Refugees in Australia consistently demonstrate worse oral health compared both to the general population and other disadvantaged groups, as measured by indicators such as untreated decay and number of missing teeth.1–3 Barriers to improving the oral health of refugees include lack of knowledge about oral hygiene and linguistic, cultural and financial issues.4 Long waiting times and availability of interpreter services affect access to public dental services, which refugees rely on due to their low incomes.4

In 2012, the New South Wales Refugee Health Service and New South Wales Centre for Oral Health Strategy produced a multilingual DVD to provide culturally and linguistically appropriate information to refugees about preventive oral health behaviours. The DVD used community members as actors to convey messages in an entertaining and humorous way, and was distributed widely for use in health, education and migrant services across New South Wales.

To evaluate the effectiveness of the DVD, knowledge of oral health and public dental services was tested with 74 participants before DVD viewing, immediately after viewing, and 6 weeks later using a 20-item questionnaire. Bilingual community educators conducted sessions in Arabic and Dari at which the DVD was shown, oversaw participant completion of questionnaires before and after viewing, and administered the questionnaire to participants 6 weeks later by phone.

The results indicate that the DVD improved oral health-related knowledge among the target audience. Significant improvements between pre- and immediately post-DVD viewing were observed in the proportion who understood how and with what frequency to access public dental services, which refugees rely on due to their low incomes.4

After 6 weeks, knowledge increases were sustained and a significantly higher proportion of participants also reported brushing their teeth twice a day. There was no change in the proportion planning to make an appointment with a public dentist.

Refugee oral health is a recognised priority in many state and national policies and plans.5,6 This small-scale evaluation suggests that resources such as DVDs can increase health-related knowledge and reinforce the importance of behaviours such as teeth brushing. For optimal health outcomes, such resources must be complemented by other measures, including the reinforcement of messages by bilingual community educators in face-to-face sessions with refugees, and increased access to, and availability of, public dental services.

Competing interests

None declared

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