May 26, 2026

National Institutes of Health
Office of the Director
9000 Rockville Pike
Bethesda, Maryland 20892

Re: Request for Information Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031 (NOT-OD-26-047)

Submitted online via: https://rfi.grants.nih.gov/?s=6998c3a23eb404a3e80e8212

On behalf of the American Association for Dental, Oral, and Craniofacial Research (AADOCR), we appreciate the opportunity to provide comments on the National Institutes of Health (NIH) Request for Information regarding development of the NIH-Wide Strategic Plan for Fiscal Years 2027–2031.

AADOCR is the leading professional community for multidisciplinary scientists who advance dental, oral, and craniofacial research. Our members include basic, translational, and clinical scientists working across academic institutions, health systems, and interdisciplinary research settings.

We appreciate NIH's recognition that scientific progress depends not only on discovery, but also on workforce development, infrastructure, and fostering accountability to strengthen trust in scientific institutions. As NIH develops its next strategic plan, AADOCR encourages the agency to explicitly recognize the value of oral health research as a vital component of the broader biomedical research enterprise. Oral health is inseparable from overall health, and advances in oral health research increasingly contribute to understanding chronic disease, inflammation, microbiology, neuroscience, pain, aging, diagnostics, and population health.

Priority 1: Research Areas

Goal #1: Advance Foundational Knowledge of Human Health and Disease
AADOCR strongly supports continued investment in foundational science. Many major advances in immunology, microbiology, neuroscience, biomaterials, regenerative medicine, and pain biology have emerged from basic research, including studies using diverse model and non-model organisms. Sustained support for foundational science is essential to understanding disease mechanisms and developing future interventions.

We encourage NIH to preserve space for investigator-initiated basic science research even as pressures increase to demonstrate immediate translational relevance. Premature movement into clinical application without sufficient mechanistic understanding can undermine both scientific rigor and long-term innovation. Robust

support for cross-species and comparative biological approaches remains critical to ensuring that translational and clinical research are scientifically sound and ethically justified. Investing in these foundational approaches will ultimately improve the quality, interpretability, and impact of translational and clinical research.

AADOCR also encourages NIH to recognize the growing importance of oral-systemic health research. Advances in salivary diagnostics, oral microbiome science, and biomarker discovery are creating new opportunities for non-invasive disease detection and risk assessment. In addition, research examining the relationship between periodontal disease and systemic conditions such as diabetes, cardiovascular disease, chronic kidney disease, and neurodegenerative disorders illustrates the biomedical relevance of oral health research.

Goal #2: Prevent Disease and Promote Health Across the Lifespan
Oral diseases remain among the most common chronic diseases in the United States and worldwide, yet they are often underrepresented in broader biomedical prevention strategies. Dental caries remains the most prevalent chronic disease among children and continues to disproportionately affect rural, underserved, and low-income populations. Periodontal disease affects nearly half of U.S. adults over age 30 and contributes to systemic inflammation associated with chronic disease.

Investment in oral disease prevention, cariology, periodontology, oral cancer prevention, tobacco- and vaping-related research, and maternal-child oral health offers substantial public health benefit and reduces downstream healthcare costs. Prevention-oriented oral health research also has the potential to improve quality of life, decrease lost productivity, and reduce disparities in chronic disease burden.

Scientific advances improve health only when patients can access care. Preventing and managing oral diseases depends on having enough oral health providers, strong community-based prevention programs, and health systems that can translate research into everyday practice. Current workforce shortages, especially in rural, underserved, and safety-net communities, limit the impact of NIH-funded prevention research. NIH's strategic plan should therefore recognize oral health workforce capacity as an essential part of effective disease prevention and public health improvement.

Goal #3: Advance and Optimize Interventions, Treatments, and Cures
AADOCR supports continued investment in translational and clinical research related to salivary diagnostics, microbiome-targeted therapeutics, regenerative medicine, digital health technologies, and non-opioid pain management. Salivary diagnostics, for example, may enable non-invasive, point-of-care screening and early detection of systemic conditions such as diabetes, cardiovascular disease, infectious diseases, and certain cancers. Microbiome-targeted therapeutics offer opportunities to prevent or manage disease by modulating oral microbial communities associated with caries, periodontal disease, inflammation, and broader systemic health conditions.

Research on temporomandibular disorders (TMD) and other chronic orofacial pain conditions, which affect an estimated 10–15% of the population, remains especially important because limited understanding of their underlying mechanisms has hindered development of effective non-opioid treatments. Advances in pain biology and non-opioid therapeutics could improve care for these patients while also supporting broader national efforts to reduce opioid misuse and dependence.

We further encourage NIH to support implementation research that addresses the persistent gap between scientific evidence and clinical adoption in oral healthcare education and practice settings. Advances in prevention, diagnostics, and pain management often take years to become integrated into dental education and routine clinical care. Implementation science can help identify barriers to adoption, improve dissemination of evidence-based practices, and ensure that NIH-supported discoveries translate more efficiently into better patient outcomes and population health.

Priority 2: Research Capacity

Goal #1: Develop and Sustain an Interdisciplinary Research Workforce
AADOCR strongly supports NIH's emphasis on sustaining a robust biomedical research workforce. There are distinct challenges in developing pipelines of clinician-scientists, dentist-scientists, oral health researchers, and academic investigators.

Principal investigators are spending increasing amounts of time preparing and resubmitting grant applications while facing historically low funding success rates and delays in funding. This environment reduces time available for research, mentorship, and scientific innovation and has become one of the most significant deterrents to workforce development. Increasingly, talented scientists and clinician-investigators are leaving research careers in favor of clinical practice, industry, administration, or other career paths outside of research because they perceive the pathway to sustained scientific careers as financially and professionally unsustainable.

NIH's strategic plan should therefore prioritize policies and funding mechanisms that improve research stability and continuity for investigators. Sustaining research progress requires long-term investment in training pathways for dentist-scientists, clinician-investigators, oral health researchers, and interdisciplinary investigators. Continued support for T32, K-series and other career development mechanisms remains essential.

We also encourage NIH to consider pathways for mid-career clinicians returning to academia and research, particularly at smaller dental schools and institutions with emerging research programs. These investigators represent an important and underutilized component of the biomedical workforce but often face structural barriers to establishing research programs and competing successfully for federal funding.

Goal #2: Build, Improve, and Sustain Research Resources and Infrastructure
AADOCR encourages NIH to strengthen research infrastructure and improve equitable access to research resources across institutions and geographic regions. Dental

schools and institutions serving rural or underserved communities frequently lack the equipment, administrative support, and infrastructure necessary to compete effectively for federal research funding.

Targeted investments in emerging research environments, infrastructure development, and research capacity-building would broaden participation in NIH-funded science and improve the relevance of research findings for underserved populations.

We also encourage NIH to strengthen national data infrastructure and population surveillance systems to better capture geographic, socioeconomic, and social determinant information relevant to oral health disparities and prevention research.

In addition, as artificial intelligence (AI) becomes increasingly integrated into biomedical research, NIH should support both its responsible application and its scientific development. AI holds promise for oral health research, including diagnostic imaging, microbiome data analysis, and population-level disease prediction. NIH should invest in AI research infrastructure while establishing clear guidance on transparency, reproducibility, and validation to ensure that AI-supported research remains rigorous and trustworthy.

Priority 3: Research Operations

Goal #1: Enhance Scientific Stewardship and Decision-Making
AADOCR supports NIH's efforts to strengthen scientific stewardship and maintain accountability in the use of federal research investments. We encourage NIH to recognize the substantial return on investment generated by sustained support for dental, oral and craniofacial research, including contributions to immunology, microbiology, pain science, regenerative medicine, and diagnostic innovation.

We also encourage NIH to reduce unnecessary administrative burden associated with grants management, reporting, and compliance requirements. Administrative complexity disproportionately affects smaller research programs and institutions with limited support infrastructure and can discourage early-stage investigators from remaining in research careers.

Goal #2: Foster Transparency and Accountability to Improve Public Trust in Science
Public trust in science remains essential to achieving NIH's public health mission. Oral health is an area where evidence-based guidance is increasingly challenged by misinformation related to fluoridation, vaccines, and other public health interventions that have well-established scientific support.

AADOCR encourages NIH to adopt public engagement strategies that improve understanding of evidence-based health recommendations and strengthen trust in scientific institutions and public health guidance.

Conclusion
AADOCR appreciates NIH's commitment to developing a forward-looking strategic plan that recognizes the interconnected importance of scientific discovery, workforce development, infrastructure, stewardship, and public trust. We respectfully encourage NIH to ensure that oral, dental, and craniofacial research, as a critical contributor to overall health and biomedical innovation, is fully integrated across the agency's strategic priorities and goals, not only within a single institute's mission.

Thank you for the opportunity to provide comments on this important initiative. AADOCR would be pleased to provide NIH with any additional information as development of the Strategic Plan proceeds. For questions about these comments, please contact Yehuda Sugarman, Director of Government Affairs (ysugarman@iadr.org).

Respectfully submitted,

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