

The Impact of Social and Economic Factors on Oral Health Inequalities Affecting Children in the UK's Disadvantaged Communities

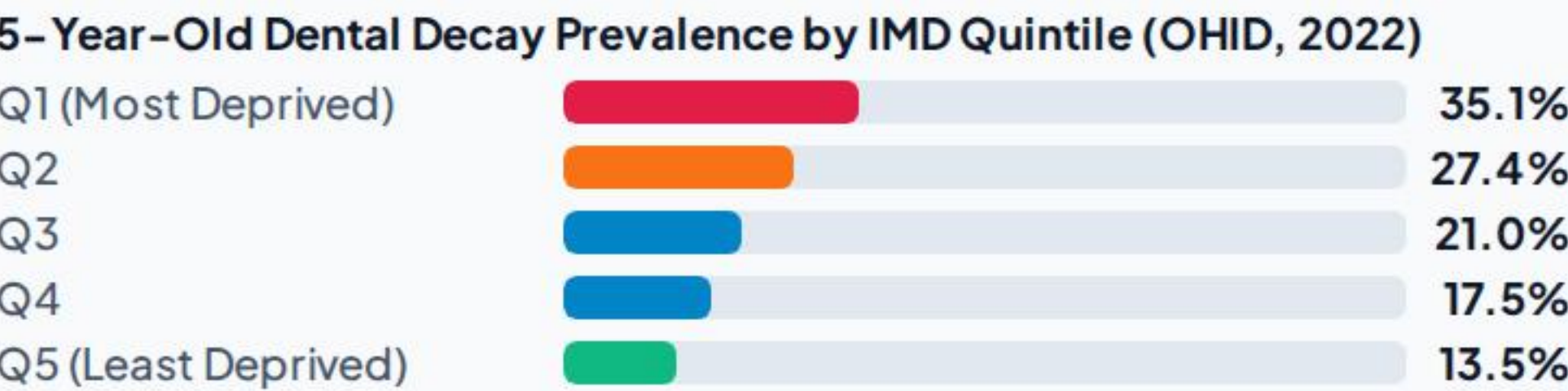
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1. PREVALENCE & EPIDEMIOLOGICAL BURDEN

Childhood dental caries remains the leading cause of preventable hospital admissions among UK children aged 5–9 (OHID, 2022). Persistent socioeconomic gradients underline severe inequalities:

£836
Average cost per child extraction under 5 in hospital (DHSC, 2024)

£50.5m
Annual hospital spend on youth extractions (DHSC, 2024)



Children in the most deprived communities are nearly 3x more likely to suffer active tooth decay than affluent peers (Marmot et al., 2020; Duane et al., 2020).

2. RESEARCH FOCUS & OBJECTIVES

RESEARCH QUESTION
What is the role of social and economic factors on oral health inequalities affecting children in the UK's disadvantaged communities?

RESEARCH AIM
The aim of this research is to critically synthesize contemporary evidence on how socioeconomic factors drive paediatric oral health inequalities across disadvantaged UK communities and evaluate targeted interventions to promote equity.

- To identify** specific socioeconomic determinants (IMD, household poverty, parent education) correlated with paediatric caries in disadvantaged UK areas (Whitehead & Dahlgren, 2006).
- To examine** structural barriers—such as NHS dental contract limitations and regional "dental deserts"—that impede equitable access to care (Harris et al., 2021; BDA, 2023).
- To evaluate** the public health efficacy of existing preventive initiatives (e.g., Childsmile, Designed to Smile, supervised brushing) in closing the inequality gap (PHE, 2019; NICE, 2014).
- To provide recommendations** for integrated public health policy, primary care commissioning, and early-years services to reduce oral health disparities (DHSC, 2024; LGA, 2023).

3. METHODOLOGY: SYSTEMATIC REVIEW

Design: Systematic Literature Review adhering to **PRISMA 2020** reporting guidelines.

Databases: PubMed/MEDLINE, CINAHL, Scopus, Web of Science, plus grey literature from OHID, BDA, and DHSC.

Criteria: UK peer-reviewed studies (2014–2026) focusing on children (0–11 yrs) stratified by deprivation metrics (e.g. IMD, Free School Meals).

Appraisal: Critical Appraisal Skills Programme (**CASP**) tools applied to evaluate methodological rigor and risk of bias.

4. RESEARCH IMPACT

HSC Professionals & Teams
Supports health visitors and school nurses to embed fluoride varnish and caries risk checks in developmental assessments (Dean, 2022).

Policy & Commissioning
Provides evidence for Integrated Care Boards (ICBs) to commission supervised brushing and address workforce shortfalls (DHSC, 2024; LGA, 2023).

Communities & Families
Strengthens caregiver health literacy and reinforces community dietary interventions to reduce free sugar intake (WHO, 2022; RCPCH, 2020).

5. SCHOLARLY REFERENCES (15 SOURCES)

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