

Article

Social participation in oral health and its role in public policies: an integrative literature review

Participação social na saúde bucal e seu papel nas políticas públicas: uma revisão integrativa de literatura

Participación social en la salud bucal y su papel en las políticas públicas: una revisión integrativa de la literatura

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Abstract

Objective: to identify and analyze social participation in its driving and guiding role in public oral health policies, through a literature review. **Methodology:** this was an integrative literature review. For the article search, the databases of the Virtual Health Library, Scientific Electronic Library Online, PubMed, and the CAPES Journals Portal were used as tools. Articles in Portuguese, English, and Spanish, available in full, published from January 2019 to September 2024, were included. **Results:** This review selected a total of 24 studies that fully met the established inclusion criteria. Active community participation proved essential in formulating more effective public policies aligned with the real needs of the population. The adoption of digital technologies emerged as a promising strategy to strengthen communication between government and society. Countries still have distinct experiences in oral health care, but there is a general consensus on the need to expand access and improve the quality of oral health services. **Conclusion:** social participation plays a central role in the formulation, monitoring, and advocacy of public policies aimed at oral health, being essential to ensure universal and quality access to care. The process is marked by progress and challenges, which reinforces the importance of further studies on the subject, contributing to the strengthening of participatory practices and the effectiveness of health policies.

Keywords: Social Participation; Oral Health; Health Policy; Literature Review.

Resumo

Objetivo: identificar e analisar a participação social em seu papel propulsor e orientador das políticas públicas de saúde bucal, por meio de uma revisão da literatura. **Metodologia:** tratou-se de uma revisão

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integrativa de literatura. Para a busca dos artigos desta revisão utilizou-se como ferramenta as bases de dados da Biblioteca Virtual em Saúde, *Scientific Electronic Library Online*, *PubMed* e Portal de Periódicos da Capes. Foram incluídos artigos em português, inglês e espanhol, disponíveis na íntegra, publicados no período de janeiro de 2019 a setembro de 2024. **Resultados:** a presente revisão selecionou um total de 24 estudos que atenderam integralmente aos critérios de inclusão estabelecidos. A participação ativa da comunidade mostrou-se essencial na formulação de políticas públicas mais eficazes e alinhadas às demandas reais da população. A adoção de tecnologias digitais emergiu como uma estratégia promissora para fortalecer a comunicação entre governo e sociedade. Os países ainda possuem experiências distintas no cuidado em saúde bucal, mas, sobretudo, há consenso para a necessidade de ampliar o acesso e a qualidade dos serviços prestados em saúde bucal. **Conclusão:** a participação social exerce um papel central na formulação, no monitoramento e na defesa de políticas públicas voltadas à saúde bucal, sendo essencial para garantir o acesso universal e de qualidade ao cuidado. O processo é marcado por avanços e desafios, o que reforça a importância de que novos estudos se aprofundem na temática, contribuindo para o fortalecimento das práticas participativas e para a efetividade das políticas de saúde.

Palavras-chave: Participação Social; Saúde Bucal; Política de Saúde; Revisão de Literatura.

Resumen

Objetivo: identificar y analizar la participación social en su papel impulsor y orientador de las políticas públicas de salud bucal, mediante una revisión de la literatura. **Metodología:** se trató de una revisión integrativa de la literatura. Para la búsqueda de artículos se utilizaron como herramientas las bases de datos de la Biblioteca Virtual en Salud, *Scientific Electronic Library Online*, *PubMed* y el Portal de Periódicos de Capes. Se incluyeron artículos en portugués, inglés y español, disponibles en texto completo, publicados entre enero de 2019 y septiembre de 2024. **Resultados:** Esta revisión seleccionó un total de 24 estudios que cumplieron íntegramente con los criterios de inclusión establecidos. La participación activa de la comunidad se mostró esencial en la formulación de políticas públicas más eficaces y alineadas con las necesidades reales de la población. La adopción de tecnologías digitales surgió como una estrategia prometedora para fortalecer la comunicación entre el gobierno y la sociedad. Los países aún presentan experiencias distintas en el cuidado de la salud bucal, pero hay consenso sobre la necesidad de ampliar el acceso y mejorar la calidad de los servicios de salud bucal. **Conclusión:** la participación social desempeña un papel central en la formulación, el monitoreo y la defensa de políticas públicas orientadas a la salud bucal, siendo esencial para garantizar un acceso universal y de calidad al cuidado. El proceso está marcado por avances y desafíos, lo que refuerza la importancia de que nuevos estudios profundicen en el tema, contribuyendo al fortalecimiento de las prácticas participativas y a la efectividad de las políticas de salud.

Palabras clave: Participación Social; Salud Bucal; Política de Salud; Revisión de la Literatura.

Introduction

Social participation represents the plural expression of voices articulated in search of changes that benefit society and transform people's lives. Furthermore, social participation involves making, controlling and monitoring political decisions based on democracy⁽¹⁾. More than just choosing representatives, it is an active process involving interaction, dialog and the dispute over meanings in deliberation spaces⁽²⁾.

The participatory dynamic becomes even more significant when it is integrated with the state's role in formulating, implementing and managing public policies. In these circumstances, social participation assumes a strategic role in the construction of policies based on social demands, by helping to recognize the structural inequalities that permeate the different territories⁽³⁾.

In this context, an emerging issue in the formulation of public policies is oral health, as an inseparable element of people's general health, which is closely related to well-being and quality of life. Oral health is not just the presence of healthy teeth; on the contrary, it involves the full functioning of life's structural functions, such as speech, smiling, kissing, taste, chewing and swallowing, among others. Diseases in this region can significantly affect and compromise the daily lives of individuals, causing significant psychosocial impacts⁽⁴⁾.

The World Health Organization (WHO) points out that 45% of the world's population suffers from the burden of oral diseases which, despite being preventable, still have a high prevalence. Tooth decay is one of the most common conditions, affecting around 2.3 billion people with permanent teeth and more than 530 million children with deciduous teeth. Severe periodontal disease, due to its clinical complications which can lead to total tooth loss (edentulism) or severe tooth loss (1 to 9 remaining teeth), has a direct impact on integral health and negatively affects oral functionality, self-esteem and social interactions⁽⁵⁾.

Data from the International Agency for Research on Cancer show that cancers of the lip and oral cavity are among the 15 most common types of cancer in the world and, in some countries such as India, Sri Lanka and Pakistan, they represent the leading cause of death among men⁽⁶⁾.

This scenario reflects multiple weaknesses and social and economic inequalities. Limited access to dental services and insufficient public funding for prevention and treatment actions compromise equity in oral health promotion, especially among vulnerable populations⁽⁷⁾. Countries with a low level of development suffer the impacts of this inequality even more acutely, since the determination of poverty undermines comprehensive care for the oral problems of people who are historically placed in conditions of social disadvantage⁽⁸⁾.

Expressing global concern about this situation, representatives of WHO member states formulated the Bangkok Declaration in 2024⁽⁹⁾. This document recognizes that progress still needs to be made in strengthening oral health and prioritizing equitable access to dental services⁽¹⁰⁾.

Tackling diseases and inequalities in oral health requires the construction of intersectoral, inclusive and sustainable public policies. To this end, the articulation of different spheres of public power, civil society organizations, academic institutions, industry representatives and social movements is indispensable to promote transformations in the context of oral health⁽¹¹⁾.

Thus, this study aims to identify and analyze social participation in its role of driving and guiding public oral health policies, by means of a literature review.

Methodology

This was an integrative literature review which went through the six phases proposed by Ganong⁽¹²⁾ namely: elaboration of the guiding question; literature search or sampling; data collection; critical analysis of the studies included; discussion of the results; presentation of the integrative review.

The guiding question of this study was: how does social participation play a driving and guiding role in public oral health policies?

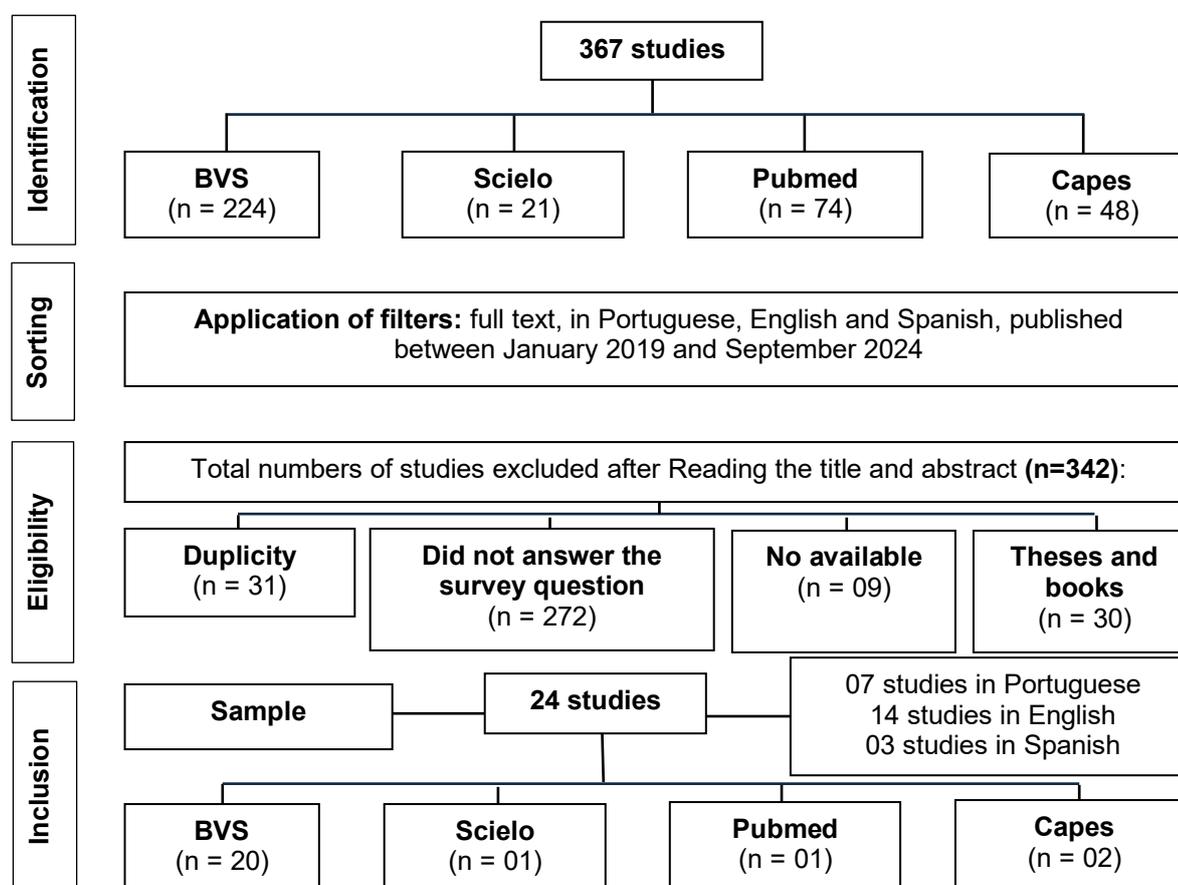
To search for the articles in this review, we used the Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (SciELO), PubMed (Medline) and Capes Periodicals Portal databases. The Health Sciences Descriptors (DeCS) were: "social participation", "community participation", "oral health", "dentistry in public health", "public policy" and their respective terms in

English and Spanish, connected by Boolean operators. The searches were carried out on September 28 and 29, 2024.

The inclusion criteria were: articles in Portuguese, English and Spanish, available in full, published between January 2019 and September 2024. Duplicate publications, book chapters, theses, dissertations and studies that did not address the term "participation" within the scope of oral health adopted in this study were excluded.

Figure 1 details the stages involved in the selection and eligibility of the selected studies. All the stages were documented and organized in a workbook using the *Microsoft program® Excel®* (version 2409).

Figure 1. Flowchart of the search process using databases and descriptors



Source: prepared by the authors.

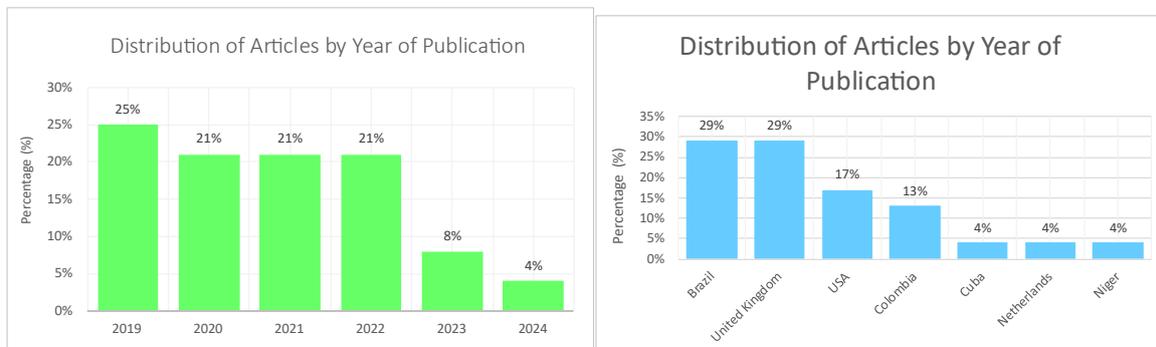
As this was a bibliographic study, it was exempt from being assessed by the Research Ethics Committee (CEP), in accordance with National Health Council Resolution (CNS) No. 510/2016.

Results and discussion

This review selected a total of 24 studies that fully met the inclusion criteria. As for the time and geographical distribution of the publications, as detailed in Figure 2, it can be seen that the year 2019 concentrated the largest number of studies, with Brazil and the United Kingdom being the countries with the largest number of publications.

Brazil was treated as a central theme in around 40% of these publications, published in both national and foreign journals. This result may be related to the percentage of Brazilian co-authors present in the publications analyzed (45%).

Figure 2. Analytical data from the studies selected in the review



Source: prepared by the authors.

The methodological approaches adopted in the studies were descriptive (46%), exploratory (25%), documentary (21%) and case reports (8%). Table 1 shows the main characteristics of the articles analyzed.

Table 1. Details of the studies selected as the sample

Title	Authors	Country/year of publication	Country/re gion as subject	Journal	Objective
1	How Should We Evaluate and Use Evidence to Improve Population Oral Health? ⁽¹³⁾	Brocklehurst PR, Baker SR, Listl S, Peres MA, Tsakos G, Rycroft-Malone J	USA, 2019	Global level Dental Clinics of North America	Question the uncritical adoption of the evidence-based paradigm for interventions aimed at improving oral health at a population level.
2	Perception of oral health and recommendations for improving the public dental service ⁽¹⁴⁾	Moimaz SA, Ayach C, Lofego L, Garbin C, Saliba O	Brazil, 2019	Brazil Journal of Health Sciences	To evaluate the user's perception of their own oral health condition and the level of satisfaction

						with the dental services
3	Oral health in the Argentine Republic. An analysis of the sector ⁽¹⁵⁾	González y Rivas M	Colombia, 2019	Argentina	Universitas Odontologica	Reflect on oral health policies in Argentina, their pertinence and relevance in the national context of the health system, current legislation and epidemiological background.
4	Brazil's national oral health policy "Smiling Brazil": a review of history, lessons learned and the future ⁽¹⁶⁾	Cayetano MH, Carrer FC, Gabriel M, Martins FC, Pucca Jr. GA	Colombia, 2019	Brazil	Universitas Odontologica	To share the experience of the public oral health policy "Smiling Brazil" and promote reflection on the inclusion of oral health in health systems, with a special interest in Latin American countries.
5	User satisfaction with public oral health services in the Brazilian Unified Health System ⁽¹⁷⁾	Amorim LD, Senna MI, Alencar GP, Rodrigues LG, Paula JS, Ferreira RC	United Kingdom, 2019	Brazil	BMC Oral Health	To investigate the differences in user satisfaction with the oral health services offered in primary care in Brazil.
6	Engaging a state medical society in oral health: a community action report ⁽¹⁸⁾	Bannon AL, Silk HJ	USA, 2019	USA	Journal of Public Health Dentistry	Describe the projects developed by the Oral Health Committee, created to integrate oral health into the public health agenda of the Commonwealth of Massachusetts in the USA.

7	Collective oral health in Colombia: a field under construction ⁽¹⁹⁾	Borrero CM, Maldonado LM	Colombia, 2020	Colombia	Revista Facultad Nacional de Salud Pública	To characterize the process of building the social field of collective oral health in Colombia and to interpret publications on oral health in Colombia in the light of developments in Brazil, identifying the country's advances and challenges in this field.
8	Historical course of fluoridation policies as a strategy to combat dental caries in the Brazilian Legislative Branch, from 1963 to 2019 ⁽²⁰⁾	Rossi TR, Moreira LG, Barros SG	Brazil, 2020	Brazil	Cadernos de Saúde Pública	To analyze the historical course of legislative processes on fluoridation in Brazil, adopted as a strategy to tackle tooth decay.
9	Use of the ombudsman as a management tool for dental services in the municipality of Recife ⁽²¹⁾	Lira GD, Monteiro ID, Tavares MC	Brazil, 2020	Brazil	Tempus - Actas de Saúde Coletiva	To analyze the profile of the complainants and the type of complaints received by the SUS ombudsman in Recife and how this instrument is used to manage dental services.
10	The role of patient and public involvement in oral health and HIV/AIDS research,	Mahendra VS, Ranauta A, Yuvraj A, Santella AJ, Taslim A, Doughty J	United Kingdom, 2020	Global level	Oral Diseases	Discuss ways in which the participation of patients and the general public could be more encouraged in

	practice and policy ⁽²²⁾					oral health research aimed at people living with HIV.
11	Medical crowdfunding in a healthcare system with universal coverage: an exploratory study ⁽²³⁾	Lublóy Á	United Kingdom, 2020	Germany	BMC Public Health	To map the health needs not met by Germany's universal public health system, by analyzing data provided by virtual donation and crowdfunding platforms for medical expenses.
12	Living, collective and political organisms for construction of the attributes of the National Oral Health Policy ⁽²⁴⁾	Bulgarelli AF	Brazil, 2021	Brazil	Revista Gaúcha de Odontologia	To bring the reader closer to the attributes necessary for the construction of a social policy and to analyze the structuring axes of the National Oral Health Policy (PNSB).
13	Oral health plans, public policies and strategies in Latin America and the Caribbean (1991-2018) ⁽²⁵⁾	León-Quenguan JM, Tibaná-Guisao AE, Cardona-Hincapié JD, Correa-Jaramillo LM, Agudelo-Suárez AA	Cuba, 2021	Latin America and the Caribbean	Cuban Journal of Stomatology	Describe the main characteristics of documents related to oral health plans, policies and strategies in Latin America and the Caribbean.
14	Oral Health Stakeholders: A Time for Alignment and Action ⁽²⁶⁾	Ticku S, Barrow J, Fuccillo R, McDonough JE	United Kingdom, 2021	USA	The Milbank Quarterly	Analyze the evolution of oral health policy in the US over the last 20 years and highlight the coming together of

						stakeholders to demand action.
15	Access to oral health information on electronic portals: user empowerment in municipalities ⁽²⁷⁾	Nascimento CC, Moimaz SA, Saliba TA, Saliba NA	Brazil, 2021	Brazil	Revista Saúde e Desenvolvimento Humano	To evaluate access to oral health information through some municipal websites, in terms of the functionality, accessibility and interactivity provided by these portals.
16	Dental Therapists in the United States. Health Equity, Advancing ⁽²⁸⁾	Mertz E, Kottek A, Werts M, Langelier M, Surdu S, Moore J	USA, 2021	USA	Medical Care	To analyze the community dental therapy movement in the US and describe the factors that drove it as an innovation in the oral health workforce.
17	Establishing the research agenda for oral healthcare using the Dialogue Model-patient involvement in a joint research agenda with practitioners ⁽²⁹⁾	van der Wouden P, Hilverda F, van der Heijden G, Shemesh H, Pittens C	Netherlands, 2022	Europe	The European Journal of Oral Sciences	Developing a single research agenda for oral health that takes into account the priorities of both patients and dental professionals.
18	Access to oral care is a human rights issue: a community action report from the Downtown Eastside of Vancouver, Canada ⁽³⁰⁾	Jozaghi E, Vandu, Maynard R, Khoshnoudian Y, Brondani MA	United Kingdom, 2022	Canada	BMC - Harm Reduction Journal	To report on how the lack of public oral health care affects the most vulnerable citizens in the Downtown Eastside neighborhood of Vancouver, Canada. Analyze the

						work of non-profit organizations in the fight to increase access.
19	Strengthening the oral health system in Nigeria: A health systems building block approach ⁽³¹⁾	Amedari MI, Ogunbodede EO, Uti OG, Aborisade AO, Amedari IK	Nigeria, 2022	Nigeria	Nigerian Postgraduate Medical Journal	Describe and analyze the stages of building the public oral health system in Nigeria and the role that the community plays in strengthening this system.
20	The need and urgency to revise Brazilian regulations on fluoridated toothpastes, and the position of the Brazilian Academy of Dentistry ⁽³²⁾	Caldarelli PG, Pinheiro LL, Cury JA	Brazil, 2022	Brazil	Rio de Janeiro Dental Journal (CRO - RJ)	To demonstrate the need and urgency of revising the current Brazilian regulations on fluoridated toothpastes and to register the position of the Brazilian Academy of Dentistry.
21	Advances and limitations of social networks as a communication strategy in the Unified Health System ⁽³³⁾	Costa SG, Pedrosa MM, Santos JS, Amorim JG, Noro LR	Brazil, 2022	Brazil	Revista da Associação Brasileira de Ensino Odontológico (ABENO)	To analyze the use of social networks as a communication strategy between the government and the population in the development of oral health actions.

22	Regulation of dental consultations in primary health care and performance of services in dental specialty centers ⁽³⁴⁾	Silva BC, Buzinaro GS, Cabral JA, Da Cunha IP, Lacerda VR, Bomfim RA	United Kingdom, 2023	Brazil	BMC Health Services Research	To analyze whether the regulation of appointments to Dental Specialty Centers (DSCs), carried out only by Primary Health Care (PHC), is understood by the user as the best alternative in the management of care.
23	Evidence-Informed Oral Health Policy Making: Opportunities and Challenges ⁽³⁵⁾	Listl S, Baltussen R, Carrasco-Labra A, Carrer FC, Lavis JN	USA, 2023	Global level	Journal of Dental Research	To highlight recent advances in the formulation of evidence-based policies and how these can drive positive change in the field of oral health.
24	Pressing issues for oral care quality improvement: findings from the EU DELIVER Project ⁽³⁶⁾	Melo P, Frey-Furtado L, Correia D, Listl S, Lorenz M, Bostanci N, et al.	United Kingdom, 2024	Europe	BMC Public Health	To describe the collaboration between several countries in the European Union, motivated by the need for synergistic actions between citizens, health professionals and policy makers in tackling priority oral health issues.

Source: own elaboration.

Stefan Listl, in his research^(13,35,36) critically addresses the limits of the traditional use of evidence-based medicine in oral health policies, defending the importance of considering the social, economic and institutional context in which policies will be implemented and suggests the use of broader and more realistic methodologies. Her studies also highlight the need for co-production of knowledge between researchers, managers, professionals and citizens, thus strengthening the link between science and the formulation of public policies.

In line with this perspective, Listl *et al.*⁽³⁵⁾ and Wouden *et al.*⁽²⁹⁾ converge in their research and analyze that it is crucial that policymakers, researchers, funders, health professionals and individuals embrace the innovative paradigm of evidence and strengthen the bridge between research and decision-making. The authors consider that by giving a voice to and ensuring the participation of the different actors involved, the usability of the results and, consequently, the impact and value of the research are increased. By focusing on the needs raised, especially by users and health professionals, they address problems in the field, which are often neglected by government officials.

Mahendra and collaborators⁽²²⁾ sought new ways to increase the involvement of patients and the community in oral health research aimed at people living with HIV. The authors emphasized that the active participation of these subjects as partners in scientific research has gained relevance and is considered fundamental to ensure that their experiences and needs are incorporated into oral health and HIV research practices.

Brocklehurst and others⁽¹³⁾ warned that users of evidence should not behave as passive recipients or just subjects in research. For the authors, the active participation of individuals should already take place in the initial stages and continue throughout the scientific process, enabling them to see what works, for whom, why and under what circumstances it is carried out. Participating in and understanding the entire formulation and implementation process, especially in more complex contexts, is the main challenge to be overcome and must be considered from the outset. Active and conscious participation in this whole process is necessary in the formulation, implementation and monitoring of public health policies.

Amedari *et al.*⁽³¹⁾ analyzed the role that community participation plays in expanding the workforce as part of the process of building and strengthening the public oral health system in Nigeria - the most populous country on the African continent, marked by inequalities, with more than half of the population living below the poverty line. The authors point out that community participation guarantees the sustainability of the necessary changes, but the expansion of the oral health workforce is still imperative and that new alternatives must be explored to increase access and availability of oral health services. The national oral health policy needs to be strengthened with greater investment from the government, which should optimize general health spending and encourage the creation of an information system that provides the community with reliable epidemiological data.

In Europe, Melo and collaborators⁽³⁶⁾ developed their research within the framework of the *Deliver* project, highlighting collaboration between citizens, health professionals and public policy makers. Funded by the European Union's Horizon Europe program, which aims to strengthen research in the region and support international collaboration, the Deliver project seeks to develop a reference model to improve the quality of oral care for all. The first stage of the Deliver project took place in the city of Porto, Portugal, while the following stages were carried out online, with technology as a facilitating factor, including the participation of a group of stakeholders together with the others involved with the aim of agreeing on the most urgent needs and also drawing up a consensual list of

priorities, which promotes the improvement of the quality of oral care at the practice, community and public policy levels. The authors revealed significant differences in the priorities at the different levels, with access emerging as a prominent issue, also covering issues related to the costs and availability of oral health services and concluded that social participation through collaboration between all stakeholders increases responsiveness and promotes improvement in the quality of services.

The work of non-profit organizations was the subject of a study by Jozaghi and others⁽³⁰⁾ who sought to understand the workings of the Vancouver Area Network of Drug Users and PHS Community Services Society, located in a suburb of Vancouver, Canada. Focused on providing care for drug users and homeless people respectively, the organizations represent them in decision-making spaces and highlight the problems faced by these groups, such as the lack of public oral health care. The lack of knowledge on the part of oral health professionals on how to interact and guarantee compassionate, collaborative, accessible and low-cost dental care are weaknesses highlighted in the study, as these people do not have health insurance and still face stigma and discrimination because of their situation. According to the authors, among the main demands are the creation of a national public oral health plan that provides access to marginalized people and changes in the training processes of future oral health professionals on social determinants of health, person-centred care, cultural safety and reducing stigma and discrimination.

Along these lines, Bannon and Silk⁽¹⁸⁾ described the creation of a Special Oral Health Committee, a task force funded by the Massachusetts state government, aimed at promoting oral health actions and integrating them with initiatives aimed at improving public health. With this, according to the study's authors, the Massachusetts Medical Society became the only one in the country to have a committee focused on oral health. Composed of family and community physicians, geriatricians, dental surgeons and representatives of various civil society organizations, this committee sought to explore opportunities for collaboration between all the segments involved, which revealed the medical community's recognition of the close relationship between oral health and general health, as well as the need to engage in oral health promotion together with other sectors. Social participation was more representative and diverse, broadening the impact of the projects developed by the committee.

Lublóy⁽²³⁾ analyzed data obtained through an exploratory survey and data collection of 380 collective medical financing programs in Germany. The author sought to identify the most common conditions, diseases and disorders that led individuals to turn to crowdfunding programs and to assess the type and size of health-related expenses that individuals seek to cover with these programs. Although not listed among the main causes of disability in the world, oral health frequently appeared among the reasons that led individuals to resort to collective medical financing. These platforms have shown themselves to be an alternative to be explored in the process of incorporating new therapies and technologies into the public health system, given the participation and demands of individuals.

Mertz *et al.*⁽²⁸⁾ and Ticku *et al.*⁽²⁶⁾ shared their understanding of the importance of the community dental therapy movement, adopted since 2005 in 13 American states and several Indian tribes, as a strategy for solving local problems and expanding access. The movement, which trains members of the community to act as community dental therapists, has facilitated access to dental care, especially in remote or rural areas and Indian tribes. The authors reinforced the arguments in favor of expanding this movement in the United States of America (USA), based on the coalition of various stakeholders fighting for political reforms and regulation of this practice.

León-Quenguan et al⁽²⁵⁾ described and analyzed documents related to oral health plans, policies and strategies in the countries that make up Latin America and the Caribbean. They revealed a significant representation of countries with national or local plans and programs, although this alone did not guarantee an improvement in the epidemiological indicators of the countries analyzed. The authors stated that intersectoral participation needs to be strengthened and the social determinants of health need to be comprehensively addressed, and that public policies need to be accompanied by robust scientific studies and driven by continuously updated data to characterize the epidemiological scenario of oral health in the region.

Along these lines, Morales BC *et al.*⁽¹⁹⁾ and González y Rivas M.⁽¹⁵⁾ analyzed the path taken by Colombia and Argentina, respectively, in their quest to consolidate oral health as a state policy. Both studies highlighted the need for interdisciplinary approaches and the integration of different sectors to guarantee the effectiveness of public policies. The authors reflected similarly on the influence of economic, social and political factors in structuring collective oral health and the importance of community involvement. Despite the convergences, the challenges faced in each country presented particularities. In Colombia, the study showed how the trajectory of the health system, influenced by a neoliberal logic, limits the universalization of oral health. In Argentina, the focus was on tackling historical challenges such as fragmentation between levels of government and the lack of effective laws to guarantee funding and sustainability for oral health on the public agenda.

These reflections on the challenges faced by Colombia and Argentina are linked to the Brazilian experience presented by Cayetano et al which reports on the creation of the National Oral Health Policy (PNSB), known as “Smiling Brazil”, while analyzing the incorporation of oral health into health systems, with a special focus on Latin American countries. The authors pointed out that the formulation of public policies requires the articulation of various actors and depends on the creation of favorable mechanisms for their implementation. They also emphasized the central role of social participation, as part of the framework, which includes institutions, ideas and interests as structuring elements of the political process.

Since the redemocratization that began with the end of the authoritarian regime in 1964 and the promulgation of the 1988 Constitution, social participation in oral health in Brazil has been on a path of recognition and struggle. The final report of the 3rd National Oral Health Conference⁽³⁷⁾ held in 2004, was recognized as a legitimate and democratic instrument, supported by broad social participation, and became a guiding document for public oral health policies, as well as reaffirming oral health as a right for all and a duty of the state. Continuing the process of consolidating the National Oral Health Policy (PNSB) as a state policy, Bill N°. 8.131/2017⁽³⁸⁾ was sanctioned, generating Law No. 14.572/2023⁽³⁹⁾ officially incorporating oral health into the SUS legal framework.

Bulgarelli⁽²⁴⁾ emphasizes that citizenship, as the political dimension of individuals, is constructed in the social relations that guide the state’s health practices. The meanings of health, illness and care are historically constructed and, in this context, social participation emerges as a concrete expression of citizenship. In the Brazilian PNSB, this citizenship manifests itself through the democratization of care and the representation of users on health councils, reinforcing participatory management and the legitimacy of the link between users and services. Thus, the PNSB is configured as a social policy built collectively, based on the principles of equity, participation and the right to health.

Considering the operationalization of the PNSB in this scenario, Silva et al⁽³⁴⁾ sought to understand the performance of Primary Health Care (PHC) in regulating referrals to other levels, as

the organizer of comprehensive oral health care and the gateway for users into the system. The data revealed that, especially in the area of oral health, this arrangement is essential for improving the performance of services, ensuring ease of access, welcoming, bonding and responsibility, as well as strengthening social participation.

Amorim *et al.*⁽¹⁷⁾ and Moimaz *et al.*⁽¹⁴⁾ highlighted in their studies the importance of understanding and evaluating user satisfaction with the dental services provided in the public oral health network within the scope of primary care in Brazil and assessed how dental care was provided, in order to rethink professional practices or intervene in the way services are organized. The actors elucidated that the participation and perception of users is an important management tool, guides health planning, contributes to improving the quality of services and to the viability of health promotion, prevention and recovery policies.

Reinforcing this theme, Lira, Monteiro and Tavares⁽²¹⁾ carried out a study with the aim of understanding the flow of oral health-related complaints sent to the SUS Ombudsman's Office in Recife, the capital of Pernambuco, analyzing the profile of the applicants, the content of the complaints and the use of this channel to support the management of dental services in the municipality. The research revealed shortcomings in communication and coordination between the ombudsman's office and the area's managers, as well as pointing out that this instrument is still little used by the population, which limits its potential as a tool to support oral health management.

Costa and collaborators⁽³³⁾ in a study carried out in the municipality of Natal, in the state of Rio Grande do Norte, analyzed the complexity of the scenario recently experienced in the Covid-19 pandemic, especially by oral health teams, as they sought new arrangements in work processes for the continuity of dental care. The authors stated that the creation and use of communication channels on government portals and social media applications was an effective strategy for bringing oral health teams and users closer together and should be seen as an evolution of health communication policy.

In their contribution, Moimaz, Saliba and Saliba⁽²⁷⁾ analyzed access to oral health information by evaluating the websites of 26 municipalities in the state of São Paulo, considering aspects such as accessibility and usability; the information content made available to citizens; mechanisms for social control over management and; the level of interactivity and user engagement. The study revealed that the use of public data is still limited and the oral health information available on the websites analyzed was insufficient to guarantee effective social participation. The authors stressed that oral health information should be clear, accessible and understandable to all citizens, enabling it to be appropriated and used.

Rossi, Moreira and Barros⁽²⁰⁾ analyzed the legislative processes from 1963 to 2019 that dealt with the policy of fluoridation of water supplies, mineral water and salt fluoridation in Brazil. The authors elucidated the different positions and aspects involved in the political field, as well as the dispute between fluoridation methods, highlighting the importance of systemic fluoridation methods as a coping strategy for dental caries, one of the most prevalent oral problems.

From this perspective, Caldarelli, Pinheiro and Cury⁽³²⁾ pointed out the urgent need to revise Collegiate Board Resolution (RDC) N°. 530/2021⁽⁴⁰⁾ of the National Health Surveillance Agency (Anvisa), which regulates fluoridated toothpastes in Brazil. According to the authors, the standard disregards consolidated scientific evidence by prioritizing only the maximum limit of total fluoride - which should not exceed 0.15% (1500 ppm F) - without taking into account the quality and bioavailability of fluoride, essential factors for its effectiveness in preventing caries. They pointed out

that the standard disregards how much of this total fluoride should be chemically soluble during the two-year period between manufacture and expiry of the product, including storage time, which can significantly affect its action.

Conclusion

The studies analyzed show that social participation plays a central role in formulating, monitoring and defending public policies aimed at oral health as a fundamental human right, intrinsically linked to people's general health and dignity. Progress and challenges are part of this process and, above all, we must strive for mechanisms that promote the empowerment of individuals and increase their influence in decision-making processes, with continuous engagement.

The concern and promotion of oral health by countries should always be part of the public policy agenda, especially in countries where the population experiences greater vulnerability. Technical cooperation between countries, institutions and international organizations can raise the status of oral health by creating its own agenda and strengthening it globally. At the same time, it is necessary to prioritize equity as a guiding principle for public policies, ensuring that historically marginalized groups have an active voice and effective access to oral health actions and services.

As you can see, Brazil is a leader on the world stage when it comes to social participation and, in oral health, it plays a driving role in public policies. Above all, challenges still need to be faced in order to constantly strengthen this participation and recognize its strength throughout society.

Furthermore, it is recommended that further studies be carried out on this subject in order to elucidate and discuss successful experiences of social participation in the formulation and implementation of public oral health policies, contributing to the strengthening of more democratic and transformative practices for individuals.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contribution

De Andrade NM contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical revision of its content and approval of the final version. Mendes DSGJ contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content and approval of the final version.

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