

The current context for research in Public Oral Health

A valid concept for understanding scientific output in a given historical period is expressed by the German term *zeitgeist*, that is, the “spirit” of a given epoch and its problems, translated in the respective research agendas. From the “odontological” point of view, the most globally relevant research areas over the course of the 20th century were identified by the International Dental Federation (IDF) in *Top Ten Advances in Oral & Dental Research 1900-2000*, during the celebration of the Federation’s centennial: (1) fluorides; (2) implants and osseointegration; (3) dental plaque; (4) adhesive systems; (5) prevention of periodontal disease; (6) composite resins; (7) local anesthesia; (8) antibiotics; (9) tissue regeneration; and (10) caries prevention.

Some of these research themes appear to have produced an impact by reducing the burden of disease and suffering for contemporary populations. Nevertheless, in the Brazilian case this trend appears not to have occurred with the same broad and sustainable scope, judging by the disappointing results of the latest national oral health epidemiological survey (SB-Brasil-2003). Strictly speaking, and observing in more detail the “ten advances”, they appear to relate more to disease-centered biomedical “technologies”, which may constitute an “epistemic anomaly” that requires a paradigm shift.

If not a shift or break, at least an updating of the problems on the global agenda has received consideration by the World Health Organization (WHO). The WHO has specifically called for greater research efforts in the areas of: inequities/inequalities in oral health; psychosocial implications of the oral health-disease process; strategies to reduce oral harm caused by accidents, violence, and legal and illicit drugs; interrelations between overall health, oral health, and quality of life; and a better understanding of the associations between sexually transmitted diseases and oral health.

The international priorities proposed by the WHO are certainly useful for the Public Oral Health agenda in Brazil. However, when thinking “glocal”, it is important to maintain a strategic direction in the oral health sector’s science policy, researching such themes as: technological assessment of the effectiveness of less invasive and non-invasive collective and individual interventions in basic and specialized care, even contrary to the dental market economy; geographic/population approaches to groups and events that characterize socially determined exclusion and morbidity; knowledge of the structural and environmental dimensions that influence the health of communities, families, and individuals, characterizing multi-level studies; matrix-based studies in the field of health promotion, approaching inter-sector paths by which different states of health and well-being are socially constructed, in settings that favor liberating pedagogies focused on improving health systems and services.

Research funding agencies can define more clearly the strategic fields of study that are socially and scientifically relevant, since the growing number of published articles does not necessarily correspond to fertilization of useful knowledge, as observed in an article in this same journal (*Cad Saúde Pública* 2007; 23:3041-50). Emphasizing Brazilian research priorities will avoid the naïve dissemination of activities with limited scientific value and no evidence of a transforming impact.

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