

EVIDENCE SUMMARY

Do people living in deprived areas define oral health differently from people who live in less deprived areas?

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Key Terms

Deprived areas: city, urban, rural, or suburban areas which are characterized by relative economic impoverishment and by accompanying physical and social decay.

Oral health: the optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease.

Background

'An unacceptable and growing chasm exists in the UK between those with good and poor dental health¹. Poor oral health has long been linked with socioeconomic status^{2,3}. Increasingly, classification of individuals according to census data on the level of material deprivation in their neighbourhood is the measure used⁴.

The recent Marmot Review⁵, which highlights the wider determinants of health, evidences a social gradient in general health, the lower a person's social position, the poorer their health. Solutions predicated upon universal fairness and justice are increasingly proposed⁶, with local-level (individual and community) participatory decision-making.

Understanding peoples' views and attitudes is important to designing policies for health improvements. Aspects of oral health perception have

been explored in relation to general health⁷, or specific population groups^{8,9,10,11}, or quality of life¹², or in people with differing dental health status¹³. It appears that 'oral health is subject to highly variable personal values and attitudes'¹⁴, such that 'in the eyes of the patient, good oral health can vary from absence of pain to the desire for a perfect smile'. So, are these variations in perception of oral health associated with living in a deprived, or non-deprived area?

Perceptions of oral health may be collected using qualitative research methods that include open questions. To explore the specific context this review question poses, the qualitative data on respondents' oral health perceptions would need to be analysed using any index of respondents' socioeconomic status, and with a comparative analysis.

Aim

This review aimed to identify, evaluate and summarise primary research studies which reports the views or perceptions of oral health of people living in UK deprived areas or households, and in comparison with those living in non-deprived areas or households.

Review Method

Initial search: Ovid MEDLINE(R) 1950 to January Week 3 2010 using the search terms socioeconomic factors, or poverty areas; oral health, or attitude, or perception, or beliefs towards health, or self-concept; focus groups, interviews, questionnaires; UK. 152 papers identified. 152 excluded.

Further searches: included CEED, Cochrane Oral Health Group, CRD, ADA, TRIP database, National Library for Public Health, DARE, NHS Evidence, social sciences databases (Science Direct, ASSIA (CSA), Web of Science, EBSCO, SwetsWise), and individual journal searches including EBD, JEED. 3 papers identified, 3 excluded.

Findings

155 titles and abstracts arising from the web-based search were screened. Fourteen potentially-relevant papers were retrieved as full text and reviewed. Ultimately none of these 14 papers provided relevant findings.

We could find no studies that have compared the perceptions of oral health amongst people from deprived areas with those from non-deprived areas in the UK. Nor could we find any studies which just reported the perceptions of oral health of people in deprived areas in the UK when accessed using open question data collection approaches.

A recent study in Montreal, Canada, reported upon how people on social assistance perceive and experience oral health, and their strategies to improve oral health¹⁵. Although non-comparative and therefore not addressing this review question, it illustrates the potential to apply qualitative, open research methods, in this case focus groups and semi-structured interviews with thematic analysis, to access insights into oral health perceptions in a group defined by social status.

Conclusion

There is a clear gap in our knowledge of the variations in individuals' and communities' perceptions of oral health, including within and between different areas, to support policy developments aimed at 'meeting the oral health needs of the population effectively'¹⁶.

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