

## **Position statement on restructuring of the CIHR Dental Sciences Committee**

### ***Preamble***

Because of the low number of applications per competition (~15-20), CIHR is investigating the restructuring of the Dental Sciences and other committees in a similar position. The existence of the Dental Sciences Committee continues to play a crucial role in sustaining the high quality of oral health research in Canada and has helped to build capacity in this priority area. Consequently, this position paper was prepared by the oral health research community in Canada to advise CIHR in its efforts to rationalize its peer review system.

### ***Impact of oral diseases***

The most common birth defects – cleft lip and palate – involve disturbances in craniofacial development. Tooth decay and periodontal diseases are the most common chronic diseases in the Canadian population. Millions of Canadians lose teeth, endure pain, and develop oral infections that contribute to systemic diseases, compromising their overall health. Canada's total bill for dental services was \$4.7 billion in 1993<sup>1</sup>, and was estimated to be \$9.3 billion in 2004. In terms of direct costs, dental care in Canada is now the second most expensive disease category after cardiovascular diseases.

### ***Proposal***

We welcome the opportunity to actively participate in the reorganization of CIHR's committees to improve overall efficiency and strengthen the peer-review process. The oral health research community strongly recommends that CIHR broaden the mandate of the Dental Sciences Committee to take advantage of its existing expertise in peer-review. Areas that should be considered and where significant synergy and common interests already exist include skin, mineralized tissue, pain, and specific aspects of microbiology such as polymicrobial infections and biofilms. Broadening the mandate will benefit other CIHR review committees that are currently oversubscribed (e.g., CIB and MI). Moreover, the oral health research community feels that it is important to preserve a committee with a robust oral health component, rather than fragment applications among a large number of other committees. Maintaining a critical mass of reviewers in this area is essential, so that the significance of dental applications to the oral health of Canadians can be properly assessed. We recognize that both the composition and name of the restructured committee would need to change to reflect its new mandate.

### ***Additional recommendations***

- 1) During the restructuring process, we ask that there be two-way communication between CIHR and the oral health research community in Canada. The Canadian Association for Dental Research (CADR) will coordinate communications with this community, which includes CADR members, the Deans' Committee of the Association of Canadian Faculties of Dentistry (ACFD), the Canadian Dental Association, the FRSQ Network for Oral and Bone Health Research, and the Chief Dental Officer of Health Canada.

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<sup>1</sup> Economic Burden of Illness in Canada, 1993, Minister of Public Works and Government Services Canada, 1997.

- 2) We ask that CIHR ensures adequate representation of the oral health research community on the appropriate Institute Advisory Boards (IAB). We are well represented on the IMHA IAB; however, this is not the case for other institutes with significant relevance for oral health and disease.

***This position paper was prepared and endorsed by the following:***

- Canadian Association for Dental Research (CADR)
- Canadian Dental Association (CDA)
- Chief Dental Officer of Health Canada
- Deans' Committee of the Association of Canadian Faculties of Dentistry (ACFD)
- FRSQ Network for Oral and Bone Health Research

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