American Academy of Pediatric Dentistry
Research Agenda

Adopted
2005

Revised

Reaffirmed
2007, 2015

The American Academy of Pediatric Dentistry (AAPD) recognizes that the clinical practice of pediatric dentistry has to be driven by science and evidence-based dentistry (EBD). Where possible, our clinical practice guidelines in pediatric dentistry should be supported by the best available evidence. No longer is it acceptable for our clinical practice guidelines to be based largely on expert opinions. Where the evidence or science is lacking, research needs to be conducted to answer the relevant questions that arise in our clinical practice.

Other dental organizations have embraced evidence based research. The National Institute of Dental and Craniofacial Research (NIDCR) has a strategic plan that outlines research opportunities to support its mission to improve oral, dental and craniofacial health through research, research training, and the dissemination of health information by performing and supporting basic and clinical research. While interested in supporting clinical research, the NIDCR supports research that offers the most significant scientific promise. The American Dental Association (ADA) is committed to bringing EBD concepts and practices to the dental profession. The ADA Research Agenda was developed to promote research in areas of dental practice and to designate priorities for conducting and funding evidence-based studies. The ADA Research Agenda reflects important clinical questions that are relevant to the entire profession of dentistry.

The AAPD Research Agenda is a strategic list of scientific and clinical questions and topics that are specific to the clinical practice of pediatric dentistry. These questions will benefit from scientific review and set the agenda for Healthy Smiles, Health Children (the AAPD Foundation) grants. The AAPD Council on Scientific Affairs is charged with annually updating and affirming the AAPD Research Agenda.

The AAPD Research Agenda includes the topics listed below in descending order of priority:

2. Infant oral health.
3. First permanent molar morbidity (molar-incisor hypomineralization, etc.)
4. Disparities and barriers.
5. Genetics (biomarkers, saliva).
6. Early detection of obesity, gastroesophageal reflux disease, sleep apnea.
7. Interface between dentistry and medicine.
8. Workforce issues.