

More than one-third of Canadians reported they had not visited a dental professional in the previous 12 months, 2022

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New results released today show that nearly two-thirds (65%) of Canadians reported having seen a dental professional in the 12 months preceding the 2022 Canadian Community Health Survey (CCHS) (Table 1). A higher proportion of women (68%) reported having had a recent dental visit compared with men (62%). Younger Canadians aged 12 to 17 years (79%) more frequently reported having seen a dental professional than those aged 65 years and older (60%).

These findings are based on the latest data from the CCHS being released today, which covers Canadians aged 12 years and older living in the provinces. The results from the survey, conducted from February to December 2022, provide the most recent insights into Canadians' access and use of dental care services in Canada.

Routine dental visits are essential for maintaining healthy teeth and gums, as dental professionals diagnose and treat a variety of dental issues, provide preventative care and educate their patients on good oral health habits. The Canadian Dental Association recommends regular dental visits to ensure the maintenance of optimal oral health. Some people need a dental exam every six months, though the exact frequency of dental care visit depends on the individual's specific needs.

The findings from this survey also show that just under half (49%) of Canadians in the lowest income quintile reported having seen a dental professional in the past 12 months compared with 79% of those in the highest income quintile. A lower proportion of people living in Newfoundland and Labrador (55%), Saskatchewan (60%), New Brunswick (62%) and Quebec (62%) reported having had a recent dental professional visit compared with those living in the other provinces. Compared with the Canadian-born population (67%), a lower proportion of non-permanent residents (46%) and recent immigrants (56%) reported having had a recent dental professional visit.



Table 1
Last dental visit and avoidance due to cost, Canadians aged 12 years and older, excluding the territories

	Saw a dental professional within the past 12 months	95% confidence interval (low)	95% confidence interval (high)	Avoided going to a dental professional in the past 12 months due to the cost	95% confidence interval (low)	95% confidence interval (high)
	%					
Canada Total (excluding territories)	65.4	64.7	66.0	23.5	23.0	24.1
Gender¹						
Men+ ²	62.4	61.5	63.4	22.3	21.5	23.1
Women+ ³	68.2	67.3	69.1	24.8	24.0	25.6
Age group						
12 to 17 years	79.3	77.2	81.3	8.3	7.0	9.7
18 to 34 years	61.6	60.0	63.3	30.5	28.9	32.0
35 to 49 years	67.1	65.8	68.4	25.1	23.9	26.3
50 to 64 years	68.6	67.4	69.9	21.8	20.7	22.8
65 years and older	59.5	58.5	60.6	20.9	20.1	21.7
Province						
Newfoundland and Labrador	54.9	52.1	57.8	25.6	22.8	28.4
Prince Edward Island	65.0	59.1	71.0	24.2	18.4	30.1
Nova Scotia	64.9	62.1	67.8	21.9	19.7	24.1
New Brunswick	62.4	59.7	65.1	21.7	19.3	24.2
Quebec	61.8	60.5	63.1	20.7	19.6	21.8
Ontario	67.2	66.0	68.4	23.9	22.9	25.0
Manitoba	63.7	61.2	66.1	21.2	18.9	23.5
Saskatchewan	60.4	57.0	63.9	21.4	18.9	23.8
Alberta	65.7	64.2	67.3	28.0	26.6	29.5
British Columbia	68.5	66.9	70.1	24.8	23.2	26.3
Area type⁴						
Urban (Population Centre)	66.0	65.2	66.7	23.9	23.3	24.6
Rural area	62.4	61.2	63.6	21.8	20.7	22.9
Net adjusted family income						
Less than \$70,000	53.9	52.9	55.0	32.6	31.6	33.6
\$70,000 to \$89,999	65.7	64.0	67.4	23.7	22.1	25.3
\$90,000 or more	75.1	74.2	76.0	15.7	14.9	16.4
Net adjusted family income - quintiles						
Lowest quintile	48.9	47.4	50.3	35.5	34.1	37.0
Second quintile	58.7	57.2	60.2	29.9	28.5	31.3
Third quintile	67.0	65.5	68.4	23.1	21.9	24.4
Fourth quintile	72.8	71.5	74.2	17.1	15.9	18.3
Highest quintile	79.3	78.1	80.6	12.1	11.1	13.2
Dental insurance status						
Has private insurance ⁵	76.1	75.3	76.9	14.2	13.5	14.9
Has public insurance only	62.1	59.2	65.0	18.7	16.3	21.0
Does not have dental insurance	50.6	49.4	51.8	39.6	38.4	40.7
Has dental insurance but does not know which type	73.4	68.7	78.1	7.5	4.9	10.1
Does not know if they have dental insurance	49.4	46.1	52.6	24.1	21.6	26.7

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.

2. This category includes men (and/or boys), as well as some non-binary persons.

3. This category includes women (and/or girls), as well as some non-binary persons.

4. Population centres are those continuously built-up areas having a population concentration of 1,000 or more, and a population density of 400 or more per square kilometre based on Census population counts. Rural areas are areas with a population concentration of fewer than 1,000.

5. Private insurance includes people with a plan through an employer, a private plan, or a plan through university or college. It includes respondents that have both private and public insurance (i.e., it excludes people who only have a government paid plan).

Note(s): Respondents that did not answer whether all or part of their dental expenses were covered by any insurance plan or government program were excluded.

Source(s): Canadian Community Health Survey (February to December 2022) (3226).

Over one in three Canadians (35%) reported not having dental insurance

Private dental insurance plans or government-paid plans help reduce out-of-pocket expenses related to dental visits. Insurance coverage varies by type (private plans compared with public or government-paid plans), age group, geographical region and net adjusted family income (Table 2). At the time of the survey, 55% of people reported having had dental expenses covered by private dental insurance, which includes a plan through an employer, a private plan or a plan through a college or university. In addition, 4% of Canadians reported having only public dental insurance (i.e., a government-paid plan, without any private insurance). Just above one-third (35%) of Canadians reported not having had any of their expenses covered by a private or public dental insurance plan, and 6% did not know if they had dental insurance, or they had it but did not know which type.

In the 2023 budget, the federal government announced the launch of the Canadian Dental Care Plan (CDCP), which aims to improve dental care coverage for approximately nine million uninsured Canadians with a family income of less than \$90,000. The CDCP is anticipated to begin providing coverage by the end of 2023 and will be administered by Health Canada with support from a third-party benefits administrator. This \$13 billion commitment over five years, along with \$4.4 billion in ongoing permanent funding, aims to improve access to oral health care services by reducing cost barriers.

Although having private or public dental insurance coverage is not the only barrier or driver to seeking care, it can make it easier to access dental care services. Approximately three in four Canadians (76%) with private dental insurance reported having seen a dental professional in the past 12 months, compared with just over half (51%) of those without any private insurance plan or access to a government-paid plan.

Among people with public insurance (i.e., a government-paid plan), 62% reported having had a recent dental visit. Furthermore, 40% of people without dental insurance reported having avoided going to a dental professional due to the cost, which was nearly three times more than those with private dental insurance (14%).

Insurance coverage for dental visits also varies by age group. Overall, 69% of people aged 35 to 49 years reported having private dental insurance, which was more than twice as high as those aged 65 years and older (33%). More than half (58%) of older Canadians aged 65 years and older reported not having had any of their dental expenses covered by any private insurance plan or government-paid plan.

Nearly half (49%) of residents of Quebec reported not having dental insurance coverage, which was a higher proportion than those living outside of Quebec (31%). Furthermore, a higher proportion of people living in rural areas in Canada (41%) reported not having dental insurance compared with those living in urban areas (33%).

About one in four families (23%) with a net adjusted income of \$90,000 or more, and just over one-third (34%) of families with an income from \$70,000 to \$89,999, reported not having dental insurance. For families with a net income of less than \$70,000, about half (48%) reported not having dental insurance.

Table 2
Insurance status of Canadians aged 12 years and older at the time of the survey, by gender, age group and province, Canada, excluding the territories

	Have private dental insurance ¹	Have public dental insurance only	Have dental insurance but do not know which type	Does not have dental insurance	Does not know if they have dental insurance
	%				
Canada Total (excluding territories)	54.8	4.4	1.5	34.7	4.7
Gender²					
Men+ ³	54.8	4.3	1.3	34.2	5.3
Women+ ⁴	54.7	4.5	1.7	35.1	4.0
Age group					
12 to 17 years	46.4	4.8	9.4	16.6	22.7
18 to 34 years	58.2	3.9	1.7	29.8	6.4
35 to 49 years	69.4	2.9	0.5	25.1	2.1
50 to 64 years	59.8	4.6	0.6	33.6	1.5
65 years and older	32.5	6.3	0.6	58.2	2.4
Province					
Newfoundland and Labrador	52.5	7.2	1.1	36.3	2.8
Prince Edward Island	52.1	9.4	1.6	32.6	4.4
Nova Scotia	59.9	4.6	1.3	30.0	4.2
New Brunswick	60.5	3.1	2.0	31.0	3.4
Quebec	42.2	3.4	1.0	49.1	4.2
Ontario	56.3	4.1	1.6	33.1	5.0
Manitoba	59.7	4.2	2.6	28.4	5.1
Saskatchewan	63.1	5.0	1.4	25.8	4.7
Alberta	63.0	7.8	1.9	22.7	4.6
British Columbia	59.4	3.8	1.6	30.5	4.8
Area type⁵					
Urban (Population Centre)	55.9	4.3	1.5	33.3	4.9
Rural area	49.2	4.7	1.6	41.1	3.4
Net adjusted family income					
Less than \$70,000	36.7	7.9	1.4	48.4	5.6
\$70,000 to \$89,999	57.4	2.3	1.6	34.0	4.7
\$90,000 or more	69.6	1.9	1.6	23.0	3.8

1. Private insurance includes people with a plan through an employer, a private plan, or a plan through university or college. It includes respondents that have both private and public insurance (i.e., it excludes people who only have a government paid plan).
 2. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.
 3. This category includes men (and/or boys), as well as some non-binary persons.
 4. This category includes women (and/or girls), as well as some non-binary persons.
 5. Population centres are those continuously built-up areas having a population concentration of 1,000 or more, and a population density of 400 or more per square kilometre based on Census population counts. Rural areas are areas with a population concentration of fewer than 1,000.
- Note(s):** Respondents that did not answer whether all or part of their dental expenses were covered by any insurance plan or government program were excluded.
Source(s): Canadian Community Health Survey (February to December 2022) (3226).

Almost one in four Canadians (24%) reported avoiding going to a dental professional due to cost

Having dental insurance coverage and/or the ability to pay out of pocket for dental expenses can have an influence on the use of dental care services. Nearly one-quarter (24%) of Canadians reported having avoided going to a dental professional in the past 12 months due to cost (Table 3). The following results look at cost-related avoidance of dental care for various equity-seeking groups. It should be noted that, while the following bivariate analyses describe differences according to certain demographic characteristics, other factors such as age distributions, employment rates, income and others likely contribute to these differences. A higher proportion of West Asian (38%), Arab (34%), Latin American (34%), South Asian (29%), Black (28%), Chinese (27%) and Filipino (27%) people reported cost was a barrier, compared with the non-racialized, non-Indigenous population (22%). Furthermore, a higher proportion of recent immigrants (33%), non-permanent residents (32%) and established immigrants (26%) reported having avoided dental visits due to cost compared with Canadian-born people (22%).

Meanwhile, 22% of First Nations people living off reserve reported cost was a barrier to seeing a dental professional, which was similar to the non-Indigenous population (24%). A higher proportion of the Métis population (28%) reported having avoided dental visits due to cost compared with non-Indigenous people.

Differences in avoidance due to cost also varied by gender and sexual orientation characteristics. In fact, 34% of transgender or non-binary persons reported cost was a barrier to seeing a dental professional, which was a higher proportion than that among cisgender persons (24%). Furthermore, a higher proportion of people who are bisexual (37%), another sexual orientation (35%) and gay or lesbian (31%) reported having avoided dental visits due to cost, compared with heterosexual people (24%).

In addition, one in three people (33%) with at least one functional difficulty reported cost was a barrier to seeing a dental professional, which was higher than those without any functional difficulties (23%). The population with at least one functional difficulty is defined as those who reported some difficulty in at least one of the functional health components, including vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication.

Table 3
Last dental visit and avoidance due to cost, Canadians aged 12 years and older, by population group, Canada, excluding the territories

	Saw a dental professional within the past 12 months	95% confidence interval (low)	95% confidence interval (high)	Avoided going to a dental professional in the past 12 months due to the cost	95% confidence interval (low)	95% confidence interval (high)
	%					
Canada Total (excluding territories)	65.4	64.7	66.0	23.5	23.0	24.1
Racialized population						
Racialized population	61.4*	59.7	63.1	28.8*	27.2	30.4
South Asian	54.4*	50.6	58.3	29.4*	26.2	32.7
Chinese	63.9	60.8	67.0	26.6*	23.8	29.4
Black	55.5*	51.0	59.9	28.2*	24.2	32.2
Filipino	69.0	64.0	74.0	27.0*	22.2	31.9
Latin American	69.9	63.8	76.0	34.3*	27.7	40.9
Arab	61.8	55.8	67.7	34.4*	28.2	40.5
Southeast Asian	64.8	57.7	72.0	23.8	16.6	31.0
West Asian	68.5	60.3	76.7	37.7*	28.9	46.5
Korean	65.7	53.7	77.7	24.2	15.0	33.4
Japanese	75.7 ^E	64.3	87.2	15.8 ^E	7.2	24.4
Multiple visible minorities	68.4	56.3	80.6	26.5	16.2	36.7
Visible minority not indicated elsewhere	69.2 ^E	53.6	84.8	31.9 ^E	15.3	48.6
Non-racialized population (reference category)	66.9	66.2	67.5	21.5	20.9	22.1
Immigrant status						
Immigrants ¹	62.8*	61.4	64.3	27.6*	26.3	29.0
Immigrated less than 10 years ago (before the survey)	56.2*	52.9	59.5	33.3*	30.1	36.5
Immigrated 10 years ago or more (before the survey)	65.1	63.3	66.9	25.9*	24.3	27.5
Non-permanent residents	46.0*	39.7	52.4	32.0*	26.1	37.8
Canadian-born (reference category)	66.9	66.2	67.6	21.8	21.2	22.4
Indigenous identity						
Indigenous people ²	62.2*	59.3	65.0	25.5	22.7	28.3
First Nations people living off reserve	61.5	57.2	65.7	22.3	18.4	26.1
Métis	63.7	59.7	67.6	28.3*	24.3	32.2
Inuit	F	F	F	F	F	F
Non-Indigenous (reference category)	65.5	64.8	66.2	23.5	22.9	24.0
Gender diversity						
Transgender or non-binary persons	52.6*	42.8	62.4	33.9*	25.1	42.8
Cisgender persons (reference category)	64.9	64.2	65.6	24.1	23.5	24.7
Sexual orientation³						
Gay or lesbian	63.8	58.7	68.8	30.8*	25.8	35.8
Bisexual	60.9	56.5	65.4	37.4*	33.1	41.8
Sexual orientation (n.e.c.)	60.6	49.9	71.3	34.9*	24.7	45.0
Heterosexual (reference category)	65.1	64.4	65.9	23.7	23.0	24.3
2SLGBTQ+ vs. non-2SLGBTQ+ populations						
2SLGBTQ+	61.6*	58.4	64.8	34.7*	31.5	37.8
Non-2SLGBTQ+ (reference category)	65.2	64.4	65.9	23.7	23.1	24.3
Functional Difficulties⁴						
Has at least one functional difficulty	55.5*	53.5	57.5	32.8*	30.9	34.6
Does not have any functional difficulties (Reference category)	66.3	65.6	67.0	22.7	22.1	23.3

^E use with caution

^F too unreliable to be published

* significantly different from reference category (p < 0.05)

1. The "Immigrated less than 10 years ago" and "Immigrated 10 years ago or more" categories exclude non-permanent residents.

2. The Indigenous population includes First Nations people living off reserve, Métis and Inuit outside of Inuit Nunangat. Indigenous identity is based on the self-reported answer to "Are you First Nations, Métis or Inuk (Inuit)? First Nations (North American Indian) includes Status and Non-Status Indians."

3. Sexual orientation is self-reported and only asked to respondents aged 15 years and older, therefore the 2SLGBTQ+ and non-2SLGBTQ+ only represents those aged 15 years and older (for the acronym definition, please see the release's Note to readers). The "Bisexual" category includes pansexual respondents.

4. Respondents were considered as having at least one functional difficulty if they reported having "A lot of difficulty" or "Cannot do at all or unable to do" to at least one of the following activities of daily living: Difficulty seeing, even if wearing glasses; difficulty hearing, even if using a hearing aid; difficulty walking or climbing steps; difficulty remembering or concentrating; difficulty with self-care; difficulty communicating when using your usual language.

Source(s): Canadian Community Health Survey (February to December 2022) (3226).

Note to readers

This analysis is based on 2022 Canadian Community Health Survey (CCHS) data, collected from February 9 to December 31, 2022. The sample is representative of the Canadian population aged 12 years and older living in the provinces. Sampling and collection for the time period used in this analysis does not have adequate coverage to represent the entire population of the territories.

A recent dental visit refers to having visited a dental professional within the previous 12 months.

In this release, data on "racialized groups" are measured with the "visible minority" variable. The "non-racialized group" is measured with the category "Not a visible minority" of the variable, excluding Indigenous respondents. For the purpose of this study, Indigenous respondents are not part of the racialized group, nor the non-racialized group. "Visible minority" refers to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

In this release, "recent immigrants" refers to those who were admitted into Canada permanently less than 10 years before the survey was conducted. Established immigrants refers to those who were admitted into Canada permanently 10 or more years before the survey was conducted. Immigrants who have obtained Canadian citizenship by naturalization are included in this group.

Indigenous identity is based on the self-reported answer to the question "Are you First Nations, Métis or Inuk (Inuit)? First Nations (North American Indian) includes Status and Non-Status Indians." The CCHS does not collect data on reserves in the provinces. Consequently, the results discussed for First Nations people exclude those living on reserve. In addition, people living in the territories, including First Nations people, Métis and a large proportion of Inuit, are excluded, as well as the majority of Inuit living in Inuit Nunangat, the Inuit homeland. As a result, these exclusions may impact the estimates for Indigenous populations.

Beginning in 2021, the census asked questions about both the sex at birth and gender of individuals. While data on sex at birth are needed to measure certain indicators, as of the 2021 Census of Population, gender (and not sex) is the standard variable used in concepts and classifications. For more information on the new gender concept, see [Age, Sex at Birth and Gender Reference Guide, Census of Population, 2021](#).

Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories. Unless otherwise indicated in the text, the category "men" includes men (and/or boys), as well as some non-binary persons, while the category "women" includes women (and/or girls), as well as some non-binary persons.

A fact sheet on gender concepts, [Filling the gaps: Information on gender in the 2021 Census](#), is also available.

2SLGBTQ+ refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer and those who use other terms related to gender or sexual diversity.

Respondents were included in the 2SLGBTQ+ population based on self-reported information derived from their sexual orientation, sex at birth and gender. The analysis of 2SLGBTQ+ individuals excludes respondents under the age of 15 years.

In this analysis, the population with at least one functional difficulty is defined as those who reported at least some difficulty in one of the six domains from the Washington Group Short Set on Functioning (WG-SS). The WG-SS looks at six functional health components including vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication. Respondents are asked about their level of difficulty (no difficulty, some difficulty, a lot of difficulty, cannot do at all) with these six functional health components. This indicator does not represent all functional difficulties and is designed to cover the most commonly occurring difficulties.

Respondents were considered as having at least one functional difficulty if they reported having "A lot of difficulty" or "Cannot do at all or unable to do" to at least one of the following activities of daily living: Difficulty seeing, even if wearing glasses; difficulty hearing, even if using a hearing aid; difficulty walking or climbing steps; difficulty remembering or concentrating; difficulty with self-care; difficulty communicating when using their usual language.

The net adjusted family income variable was obtained by linking to tax data when possible (77%) and imputed when not available. To calculate the adjusted net income from the T1 Family File of the individual the following variables were added up (NETINC – UCCB – RDSPC + UCCBR) for all members of a family.

- NETINC: Net family income

- *UCCB: Universal Child Care Benefit*
- *RDSPC: Amount of Registered Disability Savings Plan (Claimed)*
- *UCCBR: Universal Child Care Benefit Repaid*

In this release, when two estimates are stated to be different, this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).

For more information on survey definitions and methods, refer to the Statistics Canada survey information page [Canadian Community Health Survey](#).

Also available today are new data on "work-family balance" and "work productivity" from the rapid response component of the CCHS. Data for the rapid response were collected from respondents from all provinces from July to December 2022. The rapid response on work-family balance includes questions on work interference with family life, responsibilities, activities, and vice versa. The rapid response on work productivity includes questions on absences from work and impact of health problems on ability to perform tasks at work. The data are now available in the [Research Data Centres](#).

Available tables: [13-10-0096-01](#) and [13-10-0097-01](#).

Definitions, data sources and methods: survey number [3226](#).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).