and a lack of familiarity with oral health care systems in North America.^{8,9}

In recent decades, there have been increased efforts to advance continuing education and training among oral health professionals to address the changing demographics in both Canada and the US.^{10,11} As primary health care providers, it is important for oral health professionals to be aware of and learn from the unique oral health care experiences of immigrant populations from various races, cultures, and ethnicities.

Recent reviews have explored the potential barriers that immigrants face when accessing oral health care in Canada and the United States, but none have investigated newcomers' experiences when receiving such services. Therefore, the aim of this review is to

explore newcomers' perceptions of their experience with oral health care in Canada and the United States. This knowledge synthesis will help oral health professionals gain a better understanding of the challenges faced by these populations and aide in improving upon the cultural competence of oral care providers.

METHODS

This review was conducted using the methodological framework proposed by Arksey and O'Malley, which comprises the following 5 elements: 1) identifying the research question; 2) identifying relevant articles; 3) study selection; 4) charting the data; and 5) collating, summarising, and reporting the results.¹² The process of this review was also guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR).¹³

Search strategies and key terms

The electronic databases of PubMed, CINAHL, DOSS, and EMBASE were searched for relevant articles from January to April 2024. All search terms were created in collaboration with a health sciences librarian and grouped into 2 separate themes: "immigrants" and "oral health services" (Table 1). The Boolean operators used in this search were "OR" between related terms within the 2 themes and "AND" between keywords combined from both themes. These search strings, including both keywords and Boolean operators, were used to search all 4 databases.

Identifying relevant articles

This process was conducted using the inclusion and exclusion criteria to ensure relevant articles were identified and met the research question. Inclusion criteria were 1) articles published from 2014 to 2024; 2) articles containing participants' expressions or experiences after receiving oral health care services, which were paraphrased or quoted directly; 3) qualitative studies that were designed with interviews or research tools. 4) studies that discussed oral health care services received in Canada or the United States rather than other countries; 5) studies whose participants were immigrants and ASRs regardless of their age, gender,

Table 1. Search terms

Main theme	Search keywords
Immigrant	immigrant OR refugee OR asylum seeker OR newcomer OR new Canadian OR migrant OR humanitarian immigrant
Oral health service	dental health service OR oral health OR dental health OR dental disease OR oral disease OR periodontal disease OR gum disease OR caries OR tooth decay OR dental care use OR dental care pathways OR access to oral care OR oral health literacy OR transnational dental care OR dental disparities OR dental care received outcomes OR oral health care experience

country of origin or culture. The decision to limit the search to articles published in the past 10 years was based on the recent growth of different racial and ethnic groups within the broader population, and the increased prevalence of oral health issues among immigrants in North America, which must be addressed especially for oral health care workers.^{1,2,6-9} The search was limited to qualitative studies because such research offers deeper insights into the lived experiences and perspectives of immigrants and ASRs. Exclusion criteria were 1) non-English articles; 2) articles that were not available in full-text form.

Study selection

A comprehensive search of 4 databases yielded 1349 articles. After removing 664 duplicates using Covidence, 685 studies were screened based on their titles and abstracts. Forty-two (42) full-text articles were reviewed after the exclusion of 643 irrelevant studies. Finally, 8 articles were selected based on the inclusion and exclusion criteria. Thirty-four (34) articles which met the exclusion criteria were removed for the following reasons: 3 had the wrong interventions, 3 had the wrong settings, 15 had the wrong study design, 2 had the wrong patient population, and 11 discussed study locations outside North America. As seen in Figure 1, this process was imputed into a PRISMA flowchart to display the screening results.

Data extraction and charting

Eight (8) selected articles were listed in a spreadsheet using Microsoft Excel software. The characteristics of each article were extracted as seen in Table 2, including author(s) information, year of publication, country, study type, perspectives or experiences of immigrants and refugees after receiving oral health care services, and main findings. Findings were synthesized using thematic analysis.

RESULTS

Characteristics of sources of evidence

Eight (8) articles were selected for this review. The selected studies used a variety of qualitative methods, including individual interviews through emails and phone calls,¹⁴ audiorecorded interviews,¹⁵ semi-structured interviews,^{5,16,18,19} McGill Illness Narrative Interview (MINI) guided interviews,¹⁷ and photovoice.²⁰ Among these articles, 4 discussed immigrants' experiences after receiving oral health care in the US, while another 4 focussed on experiences in Canada. Participants in these studies came from the Philippines, Mexico, India, Congo, Iraq, Afghanistan, Nigeria, Venezuela, Honduras, El Salvador, and Palestine.

The content of the 8 articles was classified into 3 categories describing the newcomers' experiences with or perspectives on oral health care received: 1) perspectives on quality of care and professional behaviours^{5,14-19}; 2) concerns regarding pediatric oral health care^{16,18}; and 3) challenges in accessing oral health care services^{14-17,19,20} (Figure 2).

Quality of care and professional behaviours

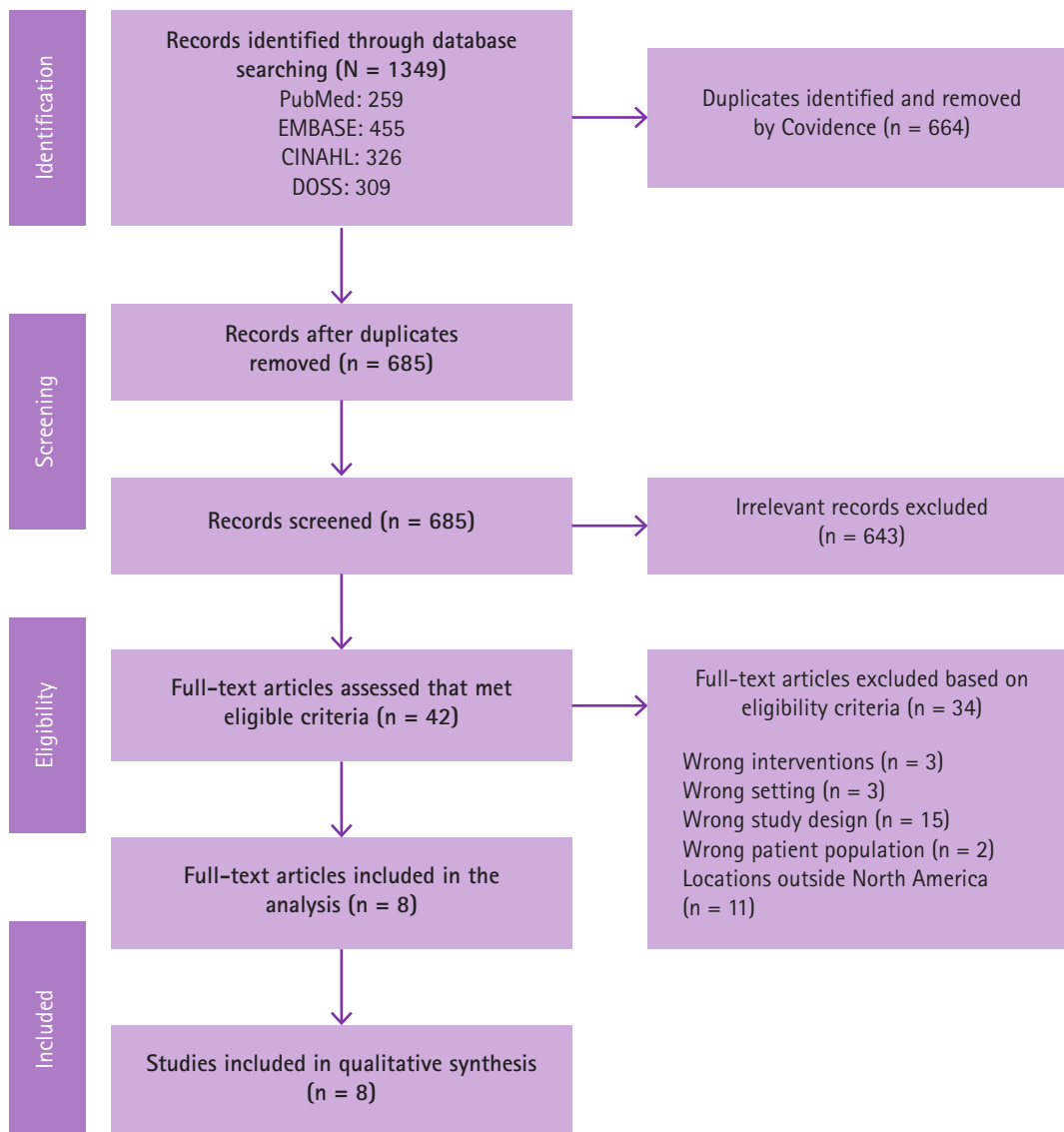
The high-quality oral health care services provided by knowledgeable and friendly oral health professionals encouraged immigrants and ASRs to continue to access to such care.^{14,17} Badri et al.¹⁴ reported that some participants from the Philippines had positive attitudes towards Western oral health care, as they were familiar with more advanced dental techniques and treatments prior to arriving in Canada. Moreover, some participants from Mexico also perceived the oral health care received to be high quality, specifically in reference to sufficient dental equipment and dental assistants working alongside the dentists compared to the limited availability of such services in Mexico.¹⁷ Some ASRs shared their experiences of receiving free oral health treatments from their dentists.¹⁷ For instance, a refugee from Iraq highlighted the kindness and empathy of the dentist, who understood the difficulties they faced and, in turn, provided dental hygiene care at no cost.¹⁷

However, some immigrants had negative experiences due to disrespectful behaviours and attitudes from oral health professionals, leading to avoidance of oral health care appointments.¹⁴⁻¹⁷ For instance, a mother whose child had autism shared her discomfort when the clinic staff asked her child to keep their voice down, as it was perceived as disturbing to others.¹⁶ Additionally, another mother mentioned her previous oral health care experience where she saw a dentist being aggressive towards a child with a mental disability.¹⁶ This disrespectful behaviour caused her to avoid taking her children to see a dentist.¹⁶

Immigrants had different levels of understanding and education about oral health after receiving professional oral care in Canada and the United States.^{5,14,17-19} MacEntee et al.¹⁸ reported positive outcomes resulting from patient education provided by oral health professionals in Canada. For instance, one female participant noted her improved understanding of oral health after visiting a dentist. She learned that tooth decay was caused by germs, and the decay in 1 molar affected her adjacent teeth.¹⁸ However, some immigrants shared their negative attitudes towards patient education due to miscommunication by oral care providers.^{5,17,18} Several participants in Masterson et al.'s study⁵ reported unclear explanations from dentists regarding tooth discolouration and treatment plans for their children's teeth. Additionally, an elderly refugee from Congo shared their distressing experience of being informed that their treatment was covered by Interim Federal Health Program (IFHP) insurance from the government, only to later receive a \$600 bill from the clinic.¹⁷

The lack of communication among health care workers across different health facilities can also lead to negative experiences of oral health care among immigrants and ASRs. A woman from Congo experienced embarrassment and humiliation as a result of her experience with a dental referral.¹⁷ She showed her disappointment as she was turned away, despite having a letter from her social

Figure 1. PRISMA flowchart for the review process



worker requesting emergency oral health care.¹⁷ Moreover, some immigrants reported negative treatment outcomes from their experiences with dentists.^{5,19} For example, a Salvadoran man experienced severe pain after 2 deep fillings done in Canada, which led to a referral for a costly root canal treatment.¹⁹ Therefore, more efforts are needed to improve communication skills to create positive experiences and promote continued use of oral health care services among immigrant and ASR populations in Canada and the United States.

Concerns regarding pediatric oral health care

Some parents described difficulties when seeking care for their children, affecting their adherence to preventive oral health care.^{14,16} One of the challenges they faced was

difficulty in scheduling oral health care appointments for their children, as sometimes their children needed to be referred to a specialist for pediatric treatments, which could not be provided by a general or family dentist.¹⁴ Imanpour and Ullah¹⁶ reported that 95% of migrant caregivers experienced a lack of explanation or preparation for their children with special needs undergoing oral health treatments. These caregivers also expressed dissatisfaction with oral health professionals who did not explain the clinical procedures beforehand.

Furthermore, some participants with children on the autism spectrum shared that oral care providers did not spend enough time communicating or familiarizing the children with autism with the tools in the operator, even

when requested. Most migrant parents recommended that oral health professionals spend adequate time and exhibit less aggressive and impatient behaviours when treating children with autism, assisting them in feeling more comfortable during their appointments. Moreover, moving to a new country and lacking knowledge of the oral health care systems in Canada and the United States can prevent some parents or caregivers from easily finding autism-friendly dental clinics. Migrant parents all desired that dental clinics offering services for children with special needs in their advertisements make it easier for them to access care for their children.¹⁶

Challenges in accessing oral health care services

Challenges in scheduling appointments due to prolonged waiting times and familial obligations affect immigrants' ability to access oral health care.^{15,19} Cabudol et al.¹⁵ mentioned that migrant adolescents from Mexican families reported waiting for months to schedule an oral health care appointment in Canada.¹⁵ Additionally, they encountered difficulties in scheduling appointments because of competing family demands, particularly if their parents were single mothers with many children to care for and busy work schedules.¹⁵

Table 2. Characteristics of included articles (N = 8)

Author(s), year, country	Study type	Purpose of the study	Perspectives or experiences after receiving oral health care services	Major findings and outcomes
Badri et al. (2018) ¹⁴ Canada	Interviews	To explore 18 Alberta-Edmonton Filipino immigrant parents aged 32 to 45 years, their community experience of preventive dental attendance (PDA), and psychological factors that affect PDA for their children in Canada.	<ol style="list-style-type: none"> 1. They became more amenable to western oral health care after receiving high-quality services from knowledgeable and friendly oral care providers. 2. They realized that not all kids could just visit their family dentist and must be referred to a specialist for dental treatments. 3. They reported that some oral health professionals did not explain treatments for their kids before they started. 	Filipino immigrant parents had more positive attitudes towards PDA in Canada, but financial hardship, oral health care providers' attitudes, past oral health care experiences, acculturation, community impact, and oral health motivations were all psychological factors related to their access to oral health care for their children. Suggested future research included creating a survey based on this study's findings, administered to a larger sample size, to improve PDA among Filipino immigrants.
Cabudol et al. (2018) ¹⁵ United States	Audiorecorded interviews	To evaluate 61 Mexican migrant adolescents, aged 12 to 19 years, their oral health care access utilization experiences in San Diego County, California.	<ol style="list-style-type: none"> 1. They reported being afraid of the drilling noises produced by the dental equipment during their appointments, so they avoided visiting dentists to treat their teeth. 2. They mentioned the difficulty of booking appointments due to the long waiting times and conflict with their parents' working schedules. 3. Some of them expressed negative attitudes towards oral health care appointments because their treatments included painful procedures such as needles and drilling. 	Better communication among patients, parents, and oral health care providers could help build relationship, reduce dental fear, and improve patients' knowledge of the importance of oral health treatment and their children's oral health status. Oral health professionals should be trained in culturally competent communication. They should also discuss treatment plans with adolescent patients directly instead of their caregivers.
Imanpour and Ullah (2024) ¹⁶ United States	Semi-structured interviews	To describe the dental experiences of 19 immigrants who have children with autism and barriers affecting their access to oral health care in the US.	<ol style="list-style-type: none"> 1. One participant mentioned that staff asked her child to keep their voice down because the child disturbed others, which made her uncomfortable with their attitudes towards her child. 2. 95% of participants reported that the dentist spent too little time talking to their children and showing them the dental equipment before treating their teeth, which was insufficient for children with special needs. 3. Some stay-at-home mothers could not bear to see their kids constantly crying during appointments. 	Oral health outcomes for immigrant children with special needs can be improved upon by reducing barriers and health disparities and employing mediators such as training in cultural competence in dental or dental hygiene programs.

Table 2. Continued

Author(s), year, country	Study type	Purpose of the study	Perspectives or experiences after receiving oral health care services	Major findings and outcomes
Keboa et al. (2019) ¹⁷ Canada	McGill Illness Narrative Interview (MINI) guided interviews	To assess the dental health care experiences of 25 humanitarian immigrants in Montreal (13 refugees and 12 asylum seekers) and their attitudes towards access to oral health services in Canada.	<ol style="list-style-type: none"> 1. One participant from Congo mentioned that the dentist informed them of the need to pay \$1000 for a root canal procedure. However, the patient did not have enough money and chose to have the tooth extracted instead. 2. A participant from Mexico received high-quality oral health care, which included superior equipment and dental assistants working alongside the dentist, in contrast to the dental services available in their home country. 3. A participant from Iraq mentioned that the dentist expressed empathy, understood their challenges, and offered dental hygiene services at no-cost. 4. An elderly refugee from Congo reported a misunderstanding with the Interim Federal Health Program (IFHP) policy. Initially, the dentist informed them that the treatment was covered by the government. However, after a month, the participant was informed that a \$600 bill was owed. 5. A Congolese woman felt embarrassed and humiliated by her experience with a referral. She expressed her disappointment as she was turned away, despite having a letter from her social worker requesting emergency dental care. 	<p>Humanitarian immigrants experience barriers and inadequate oral health care.</p> <p>The authors emphasize the need for stakeholders and policymakers to seek and listen to newcomers' perspectives.</p>
MacEntee et al. (2014) ¹⁸ Canada	Interviews with open-ended questions	To evaluate the oral health diseases and challenges of 33 older Punjabi-speaking South-Asian immigrants, aged 60 years or older, living in Surrey, British Columbia, Canada.	<ol style="list-style-type: none"> 1. A female participant demonstrated her understanding of oral health education after seeing a dentist in Canada. She explained that cavities were caused by germs and noted that decay in one molar had affected her adjacent teeth. 2. Some participants complained that oral health professionals in Canada did not understand their home remedies, such as "bitter bark." 	<p>Older Punjabi-speaking immigrants face challenges in integrating their home remedies into Western oral health care.</p> <p>Further efforts are needed to enhance the accessibility of oral health care for older immigrants in Canada.</p>
Masterson et al. (2014) ⁵ United States	Semi-structured, face-to-face interviews	To explore the 48 Mexican immigrant caregivers' knowledge of dental caries and oral health care assessment for their children in San José, California.	<ol style="list-style-type: none"> 1. Some participants were told by the dentists that discolouration in their children's teeth was normal and were advised to monitor these discolourations at a follow-up visit. 2. Some participants mentioned that they did not receive a clear explanation from the dentists regarding the reasons for discolouration and treatment plans for their children's teeth. 	<p>This study introduced the Spanish terms for tooth discolouration and caries. The understanding of tooth discolouration differs among Mexican immigrant caregivers and oral health professionals, leading to delays in seeking treatment for their children.</p> <p>The authors emphasize the importance of oral health care professionals understanding the reasons caregivers may not seek care for their children, and the need for more oral health educational resources on early signs of decay.</p>

Table 2. *Continued*

Author(s), year, country	Study type	Purpose of the study	Perspectives or experiences after receiving oral health care services	Major findings and outcomes
Nurelhuda et al. (2021) ¹⁹ Canada	Semi-structured interviews	To investigate the oral health knowledge, oral hygiene habits, and oral health care experiences of 27 humanitarian immigrants (refugees and asylum seekers), aged 18 years or older from 13 countries in 4 global regions in Ontario, Canada.	<ol style="list-style-type: none"> 1. An Afghan woman mentioned that she had a consultation with a dentist in Toronto but was told that her IFHP insurance did not cover the root canal, which cost \$1200. 2. Another Afghan woman felt that she needed to wait at least 20 days to get her appointment even after telling the dentist that it was an emergency in Canada. 3. A Venezuelan woman mentioned that she felt overwhelmed because she had to fill out a lot of paperwork for the appointment. 4. A Venezuelan man compared the complicated and lengthy steps required to receive oral health care in Canada to his home country, which does not have as many protocols. 5. After receiving a deep filling in Canada, a Salvadoran man experienced pain, leading to a \$1400 root canal treatment referral. During the waiting period, he suffered from a month of toothache. He still had not had the crown done because it would require an additional \$900. 	<p>Humanitarian immigrants in Canada experienced challenges such as financial barriers, long waiting times, and unfamiliarity with the oral health care system, leading them to seek 2 alternative pathways: obtaining care outside the Canadian system or resorting to self-medication.</p> <p>The authors suggest future efforts to explore the oral health care experiences of humanitarian migrants in both Western and Eastern regions or gather more information from other countries with systems like Canada's.</p>
Tiwari and Rai (2021) ²⁰ United States	Photovoice technique	To evaluate the perceptions of oral care utilization and dental-related care knowledge of 30 African immigrants in the US.	One participant's brother had teeth removed every time he visited the dentist, while another participant ultimately chose a tooth extraction instead of a costly root canal. These experiences contributed to the fear of visiting the dentist among many participants.	This study highlights gaps in oral health knowledge among African immigrants in the US and introduces a research tool, photovoice, for researchers to use with immigrants from other countries.

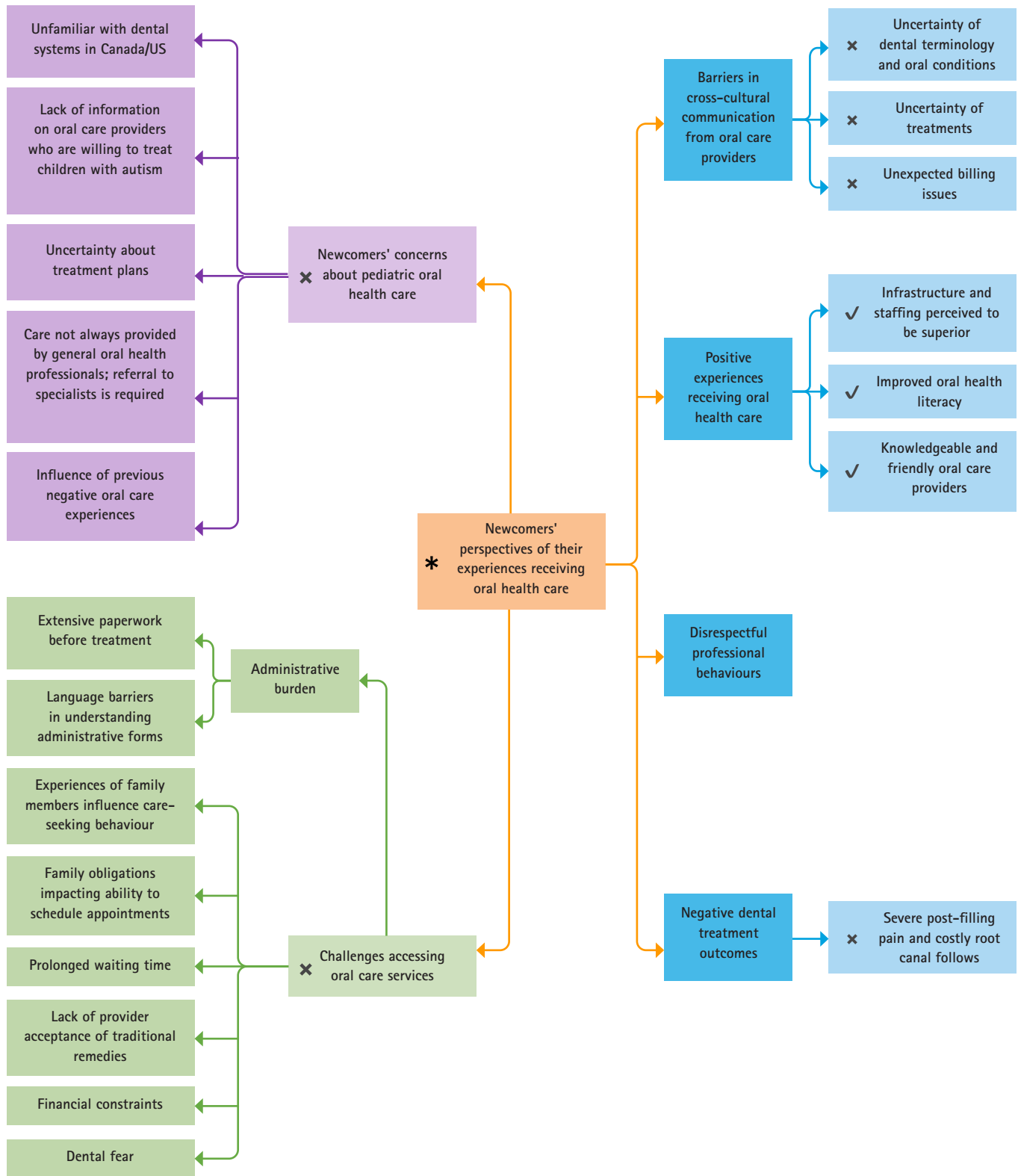
Fear of oral health procedures, emotional impacts of past oral health experiences, and decision-making processes influenced by families' previous experiences also affect immigrants' access to oral health care.^{15,16,20} Some immigrants had negative attitudes towards professional oral health care due to fear of drilling noises and painful treatments experienced during previous appointments, such as needle procedures, resulting in avoidance of dental or dental hygiene appointments.¹⁵ Stay-at-home immigrant mothers, as reported by Imanpour and Ullah,¹⁶ avoided visiting oral health professionals because they could not bear to see their children cry during treatments. Moreover, the influence of family members' oral health care experiences may affect their decision to seek care. For example, Tiwari et al.²⁰ detailed the experience of an African participant's brother, who had his teeth removed every time he went to the dentist, leading to their perception that the dentist will always extract their teeth.

Different cultural beliefs and behaviours regarding oral health among immigrants influence their access to oral health care.^{5,14-20} Many of the studies reported that

some immigrant populations chose to use home remedies before visiting dentists, but experienced disrespect or disregard for their self-medication.^{5,15,18-20} For instance, in Canada, MacEntee et al.¹⁸ showed that some elderly Punjabi-speaking immigrants complained that oral health professionals chose to provide their own treatments without considering or understanding their traditional home remedies for treating dental pain, such as "bitter bark," which was also difficult to find in Canada. Disregard for cultural health practices may impede an oral health professional's ability to build trusting relationships with newcomer patients.

Seven of eight studies reported the high cost of receiving oral health care in Canada and the United States as a significant challenge for immigrants and ASRs.¹⁴⁻²⁰ In studies conducted by Keboa et al.¹⁷ and Nurelhuda et al.,¹⁹ many newcomers experienced financial challenges, including unexpected costs, and misunderstanding about insurance coverage. For example, a participant from Congo chose a tooth extraction due to insufficient funds for a \$1000 root canal procedure.¹⁷

Figure 2. Challenges and perspectives of newcomers' experiences with oral health care in Canada and the United States^{5,14-20}



Check marks: newcomers' positive perceptions of their experiences; Cross marks: newcomers' negative perceptions of their experiences

Challenges with administrative processes present some obstacles for immigrants seeking oral health care, resulting in psychological stress.^{14,17,19} According to Nurelhuda et al.,¹⁹ humanitarian immigrants (refugees and asylum seekers) encountered difficulties with extensive paperwork and administrative procedures because of language barriers or a lack of familiarity with health and dental terminology. For instance, these participants from Venezuelan expressed feeling overwhelmed by the extensive paperwork required for an oral health care appointment in Canada compared to their home country where oral health care had fewer protocols.¹⁹

DISCUSSION

Summary of the evidence

The aim of this review was to identify relevant published qualitative studies describing immigrants' perceptions of their experiences with oral health care in North America, including their challenges prior to, during, and after receiving care. The obstacles identified included long wait times, difficulty scheduling pediatric appointments due to familial obligations, fear of oral health care procedures, the emotional impact of past oral health care experiences, and cultural differences in oral health beliefs and behaviours.^{14-17,19,20} Some positive outcomes included the perception of high-quality services, including advanced oral health care techniques, treatments, and patient education provided by knowledgeable and friendly oral health professionals.^{5,14,17-19} These positive perceptions promoted trust between immigrants and oral health professionals, encouraging continued engagement with oral care services. However, some negative results were reported by migrants, such as miscommunication, unclear explanations, disrespectful behaviours, and negative treatment outcomes.¹⁴⁻¹⁷ These outcomes highlighted the importance of cultural sensitivity competencies and effective communication skills within health care facilities.

Recommendations for oral health care services and oral health professionals

The selected studies highlight the importance of considering and accommodating the challenges faced by immigrants in accessing oral health care. Negative attitudes towards oral health care services among immigrant parents and caregivers stemmed, in part, from a lack of communication. Therefore, improved communication and transparency between oral health professionals and migrant patients are necessary to ensure informed decision making and effective preventive care.¹⁴⁻¹⁷ To address the language barriers and establish equitable access to oral health care for immigrant populations, Spinler et al.²¹ recommended that dental clinics provide written paperwork in simple and multiple languages for immigrants and ASRs. Moreover, financial constraints were one of the significant challenges experienced by newcomers that often impacted their ability to access care in the future.¹⁴⁻²⁰ Thus, increasing the

affordability and clarity of dental insurance coverage is also essential to ensuring equitable access to oral health care services for immigrant populations.²²⁻²⁴

Several studies recommended that dental and dental hygiene schools and programs consider training oral health professionals to develop culturally competent skills to provide equitable, non-discriminatory, and health promotion services for newcomer patients.^{15,16,25,26} Other studies suggested using a patient-centred approach, where clinical decisions are based on the preferences, needs, and values of patients, which is crucial for providing effective care.²⁷⁻³⁰ Nicol et al.³¹ also demonstrated that oral health professionals could gain experience in working with immigrants by participating in community oral screenings or community-based health clinics. Other researchers recommended that all stakeholders, including policymakers, researchers, and oral health practitioners, collaborate and take action to improve the oral health of immigrants and ASRs by considering their perspectives and feedback after they receive professional oral care.^{17,32,33}

Limitations

This narrative review focused only on qualitative studies based on interviews concerning the oral health care experiences of newcomers to Canada and the United States. However, adequately powered quantitative studies may also provide valuable insights into the experiences of immigrants and ASRs after receiving oral health care.

This review discussed the perspectives and experiences of various populations, such as Filipino parents, Mexican adolescents, immigrant parents with autistic children, Punjabi-speaking elders, Mexican caregivers, and African immigrants, regarding oral health care received in Canada and the US. However, not all immigrant populations were represented, nor were those receiving care in host countries other than Canada and the US. This review focussed on articles from the last 10 years, but some older articles may be relevant to this study. Finally, a bias assessment tool to evaluate the quality of the selected articles was not included in this review.

Gaps and future research recommendations

This review has identified several gaps in the understanding of immigrants' and ASRs' experiences and perspectives affecting their access to oral health care. There are many potential facilitators to support oral health professionals in providing better care to migrants, such as interpreters. Studies have shown that using cultural and linguistic interpreters could assist oral health professionals in better understanding immigrants' needs.^{17,31,34,35} However, some immigrants may not be able to afford interpreters, or they may experience misunderstandings due to interpreters lacking knowledge of oral health care systems and terminology.^{8,36,37} Future qualitative studies with interviews exploring immigrants' perspectives on using interpreters during their oral health care appointments should be considered.

In addition to the challenges already discussed, other barriers affect immigrants' access to oral care. For example, a study by Paisi et al.²⁵ showed that ASRs, particularly those who have experienced torture, may have traumatic associations with oral health care appointments, such as a fear of hearing drilling sounds. Future research is needed to explore the impact of newcomers' country of origin to determine its effects on the response to oral health care.

CONCLUSION

This review explored the different experiences of immigrants and ASRs prior to, during, and after accessing oral health care in Canada and the United States. Several recommendations for improving oral health care services were identified, including providing culturally sensitive care, improving communication and transparency, increasing affordability, and clarifying dental insurance coverage. Additionally, it was found that addressing administrative barriers and promoting collaborations between stakeholders and policymakers are crucial for making necessary decisions to assist immigrants and ensuring equitable oral health outcomes for this population in North America.

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CONFLICTS OF INTEREST

The author has declared no conflicts of interest.

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