SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

	Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
Clinical outcomes	**Dental caries**						
	Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Boards Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	D3cvMFT (cv = cavitation and visual dentine caries)	High levels of obvious decay experience were found. Compared to the general Scottish population, the sample had a higher average number of missing and decayed teeth and lower number of filled teeth.	Yes
	Coles et al. 2011[14]	Homeless people from seven Scottish NHS Boards. Age range: 16 to 67 years (mean age: 33 years; 74% male).	853	Observational, cross-sectional	D3MFT	Participants experienced poorer dental health compared with data for the UK general population.	Yes
	Collins and Freeman. 2007[15]	Homeless people aged 16 to 91 years, (mean age 40 years; 84% male) from North and West Belfast.	317	Observational, cross-sectional	D3cvMFT (cv = cavitation and visual dentine caries)	The sample had greater numbers of missing teeth, decayed teeth, and fewer numbers of filled teeth compared with adults in Northern Ireland who participated in the 1998 ADHS.	Yes
	Daly et al. 2010a[16]	Homeless people using a targeted dental service in three southeast London boroughs between 1992 and 2001 (mean age: 39 years; 86% male).	201	Observation, cross-sectional	Dental decay requiring	Participants showed higher levels of normative dental need in comparison to their counterpart in the general population. Most individuals (71%) required treatment for dental decay (including decayed and recurrent decayed teeth).	Yes
	Daly et al. 2010b[17]	Homeless people from 8 facilities catering for homeless people in Southeast London (mean age 40 years; 92% male).	102	Observation, cross-sectional	D3MFT	The sample had more carious teeth and fewer filled teeth than the general population. 67% of the sample had active decay (25% had more than 5 decayed teeth, compared to 3% among the general population). 76% had a restorative need.	Yes
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Holes in teeth	46% of participants self-reported experiencing “holes in teeth” since they had become homeless.	No
	Patel et al. 2018[18]	Homeless people and/or individuals affected by problematic use of drugs and/or alcohol in Plymouth. Age range 22 to 69 years (mean age 43 years; 80% males).	44	Observation, cross-sectional	D3MFT	97% of the sample had active decay. Decayed teeth was the largest component of the DMFT (with the number of decayed teeth ranging from 7 to 32). The mean number of teeth affected by obvious decay was 19.8	No
	Waplington et al. 2000[19]	Homeless people with mental health problems living in a hostel in Birmingham; mean age 55 years; 44% female.	70	Observation, cross-sectional	DMFT	Among dentate participants, mean DMFT was 15.9; mean 3.6 decayed teeth. Missing teeth constituted the largest component of DMFT in the sample.	No

SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
Periodontal disease						
Collins and Freeman. 2007[15]	Homeless people aged 16 to 91 years, (mean age 40 years; 84% male) from North and West Belfast.	281	Observational, cross-sectional	Community Periodontal Index	Study sample had higher levels of periodontal disease compared with adults from Northern Ireland in the 1998 ADHS.	Yes
Daly et al. 2010a[16]	Homeless people using a targeted dental service in three southeast London boroughs between 1992 and 2001 (mean age: 39 years; 86% male).	201	Observation, cross-sectional	Periodontal disease requiring treatment	Most of the sample using the targeted service had higher levels of normative dental need compared to their equivalent age group in the general population. Most of the sample required treatment for periodontal disease, including gingivitis (60%)	Yes
Daly et al. 2010b[17]	Homeless people from 8 facilities catering for homeless people in Southeast London (mean age 40 years; 92% male).	73	Observation, cross-sectional	Short WHO Community Periodontal Index	High prevalence of poor oral hygiene in the sample. 85% had a CPD >0, meaning a presence of debris, bleeding, or pocketing.	No
Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Self-reported bleeding gums, swollen gums, bad breath, loose teeth & gum disease diagnosed by medical professional	Bleeding and swollen gums were reported by 56% and 32% of participants, respectively. Nearly half reported 'bad breath' (45%) and 'loose teeth' (44%). Additionally, 28% said that a medical professional had diagnosed them with gum disease since becoming homeless.	No
Waplington et al. 2000[19]	Homeless people with mental health problems living in a hostel in Birmingham; mean age 55 years; 44% female.	70	Observation, cross-sectional	Simple presence or absence (indices) of periodontal condition	Overall poor periodontal health among this sample. Over one third of the sample (half of dentate participants) had excessively mobile teeth and advanced recession in two or more sextants.	No
Tooth loss						
Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Boards Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	Edentulousness	Results from the Scotland Health Survey found that in 2012 10% of adults had no natural teeth, whilst in this sample 6% had no natural teeth.	No, as groups not comparable
Daly et al. 2010b[17]	Homeless people from 8 facilities catering for homeless people in South-East London (mean age 40 years; 92% male).	102	Observation, cross-sectional	Edentulism; number of teeth	Three participants were edentulous. Mean number of teeth present among the sample was 25.2.	No
Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Tooth loss, causes of tooth loss	Seventy percent of participants reported tooth loss since becoming homeless, with 7% being completely edentulous, higher than the 6% in the general population (ADHS 2009). While 92% of edentulous	Yes

SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

	Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
						individuals in the ADHS were over 65, 93% of participants in the Healthy Mouth study were under 65. Additionally, 34% had teeth fall out naturally, 35% had them removed by a professional, 17% lost teeth due to violence, and 12% due to accidents.	
	Waplington et al. 2000[19]	Homeless people with mental health problems living in a hostel in Birmingham; mean age 55 years; 44% female.	70	Observation, cross-sectional	Edentulism	31% of the sample had total tooth loss. Among these, 68% did not wear dentures.	No
	Odontogenic infections						
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Self-reported dental abscess diagnosed by a medical professional	28% reported being diagnosed with a dental abscess by a medical professional since becoming homeless	No
	Patel et al. 2018[18]	Homeless people and/or individuals affected by problematic use of drugs and/or alcohol in Plymouth. Age range 22 to 69 years (mean age 43 years; 80% males).	44	Observation, cross-sectional	Dental abscess presence	Abscesses were present in two participants (4.6%).	No
	Waplington et al. 2000[19]	Homeless people with mental health problems living in a hostel in Birmingham; mean age 55 years; 44% female.	70	Observation, cross-sectional	Obvious pulpal involvement	54% of the sample had one or more teeth with obvious pulpal involvement.	No
	Oral cancer						
	Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Boards Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	Oral mucosal lesions	Overall, 61 participants had at least one suspicious oral mucosal lesion. Five participants required referral.	No
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Self-reported mouth cancer diagnosed by a medical professional	Since becoming homeless, one participant reported receiving a mouth cancer diagnosis from a medical professional	No
	Collins and Freeman. 2007[15]	Homeless people aged 16 to 91 years, (mean age 40 years; 84% male) from North and West Belfast.	317	Observational, cross-sectional	Soft tissue lesions, squamous cell carcinoma (SCC)	5% of the sample had soft tissue lesions. Two of these were later diagnosed as oral cancer (SCC). Calculated that being homeless increased the risk of contracting oral cancer by 95 times compared with the general Northern Irish population.	Yes

SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

	Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
Subjective oral health	**Oral health-related quality of life**						
	Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Boards Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	Oral Health Impact Profile (OHIP-14)	When compared to the general Scottish population, higher proportions of participants from this study experienced psychological discomfort and psychological disability in relation to their teeth, mouth, and dentures. The mean score for oral health impacts was 17.1 with painful aching and discomfort being the most frequent impacts.	Yes
	Coles et al. 2011[14]	Homeless people from seven Scottish NHS Boards. Age range: 16 to 67 years (mean age: 33 years; 74% male).	853	Observational, cross-sectional	Oral Health Impact Profile (OHIP-14)	This sample experienced poorer OHRQoL compared with data for the UK general population. Mean OHIP-14 total score was 1.19. The most common impacts were psychological discomfort and psychological disability.	Yes
	Collins and Freeman. 2007[15]	Homeless people aged 16 to 91 years, (mean age 40 years; 84% male) from North and West Belfast.	242	Observational, cross-sectional	Oral Health Impact Profile (OHIP-14)	The mean score for OHIP-14 was 14.8. Impacts most experienced were discomfort, toothache and difficulty eating meals.	No
	Daly et al. 2010b[17]	Homeless people from 8 facilities catering for homeless people in South-East London (mean age 40 years; 92% male).	90	Observation, cross-sectional	Oral Health Impact Profile (OHIP-14)	This sample had poorer OHRQoL compared with participants in 1998 ADHS: among homeless sample, mean OHIP-14 (total score) was 32.0 compared to 19.0 among ADHS sample.	Yes
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Oral Health Impact Profile (OHIP-14)	Compared to ADHS 2009, participants in this study showed greater oral health impacts. While 39% of ADHS adults experienced at least one OHIP-14 problem in the past year, 87% of this study's participants did. The average number of problems was higher in this study (7.9 vs. 1.2 in ADHS), as was the total OHIP score (21.4 vs. 17.4).	Yes
	Patel et al. 2018[18]	Homeless people and/or individuals affected by problematic use of drugs and/or alcohol in Plymouth. Age range 22 to 69 years (mean age 43 years; 80% males).	44	Observation, cross-sectional	Oral Health Impact Profile (OHIP-14)	The mean OHIP-14 score was 21. 92% of the sample experienced at least one impact, while 41% of ADHS 2009 participating adults residing in the South-West experienced this. The most common domain impacts reported were physical pain and psychological discomfort.	Yes
	Richards and Keauffling. 2009[20]	People using the services of a healthy living centre for the homeless in Swansea, South Wales (mean age was 35.7 years; 75% male).	100	Observation, cross-sectional	Oral Health Impact Profile (OHIP-14)	Mean OHIP-14 score was 21.8. The most reported domains of impact were physical pain, psychological disability, and psychological discomfort.	No

SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

	Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
Oral health-related behaviours	**Oral hygiene**						
	Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Board. Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	Simplified Oral Hygiene Index (OHI-S)	Total mean plaque score for the sample was 1.08.	No
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Cleaning teeth Use of dental hygiene products	Thirty five percent reported brushing twice daily, compared to 75% in ADHS 2009. Meanwhile, 29% brushed less than once a week or never, compared to 3% in the general population. 51% said their toothpaste contained fluoride. Additionally, 46% used mouthwash and 10% used sugar-free gum, compared to 31% and 3% in the general population, respectively.	Yes
	Hill and Rimington. 2011[21]	Homeless people aged 23 to 61 years (87% male), living in London, Cardiff, Glasgow, and Birmingham.	27	Observational, cross-sectional	Owning a toothbrush; access to toothpaste; tooth brushing frequency	Almost all participants stated owing a toothbrush and that they had access to toothpaste.	No
	Sugar consumption						
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Consumption of sugar	Compared to ADHS 2009, a higher proportion of participants in this study were classified as high sugar users (60% vs. 50% in the general population)	Yes
	Sprake et al. 2014[22]	Homeless people aged 22 to 58 years, accessing two charitable meal services in Sheffield (20 men).	24	Observational, cross-sectional	% energy from non-milk extrinsic sugar (NMES)	Energy intake was significantly lower than the estimated average requirement (p=0.001). Contribution of non-milk extrinsic sugars to total energy intake was significantly higher than the recommended population average intake (p=0.008).	Yes
Service use	**Service use**						
	Beaton et al. 2018[13]	Homeless people residing in seven Scottish Health Board. Age range: 16 to 67 (mean age 34 years; 74% male).	853	Observational, cross-sectional	Time and reason for most recent dental attendance; previous dental treatment experiences	In this sample, 346 participants reported that they had been to the dentist in the last year. Among those who reported a reason for their last visit, 68% stated that they attended due to "trouble with teeth" and 21% attended for a check-up. Findings suggest that there is a reliance on emergency treatment from this population group.	No

SI Table 1: Characteristics of included peer-reviewed studies for homelessness, grouped by outcomes.

	Author/ year	Dataset / study population	Sample size	Study design	Outcome(s) as described by authors	Findings	Evidence for inequalities?
	Daly et al, 2010a[17]	Homeless people using a targeted dental service in three southeast London boroughs between 1992 and 2001 (mean age: 39 years; 86% male).	201	Observation, cross-sectional	Patterns of service use	Only 4% of the sample was registered with a dentist. For most responders, first contacts were made at outreach dental clinics. Around 50% of individuals attended because of oral pain.	No
	Groundswell Report[24]	People experiencing homelessness in London (mean age 65 years)	204	Observation, cross-sectional	Registration with a dentist Emergency dental care Barriers to attendance	Dental attendance rates were much lower in this study than in ADHS 2009. Only 23% had seen a dentist in the last six months and 25% had not visited in over five years. Additionally, 31% unsuccessfully attempted to register with a dentist. Barriers to attendance included cost (23%), fear (24%), and negative past experiences (12%). Emergency dental care was a significant need among study participants.	Yes
	Hill and Rimington. 2011[21]	Homeless people aged 23 to 61 years (87% male), living in London, Cardiff, Glasgow, and Birmingham.	27	Observational, cross-sectional	Patterns of service use	Main reasons for attending were pain (94%), missing teeth (41%), swelling (12%) and periodontal conditions (18%). 45% of participants reported to attend only when in pain. Main reasons for non-attendance were cost, low priority, and fear. Only 23% of the participants were registered with a GDP.	No
	Simons et al. 2012[23]	Homeless patients aged 18 to 74 years (mean age 38 years), attending Community Dental Services in East London between Apr 2009 to Sept 2011.	349	Audit: data from random sample of patient records	Patterns of service use	99% of sampled patients required treatment. 40% of patients presented with pain.	No
	Waplington et al. 2000[19]	Homeless people with mental health problems living in a hostel in Birmingham; mean age 55 years; 44% female.	70	Observation, cross-sectional	Patterns of service use; barriers to accessing dental care	A lack of perceived need and fatalism was evident in this group. Fear about dental treatment and cost were cited as barriers to dental treatment. Regarding receiving dental care on a mobile service, participants were generally cautious.	No

SI Table 2: Characteristics of included peer-reviewed studies for prisoners, grouped by outcomes.							
	Author/ year	**Dataset / study population**	**Sample size**	**Study design**	**Outcome(s) as described by authors**	**Findings**	**Evidence for inequalities?**
Clinical outcomes	**Dental caries**						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	$D_{3cv}MFT$	A total of 348 prisoners received oral examinations, with a mean D3cvMFT score of 13.70. Missing teeth made up 49% of the total dental decay experience, while decayed teeth accounted for 21%. Dental decay varied by prison type, remand experience, sentences, and imprisonment length.	No
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	DMFT	When compared with results from the 1998 ADHS, prisoners showed more decayed, fewer sound, fewer filled, and fewer missing teeth.	Yes
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 and 37.8 years, respectively.	122	Observational, cross-sectional	DMFT	High treatment need. Remand and convicted prisoners had similar numbers of decayed teeth. Convicted prisoners had lower numbers of missing teeth and higher number of filled teeth. Mean DMFT was 13.8 (7.3). The decayed component had a mean of 3.6 (2.7); missing teeth 5.7(7.0) and filled teeth 4.6(4.1).	No
	Jones et al. 2005[27]	Random sample of prisoners from the North-West of England.	316	Observational, cross-sectional	DMFT	Prisoners had fewer filled teeth and more decayed and unsound teeth than results shown in 1998 ADHS.	Yes
	Lunn et al. 2003[28]	Convenience sample of prisoners aged 18 to 30 years (HMO Winchester).	127	Observational, cross-sectional	DMFT	Mean DMFT was 14.35(0.68). Only 10 subjects were free from active decay.	No
	Marshman et al. 2014[29]	Male prisoners attending HMP Doncaster, Lindholme or Moorland. Mean age: 28.9 years.	700	Observational, cross-sectional	Number of decayed teeth	The mean number of decayed teeth in the sample was 2.87(4.0).	No
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years	103	Observational, cross-sectional	DMFT	Prisoners had a higher DMFT score compared to the 2009 ADHS. Mean decayed score in the sample was twice the level found in the 2009 ADHS.	Yes
	Periodontal disease						
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	Bleeding on probing; probing depth; visible plaque	High levels of periodontal disease (moderate and severe periodontitis) in a relatively a young sample population. Bleeding sites' mean was 25 (±29). Pocket depths of >4-6mm and >6mm's mean were 39 (±31) and 2.5 (±3), respectively. Visible plaque sites' mean was 44 (±29).	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years	122	Observational, cross-sectional	Periodontal pocket depth	The mean probing depth (mm) was 3.4(1.2). Pocket depths of >4mm and >6mm's mean were 44.7 (34.8) and 6.1 (15.3), respectively.	No

SI Table 2: Characteristics of included peer-reviewed studies for prisoners, grouped by outcomes.							
	Author/ year	**Dataset / study population**	**Sample size**	**Study design**	**Outcome(s) as described by authors**	**Findings**	**Evidence for inequalities?**
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	Bleeding on probing; periodontal pocket depth; calculus	Prisoners showed worse periodontal conditions when compared to the 2009 ADHS in all outcomes assessed.	Yes
	Tooth loss						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Functional dentition	Seventy-five percent of participants had at least 20 teeth, indicating a functional dentition, while 22% had a shortened dental arch and 4% were edentulous.	No
	Odontogenic infection						
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years	122	Observational, cross-sectional	Mucosal signs of diffuse swelling or presence of a sinus related to apical periodontitis	16% of participants had mucosal signs of diffuse swelling or a sinus associated with apical periodontitis.	No
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	PUFA index	PUFA Score was more than five time higher than the 2009 ADHS.	Yes
	Oral cancer						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Oral mucosal lesion	Of those examined (n=348), 8.3% had at least one lesion requiring monitoring or referral.	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years	122	Observational, cross-sectional	Mucosal health	Three subjects presented white mucosal lesions and were referred to specialist service at hospital level.	No
Subjective oral health	**Subjective / perceived oral health**						
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	Perceived oral health needs	The majority perceived having poor oral health and felt that they needed dental treatment.	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years.	122	Observational, cross-sectional	Perceived oral health needs	Most individuals reported perceiving their oral health as poor.	No

SI Table 2: Characteristics of included peer-reviewed studies for prisoners, grouped by outcomes.							
	Author/ year	**Dataset / study population**	**Sample size**	**Study design**	**Outcome(s) as described by authors**	**Findings**	**Evidence for inequalities?**
	Marshman et al. 2014[29]	Male prisoners attending HMP Doncaster, Lindholme or Moorland. Mean age: 28.9 years.	700	Observational, cross-sectional	Satisfaction with appearance of teeth; perceived treatment need; self-rated oral health	Most prisoners were not satisfied with their teeth and perceived they needed dental. Less than half rated their oral health as poor.	No
	Oral health-related quality of life						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Oral Health Impact Profile (OHIP-14)	The mean OHIP-14 score for prisoners in this sample was 14.42, lower than the 17.8 reported for prisoners in England. All prisoners experienced occasional physical pain, while 23% often felt self-conscious and 20% felt embarrassed about their teeth.	No
	Marshman et al. 2014[29]	Male prisoners attending HMP Doncaster, Lindholme or Moorland. Mean age: 28.9 years.	700	Observational, cross-sectional	Oral Health Impact Profile (OHIP-14)	Substantial differences found between prisoners' oral impacts compared to individuals of similar age from the 2009 ADHS.	Yes
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	OIDP index	Prisoners' oral impacts were at least two times more prevalent than in the general population (2009 ADHS).	Yes
Oral health-related behaviours	**Oral hygiene / toothbrushing**						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Plaque score; toothbrushing behaviour at home and in prison	Sixty-six percent of the 348 examined participants had plaque on at least one of six index teeth. The mean total plaque score was 0.58. Eighty-one percent of prisoners said they brushed their teeth at home, 89% in prison, and 73% did so both at home and in prison.	No
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	Toothbrushing frequency	Most participants stated brushing their teeth twice daily.	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years.	122	Observational, cross-sectional	Toothbrushing frequency	Most subjects reported brushing their teeth twice a day.	No
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	Toothbrushing frequency	A higher proportion of prisoners reported brushing their teeth twice daily than subjects from the 2009 ADHS.	Yes (but inverted)

SI Table 2: Characteristics of included peer-reviewed studies for prisoners, grouped by outcomes.							
	Author/ year	**Dataset / study population**	**Sample size**	**Study design**	**Outcome(s) as described by authors**	**Findings**	**Evidence for inequalities?**
	Sugar consumption						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Snacking on sugary foods/drinks at home and in prison	Thirty-three percent of respondents avoided sugary snacks at home, and 40% did so in prison. No significant difference in snacking behaviour was found across different prison categories.	No
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	Sugar intake per day	Prisoners reported a high number of sugar intakes in between meals. Mean number per day: 9.8 (8.3).	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years.	122	Observational, cross-sectional	Sugar intake; reasons for sugar intake	The mean sugar intake per day was 9.8 (8.3). Most subject reported that they sought pleasure from sugary foods.	No
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	Sugar intake	A higher proportion of the participants reported a high sugar intake than those individuals from the 2009 ADHS.	Yes
Service use	**Service use**						
	Arora et al. 2019[31]	Prisoners were sampled from 10 establishments, including facilities for women, men, and young men. Mean age: 32.1 years; 25% female.	353	Observational, cross-sectional	Dental attendance; dental treatment experience	Seventy-four percent of participants had visited a dental practice in the past year, and 15% had visited within two years, mainly for issues with teeth or gums (48%) or routine checkups (35%). Seventy-eight percent accessed dental services in prison but faced barriers, including difficulty in getting appointments (40%) and infrequent dental schedules (32%).	No
	Heidari et al. 2007[25]	Convenience sample of remand prisoners (HMP Brixton). Mean age: 35.7 years.	78	Observational, cross-sectional	Last time visited the dentist; reasons for last visit; type of service used	Most prisoners reported to have visited the dentist during the last year and that their most recent visit was whilst in prison. The majority declared themselves to be irregular attenders.	No
	Heidari et al. 2008[26]	Convenience sample of remand and convicted prisoners (HMP Brixton). Mean age: 36.4 years.	122	Observational, cross-sectional	Last time visited the dentist; reasons for last visit; type of service used	A high proportion of participants reported visiting the dentist in the last year. Most claimed visiting the dentist for emergency reasons and most of them used prison dental services.	No
	Marshman et al. 2014[29]	Male prisoners attending HMP Doncaster, Lindholme or Moorland. Mean age: 28.9 years.	700	Observational, cross-sectional	Dental attendance before prison; use of prison dental services	Most prisoners reported attending dental services before prison "only when in trouble" and stated never having used the prison dental service.	No

SI Table 2: Characteristics of included peer-reviewed studies for prisoners, grouped by outcomes.							
	Author/ year	**Dataset / study population**	**Sample size**	**Study design**	**Outcome(s) as described by authors**	**Findings**	**Evidence for inequalities?**
	Rouxel et al. 2013[30]	Random sample of female prisoners (HMP Holloway). Mean age: 30.9 years.	103	Observational, cross-sectional	Usual reason for dental attendance	A lower proportion of prisoners claimed that they visit the dentist on a regular basis compared to subjects from the 2009 ADHS. A substantial higher percentage of prisoners reported visiting the dentist “only when in trouble” than participants from the 2009 ADHS.	Yes