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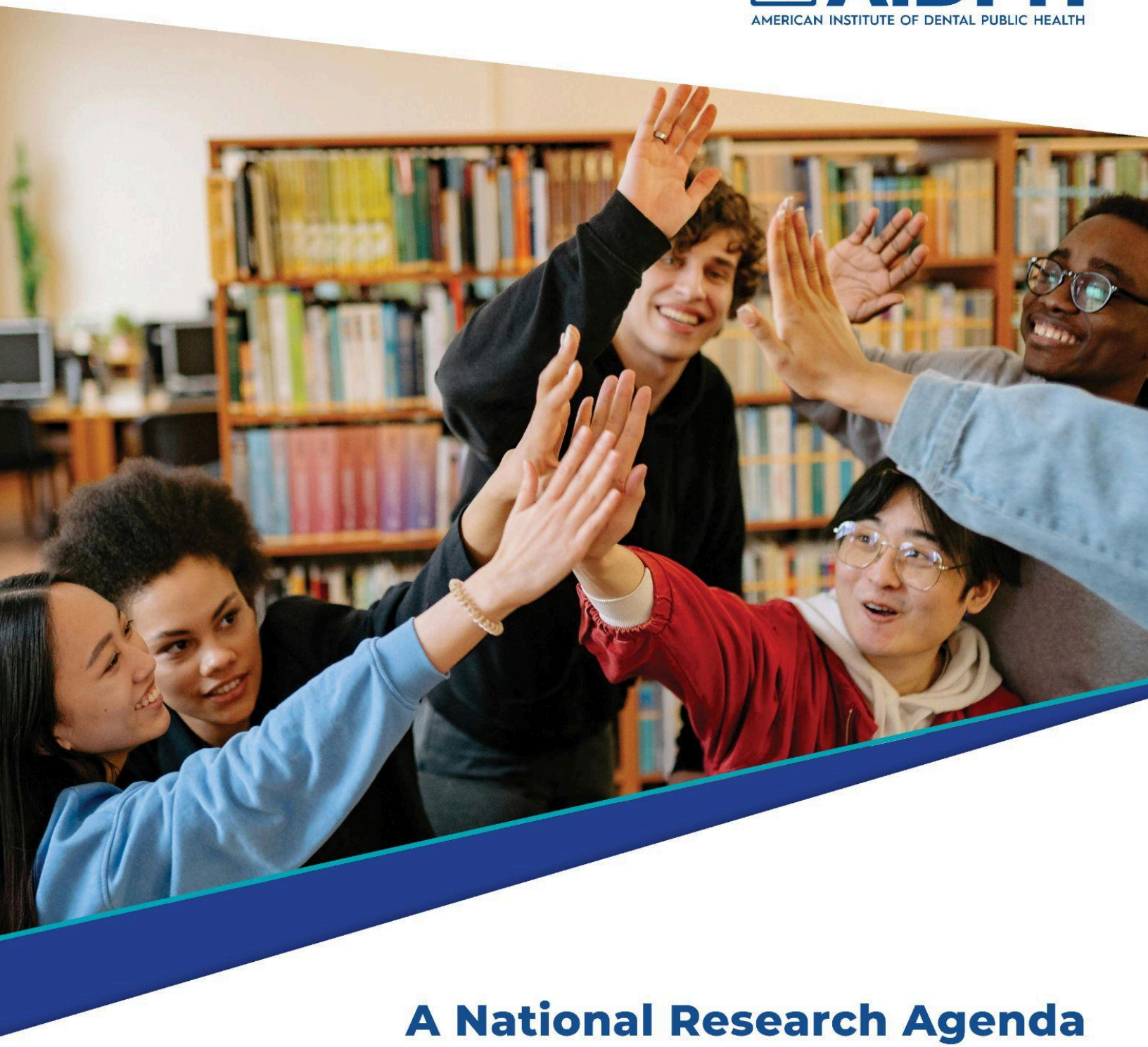

A National Research Agenda for Improving Oral Health Outcomes: A Call to Action for Community Engagement

MAY 2025

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Purpose and Background

Community engagement is increasingly recognized as a cornerstone of effective health research, particularly for addressing health disparities and promoting health equity. Despite its importance, community-engaged research remains underutilized within oral health, and therefore, opportunities to inform interventions that are culturally responsive, sustainable, and attuned to the needs of underserved populations remain untapped. This underutilization limits the development of interventions that are tailored to the unique needs of diverse populations, including those in rural areas, veterans, individuals with disabilities, and LGBTQIA+ communities.

Community-engaged research (CEnR) involves partnerships between researchers and community members throughout the research process, from conception to dissemination. This approach fosters trust, enhances the relevance of research questions, and facilitates the translation of findings into practice. CEnR is a cornerstone of high-quality, patient-centered comparative effectiveness research (CER), which evaluates health interventions to determine what works best for whom, under what circumstances. Without meaningful engagement from communities, CER risks overlooking the complex, context-specific factors that influence outcomes, particularly in underserved populations.

This report was funded by the Patient-Centered Outcomes Research Institute (PCORI), a nonprofit organization dedicated to funding and expanding patient-centered comparative clinical effectiveness research. PCORI emphasizes CEnR as a foundation for CER, recognizing that patient and stakeholder involvement enhances the relevance, adoption, and impact of research findings. When applied to oral health, CEnR strengthens CER by aligning research priorities with community-identified needs, addressing real barriers to care, and empowering populations historically excluded from the research process.

This national research agenda, developed collaboratively by the AIDPH's Oral Health Community Advisory Board (OHCAB) and the Oral Health Community Engaged Research Task Force (OHCER), seeks to bridge this gap by centering community voices in the identification of research priorities that can be used in CER. By prioritizing community-engaged approaches, researchers can develop interventions that are more likely to be adopted and sustained, ultimately leading to improved oral health outcomes and reduced disparities.

The purpose of this report is to outline a community-developed national research agenda for oral health. The primary aims include:

1. Provide clear, actionable strategies for building patient-centered CER through community-engaged oral health research.
2. Create a launching point for clinical, population, and community-based oral health research that reduces disparities and improves health outcomes.
3. Establish a framework for meaningful and equitable engagement in CER, particularly for rural communities, veterans, LGBTQIA+ individuals, and people with disabilities.

Report Development

AIDPH applies a community-engaged research (CER) framework to demonstrate shared investment and equitable power dynamics with our research partners. **We define community-engaged research in oral health as collaborative efforts between researchers and community members to address oral health issues within specific populations or communities.** This approach aims to integrate the expertise of researchers with the knowledge, perspectives, and needs of the community to develop interventions, policies, or strategies that improve oral health outcomes. The core principles of AIDPH's Community-Engaged Research Framework include:

- Collaborative Design: Research strategies developed in partnership with community members, including co-creating research questions, identifying priorities, and shaping methodologies that reflect the realities of the communities we serve.
- Equitable Ownership and Power Sharing: Community research partners are active stakeholders throughout the research process. They co-own collected data, influence decision-making, and guide the interpretation and application of research findings.
- Capacity Building and Support: AIDPH provides technical expertise, training, and resources to equip community members with the tools needed to engage in the research process fully, including support for disseminating findings, co-authoring publications, and implementing community-driven initiatives based on research outcomes.
- Mutual Benefit and Sustainability: Community-engaged research is designed to provide immediate and tangible benefits to the communities involved. It is also structured to build long-term capacity for addressing oral health disparities beyond the scope of individual research projects.

This report and agenda were developed through the AIDPH Oral Health Community Advisory Board (OHCAB) and the Oral Health Community Engaged Research Task Force (OHCER) and reflect a collective commitment to advancing patient-centered CER in oral health. This agenda serves as a roadmap for addressing health disparities, integrating oral health with whole-person care, and fostering community-driven research practices. These committees worked collaboratively and independently toward the development of this report and national research agenda, using these common goals as a guideline:

1. Identify, engage, and convene a **network of diverse stakeholders** to inform a PCOR/CER research strategy for veteran, rural, LGBTQIA+, and other marginalized communities.
2. Build sustainable stakeholder partnerships for marginalized communities, including LGBTQIA+, veteran, and rural oral health PCOR/CER, and create activation through a **consensus-building research agenda**.
3. Amplify oral health as a critical component of whole-person health while exploring opportunities to **design engagement tools and strategies** for the broader PCOR/CER network.

To develop this report, the OHCER gathered input and feedback from diverse stakeholders with distinct roles in oral health clinical care, education, research, and community advocacy. Feedback was filtered through the community voice and priorities to ultimately determine a shared research agenda that is community-driven and informed by evidence-based strategies.

Process for Identifying CER Topics, Strategies, and Priorities

1. OHCAB works in concert with OHCER to provide feedback, share lived experiences, and interpret information through the community lens.
2. OHCER reviewed existing frameworks, research, and literature to identify emerging trends.
3. The OHCAB and OHCER jointly identified and developed an assessment of needs for CEnR and patient-centered CER within oral health and in connection to broader health outcomes.
4. A Stakeholder survey was disseminated to determine facilitators, barriers, and research priorities.
5. The OHCAB and OHCER defined final priorities and topics for the research agenda using a consensus-based process that included independent review and group discussion.

Generating the Evidence to Inform Research Topics

Initial Working Definitions for Community Engagement in Research:
Community-engaged research is a process that incorporates input from people whose lives the research outcomes will impact and involves such people or groups as equal partners throughout the research process. This involvement may include co-designing research questions to solve problems, making decisions, influencing policies, and creating programs and interventions that affect their own lives. - Yale School of Medicine

The OHCER and OHCAB defined community-engaged research in oral health as collaborative efforts between researchers and community members to address oral health issues within specific populations or communities. This approach aims to integrate the expertise of researchers with the knowledge, perspectives, and needs of the community to develop interventions, policies, or strategies that improve oral health outcomes.

A network of clinicians, policy advisors, dental educators, researchers, and community representatives was created by the OHCAB and OHCER as CEnR and CER stakeholders. A survey on community-engaged and clinical priorities was distributed to this national stakeholder group that represented more than one million constituents/members. Western IRB approved the survey as exempt and had an 80% response rate. Results from the survey were used to generate initial insights regarding community needs and were ultimately used to inform research topics and questions.

Survey Findings and Insights

The CER task force and community advisory board are interested in the ways in which dental and oral health organizations serve marginalized communities. Organizations serving lower-class or socioeconomic communities comprised most of the sample (approximately 73 percent), followed by those serving rural communities (59 percent). Incarcerated people, migrants, and medically complex were among the lowest

communities represented in the sample, while socioeconomically disadvantaged and rural were among the highest communities represented in this sample.

Findings and Recommendations for Research Methodologies in Community-Engaged Oral Health

Table One: Efficacy of tactics for community engagement in research

Engagement Tactic	Not at All Effective (%)	Somewhat Effective (%)	Very Effective (%)	Highly Effective (%)	N/A (%)	Weighted Average
Partnerships/collaborations with local organizations	0	16.67	37.50	41.67	4.17	3.26
Social media engagement	16.67	33.33	29.17	16.67	4.17	2.48
Peer support groups	8.33	50.00	16.67	12.50	12.50	2.38
Virtual workshops and seminars	8.33	50.00	25.00	4.17	12.50	2.29
Distribution of informational materials	25.00	37.50	20.83	12.50	4.17	2.22
Community advisory boards	17.39	56.52	17.39	4.35	4.35	2.09
Focus groups	26.09	39.13	21.74	4.35	8.70	2.05
Townhall meetings/forums	33.33	50.00	4.17	0	12.50	1.67

Interpretation and Key Insights

- *Social media engagement is both highly and lowly rated. How to effectively use social media in particular contexts is important.*
- *Partnerships and collaborations between researchers and community members are most effective. Understanding what partnerships look like when successful, what roles organizations play, and how to ensure a balance of power and representation is key.*
- *Effective engagement tactics are likely connected to specific communities, based on community need and facilitated by community culture. The broad spectrum of communities represented in the sample creates overarching guidance, but each tactic should be implemented within communities based on individual need.*

Table Two: Barriers to Effective Community Engagement in Oral Health Research

Barriers	Responses (%)
Insufficient funding	47.37
Lack of community interest or engagement	57.89
Lack of resources	42.11
TIme constraints	42.11
Misalignment of research goals with community needs	21.05
Lack of tangible benefits or outcomes for the community	21.05
Bureaucratic or administrative barriers	26.32
Potential for community harm or exploitation	15.79
Difficulty in sustaining long-term partnerships	15.79
Limited capacity or expertise in research methods	21.05
Concerns about data privacy and confidentiality	15.79
Inadequate communication and feedback mechanisms	10.53
Mistrust of researchers	5.26

Top Barriers to Community Engagement in Oral Health Research

1. Lack of community interest or engagement (57.9%)
2. Insufficient funding (47.4%)
3. Lack of resources (42.1%)
4. Time constraints (42.1%)

Interpretation and Key Insights

- *Communities aren't effectively engaged because they don't have the time, either mentally or physically, to contribute to research. Too few researchers take the time to engage communities and create value. Community members don't receive funding commensurate with their time investment.*
- *Sometimes, community members are incorporated into the research process, but then researchers don't know how to use their input, don't know how to ask the right questions, or don't have the capacity to engage them at a deeper level.*

Findings and Recommendations for Community Engagement Strategies Oral Health Research

Table Three: Key Elements for Successful Community Engagement in Research

Key Elements for Successful Community Engagement in Research	Responses (%)
Transparency	36.84
Long-term commitment and sustainability	31.58
Cultural Sensitivity/Affirmation	31.58
Adequate funding and resources	31.58
Continuous communication and feedback	26.32
Flexibility and adaptability to community needs	36.84
Mutual respect and trust	21.05
Capacity building and training for community members	15.79
Equitable distribution of benefits and outcomes	21.05
Shared decision-making and power	15.79
Recognition of community values	10.53
Community involvement in all research stages	15.79

Critical Elements of Community Engaged Research for Oral Health:

1. Transparency (36.8%)
2. Flexibility and adaptability to community needs (36.8%)
3. Cultural sensitivity/affirmation (31.6%)
4. Adequate funding and resources (31.6%)
5. Long-term commitment and sustainability (31.6%)

Interpretation and Key Insights:

- *The community advisory heavily emphasized the importance of establishing rapport and building trust with marginalized community members. The task force was interested in seeing how organizations would rank elements to build strong foundations for community engagement and collaboration.*

- *Researchers need to be transparent in the research process and community members should be within the "involved -through- leads" spectrum of community engagement.*
- *Ensuring community members are included from the very beginning means that culturally affirming practices are at the forefront of research design.*

Specific Tactics for Maximizing Community Benefit

Table Four: Facilitators of Community Engagement

Facilitators of Community Engagement	Responses (%)
Translate findings into practical recommendations and guidelines	52.63
Conduct follow-up activities to implement findings	42.11
Involve community members in interpreting the findings	36.84
Adequate funding and resources	31.58
Continuous communication and feedback	26.32
Flexibility and adaptability to community needs	36.84
Mutual respect and trust	21.05
Capacity building and training for community members	15.79
Equitable distribution of benefits and outcomes	21.05
Shared decision-making and power	15.79
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Interpretation and Key Insights

- *Research results should always go directly back to the community in terms and format they can understand, then engage them in creating practical recommendations and guidelines.*
- *Research that is only published in a journal or presented at a conference isn't helpful to the community. It might eventually translate to community benefit when other researchers or clinicians adopt practices, but direct community use should always be the priority.*

Findings and Recommendations for Research Topic Priorities

Table Five: Primary Oral Health Problems/Barriers Impacting Communities

Primary Oral Health Problems/Barriers Impacting Communities	Responses (%)
Access to dental care	88.89
Limited availability of dental providers	59.26
Impact of other health/medical conditions on oral health (e.g., diabetes)	40.74
High cost of dental services	37.04
Oral health education and awareness	29.63
Lack of dental insurance	25.93
Poor oral hygiene practices	25.93
Provider mistrust or fear	18.52
Utilizing dental services	11.11
Transportation to dental & other healthcare visits	11.11
Cultural and linguistic barriers to care	7.41
Feelings of stigma/discrimination	3.70

Priority Public Health Research Topics in Community-Engaged Oral Health

- Health disparities/disparate health outcomes (4.9 out of 5.0)
- Integration of oral health with general health (4.7 out of 5.0)

Priority Clinical Research Topics in Community-Engaged Oral Health

- Preventive dental care methods (7.3 / 8.0)
- Treatment options for dental caries and restorative therapies (6.59 / 8.0)
- Management strategies for periodontal disease (5.44 / 8.0)

Interpretations and Key Insights:

- *Some OHCAB members felt like the least-common responses were actually the most important to them and were interested in why they weren't ranked higher.*
- *Access and cost were viewed as "standard responses," and both the OHCAB/OHCER felt like these should be left off from consideration. What causes access issues, who*

experiences them the most, and what upstream/downstream drivers are related to access and affordability are more interesting questions at the community level. These comments also speak to the overlap in answer choices, such as lack of dental insurance leading to the high cost, which makes patients less able to access dental care (lack of dental insurance being the variable linking to lack of access).

- *Oral health workforce issues are significant, and while this impacts communities, it is not an issue that is resolved through patient-centered CER or CEnR.*
- *Integrated and whole-person care was a recurring priority.*

Defining National Research Topics and Priorities for Patient-Centered CER and CEnR in Oral Health

After reviewing survey results and analyzing implications for community engagement and patient-centered CER, the OHCAB and OHCER developed research topics and questions that were responsive to community needs, pushed important priorities forward that are currently missing from the oral health landscape, and reinforced engagement. These topics were developed using the following process:

1. Topic categories were determined based on survey insights and gaps in oral health research.
2. Initial questions emerging from survey data and synthesis were included.
3. OHCAB and OHCER members generated questions independently and then reached consensus on final topics/questions.
4. An additional round of inquiries was conducted through the 2025 AIDPH Colloquium as part of the Idea Incubator exercise. Concepts/questions were included at the end of this event based on participant feedback.
5. Final questions were reviewed, refined, and categorized by AIDPH research staff.

The topics and questions listed below reflect a mix of important community topics, gaps in the current oral health evidence base, strategic research priorities, and questions that can be examined using a patient-centered CER approach. **Questions that can be addressed using a CER framework are highlighted in gray.**

Topic One: Dental Public Health Research Topics and Questions	
Public Health Category	Topic/Question
Diagnosis and Screening	What are the most effective screening tools for identifying oral health conditions in underserved populations?
	Are the current diagnostic criteria for oral health conditions inclusive of variations seen in diverse populations?
	What are the comparative outcomes of traditional vs. community-informed diagnostic approaches in marginalized populations?
	What's the relationship between patient-reported outcomes and existing diagnostic or screening tools?
	What is the role of the dental office in screening for SDOH characteristics?
	We need more effective research for caries risk assessments and more effective use/adoption of these instruments - and are they using a community-informed approach?
	How do different screening tools for caries risk or periodontal disease compare in terms of patient comfort, accuracy, and uptake in underserved populations?
Oral Health Equity	What are community-driven ways to collect information on sociodemographic and social determinants of health?
	To go off of the above cell, how is that collected information then used to best serve patients within diverse populations?
	Is cost always the biggest barrier to care across population groups? If not, what is?
	How do patient-centered interventions compare in improving oral health equity outcomes across racially and geographically diverse populations?
Health Communication	How does health and oral health literacy vary across groups?
	What are the barriers and facilitators of good oral hygiene practices?
Surveillance and Data Collection	What are the most important measures for us to track on an ongoing basis? What do we note needs to be measured once we "prove" a connection?

	How do patient-informed data collection strategies compare to standard clinical documentation methods in improving the accuracy and usefulness of oral health data for underserved populations?
	Most surveillance systems don't assess LGBTQIA+ demographic questions and/or oral health questions, and how do we ask these questions more accurately?
	What metrics are most effective for evaluating the impact of public health oral health programs?
School-Based Dental Programs	How does school-based dental care delivered by dental hygienists compare to other workforce models (e.g., dentists, expanded function dental assistants) in improving oral health outcomes and care accessibility for children in underserved communities?
	How can we support parents and caregivers with information and resources without creating an environment of shame and guilt?
	How many kids only get dental care in schools?
	Have school-based services rebounded from COVID?
Oral Health Workforce	What are the main factors facilitating/inhibiting workforce recruitment in underserved areas?
	What training processes are in place to facilitate culturally responsive care from the oral health workforce? What could be developed and implemented?
	How are we educating providers with a community-based approach to ensure more culturally responsive care?
	Are there successful care connection models we can replicate in community-based models?
	How do we have more providers who represent communities, and how do we connect communities to represented providers?
	How do different workforce development strategies—such as financial incentives, mentorship programs, and community-based training models—compare in increasing recruitment and retention of oral health professionals in underserved communities?
	What factors influence the long-term retention of oral health providers from minoritized backgrounds in safety-net and community-based care settings?

Topic Two: Clinical Oral Health Research Topics and Questions	
Clinical Category	Topic/Question
Pain Management and Anesthesia	What are the disparities in access to and outcomes of pain management strategies in dental care?
	What are the comparative effectiveness outcomes of non-pharmacological pain management techniques vs. pharmacologic interventions among patients with trauma histories or anxiety disorders?
	How can patient preferences for anesthesia and sedation methods be better integrated into clinical protocols?
	What role do community attitudes and experiences with opioids play in shaping pain management practices in oral health care?
	What are the driving reasons for managing pain at an emergency department vs. other clinical settings?
	Some states (TX) are less willing to prescribe anxiety meds for treatment. We often hear that it is full IV sedation or nitrous, which creates a barrier for patients with PTSD and TBI to receive care due to dental anxiety. What education can we provide to the state boards and clinics to show the negative impact of this care model?
Clinical Prevention	What elements impact community water fluoridation and/or fluoride consumption being accepted by the community?
	How do community-driven initiatives impact the adoption of clinical preventive care (e.g., fluoride treatments, sealants)?
	How do different preventive care schedules (e.g., biannual vs. quarterly cleanings and fluoride treatments) compare in reducing caries incidence and improving patient-reported outcomes among individuals at high risk for dental decay?
	How do community-informed vs. clinician-led preventive protocols compare in reducing caries incidence among high-risk patients?
	What are the health and economic impacts of fluoridated water in underserved areas?
Chronic Diseases/Comorbidities	How do oral health care providers address the intersection of oral and mental health, particularly in populations with high trauma exposure?
	What are the best practices for managing xerostomia or dry mouth caused by medications or chronic illnesses?

	What interventions exist that create bi-directional improvements in oral health, and how do we scale them for broader adoption? How do we financially incentivize care?
	Which integrated care models are most effective in improving both mental health and oral health outcomes in patients with comorbidities?
Clinical Care Delivery	Does AI and other technology-assisted impact community trust in dental care delivery?
	How can delivery of care models be implemented in the community to increase access to care?
	How do traditional clinic-based care models compare to mobile or community-based delivery models in terms of patient outcomes and experience?
	How can we improve screening to incorporate lived experience, then adopt clinical care to more accurately connect lived experience into delivery?
	How can we use alternative approaches to reduce patient anxiety during the clinical care experience?
	What are community perceptions of infection control measures in dental clinics post-COVID-19?
	What practices reduce patient anxiety about infection risks during care?
	What clinical protocols improve outcomes for common dental emergencies (e.g., infections, trauma)?
	What outcomes are most valued by patients in clinical settings, and how can these be measured?
	What is the comparative effectiveness of trauma-informed care vs. standard care on patient anxiety, retention, and treatment success?
	How do patients define success in treatments like restorative or periodontal care?

Topic Three: Social Determinants Research Topics and Questions	
Social Determinants Category	Topic/Question
Access to Dental Care	Which interventions are most effective in building trust and familiarity with dental settings among young children in low-income or marginalized communities?
	How do teledental and Virtual Dental Home models compare to traditional in-person dental care in improving access to preventive services and reducing non-urgent emergency dental visits among underserved populations?
	How do patients experience different approaches to care coordination, and what impact does that have on their ability to navigate dental services?
	How do different workforce expansion strategies—such as telehealth-supported care, expanded scope for mid-level providers, and rural loan repayment programs—compare in improving access to dental care and oral health outcomes in rural populations?
	How do disparate discharge statuses for veterans impact access to and long-term dental health outcomes for veterans? (Focus on specific populations, including those with DADT discharges)
	What are the best practices for health intervention outreach to marginalized communities?
	How do care navigation and community health worker models compare in improving dental appointment adherence among rural and underserved populations?
	How can we replicate successful models for advancing oral health access in rural communities?
	How accessible is specialty care (e.g., oral surgery, orthodontics, periodontics) for underserved communities?
Access to Primary Care	Are partnerships between oral health clinics and primary care clinics routinely formed to provide warm handoffs and referrals?
Policy & Advocacy	How can we expand veterans' access to dental care through the VA or in the community?
	What is the impact of collecting disaggregated demographic data (e.g., by sexual orientation, gender identity, tribal affiliation) on the development of oral health policies that address community-specific needs?

Topic Four: Community Oral Health Research Topics and Questions	
Community-Specific	Topic/Question
Cultural Beliefs and Attitudes	What alternative treatments or culturally informed interventions are preferred by community members?
	How can providers align themselves with members of the community who help provide the above care? For example, in my community, there are healthy back-and-forth referrals between an herbalist and the local doctor's office.
	What kind of representation of different cultural beliefs and attitudes is present in your clinic? For example, the images used on information pamphlets, pride flags, etc. Is this representative of your patient population?
	How do we define culturally-affirming care practices for marginalized communities? What aspects can be applied to all communities, and what factors can be considered in specific communities?
	"Health literacy" is used as a blanket blaming tool in not understanding the importance of oral health. How do we reframe systemic barriers?
	Lived experience = embodied expertise - how do we use this more effectively in clinical practice and community trust?
	How do underrepresented populations perceive participation in public health surveillance efforts?
	How do community members perceive emergency dental care services, and what gaps exist?
	What non-pharmacological pain management strategies are preferred in specific populations?
Community Partnerships	What work has been done to include community members in determining processes in your clinic/practice?
	How do research studies with community-engaged design compare to traditional researcher-led designs in terms of patient participation, trust, and relevance of findings?
	What work has been done to include other organizations in assessing processes in your clinic/practice?
	What partnerships exist or could be built/leveraged to ensure seamless transition for service members as they become veterans and to ensure they maintain consistent access to dental health care and insurance?
	How are we tracking existing programs and resources to make sure that the solutions we suggest are not duplicating services in an already saturated marketplace?

	How do we improve community, government, private, local, etc., partnerships to improve and increase data collection efforts?
	In what ways does training community members to collect oral health data influence trust in research, participation rates, and perceived data legitimacy?
	What are the best practices for engaging communities in co-designing public health programs?
	What outcomes are most valued by patients, and how do those compare with provider-defined success in dental treatment?
Community Engagement Strategies in Research	Translating community knowledge into health provider & research partner terminology - how can we create a common language that facilitates connections with these partners?
	What strategies effectively increase patient engagement in ongoing care?
	What factors influence participation in clinical trials for oral health interventions?
Community Safety + Trauma-Informed Care	How can we improve the adoption of trauma-informed care and feelings of mental/bodily safety in the care delivery process?
	How can we better support survivors of Military Sexual Trauma in accessing dental care after trauma?

Next Steps in Implementing CEnR and Patient-Centered CER in Oral Health Research

This national research agenda was designed to support oral health patient-centered CER for researchers, funders, advocates, and community members. This agenda's insights and research questions offer a starting point for transforming oral health systems. To turn this agenda into action, stakeholders can take practical steps for developing patient-centered comparative effectiveness research (CER), choosing the right community engagement strategy, and applying these questions to real-world oral health research designs.

Start With What Matters to Community Members and Patients

The core of patient-centered CER is a foundational question: **"What do patients and communities care most about?"** Answering this question involves rethinking how problems are defined, who is part of the research process, and whose expertise counts. Some considerations stakeholders can include during this first stage are:

- Focusing on outcomes that matter to patients, like pain reduction, ease of accessing care, dignity in treatment, trust in the provider, and feeling heard.

- Centering community definitions of health and success, which may differ from clinical metrics.
- Recognizing that patients and caregivers are experts in their own lives, and that expertise is essential to research and practice.

Specific to oral health research, questions that can help with framing CER and CEnR include:

- What are the most important oral health challenges from the patient's perspective?
- What oral health outcomes would signal meaningful improvement to patients?
- How do different communities define success, comfort, and satisfaction in dental care?

Create Your Model of Community Engagement

To authentically demonstrate shared investment and equitable power dynamics with our research partners, AIDPH adopted a community-engaged research model in 2021. This method integrates the knowledge, expertise, technical skills, and research capacity of AIDPH with the lived experiences, established trust, and representation from the communities directly benefiting. Through this collaborative approach, our community research partners actively co-design research strategies, co-own the collected data, contribute to publications, and receive support for implementing community-driven initiatives.

Develop Your Research Question Using a PICOT Framework

Once you've identified a priority area, shape your idea into a researchable question using the PICOT format. PICOT is a tool to ensure your question is structured for comparative effectiveness:

- **P** – Patient/population (e.g., adults with dental anxiety, rural children, LGBTQIA+ veterans)
- **I** – Intervention (e.g., community-based fluoride varnish program)
- **C** – Comparator (e.g., standard in-clinic fluoride treatments)
- **O** – Outcome (e.g., reduced caries, patient-reported ease of access)
- **T** – Time (optional; e.g., 6-month or 12-month follow-up)

Example: In rural youth (P), how does a school-based oral health program (I) compare to standard dental visits (C) in reducing untreated caries (O) over 1 year (T)?

Search through the questions and topics defined in this agenda and choose topics that meet your community's needs. You can structure them for CER and CEnR using a PICOT framework to clarify your process, identify the change you want to make as a result of the outcomes, and ensure scientific rigor in the process.

Choose a Community Engagement Strategy that Matches Your Research Design

You should create a community engagement strategy if your research impacts patients and communities. A variety of factors can inform your strategy and shouldn't be viewed as a one-size-fits-all approach. Some study designs may require deep co-creation from the start, while others benefit from advisory input or participatory data collection. Ultimately, the community should determine the level and type of involvement. Match your engagement method to your capacity, timeline, and the level of trust you already have with the community.

Research Phase	Engagement Focus	Example Strategies
Research Question Development	**Co-develop research questions with communities**	**Listening sessions, co-creation workshops**
Study Design & Implementation	**Partner for methods, tools, and recruitment**	**Advisory boards, peer researcher roles**
Data Collection	**Involve the community in how, where, and from whom data is collected**	**Grassroots survey deployment, local hiring**
Analysis & Dissemination	**Share power in interpreting and presenting findings**	**Community coding teams, co-authored briefs**

Additional resources that can help you define your community engagement research strategy include:

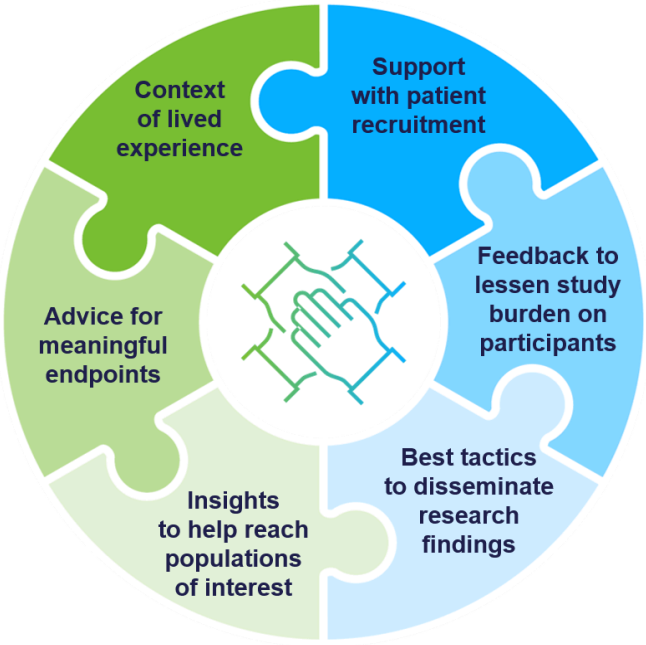
- Engaging Community: What does it mean and how do we measure it?
- Community Engagement 101: Ultimate Beginner's Guide
- STAKEHOLDER ENGAGEMENT NAVIGATOR DICEmethods.org | Dissemination, Implementation, Communication, and Engagement: A guide for health researchers

Translating Your Research Into Impact

Once research is complete, the most important question becomes: **"Now what?"** Unfortunately, research can lose its meaning and opportunity for impact without an effective dissemination and translation plan. This translation should be reflected in clinical practice, patient empowerment, and systems change for patient-centered CER. For CEnR, results and outcomes should be interpreted in collaboration with community members to make translation most impactful within the intended community. Translating findings into action means bridging the gap between evidence and implementation in timely, culturally responsive ways, and rooted in equity.

- **How will this research change practice?** (e.g., new screening methods or trauma-informed care protocols)
- **Who needs to see the findings?** (e.g., policymakers, oral health researchers, community clinics, administrators)
- **What format is most accessible?** (e.g., infographics, community presentations, CE courses)
- **What should we do next?** (e.g., what does this research tell us to do next in our daily practice and work?)

Implementation and dissemination may involve piloting new models of care based on the evidence, providing training or continuing education to clinicians, or offering technical assistance to integrate findings into workflows. Research should be a springboard for real-world experimentation, with feedback from communities guiding how innovations are scaled, adapted, or improved over time. You can learn more about the translation of research into practice through resources like PCOR Net. *(image taken from PCOR net)*



Our Call to Action

This national research agenda was designed to be applied, adapted, and translated to advance patient-centered CER and community-engaged research in oral health. If applied intentionally, this resource can serve as a working tool meant to shape how oral health research is planned, conducted, and applied. These questions and topics reflect the priorities of communities that experience the greatest barriers to oral health and the expertise of those who work alongside them. Stakeholders should use this agenda to lead to real change grounded in lived experience, guided by clear outcomes, and committed to social impact. AIDPH intends for this report to serve as a roadmap for justice-centered, patient-informed change in oral health research. We are committed to challenging ourselves and our network to confront disparities with evidence that is usable, meaningful, and centered on the outcomes that matter most in people's lives.

Acknowledgements & Suggested Citation

AIDPH would like to thank the Oral Health Community Advisory Board, the Oral Health Community Engaged Research Task Force, and our broader network for informing and supporting this work.

This initiative was funded through an Engagement Award from the Patient-Centered Outcomes Research Institute (EASO 29031).

Suggested Citation: The American Institute of Dental Public Health. *A National Research Agenda for Improving Oral Health Outcomes: A Call to Action for Community Engagement.* Chicago, IL. May 2025. https://doi.org/10.58677/OYRR5087

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