May 18, 2018

Dr. Eliseo J. Pérez-Stable
Director
National Institute on Minority Health and Health Disparities
National Institutes of Health
6707 Democracy Boulevard, Suite 800
Bethesda, MD 20892-5465

Re: Proposed NIMHD Reorganization

Via: NIMHDRorgComments@mail.nih.gov

Dear Dr. Pérez-Stable:

On behalf of the 3,400 individual and 103 institutional members of the American Association for Dental Research (AADR), thank you for the opportunity to comment on the National Institute of Minority Health and Health Disparities (NIMHD) proposed organizational structure. The proposed structure clarifies and more thoroughly explicates the activities of each office under the Director. Though we realize that many of these activities may exist under the current organizational structure, it is helpful that the proposed structure breaks theses activities out into branches.

AADR applauds what appears to be a special emphasis on tobacco research through the Tobacco Control Lab within the Division of Intramural Research. Tobacco use and related diseases are of particular interest to oral health researchers. Although the smoking rate among U.S. adults has declined to 15.5%, smoking is more concentrated among minority populations, particularly among American Indians/Alaska Natives and people of multiple races. As you noted in the foreword of the NCI Tobacco Control Monograph 22, A Socioecological Approach to Addressing Tobacco-Related Health Disparities, African Americans and Hawaiians have a higher risk of being diagnosed with lung cancer for a similar level of smoking.1 Of particular concern to AADR’s constituents, periodontal disease is more prevalent among Hispanic, African-American and Asian-American adults than white adults,ii and although African-American men are diagnosed with oral cancer at a lower rate than whites, they have a higher chance of dying from the disease.iii

AADR’s constituents would benefit from detailed information – perhaps in the upcoming 2018-2022 strategic plan – on how NIMHD intends for the reorganization to enhance and streamline tobacco control research in addition to NIMHD’s other activities, including collaboration with other NIH institutes for more efficient and accelerated minority health and health disparities research.

The current structure specifies the existence of the Office of Research Training and Capacity Building within the Division of Scientific Programs. However, the existence of this office is not apparent in the proposed structure. NIMHD’s Scientific Advancement Plan emphasizes workforce training, especially for early-career investigators and researchers from underrepresented groups through the expansion of F
and K training grants and the NIMHD Health Disparities Research Institute among other efforts. Therefore, it would be helpful for NIMHD to reassure the behavioral and biomedical research community that there will still be a dedicated office and emphasis on workforce training and development in the new organizational structure.

AADR is committed to supporting research and working to improve minority health, reducing health disparities and increasing the diversity of the behavioral and biomedical research workforce. AADR stands ready to work with NIMHD toward these shared goals. Please do not hesitate to contact Dr. Seun Ajiboye, Director of Science Policy and Government Affairs at sajiboye@iadr.org if you have any other questions.

Sincerely,

Christopher H. Fox, DMD, DMSc
Chief Executive Officer
American Association for Dental Research

Maria Emanuel Ryan, DDS, PhD
President, Board of Directors
American Association for Dental Research

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