

The impact of culture on new Asian immigrants' access to oral health care: a scoping review

Heather Doucette*, DipDH, BSc, MEd; Sijie Yang[§], BSc, BDH; Miriam Spina[§], BDH

ABSTRACT

Background: Immigration has accounted for three-quarters of Canada's population growth since 2016, more than half of which has been from Asian countries. Newcomers from Asia have been reported to experience oral health disparities. The objective of this scoping review was to examine the literature discussing how culture affects access to oral health care for new immigrants from Asia and to identify knowledge gaps. **Methods:** The review was conducted from December 2021 to April 2022 following the Arskey and O'Malley approach and PRISMA-ScR guideline. Five databases were searched using the search parameter "Asian+ AND Immigrant+ AND oral care+". Only peer-reviewed articles published in English between 2011 and 2021 were included. **Results:** The search strategy yielded 736 articles. Duplicates were removed, titles and abstracts were reviewed, and the full text of 69 articles examined, leaving 26 articles that met eligibility criteria: 18 quantitative studies, 4 qualitative studies, and 4 reviews. **Discussion:** Four themes were identified: language barriers, oral health care access and service utilization, oral health beliefs and behaviour, and immigrant children's oral health. Most new immigrants from Asia have limited English proficiency, are of low socioeconomic status, and have difficulty developing trusting relationships with care providers. Immigrant children's oral health is impacted by their parents' beliefs. **Conclusion:** More research is needed on cultural barriers to and facilitators of access to oral health care for newcomers from Asia to Canada to aid in the development and implementation of policies and to inform practice and curriculum.

RÉSUMÉ

Contexte : L'immigration a représenté les trois quarts de la croissance démographique du Canada depuis 2016, et plus de la moitié des immigrants proviennent de pays asiatiques. Il a été signalé que les nouveaux arrivants d'Asie subissent des disparités en matière de santé buccodentaire. L'objectif du présent examen de la portée était d'examiner la documentation qui traite de la façon dont la culture influence l'accès aux soins buccodentaires pour les nouveaux immigrants d'Asie et de définir les lacunes dans les connaissances. **Méthodologie :** L'examen a été réalisé de décembre 2021 à avril 2022 en appliquant l'approche d'Arskey et d'O'Malley et la ligne directrice PRISMA-ScR. Cinq bases de données ont été consultées en utilisant le paramètre de recherche « Asiatique + ET Immigrant+ ET soins buccodentaires+ » (en anglais). Seuls les articles évalués par des pairs, publiés en anglais entre 2011 et 2021 ont été retenus. **Résultats :** Cette stratégie de recherche a produit 736 articles. Les doublons ont été supprimés, les titres et les résumés ont été analysés, et le texte complet de 69 articles a été examiné, laissant 26 articles qui répondaient aux critères d'admissibilité : 18 études quantitatives, 4 études qualitatives, et 4 revues. **Discussion :** Quatre thèmes ont été repérés : les barrières linguistiques, l'accès aux soins buccodentaires et l'utilisation des services, les croyances et les comportements en matière de santé buccodentaire, et la santé buccodentaire des enfants immigrants. La plupart des nouveaux immigrants d'Asie ont une maîtrise limitée de l'anglais, un faible statut socio-économique et des difficultés à tisser des liens de confiance avec les fournisseurs de soins. Les croyances des parents influencent la santé buccodentaire des enfants immigrants. **Conclusion :** Il faut mener d'autres recherches sur les obstacles culturels à l'accès aux soins buccodentaires pour les nouveaux arrivants d'Asie au Canada et sur les facteurs qui facilitent cet accès, afin de contribuer à l'élaboration et à la mise en œuvre de politiques et d'éclairer les pratiques et les programmes d'études.

Keywords: Asian; culture; health disparities; new immigrant; oral health
CDHA Research Agenda category: access to care and unmet needs

INTRODUCTION

The number of immigrants in Canada has been increasing, with international migration accounting for three-quarters of Canada's population growth since 2016.¹ From 2017 to 2019, 63.5% of newcomers to Canada immigrated from Asia.² According to the 2021–2023 Immigration Levels Plan, Canada expected to process

411,000 new permanent residents in 2022 due to a more efficient immigration system and increased immigration targets.³ Results of the Longitudinal Survey of Immigrants to Canada (LSIC) indicate that immigrants are more likely to encounter barriers in the following 4 areas of settlement and integration during the first 4 years after arrival:

PRACTICAL IMPLICATIONS OF THIS RESEARCH

- Research on the impacts that the culture of newcomers to Canada from Asia has on their access to oral health care is limited.
- A broader understanding of cultural beliefs, oral health literacy, and values pertaining to oral health care is required to properly address the unmet oral health needs of this population.

*School of Dental Hygiene, Faculty of Dentistry, Dalhousie University, Halifax, NS, Canada

[§]Alumna, Dental Hygiene Degree Program, Faculty of Dentistry, Dalhousie University, Halifax, NS, Canada

[†]These authors contributed equally.

Correspondence: Heather Doucette; heather.doucette@dal.ca

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employment, education, housing, and health care.⁴

Research shows that new immigrants face geographic, economic, linguistic, and cultural barriers when accessing health care, as well as challenges due to limited hours of operation and general difficulty navigating the health care system.⁵ Immigrants' access to oral health care is affected by these same barriers as well as an additional barrier of cost if they are required to pay out of pocket for oral care services.⁶ Discussions to address inequitable access to oral care have traditionally focused on minimizing financial barriers. However, there is a body of literature that speaks to the need to explore the influence of culture on oral health and access to care to help inform policy and practice, and to decrease disparities.⁷

Culture is a broad term with a variety of meanings. According to the contemporary sociological definition, culture is the languages, customs, beliefs, knowledge, rules, arts, identities, and memories that are created by social groups that make their social environments meaningful.⁸ Four aspects of culture that are discussed in the literature as possible influences on access to oral health care, oral health, and resulting oral health disparities are language,⁹⁻¹¹ customs, beliefs,^{9,10,12,13} and knowledge.¹⁴⁻¹⁶

Newcomers from Asia are found to be less likely to seek health care when compared to other ethnic groups, independent of age, chronic health problems, and length of stay in the new country.¹⁷ It has been reported that immigrants from countries in Asia, in particular, face significant barriers when accessing oral health care. These barriers include a lack of insurance for oral care services, unemployment or short-term employment, language differences, difficulties building trust with care providers, feelings of discrimination and avoidance, and cultural practices.^{6,17,18} Access to oral care is essential to minimizing oral health disparities as preventive oral care and early treatment of oral disease have been shown to improve overall oral health throughout the life course.¹⁹

Literature speaks to the need for oral health professionals to increase their cultural sensitivity to reduce the barriers to oral care faced by new immigrants, as access to care is linked to oral health disparities.¹² For that reason, it is important to understand the potential impact that culture has on how specific populations access oral health care. The objective of this scoping review is to explore the literature on the impact culture has on newcomers from Asia and their access to oral health care in countries of resettlement with the intent to identify gaps. Identification of gaps can provide a focus for future research in this area. The knowledge produced from future research could help to inform oral health care policy and practice and to guide curriculum changes for dental and dental hygiene programs to better prepare oral health professionals to treat this population.

METHODS

A scoping review was conducted over a 5-month period

from December 2021 to April 2022 with the aim of identifying literature on the possible effects of the culture of newcomers from Asia on their access to oral health care in countries of resettlement. This review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines and followed the 5-stage scoping review approach outlined by Arskey and O'Malley.²¹ The 5 stages are as follows: 1) identifying the research question; 2) identifying relevant studies; 3) study selection, with the establishment of inclusion and exclusion criteria; 4) sorting and charting information according to key issues and themes; and 5) collating, summarizing, and reporting the results.²¹

Stage 1: Identifying the research question

Research team members (SY and MS) conducted meetings to identify and refine the research question. The research question developed for this scoping review was "What literature exists that discusses the impact of culture on new Asian immigrants' access to oral health care?" The question was evaluated and approved by 2 faculty members of the School of Dental Hygiene, Faculty of Dentistry, Dalhousie University, Halifax, Canada.

Stage 2: Identification of relevant studies

Relevant studies were identified through a search conducted in the electronic databases CINAHL, DOSS, PubMed, Embase, and Cochrane Library on January 21, 2022. Various keyword combinations (Table 1) were utilized in the search, which resulted in the retrieval of 736 articles. Duplicates were screened and excluded using Endnote. A total of 372 articles remained after this step.

Stage 3: Selection of articles for study

The remaining 372 articles were divided between the 2 researchers (SY and MS), and the abstracts were screened, resulting in the elimination of 303 articles. Sixty-nine full-text articles were reviewed for eligibility based on the following inclusion criteria: inclusion of topics such as DMFT, low income, language barriers, and the impact of culture on access to oral health care. Only primary and secondary studies published in English within the

Table 1. Search terms

Term	Keywords
Immigrant	new immigrant ^a , Asian immigrant ^a , immigrant ^a , newcomers, refugees, migrant ^a , displac ^a , relocat ^a , naturalized
Asian	Asian ^a , Chinese, Japanese, Korean, Filipino, Indian, Punjabi, Thai ^a , and the names of each Asian country
Oral health care	dental care use, dental care utilization, access, oral care, dental health, dental disease, teeth, treatment, care, health, dental disparity, barrier, culture, acculturated, ethnicity, value, belief, language

^aDenotes all variations of the term

last 10 years were considered. The population included in the research question for this scoping review was Asians who recently immigrated to developed countries, thereby excluding articles focused on internal Asian migration. The term “Asia” was used in the search strategy and exploded to capture all countries in Asia (Table 1). Developed countries were defined as those with high income per capita, low poverty rate, low unemployment rate, and infrastructure capabilities.²² Exclusion criteria were articles that did not focus on barriers to oral health care and oral health disparities, and articles that only focused on oral health outcomes without addressing the other inclusion criteria. Literature such as discussions or commentaries were excluded. Details of the search and filtering process are shown in Figure 1.

Stage 4: Data charting

This stage involved charting the data extracted from each of the 26 articles: author(s), year of publication, country/region where the study was conducted, a summary of findings, research methodology/study design, and key aspects of the methods. Two team members (SY and MS) reviewed and verified each article according to the inclusion and exclusion criteria. A final list of selected articles was charted in a Microsoft Excel spreadsheet (Table 2).

Stage 5: Reporting of results

The results were compiled, summarized, and reported using Arskey and O'Malley's scoping review approach.²¹ The purpose of completing a comparison of the 26 articles was to identify not only the similarities among relevant

Figure 1. Literature review flow chart

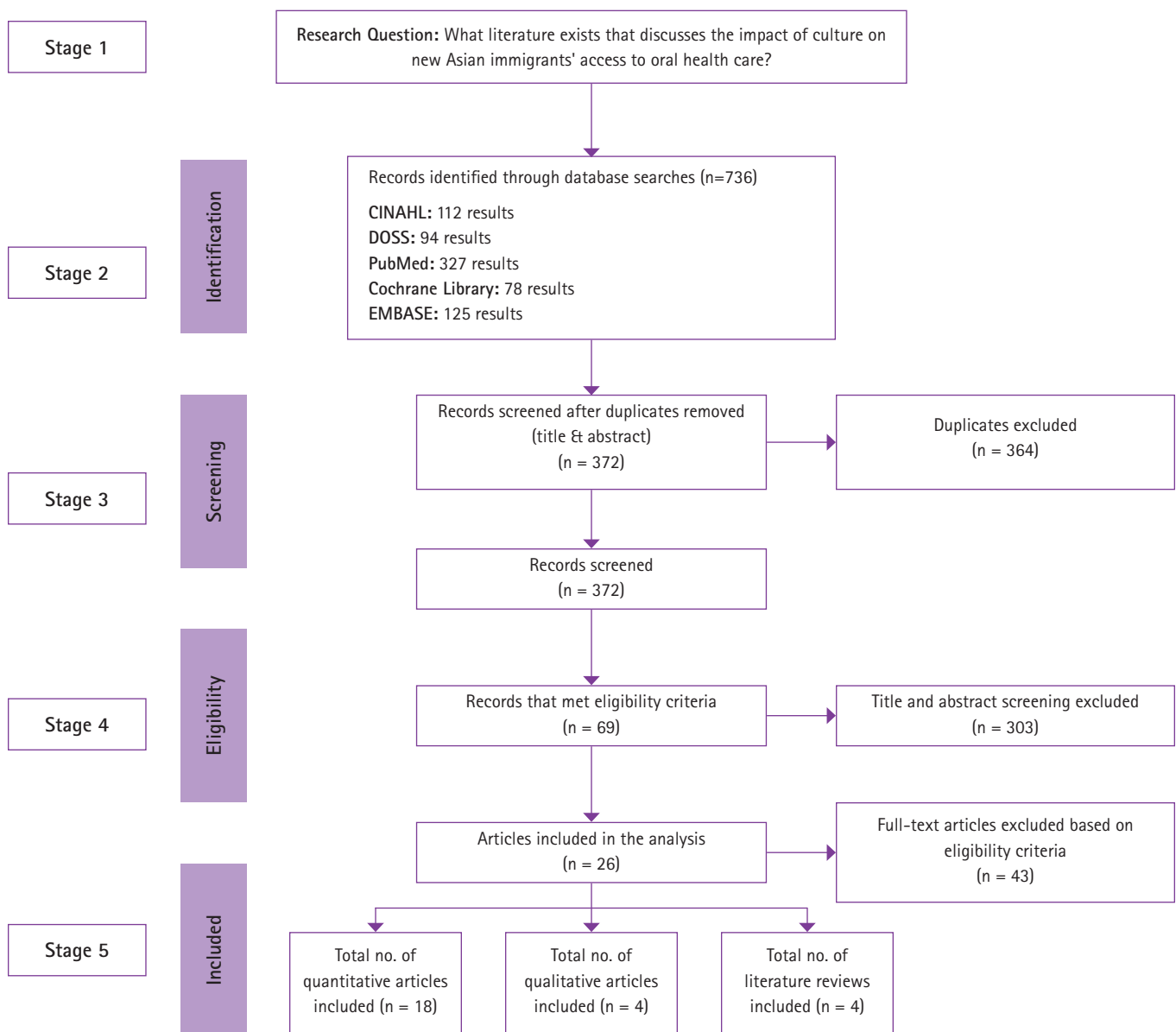


Table 2. Data chart

Author information	Research design	Aims of the study	Focus area	Key findings
Noel et al., 2021 ⁵²	Quantitative (cohort study)	To explore the effects of immigration on survival rates from head and neck cancers among Chinese and South Asian immigrants to Ontario, Canada.	Oral health care access and service utilization	Patients of Chinese ethnicity had a higher survival rate than those of South-Asian origin and non-immigrant background despite being at a higher risk. Biological and cultural advantages (e.g., greater family/community support) and culturally relevant treatment philosophy (e.g., combined use of aggressive and systematic therapy) may contribute to this survival rate.
Elkerdany et al., 2020 ⁴³	Quantitative (cross-sectional study)	To evaluate the prevalence of dental care service utilization among 62 refugees to the LA area within the past 10 years enrolled in ESL classes.	Oral health care access and service utilization	There was a statistically significant relationship between oral health literacy levels and oral health care service utilization. More accessible and understandable oral health information may promote refugees' oral health literacy and dental care utilization.
Saraswat et al., 2020 ⁵³	Literature review (integrative review)	A review of 16 studies (4772 participants in the US, UK, Italy, and New Zealand) to assess South Asian immigrants' knowledge and risk level of oral cancer.	Oral health beliefs and health behaviour	South Asian immigrants reported higher oral cancer risk practices due to a lack of knowledge and misconceptions about habits contributing to oral cancer (e.g., chewing betel quid, pan, and gutka, and tobacco-containing cigarette use). Culturally appropriate interventions and strategies are suggested to raise oral cancer awareness.
Mao et al., 2020 ²⁵	Quantitative (cohort study)	To explore how neighbourhood cohesion of 3157 Chinese Americans aged 60+ residing in Chicago affected their oral health.	Oral health care access and service utilization	Oral health outcomes of Chinese-American immigrants are directly associated with neighbourhood cohesion and a sense of belonging in the host country. Sense of community belonging should be considered when designing interventions to promote optimal oral health for Chinese Americans.
Batra et al., 2019 ¹²	Literature review (systematic review)	To evaluate how many South Asian Americans have had an oral health exam in the past year, determining their access to oral health care.	Oral health beliefs and health behaviour	Insufficient oral health knowledge among South Asian immigrants may be attributed to cultural beliefs, a lack of trusting relationships with oral health care providers, and inadequate culturally sensitive oral health care environments. The oral health needs of this population must be addressed at the public health level.
Jang et al., 2019 ⁴²	Quantitative (observational survey study)	To assess the presence/absence of oral diseases among Korean Americans aged 60+ in Florida, Hawaii, California, Texas, and New York.	Oral health care access and service utilization	Dental health insurance and culturally sensitive oral health care environments were identified as primary factors contributing to older Korean immigrants' access to oral health care in the US.
Karasz et al., 2018 ³⁵	Quantitative (pilot study)	To gather data on carious food consumption among South Asian immigrants' babies, ages 6 to 18 months living in New York City.	Immigrant children's oral health impacted by parents	Developing individualized oral self-care plans, enhancing family support, and implementing follow-up interventions are effective in improving childhood cariogenic risk behaviours among South Asian newcomers. Bilingual and culturally sensitive interventions are most efficacious at preventing childhood caries among immigrant South Asian communities in the US.
Shi et al., 2019 ⁵⁴	Quantitative (pretest post-test control)	To determine awareness of health risks surrounding betel nut usage among primarily Asian immigrants at the Atlanta Family Healthcare Clinic.	Oral health beliefs and health behaviour	A visual-guided educational brochure may mitigate the risk of oral cancer among the Asian refugee population in the US who lack awareness of betel nut's carcinogenic properties.

Table 2. (continued)

Author information	Research design	Aims of the study	Focus area	Key findings
Jung et al., 2017 ⁴⁴	Quantitative (observational survey study)	To examine factors associated with 1288 Asian immigrants' annual oral health examinations in the US.	Oral health beliefs and health behaviour	Asian-American immigrants often report poorer oral health and inaccessibility of oral health services. Linguistic assistance and dental insurance may improve oral health outcomes among these immigrants.
Nguyen et al., 2017 ³⁶	Quantitative (observational survey study)	To examine the influence of oral health literacy and cultural beliefs on the oral behavioural guidance provided to children ages 1 to 5 by 45 Vietnamese immigrant parents in California.	Immigrant children's oral health impacted by parents	Vietnamese immigrant parents' understanding of dental caries and lack of knowledge of the use of fluoride was reflected in the inadequate daily oral self-care guidance given to their children.
Grover et al., 2016 ⁴⁷	Quantitative (pilot study)	To examine the impact of cultural beliefs on Sikh immigrants' oral care utilization in Minnesota.	Oral health beliefs and health behaviour	Sikh immigrants' selection of dental clinics was primarily based on financial status and care delivery location in addition to the expertise of their oral health care providers.
Luo and Wu, 2016 ⁶	Quantitative (case-control study)	To examine the relationship between acculturation and access to oral health care services among Asian immigrants in the US.	Oral health care access and service utilization	Oral health care service utilization among Asian immigrants in the US is associated with the length of stay in the host country. Family financial stability and available dental insurance may also influence this trend.
Ogami et al., 2016 ³⁴	Quantitative (cross-sectional study)	To investigate the relationship between oral health status and oral self-care beliefs among Japanese immigrants in Vancouver, Canada.	Oral health beliefs and health behaviour	The oral health status and oral health literacy of Japanese immigrants in Canada were related to their level of acculturation and socioeconomic status. Public health programs that address these factors may enhance oral health outcomes for Japanese immigrants.
Liu, 2016 ⁵⁵	Quantitative (observational survey study)	To examine the relationship between barriers to oral health and citizenship in the US.	Oral health care access and service utilization	Asian newcomers to the US reported poorer oral health outcomes than citizens in many aspects, reflecting differences in culture and beliefs about health. Policy changes are necessary to reduce health disparities in immigrant groups.
Calvasina et al., 2015 ²⁷	Quantitative (observational survey study)	To investigate the effects of immigration to Canada on self-reported oral health over a 4-year period.	Language barriers and access to oral health care	Self-reported oral health issues among Asian newcomers to Canada increased following their migration to Canada. Factors such as immigrants' gender, use of social assistance, income, and perception of discrimination may contribute to a decline in oral health.
Mao et al., 2015 ²⁶	Literature review (systematic review)	To analyze the cultural implications of oral health and care utilization for older Chinese immigrants in the host country.	Oral health care access and service utilization	Oral health care utilization among older Chinese immigrants is positively correlated with better language proficiency, stronger community support, a longer duration of stay in the host country, and cultural sensitivity in oral health care environments.
Arora et al., 2014 ²³	Qualitative (phenomenology method)	To compare the comprehension of oral health instructions between mother language and English among 24 Vietnamese immigrant mothers in Australia.	Immigrant children's oral health impacted by parents	The communication of oral health knowledge to clients in their first language with illustrations may facilitate comprehension, thereby promoting oral health literacy.

Table 2. (continued)

Author information	Research design	Aims of the study	Focus area	Key findings
MacEntee et al., 2014 ⁴¹	Qualitative (ethnographic method)	To examine the perception of oral health issues among older Punjabi-speaking immigrants in Canada.	Oral health beliefs and health behaviour	Culturally sensitive care requires an understanding of oral health rooted in the client's culture. Punjabi-speaking South Asian immigrants are more likely to access oral health care in Canada if they are financially stable and encounter more culturally sensitive oral health care providers.
Calvasina et al., 2014 ²⁸	Quantitative (descriptive study)	To examine factors that contribute to the unmet dental care needs of minority groups, such as immigrants, in Canada.	Oral health care access and service utilization	Uninsured and financially unstable immigrants are more likely to have unmet oral health care needs. Chinese and South Asian immigrants were reported to have higher levels of unmet dental care needs than Europeans.
Jang et al., 2014 ⁵⁶	Quantitative (observational survey study)	To investigate factors that contribute to the utilization of dental services and the unmet dental needs of Korean immigrants in the US.	Oral health care access and service utilization	Korean newcomers' oral health outcomes are correlated with education, length of stay in the US, dental coverage status, levels of acculturation, values, and beliefs. Community support and family resources also affect Korean Americans' oral health outcomes.
Smith et al., 2013 ³²	Literature review (meta-synthesis)	To explore how cultural beliefs affect oral health outcomes of Chinese immigrants and how to improve access to dental care for minority groups.	Oral health beliefs and health behaviour	Perceptions of oral health are influenced by culture, values, and beliefs. Improving cultural sensitivity in oral health care settings may improve access to oral health care among elderly Chinese immigrants.
MacEntee et al., 2012 ²⁴	Qualitative (ethnographic method)	To examine the influence of cultural beliefs on elderly Chinese immigrants' access to oral health services in the host country.	Oral health beliefs and health behaviour	Elderly Chinese immigrants reported distress when having to depend on their adult children for financial and interpretation assistance when accessing dental care in Canada and Australia. Chinese immigrants without dental insurance are further disadvantaged in accessing oral health care when such services are excluded from the publicly funded health care system.
Mariño et al., 2012 ³³	Quantitative (cohort study)	To explore the oral health outcome of a convenience sample of 101 older Chinese immigrants living in Australia.	Oral health beliefs and health behaviour	The acculturation experience of older Chinese immigrants is critical to the provision of culturally sensitive oral health care and facilitates reduction of oral health disparities in this population.
Dong et al., 2011 ³¹	Qualitative (ethnographic method)	To examine the oral health care service utilization by 12 low-income Chinese immigrants living in Montreal, Canada.	Oral health care access and service utilization	The main barriers to oral health care were financial, linguistic, and cultural. Culturally sensitive oral health care pathways can facilitate more supportive care environments.
Shelley et al., 2011 ²⁹	Quantitative (observational survey study)	To examine self-reported oral health status, dental service utilization, and dental service payment among 1870 older adults in New York City, especially for minorities such as those with low SES and immigrants.	Oral health care access and service utilization	Language was the main barrier to oral health care among minority older adults. Chinese immigrants reported poorer oral health outcomes, less dental insurance coverage, and less oral health service utilization.
Chinn et al., 2011 ³⁷	Quantitative (case-control study)	To examine the experience of dental caries among children of Chinese immigrants in Manhattan's Chinatown.	Immigrant children's oral health impacted by parents	The DMFT/DFT scores of 545 Chinese-American children in New York City were compared with the NHANES data. Analysis of the association between birthplace, language, and untreated tooth decay at recall suggests that Asian Pacific Islander immigrants' children are significantly more at risk of dental caries than non-immigrant children.

studies (barriers to oral health care and health disparities), but also the gaps in the literature. The quality of each study was assessed by both team members (SY and MS) based on the study design, sample size, and study limitations. Disagreements that arose at each stage were resolved through an additional review discussion.

RESULTS

A total of 26 articles were included in this scoping review: 18 (70%) were quantitative studies, 4 (15%) were qualitative studies, and 4 (15%) were literature reviews. Three of the 4 qualitative studies were conducted using an ethnographic methodological approach, while the other qualitative study utilized a phenomenological approach.

A common theme among the 26 articles involved health disparities experienced by newcomers from Asia due to a variety of related factors, including language difficulty, low income, lack of health insurance, and low health literacy.¹² However, the main emphasis of each article was identified and categorized into 4 focused areas: 1) language barriers and access to oral health care; 2) oral health care access and service utilization; 3) oral health beliefs and health behaviour; and 4) immigrant children's oral health. All 26 studies were evaluated with regards to their research design, aims, and area of focus (Table 2). Additionally, specific findings for each article were carefully considered and recorded.

Language barriers and access to oral health care

All 26 studies identified language as a barrier—either direct or indirect—to oral health care for Asian newcomers. Directly, the inability to speak the primary language of host countries affected the ability of Asian newcomers to communicate effectively with oral health care providers, understand oral health educational resources, and navigate dental insurance programs and services.^{6,23} One article discussed the correlation between length of stay in the host country, increased proficiency in the language of the host country, and improved access to oral health care.⁶ MacEntee et al.²⁴ discussed how some immigrants from China returned to China to obtain dental treatment in their native language. Additionally, Batra et al.¹² described how Punjabi-speaking immigrants found communicating with oral health professionals in English very difficult, thereby directly impacting their willingness to access care.

Oral health resources may contain information aimed at improving oral health literacy among Asian newcomers, such as instructions for home oral health care practices and signs, symptoms, and behaviours linked to oral cancer.²³ Such resources, often produced in English only, limit access to oral health information for many Asian newcomers who are not proficient in English.²³

Indirectly, language was reported to affect the trust placed in oral health care professionals by newcomers, as well as their job security and financial stability.¹² Mao et al.²⁵ discussed the likelihood of Asian newcomers consulting

members of their community who are not oral health care professionals, but who speak their native language, rather than an oral health care professional who does not speak their language. Many people of Asian background felt more confident in their ability to verbalize their symptoms or concerns to community members who spoke their native language, were more comfortable discussing their oral health with someone with whom they shared cultural beliefs and practices, and found community members generally more accessible (both geographically and financially) than oral health professionals.²⁵ With regard to job security and financial stability, low language proficiency in the host country may prevent Asian newcomers from obtaining employment that provides dental insurance benefits or sufficient income to give them the financial means to pay for oral health care services.^{6,17,18}

Oral health care access and service utilization

Twelve of the 26 studies focused on the way in which Asian newcomers access oral health care in the host country. Ten of these 12 (84%) studies were quantitative, one (8%) was qualitative, and one (8%) was a systematic review. These studies indicated that low socioeconomic status (SES) was a significant factor in determining if an Asian newcomer would seek oral health care when dissatisfied with their oral health.^{26–29} Low SES was defined as having low income and being at a disadvantage socially due to a language barrier, residing in neighbourhoods with limited access to housing, and having restricted educational opportunities.³⁰ People of low SES are less able to take time away from their employment to attend oral care appointments, are less likely to have employment benefits that provide financial assistance for oral health care costs, and are less likely to have the financial means to pay for oral health care services out of pocket.^{6,18,31}

Oral health beliefs and health behaviour

Ten of the 26 articles discussed the effect of culturally influenced oral health beliefs and oral health knowledge on oral health status and behaviours among Asian newcomers. Five (50%) of these ten studies were quantitative, 2 (20%) were qualitative, 1 (10%) was an integrative review, 1 (10%) was a systematic review, and 1 (10%) was a meta-synthesis. A meta-analysis of the literature conducted by Smith et al.³², aimed at identifying key themes relevant to the oral health-related beliefs and behaviours of Chinese elders, revealed that Chinese immigrants to Canada, England, and Malaysia tended to have a fatalistic view of tooth loss and oral diseases. An unsettling belief reported by older Chinese immigrants in England was that retention of natural teeth in one's old age would bring about bad fortune for their children and bad luck for the entire family.³²

Oral health care practices varied somewhat depending on the previous geographic location and education level of Chinese immigrants.³² While the use of toothpicks to clean teeth was reported as a popular practice among most

Chinese immigrants, those with a higher education level and who had resided in urban areas in their home country also used toothbrushes and toothpaste.³²

The studies demonstrated that there is a positive correlation between traditional cultural beliefs and the perception of oral health among new Asian immigrants.³² Moreover, the studies also revealed that Asian newcomers prefer traditional remedies for relieving oral discomfort due in part to financial instability.^{33,34} The Eastern cultural perspective on preserving teeth and using traditional remedies was reported to contribute to oral health outcomes.^{6,34}

Immigrant children's oral health

Four of the articles (15%) focused on how the oral health of children of Asian newcomers was impacted by their parents' beliefs and behaviours. Of these 4 articles, 3 (75%) were quantitative studies (including 1 pilot study) and 1 (25%) was qualitative. The amount of cariogenic food consumed by the children, oral health practices adopted from their parents either through example or enforcement, and parental oral health literacy which may have influenced the types of remedies sought for oral health concerns all had an impact on the children's oral health.^{35,36} Chinn et al.³⁷ discussed the need for improved at-home interventions to reduce the caries rate among Asian immigrant children.

In a study conducted by Nguyen et al.³⁶ aimed at evaluating oral health knowledge of Vietnamese parents, almost half of the participants surveyed felt that issues with primary dentition were no cause for concern. Additionally, almost half of the respondents were unaware of, or disagreed with, the benefits of fluoride varnish.³⁶ Results of the study also indicated that even when parents have sufficient oral health knowledge, they may have poor behavioural guidance techniques regarding their children's oral health practices, resulting in a high caries rate.³⁶

In a study conducted in Australia, Arora et al.²³ found that it was typically mothers in the Vietnamese immigrant population who enforced their child's oral health practices. The authors discussed how oral health educational resources provided to Vietnamese mothers should be available in their native language and include descriptive pictures to aid in comprehension and effectiveness.²³

DISCUSSION

Cultural awareness, specifically in the health care setting, is becoming increasingly important as research has shown improved health and oral health outcomes when individuals receive care in a culturally sensitive manner.²⁵ In addition, there has been a rise in migration globally, with Canada in particular setting aggressive immigration targets,² thereby increasing the likelihood of oral health professionals encountering individuals from various cultural backgrounds in their practice.

Identification of gaps in the literature can provide

valuable insight into areas requiring further study using both quantitative and qualitative methodological approaches. This scoping review revealed a lack of qualitative studies on the oral health care experiences of Asian newcomers to Canada. Qualitative studies in health care can provide first-hand documentation of patients' lived experiences that can be utilized to inform positive policy and practice change and improve health outcomes. The review also identified 4 recurring themes related to the impact that culture may have on the oral health experiences of new Asian immigrants: 1) language barriers and access to oral health care; 2) oral health care access and service utilization; 3) oral health beliefs and health behaviour; and 4) immigrant children's oral health impacted by their parents.

Language and financial constraints were the most commonly reported barriers to care during the integration period.^{12,29} It is well established in the literature that health outcomes improve when patients receive health care in their own language.^{31,38-40} Limited English proficiency makes it difficult for Asian newcomers to obtain current information on recommended oral home care practices and to navigate access to oral health services.^{6,23-25,31,40-44} Asian newcomers reported not consulting a Canadian dentist for a dental check-up due to the fear of difficulty communicating with an oral health professional who does not share their cultural background or speak their language.^{10,12,25,29,31} There is also a lack of utilization of language interpreters in the oral health care setting.^{11,31,40} The placement of oral care outside of universal health care plans means that the responsibility of arranging and financially compensating interpreters lies with individual oral health care providers or the patient, resulting in a dramatic underutilization of interpretation services.^{9,40}

A lack of trust in their oral health care provider was reported by Asian newcomers.³¹ This distrust was often attributed to ineffective communication resulting in poor client-provider rapport, an inadequate understanding of oral care procedures, and the absence of informed consent.^{12,40} Many Asian newcomers also reported concerns over perceived discrimination from their oral health professional, which they believed could negatively impact their care.^{12,20,31}

Limited English proficiency also prevented many Asian newcomers from obtaining employment.^{28,42} In many cases, newcomers find themselves in low-paying jobs that do not offer dental insurance as a benefit. Literature explored in this scoping review showed that higher levels of English proficiency, a longer length of stay, and stronger social support in the host country were positively related to oral health care utilization, higher oral health literacy, and better oral health outcomes.^{12,28,34}

Among ethnic minorities, immigrants from Asia were more likely to report poor oral health outcomes, less utilization of oral care services and dental insurance,

and less satisfaction with their oral care than other subgroups.^{29,31,34,37} In both Canada and the United States, oral health care is, for the most part, not publicly funded, creating a barrier to care for those of low SES and without private insurance.^{29,31} It has been well documented that individuals and populations of low SES have poorer health outcomes than those of higher SES.^{29,45,46} This finding also holds true for oral health disparities and oral health outcomes.¹⁶

Due to financial insecurity and a lack of dental insurance, almost three-quarters of newcomers from Asia postponed oral care until they could return to their native country.^{6,26,28,31,37,41,42,47} This delay may result in untreated dental caries, oral pain, and inflammation that may progress to severe, life-threatening conditions. However, despite a focus on the financial barrier to oral health care, many studies have indicated that the availability of dental insurance does not necessarily lead to increased utilization of oral care services and that there is a need to explore the impact of other social determinants of health, such as culture,^{7,18,31} to inform oral health public policy and practice.⁴⁸

The social cohesion of Asian newcomers during their first 5 years in a host country plays a crucial role in facilitating their initial adjustment and well-being.^{27,31} Immigrants from Asia tend to reside in large ethnic enclaves and may continue to retain traditional health beliefs and practices.^{31,32,41,42} However, this close kin network also restricts Asian newcomers to their traditional, familiar cultural practices and limits their access to Western evidence-based guidance for home oral care practices and oral health literacy advancements.^{31,41}

Participants in the quantitative studies reviewed self-rated their oral health as either fair or poor, and there was a general lack of understanding of oral cancer risk. These studies also revealed that Asian newcomers tend to rely mainly on the advice and information provided by members of their cultural community,^{17,24,32,33,41} including close family members and relatives.

People of Asian cultural backgrounds view tooth loss in a fatalistic sense, believing that oral diseases and tooth loss are an inevitable part of aging.³² Older Asian immigrants reported feeling that they have little control over the health of their teeth and therefore were less likely to attempt to access oral care. They placed minimal value on their natural teeth, and as such, were not interested in attempts to save their teeth through restorative dental treatments.^{9,13,20}

Younger immigrants have a greater chance of assimilating into the culture of the host country, which positively influences their oral health outcomes.^{6,34,35,42} Children who are exposed to the oral health standards of the host country are more likely to utilize oral care services if they have access to dental insurance. In addition, their higher language proficiency due to migrating at a young age aids in their ability to navigate the health care system in the host country.^{6,47} Even so, regardless of age, a

significant proportion of new immigrants from Asia claim to be confused by the health care benefits/coverage in their host countries and find it difficult to navigate the health care system.^{31,36}

Irrespective of educational background, individuals of Asian descent tend to combine traditional remedies and Western oral health care practices to resolve oral discomfort.^{6,31,36,41} For oral discomfort, such as bleeding gums and bearable tooth pain, people born in Asia often seek traditional remedies first and only choose to visit a dental clinic in the host country in the event of an oral health-related emergency.⁴¹ In many countries in Asia, cultural beliefs are firmly rooted in the use of traditional remedies, where traditional herbal medications are regarded with great respect.^{31,33,41} Many studies have observed that new immigrants tend to seek treatment such as restorations, preventive care, and extractions during a visit to their home country due to the convenience of communicating in their native language and the lower cost of treatment.^{29,31,34,37,42} This approach may indicate that Asian newcomers are aware of the necessity of modern dentistry, yet do not seek oral health care in the host country because of barriers, such as language, treatment costs, lack of acculturation, and perceived discrimination from their oral health care providers.³¹

Cultural practices and health beliefs of immigrant parents from Asia may affect their children's oral care practices and oral health outcomes, particularly when children are very young. According to the literature, a common belief among many immigrant populations is that primary teeth are not important and that the occurrence of caries in primary teeth is inevitable.^{9,14,49-51} The belief that primary teeth are not important may prevent parents of immigrant children from seeking oral care for their children, which may predispose this already vulnerable population to caries in primary and permanent teeth, thereby increasing oral health disparities.¹⁴

According to the National Health and Nutrition Examination Survey (NHANES) conducted annually in the United States, the mean DMFT score, an indicator of caries experience, is higher in children of Asian descent when compared to children of non-immigrant subgroups. Although there may not be a language barrier for immigrant children born in the host country or for those who immigrated at relatively young ages, they may adopt the home care practices and oral health beliefs of their parents.³⁵⁻³⁷

Study limitations

This scoping review used a rigorous methodology. However, it is not without limitations. While this review has identified and examined the literature on the impact of culture on access to oral health care for newcomers from Asia, relevant articles may have been missed or excluded because of article screener biases, limited electronic availability of articles, the exclusion of gray literature, and screening of titles, and abstracts only in the early stage of

the review process. Nevertheless, this review has clearly identified a gap in the literature and provides a focus for future research.

CONCLUSION

There is a lack of literature on immigrants from Asia and their access to oral health care and, more specifically, on how Asian culture affects this access. Because immigrants from Asia to Canada account for a large percentage of the total immigrant population, it is important for oral health professionals in Canada to understand barriers to and facilitators of oral health care access to reduce oral health disparities experienced by this vulnerable population.

While all 26 articles reviewed discussed the importance of language, there may be other aspects of culture that have an impact on access to oral health care. Additionally, the articles reviewed had few recommendations for overcoming the cultural barriers identified. As such, more research, qualitative in particular, that is focused on cultural barriers to and facilitators of access to oral health care for new immigrants from Asia to Canada is recommended. This research can then be leveraged to aid in the development and implementation of policies, and to inform practice and curriculum for oral health professionals.

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CONFLICTS OF INTEREST

The authors have declared no conflicts of interest.

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