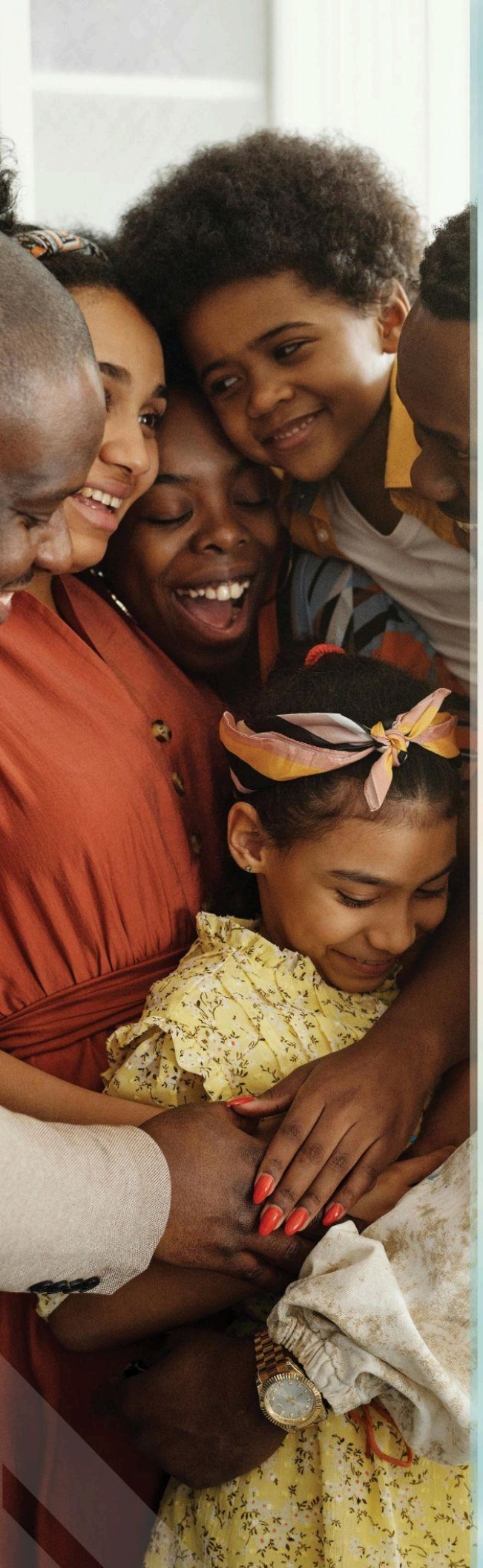


A Roadmap for Advancing Patient-Centered CER in Oral Health

JUNE 2025

AIDPH
AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH

AIDPH
AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH

TABLE OF CONTENTS

Section One: Roadmap Purpose and Overview

The American Institute of Dental Public Health (AIDPH) is committed to advancing health equity and disrupting systemic barriers that perpetuate disparities in oral health. Guided by our mission to empower communities through science, education, and advocacy, and our vision of a justice-oriented oral health system, this research roadmap outlines a strategic framework to build our capacity for patient-centered comparative effectiveness research (CER). Supported by funding from the Patient-Centered Outcomes Research Institute (PCORI), this document serves as a blueprint for fostering collaboration, strengthening community relationships, and advancing equitable oral health outcomes, particularly for underserved, historically excluded, and marginalized populations.

Purpose of the Research Roadmap

This roadmap was developed using PCORI Engagement Award funding to build our internal capacity for community engagement, community-engaged research (CEnR), and patient-centered CER. The intention of this roadmap is to define next steps for integrating patient-centered CER into our organizational practices and partnerships. It reflects our commitment to advancing oral health justice through community empowerment, addressing critical gaps in research, and amplifying the experiences of communities who have historically been disenfranchised from the research process.

Through this roadmap, we aim to:

1. Provide a clear, actionable plan for building patient-centered CER capacity over the next two years and beyond.
2. Strengthen relationships between researchers, patients, and community partners to co-develop solutions addressing oral health disparities.
3. Establish a framework for meaningful and equitable engagement in patient-centered CER, particularly for rural communities, veterans, LGBTQIA+ individuals, and people with disabilities.
4. Position AIDPH as a national leader in patient-centered CER and oral health CEnR by driving innovation and evidence-based practices in oral health equity.

Key Elements of the Roadmap

This roadmap incorporates the essential components required by PCORI and builds on AIDPH's foundational values of justice, collaboration, exploration, connection, and community. Each section of the roadmap addresses critical aspects of our capacity-building journey:

- Mission and Vision: AIDPH's purpose in advancing patient-centered CER and CEnR aligns with our broader vision of a justice-oriented oral health system. We envision a future where community-engaged research drives sustainable solutions to the disparities faced by our focus populations.

- Current Landscape: We summarize findings from an environmental scan conducted during our Engagement Award period, which highlights both internal capacity-building needs and external factors impacting oral health research. These findings inform our approach to addressing systemic inequities through CEnR.

- Goals and Outcomes: Our roadmap outlines specific, measurable goals to strengthen our organizational capacity for patient-centered CER. These goals include establishing sustainable partnerships, co-developing research agendas with community input, and improving the representation of underserved populations in CEnR.

- Partnerships: AIDPH recognizes that collaboration is essential for transformative change. This roadmap identifies key partners and stakeholders, such as oral health professionals, researchers, patient advocates, and community organizations, and defines their roles in advancing CEnR.

- Strategies to Achieve Goals: We describe actionable steps to achieve our goals, including developing culturally affirming research practices, leveraging existing community engagement models, and identifying potential barriers to implementation.

- Sustainability: Recognizing the need for long-term impact, the roadmap details strategies in the goals and outcomes to ensure the continuity of patient-centered CER efforts beyond the Engagement Award period. This includes securing funding, integrating patient-centered CER and CEnR

practices into AIDPH programming, and fostering leadership within marginalized communities to drive future research.

AIDPH is dedicated to building a justice-oriented research framework that centers the needs, experiences, and knowledge of patients and communities. This roadmap reflects our intentionality in aligning research activities with community priorities, promoting inclusivity, and addressing systemic barriers to health equity. By creating this roadmap, AIDPH aims to identify a sustainable process for engaging in patient-centered CER, advancing our mission of empowering communities to achieve justice, equity, and inclusion in oral health.

Section Two: Advancing Justice-Oriented Oral Health Through Community-Engaged Research

AIDPH's **mission** is to empower communities to advance oral health through science, education, and advocacy. Our **vision** is a justice-oriented oral health system. In alignment with our organizational values of justice, collaboration, exploration, connection, and community, AIDPH views patient-centered CER as a critical tool to achieve oral health equity.

Community-Engaged Research Framework
AIDPH applies a community-engaged research (CEnR) 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. Adopted in 2021, the core principles of AIDPH's Community-Engaged Research Framework include:

- Collaborative Design: Research strategies are developed in partnership with community members. This includes 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 fully engage in the research process. This includes 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.

While AIDPH's Community-Engaged Research Framework has served as our working model for equitable research practice, it is also deeply aligned with the key tenets of patient-centered CER. Patient-centered outcomes research is guided by the values, preferences, and needs of patients, caregivers, and stakeholders, and grounded in real-world decisions. Our CEnR framework operationalizes these same goals with the intention of improving oral health outcomes for marginalized patients and population health disparities nationally. By co-developing research questions with community members, we ensure that our work addresses the outcomes that matter most to patients, including trust in care, timely access, reduced pain or anxiety, and culturally affirming experiences. This roadmap will inform AIDPH's process for building comparative effectiveness studies that are grounded in real-life contexts and produce results that are meaningful, usable, and immediately relevant. Through this process, AIDPH's CEnR framework supports engagement and provides a pathway for patient-centered CER that is inclusive, accountable, and equity-driven from start to finish.

How Mission and Vision Inform the Research Roadmap and Address AIDPH's Capacity Gaps

AIDPH's mission and vision serve as the foundation for this research roadmap, guiding our efforts to build capacity for patient-centered CER and expand our community-engaged research model. Our vision of a justice-oriented oral health system is deeply intertwined with the principles of patient-centered CER and will serve as the foundation of our approach. More specifically, AIDPH relies on key values such as including community members as leaders in the research process, meaningfully engaging patients to build trust and relevancy, and ensuring that research can be translated or adopted into practice settings and community members' lives.

AIDPH's core communities of focus (veterans, LGBTQIA+ individuals, people with disabilities, and rural populations) experience disproportionate oral health disparities, often shaped by long-standing gaps in access, cultural safety, and health system accountability. These structural inequities, exacerbated by historical systemic exclusion and underinvestment in oral health as part of whole-person care, require research approaches that are community-led, data-informed, and designed for action.

While AIDPH has a strong foundation in community-engaged research, advocacy, and education, internal assessments conducted during the Engagement Award period identified key organizational gaps that must be addressed to fully support and sustain patient-centered CER. These include:

- Limited internal infrastructure tailored specifically to patient-centered CER methodologies, including standardized workflows, training pathways, and evaluation tools.
- Broader internal staff knowledge of patient-centered research frameworks, particularly in relation to oral health outcomes that matter to patients and communities.
- Gaps in institutional systems to equitably compensate and integrate community members as research co-leaders and decision-makers.
- The absence of a formalized implementation strategy to translate co-designed research priorities into action and funding opportunities.
- A general lack of patient-centered CER and CEnR within oral health research across the field.

This roadmap was developed in direct response to those gaps to guide AIDPH's next phase of growth. By identifying both external challenges and internal needs, AIDPH is better positioned to lead research that is meaningful, sustainable, and designed to disrupt oral health inequities through collaborative solutions. Through this roadmap, AIDPH will deepen its commitment to justice-driven oral health research by building on existing partnerships with community organizations, patient advocates, and oral health professionals to strengthen engagement in CER and CEnR. We will expand the application of our community-engaged research framework to new projects, ensuring that our approach remains inclusive, participatory, and responsive to the needs of the communities we serve. To sustain this engagement over time, we will invest in developing infrastructure and tools such as co-created research agendas, equitable data-sharing agreements, and collaborative dissemination strategies that elevate community voices and support shared ownership of research outcomes. Finally, we will use the evidence generated through this work to advocate for systemic changes in oral health policies and practices.

Section Three: The Current Landscape of Oral Health in our Core Communities

Unlike other areas of healthcare where patient-centered CER is increasingly embedded in research and practice, oral health remains largely disconnected from patient-focused frameworks, especially among historically excluded populations such as veterans, LGBTQIA+ individuals, rural residents, and people with disabilities. There is limited published research, funding infrastructure, or operational models within dentistry that demonstrate how to conduct rigorous, patient-centered CER. Internally, AIDPH has identified similar gaps, such as a lack of patient-centered CER, limited staff training on CER methods, and sustained support for ongoing community co-leadership in research. Among our partners, there is a shared interest but uneven readiness to engage in patient-centered CER due to resource constraints, limited experience navigating research infrastructure, or lack of familiarity with patient-centered CER principles. This roadmap is a direct response to these national and organizational gaps, designed to build the systems, partnerships, and capacity needed to embed community-driven CER within the oral health landscape.

An Overview of Dental Care Access and Affordability

A person cannot have good health without good oral health. Oral health and overall health are inherently linked through the oral-systemic connection. As a function of this connection, the inability to access high-quality and affordable dental care threatens a person's overall health and well-being. There are 7,651 dental healthcare professional shortage areas (DPHSA) in the US, impacting over 79 million residents. Roughly two-thirds of working-age adults in the US see a dentist annually, a number that has remained virtually unchanged among the total population for over 15 years. When examining the same time period and evaluating the cost of healthcare, the results are sobering. Americans have experienced an 88% increase in personal healthcare expenses since 2005, with out-of-pocket expenditures rising by 53%. Dental service expenditures have increased by 64.2% since 2005, with approximately 42% of total dental expenditures paid out-of-pocket by consumers. While out-of-pocket costs for dental care have slowly decreased over time, consumers are still personally paying 41 cents of every dollar spent on dental care throughout the US, the highest among all healthcare costs, including hospital expenditures, physician and clinical expenditures, home healthcare expenditures, nursing care facilities, and prescription drug costs. Americans consistently report delaying medically necessary dental care due to cost, with 17% of working-age adults forgoing dental treatment in the past year because they couldn't afford care. Taken

together, these data suggest that Americans pay more each year for their healthcare, and in the case of dental care, access services at the same rate, for significant costs.

The chronic lack of access to affordable dental care strains other aspects of the healthcare system, creating unnecessary and costly emergency department visits. In 2019, more than 2 million emergency department visits occurred for non-traumatic dental conditions (NTDCs) or issues that could have been averted through adequate access to dental care in a routine setting. These visits resulted in treatment costs exceeding $3.4 billion, a rate that has steadily increased over time, despite an overall decline in ED visits since 2010. These ED visits and resulting costs are more significant for low-income, rural, and younger working-age adults, an alarming trend when considering the exacerbating socioeconomic conditions experienced among these marginalized groups.

Oral Health and Chronic Disease Conditions

Adverse oral healthcare outcomes are exacerbated through poorly managed chronic disease conditions, and vice versa. One in ten Americans (11%) are living with diabetes, and roughly 6% of adults have been diagnosed with heart disease, resulting in millions of Americans experiencing high-risk, high-cost chronic disease conditions that increase their poor oral health outcomes. Among this population, 45% of adults with heart disease did not visit a dentist in the past year. Similarly, 42% of adults with diabetes did not visit a dentist in the past year. Substantial evidence supports the connection between oral health, diabetes, stroke, and heart disease, indicating that access to preventive and comprehensive dental care reduces the cost of medical treatment for these chronic diseases. Improved access to oral health care for Americans with these chronic disease conditions not only enhances quality of life and health outcomes but also reduces the financial burden on both patients and payers through more effective and holistic treatment.

The Impact of Poor Oral Healthcare Access Among Marginalized, Underserved, and Historically Excluded Communities

An Overview of Veteran Oral Health: There are approximately 18 million veterans in the US, of whom roughly half are eligible for medical care administered through the Veterans Health Administration. Among these veterans, 22.5% meet the eligibility requirements for dental care outlined in Title 38 of the Federal Code. Of the 22.5% eligible for dental care, approximately 32% of veterans utilized their dental benefit through the VA in FY 2024. This is a steady trend of low utilization despite a 7%

recent increase in eligibility due to the PACT Act. In short, most veterans are not eligible for dental care through the VA, or don't utilize their benefit if they qualify, resulting in a chronically underserved community. Veterans have more caries experience, gum disease, and edentulism compared to nonveterans. These oral health outcomes are often related to chronic disease conditions like heart disease and diabetes, of which veterans experience higher prevalence rates compared to nonveterans. The cost savings associated with treating veterans with heart disease and diabetes in an integrated care environment average roughly $3.4 billion annually, over a billion dollars more than the FY 2025 VHA budget request for dental services. A report published by AIDPH revealed these chronic disease issues are complicated by intersecting inequities like income, education, and rurality. Rural veterans experience poorer oral health outcomes compared to their urban counterparts. Rural veterans pay higher out-of-pocket costs for dental care, have poorer self-reported oral health, and experience edentulism at higher rates than non-rural veterans. In summary, all available data indicate that veterans not only encounter poorer oral health outcomes and access compared to nonveterans but that factors like rurality and high prevalence of chronic disease conditions make oral health worse for subgroups of this community. Veteran stories shared with AIDPH underscore the human impact of poor access to dental care:

"If I pay for this, I'm positive I'd end up homeless. As it is, I barely can afford food. I never go anywhere except to VA appointments. It's a 2-hour drive, and gas isn't cheap." 71-year-old retired Army Veteran from Delaware who has undergone chemo treatment and lost the majority of her teeth as a result.

"Dental care is vital for us veterans that have disability designations but [are] not [at] 100%. We should have access to dental care even if at a discounted rate. It is critical to our health and I know my mouth situation affects me greatly." Working-age army veteran from Massachusetts

An Overview of Oral Health for People with Disabilities: According to the CDC, more than a quarter of adults in the US report having some kind of disability. Most commonly, these disabilities are related to mobility and cognitive functioning. Adults with disabilities are more likely to experience heart disease, diabetes, and stroke, which are chronic disease conditions with strong influences on oral health outcomes. Notably, adults with intellectual, acquired, or developmental disabilities report seeing a dentist less frequently, often going two or more years without accessing dental care, with cost reported as the most common barrier. The result of

this lack of access to care is profound oral health disparity: more extractions, greater prevalence of gum disease, more cavities, and significant edentulism. People with a disability also experience stigma and discrimination in healthcare settings, with more than half reporting having been refused dental care in connection to their disability. This personal experience is best described by Jackie Kancir, Policy Director, National Council on Severe Autism and Patient Advocacy Director, SynGAP Research Fund, who shares her history finding dental care for her child with disabilities:

"Here's a child that was in excruciating pain, face was swollen. And you had these doctors who took an oath to do no harm, who were just sending her out without even an antibiotic, without any pain medicine [because they would not treat her with her disability]. I've said all along: I have a German Shepherd. Most vets hate dealing with German Shepherds, but it's easier for me to get my dog humane treatment than it is my daughter. And it just absolutely breaks my heart. It really does."

An Overview of Rural Oral Health: People living in rural areas experienced intersecting inequities facilitated by geographic barriers to accessing dental care. As a result of these barriers, rural people sustain poorer oral health outcomes, including gum disease, edentulism, and cavities. More than 1/3 of people in rural areas do not have dental insurance coverage, and 2/3 live in a dental health professional shortage area. Rural people report higher rates of chronic disease conditions like heart disease and diabetes, even when controlling for other contributing factors like education and income, which exacerbate poor oral health outcomes and the lack of access to dental care. Socioeconomic and structural factors like high rates of poverty, increased substance use, and steady closures of rural healthcare clinics not only complicate dental care access in rural communities but also impact the overall quality of life. As a result of these systemic inequities, rural oral health is dire, and policy solutions require a multi-directional approach that considers both upstream and downstream effects. Alan Morgan, CEO of the National Rural Health Association, shares his perspective on the complex challenges experienced by rural Americans:

"Rural America is often a story about workforce shortages, vulnerable populations, and chronic poverty. Let's be honest: the truth lies in between. The challenges that we face in Rural America drive innovation and that's an important starting point. People living in rural areas are often sicker, older, and poorer. It's not a smaller version of urban living, it's a unique healthcare delivery environment that requires an asset-based approach to policy change."

An Overview of LGBTQIA+ Oral Health: LGBTQIA+ people experience stigma and discrimination in the healthcare system, including dental care. Roughly 2/3 of LGBTQIA+ adults report experiencing some level of discrimination during a recent healthcare visit. These encounters with discrimination often leave LGBTQIA+ patients feeling unempowered to support health recommendations and treatment plans – and, in some cases, can create long-term feelings of stress and anxiety that impact future health visits. Recent survey research indicated that 43% of LGBTQIA+ dental patients report feeling uncomfortable during appointments, and over 1/3 of those surveyed reported unfair treatment by dental providers. The result of these negative experiences is delayed dental care, with LGBTQIA+ people being 77% more likely to visit an emergency department to address a dental need. While oral health outcomes among LGBTQIA+ people are under-researched, available literature indicates queer people often rate their oral health more poorly than their non-queer peers and express trouble both accessing and financing their dental care.

Section Four: Goals and Objectives for Building our Research Capacity

The overarching goal of this research roadmap is to build the capacity of AIDPH and our community and patient partners to meaningfully engage in patient-centered CER. By centering the voices and lived experiences of veterans, LGBTQIA+ individuals, rural communities, and their intersecting inequities, AIDPH aims to develop a collaborative and sustainable research infrastructure that improves oral health outcomes and advances health equity. This section outlines updated goals and objectives, reflecting the original award application submitted to PCORI under the Engagement Award while incorporating new insights and aligning with the roadmap guidance.

Goal 1: Build the Internal and External Capacity of AIDPH to Engage in Patient-Centered CER. By the end of Year 2 of the roadmap, AIDPH will strengthen its internal organizational capacity for patient-centered comparative clinical effectiveness research (CER) by training 100% of staff in CER, seeking funding for sustainable patient-centered CER practices, and expanding its advisory and stakeholder network by at least eight new partners aligned with AIDPH's core communities of focus.

Objectives:

- Prepare and train AIDPH staff in patient-centered CER through professional development and capacity-building activities.
- Assess organizational needs and gaps in the oral health landscape for AIDPH to support veterans, LGBTQIA+ individuals, and rural communities.
- Develop an organizational capacity-building plan to advance community-engaged research.
- Refine workflows to integrate findings from stakeholder feedback and community-engaged research assessments conducted during the Engagement Award to identify patient-centered CER priorities.
- Establish an organizational implementation strategy to implement the roadmap's activities and ensure alignment with AIDPH's vision.

Outcomes (Short to Medium Term):

- Within one year post-award, AIDPH's leadership and staff team will be equipped to design and implement patient-centered CER capacity-building projects.
- Within two years post-award, AIDPH's organizational capacity will be adjusted to encompass research roadmap activities.

Goal 2: Initiate Activities from the CEnR Agenda with Stakeholders Across Core Communities of Focus. Within two years, AIDPH will implement activities within the national community-informed research agenda by activating at least four stakeholder workgroups (one per focus community), advancing three community-prioritized research topics toward project development, and integrating community partners into early-stage patient-centered CER study planning through structured co-leadership and engagement activities. The priorities identified in the CEnR agenda will be explored through patient-centered CER.

Objectives:

- Sustain and expand the Oral Health Community Advisory Board to ensure research activities remain aligned with community need.
- Establish stakeholder work groups within the OHCAB to operationalize and implement priority research projects.
- Seek funding to initiate research and community engagement activities.

- Implement and disseminate a community co-leadership model for research planning that includes compensation, role clarity, and decision-making pathways.
- Host a series of facilitated convenings to co-design the research agenda, including breakout discussions on intersecting challenges across focus communities.

Outcomes (Short to Medium Term):

- Within year one, AIDPH will activate community workgroups aligned with the research agenda priorities and focus on implementation pathways.
- By Month 18, three priority research questions will be translated into structured CER study concepts, co-developed with stakeholders.
- Within Year Two, AIDPH will develop scalable models for engaging marginalized populations in co-designed research initiatives.

Goal 3: Build a Sustainable Network of Diverse Stakeholders for Patient-Centered CER in Oral Health. By the end of Year Two, AIDPH will establish and sustain a network of at least 25 community partners, researchers, and organizations across its core communities of focus to support continuous engagement and collaboration in patient-centered CER.

Objectives:

- Recruit at least 12 new Community Advisory Board (CAB) members across veterans, LGBTQIA+, rural, and disability communities by Month 9 to ensure representation aligns with AIDPH's research priorities.
- Identify and engage key stakeholders across core communities of focus to expand collaboration opportunities.
- Provide onboarding and capacity-building training for all CAB members, including foundational knowledge of patient-centered CER, community-engaged research, and ethical participation in research governance.
- Conduct a resource and needs assessment with CAB members and organizational partners to guide future collaboration opportunities.
- Identify community resources and stakeholder interests to align partnerships with roadmap goals.

Outcomes (Short to Medium Term):

- Within year one, AIDPH will engage a network of at least 25 stakeholders in regular communication, shared learning opportunities, and collaborative planning for patient-centered CER and CEnR oral health initiatives.
- Within year two, AIDPH will establish a sustainable infrastructure for maintaining and growing the stakeholder network beyond the initial roadmap period.

Goal 4: Amplify Oral Health as a Critical Component of Whole-Person Health. By the end of Year Two, AIDPH will elevate oral health within patient-centered CER and whole-person health frameworks by integrating patient-centered CER findings into educational, policy, and practice frameworks.

Objectives:

- Collaborate with at least three other PCORI engagement awardees and research awardees to share lessons learned and explore cross-topic integration of oral health and whole-person health.
- Develop resources, tools, and communication strategies to amplify oral health as an integral part of whole-person care.
- Disseminate research findings through peer-reviewed publications, social media campaigns, and community-facing reports.
- Curate and contribute oral health resources to PCORI's broader network to raise the profile of AIDPH's core communities of focus and oral health disparities.

Outcomes (Short to Medium Term):

- Within year one, oral health will be featured in at least one cross-disciplinary dissemination activity, campaign, or engagement effort led in partnership with other health research partners.
- Within year two, AIDPH will see measurable adoption of our patient-centered CER and CEnR frameworks by other organizations and stakeholders.

Future Goals (2–3 Years Post-Engagement Award)

Looking beyond the immediate project period, AIDPH envisions a thriving infrastructure for patient-centered CER in oral health that drives systemic change and improves community outcomes.

Planned Future Objectives:

- Conduct biennial evaluations of the research roadmap beginning in Year 3 to assess alignment with emerging community priorities and update activities based on stakeholder feedback.
- Expand the Community Advisory Board and stakeholder network by at least 50% by Year 4, with a focus on geographic diversification and inclusion of additional identities and lived experiences.
- Secure at least two additional funding streams by Year 4 to scale pilot initiatives into larger, patient-centered CER and CEnR studies.
- Establish AIDPH as a national partner for patient-centered CER in oral health by creating formal partnerships with at least five institutions or networks engaged in PCOR, CEnR, or whole-person health.

Expected Long-Term Outcomes:

- Implementation of co-designed research agendas leads to funded CER projects that generate actionable interventions tailored to the needs of veterans, LGBTQIA+ individuals, rural residents, and people with disabilities.
- Publication of longitudinal outcome data by Year 5 demonstrates improved oral health indicators and reduced disparities across core communities of focus.
- AIDPH has the infrastructure, partnerships, and workforce readiness to lead and sustain a national portfolio of patient-centered CER efforts grounded in justice, equity, and community-defined impact.

Section Five: Leveraging Partnerships to Implement Patient-Centered CER

AIDPH has made significant strides in developing and strengthening partnerships throughout the Engagement Award process. By focusing on stakeholder engagement and collaboration, we have created the foundation for sustained, patient-centered CER and CEnR. Two key initiatives that have emerged from this effort are the **Oral Health Community Advisory Board (OHCAB)** and the **Oral Health Community Engaged Research Task Force (OHCER)**.

The OHCAB consists of seven dedicated individuals who represent the diverse communities we serve, including veterans, rural populations, people with disabilities, and the LGBTQIA+ community. These members bring firsthand lived experiences and perspectives to the table, ensuring that the patient-centered CER priorities and CEnR strategies we develop are deeply rooted in community needs.
Key accomplishments of the OHCAB:

- **Community Representation:** OHCAB members have reviewed research strategies through a CEnR lens, providing feedback on how these efforts can better reflect and benefit their communities.
- **Guidance and Co-Design:** The Board has played an active role in guiding the development of research agendas and ensuring that proposed activities align with community priorities.
- **Capacity Building:** Members received tailored training and support to effectively engage in research processes, equipping them to co-design actionable paths forward for patient-centered CER in oral health.

The OHCER is a national initiative that has convened a diverse network of stakeholders, including researchers, community members, and organizational partners, to co-create a shared research agenda for community-engaged oral health research.
Key accomplishments of the OHCER:

- **Shared Research Agenda:** The task force has developed a comprehensive research agenda comprising more than 80 research topics and questions informed by community input and evidence-based strategies.
- **Framework Development:** OHCER has created a framework for engaging stakeholders in patient-centered CER and disseminated promising practices for community engagement in oral health research.
- **Stakeholder Engagement:** The task force has convened diverse stakeholders from veteran, LGBTQIA+, rural, and other marginalized communities to identify research gaps and inform future patient-centered CER priorities.

In order to evaluate and map our stakeholder network, AIDPH conducted a survey with 50 community stakeholder organizations to assess their connection to patient-centered CER and CEnR. The results of this survey were used to recommend tailored engagement strategies and identify areas for capacity building in our national research agenda. This table of stakeholders demonstrates AIDPH's network of connections in the community, research, policy, and technical sectors.

Organization/Entity	Focus	Capacity Building Connection
National Rural Health Association	Rural	Community Representation
Rural Oral Health Learning Collaborative	Rural	Community Representation
LGBTQIA+ Oral Health Learning Collaborative	LGBTQIA+	Community Representation
LGBTQIA+ Health Education Center	LGBTQIA+	Community Representation
CareQuest Institute for Oral Health	Research	Technical Expertise
Association of State and Territorial Dental Directors	Workforce	Research Implementation
American Network of Oral Health Coalitions	Workforce	Research Implementation
National Network for Oral Health Access	Workforce	Research Implementation
American Association of Public Health Dentistry (AAPHD)	Workforce	Research Implementation
American Dental Hygienists' Association	Clinical	Research Implementation
Dental Assisting National Board	Clinical	Research Implementation
Veterans Affairs Dentistry Division	Clinical	Research Implementation
American Dental Association	Veteran	Research Implementation
American Dental Education Association	Clinical	Research Implementation
Minority Veterans Association	Veteran	Community Representation
Veterans of Foreign Wars	Veteran	Community Representation
Disabled American Veterans	Veteran	Community Representation
Paralyzed Veterans of America	Veteran	Community Representation
West Virginia Oral Health Coalition	Rural	Community Representation
Community Catalyst	Research	Publication Development
Southern Plains Tribal Health Board	Patients	Community Representation
American Dental Education Association	Workforce	Research Implementation
Families USA	Patients	Research Implementation
California Dental Association	Workforce	Research Implementation
Harmony Health	Research	Technical Expertise
National Association of Community Health Centers	Workforce	Community Representation
Dental Lifeline Network	Veteran	Community Representation
Achieva	Disabilities	Community Representation
Justice in Aging	Disabilities	Community Representation
The Center for Integration of Primary Care and Oral Health	Clinical	Research Implementation

Bureau of Veterans' Services (Maine)	Veteran	Community Representation
Society of American Indian Dentists	Workforce	Survey Dissemination
National Dental Association	Workforce	Survey Dissemination
Diverse Dental Society	Workforce	Survey Dissemination
Hispanic Dental Association	Workforce	Survey Dissemination
American Public Health Association - OH Section	Workforce	Survey Dissemination
American Dental Therapy Association	Workforce	Survey Dissemination
United Way	Workforce	Survey Dissemination
Salvation Army	Workforce	Survey Dissemination
Tau Sigma Military Dental Club	Workforce	Survey Dissemination
ARC	Workforce	Survey Dissemination
Community Action Partnership	Workforce	Survey Dissemination
Santa Fe Group	Workforce	Survey Dissemination
NIDCR	Workforce	Survey Dissemination
School Nurse's Association	Workforce	Survey Dissemination

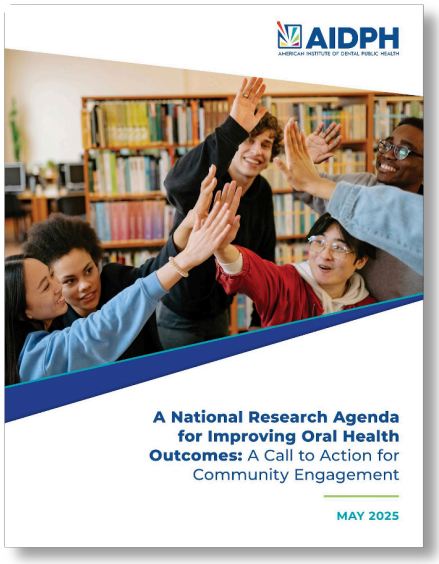
Leveraging Partnerships to Achieve Patient-Centered CER Goals

As AIDPH executes our research roadmap over the next two years and beyond, we will scale and sustain our existing community partnerships while refining our Patient-Centered CER goals. We believe our stakeholder network plays a key role in this expansion in the following ways:

- **Ensuring Community Representation:** Continue to center the voices of disenfranchised communities by expanding the OHCAB and deepening their involvement in research agenda-setting, evaluation, and dissemination.
- **Scaling Stakeholder Engagement:** Build our network of researchers and community stakeholders to expand the shared research agenda and identify new opportunities for collaboration.
- **Co-Create Engagement Tools:** Work with partners to develop and distribute resources, such as best practice guidelines for community engagement, that amplify oral health as a critical component of whole-person health.
- **Promote Mutual Learning:** Collaborate with partner organizations to share lessons learned, exchange expertise, and foster innovation in patient-centered CER for oral health equity.

Section Six: Identifying a Path to Achieve our Goals

Part One: Implementing our National Oral Health Community-Engaged Research Agenda



The community-engaged research agenda developed through the Oral Health Community Advisory Board (OHCAB) and the Oral Health Community Engaged Research Task Force (OHCER) reflects a collective commitment to advancing patient-centered CER and CEnR 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, both for AIDPH and within the oral health sector more broadly. Published in May 2025, **A National Research Agenda for Improving Oral Health Outcomes: A Call to Action for Community Engagement** features 89 research topics and questions derived from community members, clinicians, researchers, and educators and informed by a national survey on oral health research priorities. The following strategy outlines AIDPH's approach to implementing this agenda, addressing key barriers and leveraging community insights to ensure meaningful engagement and actionable outcomes.

Key Focus Areas of the Research Agenda

1. **Research Methodologies:** Key activities include developing and promoting culturally affirming, community-informed CEnR methodologies. Research methods should prioritize transparency, flexibility, and long-term community involvement in all research activities.
2. **Community Engagement Strategies:** Strategies that emphasize equitable partnerships between researchers and community members, ensuring shared power and representation will be implemented. AIDPH can address barriers to engagement, such as lack of time, resources, and funding, by providing adequate compensation and reducing participation burdens.

3. **Research Topics and Questions:** Research will focus on priority public health topics such as health disparities, integration of oral and general health, and preventive care. These questions should investigate upstream and downstream drivers of access and affordability issues, as well as culturally specific challenges faced by marginalized communities.
4. **Promising Practices:** Highlighting promising practices for CEnR in oral health, informed by community feedback, and disseminating them broadly over the next two years.

Strategy	Tactics	Potential Activities
Strengthening Community Engagement	• Ensure community members are involved at every stage of the research process, from question development to dissemination. • Train researchers in culturally affirming practices and community collaboration strategies. • Provide equitable compensation and funding for community participants, acknowledging their expertise and time.	• Host workshops and webinars to educate researchers and community members on the principles and practices of CEnR. • Develop a toolkit for researchers, including templates for co-design processes, culturally affirming communication, and equitable engagement practices. • Establish flexible participation options (e.g., virtual meetings, asynchronous feedback opportunities) to reduce barriers for community members.
Advancing Research Priorities	• Focus on research topics that address health disparities and integrate oral health with general health. • Investigate root causes of access issues, with an emphasis on community-defined challenges and solutions.	• Initiate pilot research projects that explore priority topics, such as the role of integrated care models in improving oral health outcomes. • Conduct additional surveys and focus groups with community members to refine research questions and address gaps in data. • Disseminate findings through publications, conferences, and community forums to ensure broad accessibility.
Addressing Barriers to Engagement	• Increase funding and resource allocation for both researchers and community participants. • Foster transparency and accountability in research processes to build trust with marginalized communities.	• Advocate for compensation models that prioritize community engagement and shared ownership of research outcomes. • Build sustainable funding pathways to support engagement opportunities.. • Establish regular feedback loops between researchers and community members to ensure transparency and accountability.

Developing and Disseminating Best Practices	• Identify and share lessons learned from ongoing community engagement efforts. • Promote promising practices for conducting CEnR in oral health through accessible, user-friendly resources.	• Publish a comprehensive guide to promising practices in community-engaged oral health research, informed by the OHCAB and OHCER. • Create case studies highlighting successful community partnerships and their impact on research outcomes. • Host dissemination events, such as webinars and presentations, to share best practices with the broader oral health and research communities.

Research Topics and Questions for Community-Engaged 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 explored using patient-centered CER 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 vs. in other practice settings?
	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?

You can review the full publication here, including opportunities for application and strategic recommendations.

Part Two: Implementing our Targeted Communications Plan

This plan will guide and align AIDPH's communication and engagement efforts for community-engaged research in oral health by identifying priority strategies, goals, objectives, and audiences. This framework generates opportunities for all stakeholders to understand and implement strategic health communication activities and support the achievement of project outcomes. Target audiences include a mix of leadership, partners, funders, decision-makers, and advocates, through multiple channels. AIDPH will implement this plan in the short and long term to engage target audiences to use and act on the information they co-create, thereby spurring and facilitating connections, collaboration, and collective impact.

Year One	Year One
Strategy: Use Project Management Tools to Connect Stakeholders	**Strategy: Create Aligned Messages and Materials**
Description: Project management tools are essential for connecting partners in collaborative efforts, as they provide a structured and efficient way to manage tasks, share information, and facilitate communication.	**Description:** Aligned messages and materials are essential to a communication effort because they ensure consistency, clarity, and effectiveness in conveying information to the target audience.
Target Audience(s): Primary	**Target Audience(s):** Primary
Goals	**Goals**
Streamline communication flows within AIDPH and with external stakeholders.	Develop tools, including a roadmap, that foster active participation in the patient-centered CER process by clearly articulating the value of comparative effectiveness research in addressing oral health disparities.
Enable the structured collection and synthesis of community insights that inform future patient-centered CER priorities, especially in determining which oral health interventions matter most to veterans, LGBTQIA+ individuals, and rural communities	Amplify impact and visibility by raising awareness of the importance of oral health to overall health, particularly in underserved communities.
	Reinforce key messages by weaving them into all outreach materials.

	Help stakeholders understand why comparative evidence matters, especially for communities that often experience fragmented or biased care.
Tactics	**Tactics**
Shared dashboards, calendars, or resource libraries to coordinate engagement around patient-centered CER priorities	Create materials that explain how patient-centered CER empowers communities to make informed health decisions.
Identifying research questions that matter to patients or organizing stakeholder feedback loops	Develop accessible infographics and plain-language briefs that explain the principles of patient-centered CER and its relevance to oral health justice
	Focus on building, sustaining, and maintaining trust when the current environment is eroding trust in the community.

Years One, Two	Years One, Two, Three	Years One, Two, Three
Strategy: Implement an Integrated Communication Approach	**Strategy: Leverage Partner Relationships**	**Strategy: Collaborate with AIDPH Teams and Staff**
Description: An integrated communications approach is important because it ensures that all messages, channels, and platforms work together to deliver a consistent experience for the audience.	**Description:** Leveraging partner relationships is important to the success of communication efforts because they help to amplify resources, reach, and credibility.	**Description:** Internal teams that are involved and informed about communication efforts are more likely to take ownership, contribute ideas, and actively participate in implementation.
Target Audience(s): Primary and Secondary	**Target Audience(s):** Primary and Secondary	**Target Audience(s):** AIDPH Team Members
Goals	**Goals**	**Goals**
Ensure that the messaging is coherent and aligned across all communication platforms (social media, PR, emails, etc.), creating a unified voice.	Foster deeper, long-term relationships with key partners to create sustainable collaborations that provide ongoing value.	Ensure that all internal teams and staff members are working toward the same overarching objectives to focus collective efforts on shared outcomes.

Leverage diverse channels (social media, digital platforms, etc.) to promote CEnR evidence when available and encourage dialogue about evidence gaps that matter to our communities.	Use partners' networks to increase visibility and reach audiences.	Promote open communication channels between teams to ensure clarity, reduce misunderstandings, and improve overall efficiency.
	Co-develop patient-centered CER projects, help translate evidence into accessible materials, build capacity for patient-centered CER, and identify unanswered research questions.	
Tactics	**Tactics**	**Tactics**
Integrate patient-centered CER education and storytelling across platforms to build oral health literacy around evidence-based choices and elevate the patient voice in shaping research agendas	Co-create learning opportunities that demystify the research process and invite community members to shape future research priorities.	
	Co-hosting events focused on interpreting CER evidence and translating findings for different audiences.	

Target Audiences	Community Core Messaging Guidelines	Community Suggested Strategies
Primary • AIDPH CAB • AIDPH OCHER members • AIDPH Team members • Patients and caregivers from veteran, LGBTQIA+, and rural communities *Secondary* • Community oral health advocacy groups (e.g., coalitions, networks) • Public health, health care, and nonprofit organizations and associations	Be bold in approach to community support; maintaining integrity while engaging in difficult work helps engender trust with community members.	Engage with micro and smaller publications and outlets that reach target audiences more effectively. Integrating communication into existing partner/community networks (e.g., newsletters, social, etc.)
	Engage in timely efforts to counter misinformation and disinformation in public health, ensuring accurate information is provided to our communities.	Thought leadership: AIDPH and partners are positioned as leaders and conveners of stature in the face of uncertainty, with scientific focus on community participation
	Focus on building, sustaining, and maintaining trust when the current environment is impacting trust in the community.	Follow the path of information, how it's changing, reaching people where they are. Investing in the platforms and pages for content placement.
	Attuned to the moment that we are in, how to maintain research and knowledge creation	Looking at both traditional and nontraditional ways to promulgate communication tactics - get ahead of the game in terms of trends in dental and public health
	Considering ways to leverage current channels of collaboration and communication, and extending that out into the community	Affinity groups that can disseminate resources and may have more flexibility in recruitment and information

Section Seven: Next Steps and Conclusions

Oral health as a field and practice remains lacking in terms of healthcare delivery and research. Despite overwhelming evidence linking oral health to chronic disease, emergency department overuse, and quality of life, it remains siloed from broader conversations about health equity and patient-centered care. For historically marginalized communities, including veterans, LGBTQIA+ individuals, people with disabilities, and rural residents, this exclusion has serious consequences. These populations consistently experience higher rates of dental disease, more barriers to care, and less representation in the systems meant to serve them. The research roadmap presented here is AIDPH's response to these intersecting gaps and our intention to address disparities using patient-centered CER and CEnR approaches.

This roadmap is a commitment to build the future of AIDPH's oral health research toward sustainable infrastructure for patient-centered comparative clinical effectiveness research. Through concrete goals, strategies, and partnerships, this roadmap establishes a path for turning ideas into action and action into outcomes that matter.

In the years ahead, AIDPH will use this roadmap to implement a national research agenda grounded in community-defined priorities. We will expand our network, deepen partnerships, and pursue the funding and tools necessary to scale this work. We will publish data that shows whether and how our efforts are improving oral health outcomes. And we will advance oral health through research, education, and advocacy for a future where oral health is an integrated part of whole-person care.

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).

Disclaimer: The views, statements, opinions presented in this publication are solely the responsibility of the author(s) and do not necessarily represent the views of PCORI®.

Suggested Citation: The American Institute of Dental Public Health. *A Roadmap for Advancing Patient-Centered CER in Oral Health.* Chicago, IL. May 2025. https://doi.org/10.58677/CVDX7570

AIDPH

AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH

www.aidph.org