Immigration as a social determinant of oral health

DOES THE 'HEALTHY IMMIGRANT EFFECT' EXTEND TO ORAL HEALTH IN ONTARIO, CANADA?

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Overview

- Why oral health?
- Social determinants of oral health
- Immigration as a social determinant of oral health
- Methods
- Findings
- Discussion and conclusions

Why oral health?

- ‘A state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity’ (WHO 2012)
- Its linkage with physical, social, economic wellbeing
- Oral health as a possible barrier for successful settlement in Canada

Social determinants of oral health

- Individuals from lower social hierarchies are often exposed to health-damaging conditions
- Same risk factor approach (Watt & Sheiham 2012)
- Intermediary factors—Biological and psychosocial risk factors, adaption of unhealthy behaviours, lack of access to healthcare facilities, and lack of social support
- Social hierarchies—Socioeconomic status, race, gender, etc.
- What about immigration as a social determinant?

Immigration as a social determinant of oral health

- The ‘healthy immigrant effect’: Immigrants are healthier at the time of arrival than the native-born. Their health advantage disappears usually within 5 to 10 years.
- Beiser (2005) says three important things
- Immigrant selectivity
- Convergence perspective: Environmental and behavioural risks
- Resettlement stress perspective: Structural barriers

Hypotheses

- Recent immigrants have better oral health than the native-born. This is explained by immigration selection.
- Their oral health advantage disappears among established immigrants. This is explained by exposures to behavioural and structural vulnerabilities.

Methods

- Canadian Community Health Survey; Ontario; 18 or older
- Self-rated oral health (0=better health; 1=poor health)
- Independent variable: Length of residence (0=native; 1=established; 1=recent immigrants)
- Three sets of control variables: ***resettlement stress*** (visible minority status, gender, martial status, household income, employment status, regular access to dental care, perceived life stress, life satisfaction, sense of belonging), ***convergence*** (type of smoker, alcohol consumption, physical activity, brushing teeth), and ***immigration selectivity*** (age, education, and self-rated physical health)
- Logistic regression

Results

	M1	M2	M3	M4
Native-born	1.0	1.0	1.0	1.0
Established	1.6***	1.4**	1.4**	1.4**
Recent	0.8	0.5**	0.5*	0.6

M1: Bivariate
M2: +Resettlement stress perspective
M3: +Convergence perspective
M4: +Immigrant selectivity

Discussion and conclusions

- No difference b/w recent immigrants and the native-born → no oral health screening; more recent immigrants
- Supressed by resettlement stress factors but explained by immigrant selectivity → smoking and physical health
- Difference b/w established immigrants and the native-born → partly explained by resettlement stress
- Difference not completely explained → Longitudinal data; the cohort effect
- Implications: economic inequalities between immigrants and the native-born; culturally and affordable oral health care for immigrants

Thank you!