

EXECUTIVE SUMMARY

for Partners, Stakeholders, and the Public

Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health

The health of one's mouth, including teeth, gums, and surrounding structures, is a key part of overall health. The term *oral health* has many different aspects and refers to an optimal state of wellbeing in the mouth, face, and head, including "the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease . . .".¹ **Oral health is important for quality of life, generally, and oral health-related quality of life, specifically.** Good oral health-related quality of life depends on behaviors such as eating and drinking, social functions such as smiling and interpersonal interactions, and sensations of comfort without pain.

To understand oral health, researchers and practitioners often focus on individuals. However, oral health and oral diseases are not simply issues of individuals and their own behavior (although such behaviors are important!). Oral health is also influenced by cultural and societal norms, healthcare systems and the financing of oral healthcare services, governmental policies and political issues, geographic facets, and biological considerations, among many other factors. As such, more and more oral health researchers and practitioners are focusing on families, social groups, ethnic and racial groups, cultures, societies, and nations. Importantly, there is increasing awareness that there are inequities in oral health and healthcare that unfairly affect socioeconomic, racial, ethnic, and cultural groups because of historical and/or current disadvantage and oppression. **Many decades of research have shown that both behavioral *and* social factors interactively play key roles in oral health.**

In 2020, an international summit was held, bringing together experts from 57 countries for a three-day meeting about the role of behavioral and social factors in oral health. The experts discussed known factors that affect—and are affected by—oral health. The experts also discussed knowledge gaps and recommendations for better including behavioral and social factors in oral health research. The goal of this summit was to create a Consensus Statement about what is already known and future directions for the field. A steering committee of 12 scientists led the development of the Consensus Statement. These scientists collected feedback from stakeholders around the world and refined the Statement through several rounds of editing. The final Consensus Statement presents a set of ideas and next steps that are most important now for understanding how behaviors and social systems influence oral health across the lifespan from birth to old age. More than 400 individuals and groups endorsed the Consensus Statement to show their agreement and support.

The Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health is a call to action for a broad range of stakeholders.² Of course, it is a call to action for oral health professionals, including dentists, dental hygienists, dental therapists, dental assistants, and other oral health practitioners. Moreover, it is a call to action for those who are involved in medical and other areas of healthcare, as well as oral health researchers, scholars in the behavioral and social sciences, community organizations and advocacy groups, and governmental officials and policymakers.

To guide future work, the Consensus Statement highlights four areas of focus and associated priorities for applying behavioral and social sciences to dentistry and oral health:

1. New scientific theories and frameworks need to be developed and tested to better understand how individual behaviors and social factors interact with biological factors to influence oral health. Additionally, it is crucial that such studies clarify the mechanisms involved—the *how* and *why*. These theories and frameworks must also focus on individual differences across people and/or include the influence of governmental and other societal factors, such as economic policies, healthcare structures, and cultural norms.

2. Dental and oral health research must use a broad variety of methods as applicable, including high-quality, contemporary qualitative and statistical approaches. This research should assess and evaluate oral health and factors that affect it using a common set of the best possible measurement tools. The complexity of the systems that influence oral health should be considered when determining what prevents or leads to optimal oral health. The research should span multiple levels, ranging from the individual to national and international systems. Those who are the focus of the research and their communities must be engaged in all phases of the research process.
3. Intervention research must address not only individuals but also communities and the broader population. This research should be inclusive of those who are at risk, disadvantaged, and oppressed. There are significant opportunities to harness technological advances so interventions have wide reach across large groups and systems.
4. There are known, effective ways to positively impact behavior, treat oral health problems, and structure systems that support oral health. However, these methods are not necessarily being adequately applied. Scientists and practitioners must find ways to disseminate existing information and share new information more widely and quickly. They must also find ways to better implement approaches backed by research. Stakeholders at all levels—such as community members, oral and other healthcare practitioners, industry, and policymakers—must be involved in these efforts.

In general, behavioral and social sciences must be completely integrated into oral health practice and science. The application of behavioral and social science to oral health should focus not only on diseases and conditions, but also on positive behaviors and experiences. Collaborative and integrative efforts that are inclusive of all people are needed across disciplines.

This is an exciting, important time for advancing oral health globally by robustly applying and fully integrating the ever-evolving behavioral and social sciences. Promoting optimal oral health in the future will depend on the inclusion of behavioral and social factors in scientific research with and for individuals, communities, and systems.

¹Glick, M., Williams, D. M., Kleinman, D. V., Vujcic, M., Watt, R. G., & Weyant, R. J. (2016). A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. *Journal of the American Dental Association*, 147(12), 915–917. <https://doi.org/10.1016/j.adaj.2016.10.001>

²McNeil, D. W., Randall, C. L., Baker, S., Borrelli, B., Burgette, J. M., Gibson, B., Heaton, L. J., Kitsaras, G., McGrath, C., & Newton, J. T. (2022). Consensus statement on future directions for the behavioral and social sciences in oral health. *Journal of Dental Research*. <https://doi.org/10.1177/00220345211068033>