APPENDIX

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

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Summary of Consensus Statement Development Process

Considering the important role of behavioral and social factors for optimal oral health, the co-first authors (DWM, CLR) organized the Behavioral and Social Oral Health Sciences Summit, guided by a steering committee comprised of the other authors. The Summit was a three-day international meeting of experts and stakeholders representing 57 countries, all career stages, and a wide range of behavioral and social science disciplines and dental specialties. It was held in October and November of 2020. The aims of the Summit were to: describe the state of the field; identify the most significant research gaps and opportunities; and, build consensus about priority areas and future directions for advancing the application of rigorous behavioral and social research to improve oral health globally.

This Consensus Statement is a formal product of the Summit; it was developed with broad participation from the behavioral and social oral health research community and iterative refinement based on expert feedback. First, drawing on Summit content, the authors collaboratively produced a working draft of the Consensus Statement. Next, Summit participants and all members of the International Association for Dental Research (IADR) were invited to provide feedback on the working draft during an open comment period. Using targeted invitations and a snowball recruitment strategy, other stakeholders and relevant groups (e.g., research groups, advocacy groups, professional organizations, non-governmental organizations, funding agencies, industry) were invited to provide feedback during the same period. Comments were submitted on behalf of such groups as well as individuals. Those submitting comments considered the working draft section-by-section and as a whole. Next, drawing on all feedback submitted, the authors edited the working draft in three rounds to produce the final version of the Consensus Statement. Prior to being submitted for publication here, the Consensus Statement was then posted online and the following people/groups were directly invited to sign on as an endorser: all Summit attendees; all members of the IADR Behavioral, Epidemiologic and Health Services Research Group: other relevant stakeholders: any entity that submitted feedback during the open comment period; and anyone who received a forwarded invitation circulated within their professional organization. The more than 400 groups and individuals who endorsed the Consensus Statement are acknowledged below.

Table. Summary of Emphasis Areas and Overarching Considerations to be Prioritized in Future Research

Areas of Emphasis and Overarching Considerations	Specific Actions Necessary to Advance Research and its Impact	Illustrative Approaches to Future Research
Behavioral and social theories and mechanisms related to oral health	 Develop testable "middle range" theories (i.e., between study-specific working hypotheses and all-encompassing conceptualizations) to understand how behavioral and social factors shape oral health Specify detailed, multi-level causal pathways that bridge proximal and distal determinants of oral health 	 From evidence in a series of studies, develop a theoretical formulation that focuses on mechanisms that may be involved in the onset and continuation of oral health behaviors or diseases, and then test the tenants of that theory in new research Simultaneously assess determinants of oral health behaviors in a diversity of racial/ethnic/cultural population groups, including possible conditioning experiences, family and social group influences, and biological factors, among others Focus specifically on racism, classism, and other forms of power-based oppression as factors systemically affecting oral health and healthcare, as well as the make-up and well-being of the research and clinical workforces in oral health Using both cross-sectional and longitudinal approaches, focus theory-based research on known robust and clinically meaningful effects, rather than on those with modest explanatory power
Use of multiple and novel methodologies in social and behavioral research and practice related to oral health	 Develop theoretically based core of clinically relevant outcomes and health service delivery measures Create and validate contemporary gold standard measures with strong psychometric properties Use a range of contemporary qualitative, quantitative, and mixed-methods data approaches 	 Develop an array of mixed (quantitative and qualitative), psychometrically sound, and practical measures of oral health behaviors and outcomes that are nuanced and go beyond self-report and global categorizations, and ensure racial/cultural diversity in development and in normative samples Use multiple and novel methodologies in research that focus on oral healthcare systems and the training and behavior of those working in those systems

	Adopt methods for testing theories related to cognitive, affective, and motivational bases of behavior Utilize causal analysis, complex systems science, and community-engaged research, accounting for individual, environmental, and structural factors (including policies) that influence health	Promote skills training in and high-quality research application of advanced statistical methods and techniques for complex designs, including causal analysis, simulation modeling, social network analysis, and agent-based modeling
Development and testing of behavioral and social interventions to promote oral health	 Focus on both individual and population levels in intervention research Focus on scalable interventions that can be customized and tailored to individuals and systems Adopt technological approaches that maximize intervention customization and diffusion through large systems, expanding reach to underserved populations and those who are affected by health inequities Involve multiple groups of stakeholders at every stage of intervention development and testing Design interventions using theoretical frameworks Measure testable mechanisms of change Focus on individuals and systems that are not yet resourced or motivated for change Focus on at-risk, disadvantaged, and marginalized communities Apply and test theories and intervention elements shown to be effective in other healthcare disciplines 	delivery of individual- and higher-level interventions, including those aimed at prevention Measure acceptability, amount of use, overall engagement, effectiveness, and/or maintenance of behavior change over time in intervention studies, in particular across diverse racial/cultural and age groups and especially in those involving novel interventions such as technology-based ones Assess the treatment fidelity of intervention approaches using validated checklists to increase the internal and external validity as well as to aid in dissemination Study how specific characteristics of interventions and dose are associated with patient satisfaction, engagement, and downstream clinical oral health outcomes

Dissemination and implementation (D&I) research for oral health	 Meaningfully involve stakeholders in all aspects of D&I, in research and practice Attend to contextual factors (at global and local levels) Adopt contemporary D&I research study designs, using precisely specified methods Focus on interdisciplinary research that embraces multidirectional interactions among researchers, community members, practitioners, and public policy makers Leverage behavioral and social "big data" to reduce oral health inequities Inform public health and policy approaches that support upstream action and a commitment to equity 	 Use D&I research and practice to improve dental care delivery, oral health programs, and healthcare systems—and oral health—through social, cultural, and political systems-level changes, and by increasing adoption and sustained use of evidence-based behavioral and dental interventions Advance the already robust and growing field of D&I science by employing study designs in oral health research that refine D&I theories, methods, and practice Disseminate, implement, and scale up methods to prevent and respond to racism and other discrimination (e.g., class-, culture-, and religious-based) that adversely affect oral health and the oral health workforce, including as related to education/training, clinical and research settings, healthcare delivery, and public policy
Overarching considerations for the application of behavioral and social sciences in oral health	 Integrate behavioral and social sciences in the education, training, and mentoring of oral health clinicians and researchers Adopt or enhance multi- and transdisciplinary collaborative and integrative efforts, prioritizing full inclusion, especially of behavioral and social sciences not historically represented in oral health research Focus on inclusive research that involves population groups that have been marginalized and under-served in oral healthcare and research Include in research positive aspects of oral health (shifting from a predominant focus on disease and disorder) 	 Directly translate the strong existing desriptive behavioral and social oral health research findings into theory-based and mechanism-focused prevention and intervention research, across diverse racial/cultural/age groups, to yield meaningful change Organize and maintain a multi-disciplinary, multi-career-stage, multi-national group (with intentional inclusion of those from low- and middle-income countries), led by behavioral and social scientists, that provides inspiration, ideas, and guidance for oral health research involving the behavioral and social sciences Partner with industry in conducting behavioral and social research, as improvements in oral health will require engagement with and changes to the oral healthcare industry and commercial products Cultivate the behavioral and social sciences as independent entities, and simultaneously transcend

	disciplinary silos through the full engagement of behavioral and social scientists and researchers from various dental disciplines, in basic and clinical oral health research Study social and other forces, including commercial practices and the influence of policy and products
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Note. Illustrations of possible research approaches provided in this table are intended as examples; they do not represent the full scope of necessary future research and their inclusion here is not necessarily based on priority relative potential examples not included.

Groups Endorsing the Consensus Statement

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- Association of State and Territorial Dental Directors, Reno, NV, USA
- Behavioral, Epidemiologic and Health Services Research (BEHSR) Scientific Group, International Association for Dental Research, Alexandria, VA, USA
- **Behaviour Change in Dentistry Network (BeCinD)**, King's College London and University of Manchester, London and Manchester, England, United Kingdom of Great Britain and Northern Ireland
- **British Society for Disability and Oral Health**, United Kingdom of Great Britain and Northern Ireland
- **British Society of Periodontology and Implant Dentistry**, Liverpool, United Kingdom of Great Britain and Northern Ireland
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- **Center for Integrative Global Oral Health**, University of Pennsylvania School of Dental Medicine, Philadelphia, Pennsylvania, USA
- Center for Molecular and Clinical Epidemiology of Infectious Diseases, University of Michigan, Ann Arbor, Michigan, USA
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