**Author's response to reviews**

**Title:**Immigrant-Native Differences in Caries-related Knowledge, Attitude, and Oral Health Behaviors: a Cross-sectional Study in Taiwan

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**Author's response to reviews:** see over

Reviewer #1

Thank you for your constructive comments and encouraging remarks made in your review of our manuscript. We have accordingly made point by point explanations in respond to your suggestions. Hope they are acceptable to you.

**Major Compulsory Revisions**

1. On page #5, conclusion of abstract is somewhat vague. If this study assessed immigrant-native differences in oral health behaviors of urban mothers and their children, its is necessary to point out how these gaps between these two groups were (high, low?)

   **We added the sentence of "The level of caries-related knowledge, attitudes and oral health behaviors were found lower in immigrant mothers than native ones. The findings suggested cross-cultural caries prevention programs aimed at reducing immigrant-native disparities in child oral health care must be developed for these immigrant minorities". (Please see Conclusion of Abstract in P. 5)**

2. On page #6, "Dental caries affects general health and the quality of life in preschool children". How?

   **We added the sentence of "Pain caused by severe caries can cause poor chewing and affected the quantity and variety of food eaten. Also, it can make eating of high sucrose diet more likely that can compromise intake of other nutrients [1,2]." (Please see introduction in P. 6)**

3. On page #7, "The risk factors for preschool children with caries experience were associated with parental educational levels, parental attention to the child's tooth-brushing habits, parental brushing habits, and frequency of sugar intake among parents". Authors could clarify the direction of association.

   **We revised the sentence to clarify the direction of association (Please see P. 7)**

4. On page#7, "We therefore used the baseline data of the LHA Program to understand the caries-related knowledge, attitudes, and behaviors among immigrant mothers and their preschool children". And about the native mothers?

   **We revised the sentence (Please see P. 8)**

5. On page#8, "The data of immigrants were collected from 20 communities selected from a list of 87 urban communities in Kaohsiung (…)". Maybe the authors could explain the reason for 20 communities specifically…

   **We added one sentence to explain the reason for 20 communities specifically. (Please see P. 9)**

6. On page #17, "Cultural differences in dental attendance and self-care practices of children and their parents have been reported in previous studies [15, 16]." It could be good if authors explain more about this…

**We added the sentence of "**……, **such as higher percentage of sweet consumption and lower percentage of good dental health practice among immigrant children have been reported in previous studies [18, 19].The study showed that at age seven, 53% of native Danish and 84% of Albanian children were founded infected with dental caries. The mean caries infection was more serious among Albanian children than native Danish children (13.8 vs 3.5). Socio-behavioral factors are responsible in making dental caries prevalence and severity among these two groups of children. " (Please see Discussion in P. 18)**

**Minor Essential Revisions**

1. On page NTD$40,000 per month, whereas 73.1% of native mothers had household incomes over $40,000 per month". I suggest that equivalence in dollars could be presented.
   **We added in the text to explain that NTD$40,000 equivalent to $USD1,360. (Please see P 14)**

Reviewer #2

Thank you for your constructive comments and encouraging remarks made in your review of our manuscript. We have accordingly made point by point explanations in respond to your suggestions. Hope they are acceptable to you.

**Minor Essential Revisions**

1. There are exceeding information on pages 12 to 16 that have had presented in your tables. This information is unnecessary.

**Ans. We deleted some information. The original one is 5 pages, the revision is 4 pages after deleting some unnecessary information (Please see page 13 to 17).**

**Discretionary Revisions:**

1. It could be interesting that authors include in discussion some topics about "globalization and health/disease. They pointed out in Introduction "Immigrant mothers have difficulty accessing the health care system because of language barriers, cultural conflicts, social and interpersonal isolation, and a lack of support systems [10]."
   If this issue above be deeply discussed conclusions could be made beyond "Caries prevention strategies for immigrant families are also suggested."
   I suggest these two readings:
   1- ILO World Commission on the Social Dimension of Globalization. A fair globalization: Creating opportunities for all. Geneva. International Labour Organization (ILO); 2004. Available in: http://www.ilo.org/public/english/wcsdg/docs/report.pdf
   2- BUSS, Paulo Marchiori. Globalization and disease: in an unequal world, unequal health!. Cad. Saúde Pública [online]. 2002, vol.18, n.6, pp. 1783-1788. ISSN 0102-311X. Available in: http://www.scielo.br/pdf/csp/v18n6/13275.pdf

**Ans. Introduction:**

**We added the globalization and health/disease information of two references that the reviewer provided in Introduction as following sentences "Literature showed that unemployment, inequality and poverty is a root cause to poor health status, especially in developing countries. The social dimension of globalization encompasses security, culture and identity, inclusion or exclusion and the cohesiveness of families and communities that can impact on the health status of individual, family and society. It can also lead to deteriorating nutritional intake and inaccessibility to medical services [12, 13]. Immigrant women in Taiwan were living in households with low family incomes and education level, in contrast to the native group, which has gradually led to inferior medical care for these women and their children [14]." (Please see P. 7)**

**The authors cite the two references. (Please see P.7)**

**We also discussed "Numerous studies reported that health insurance can increase dental care use and that is a contributing factor in the decision to seek health care services [15, 16]. The Taiwanese National Health Insurance (NHI) program provides universal and comprehensive health insurance with low co-payments for dental care. Dental care insurance has 100% coverage excluding non-health problem procedures including orthodontics, prosthetic and dental implant but scaling [17]. Nevertheless, previous study[8] showed that immigrant children had lower numbers of dental restoration treatments than**

**did native children, causing further oral health inequalities. (Please see P.7)**

**Discussion/Conclusion:**
**In Discussion, we discussed "Despite dental visits for children aged 6 years and under being free of charge under Taiwanese health insurance coverage, our study found that few immigrant mothers were aware that "The Bureau of National Health Insurance provides children with fluoride varnish twice a year", indicating that mothers lack of health information regarding this protective service." (Please see P.18)**

**We also discussed "Immigrant mothers are often limited by their language barriers and low SES, resulting in a lower utilization rate of preventive health care and services. In addition, a lack of message readiness may explain the lower access to dental visits"**

**We therefore delete the sentences of "Caries prevention strategies for immigrant families are also suggested." Instead, the authors added the sentence of "A lack of message readiness among these immigrant mothers with a language barrier may explain the lower access to dental visits. The findings suggested a need of designing effective oral health communication in cross-cultural caries prevention programs for these immigrant minorities to raise risk awareness and dental services aimed at reducing immigrant-native disparities in child oral health care." (please see Conclusion in P 20)**