DENTAL CONSULTATIONS  by Wayne J. Millar

According to the 2003 Canadian Community Health Survey (CCHS), 63% of people aged 15 or older had consulted a dentist in the previous year (Table A), up from the 47% estimated in the 1978/79 Canada Health Survey. Factors such as the introduction of fluoride toothpaste and fluoridated water in many communities may have contributed to a reduction in dental caries and the retention of permanent teeth. In addition, the growing availability of employment-related dental benefits probably promoted more widespread use of dental services (see Dental insurance and use of dental services).

A higher percentage of women than men had seen a dentist in 2003: 66% versus 61%. The likelihood of dental consultation declined steadily with age, from more than 60% at ages 25 to 54 to 46% of seniors. Up to age 45, consultation rates for women exceeded those for men (data not shown).

Across the country

An estimated 7 in 10 (70%) Ontario residents had consulted a dentist in 2003. At 67%, use of dental services in British Columbia also exceeded the national average. By contrast, use was just 46% in Newfoundland and Labrador, and was also below the national level in Québec, New Brunswick, Saskatchewan and the three Territories. Provincial/territorial differences in funding of dental care, access to dental insurance through employment, location of services, and oral health could all influence consultation rates.¹

Residents of rural areas were less likely than those in urban areas to have consulted a dentist in the past year.

Education, income

Education and household income were both associated with dental consultations. While 47% of people with less than high school graduation reported a visit, the figure for college/university graduates was 70%. Similarly, 44% of residents of the lowest income households had consulted a dentist in the past year, compared with 77% of those in the highest income households. In most cases, regardless of education and household income, rates of dental consultation were higher among women than men.

From 1978/79 to 2003, there was an increase in the proportion of people in each age group who had consulted a dentist. For people at each education level, the consultation rate also rose. Large increases in consultation rates in the upper-middle and high household income groups meant that the gap in consultation rates between residents of high- and low-income households widened from 23 percentage points in 1978/79 to 34 in 2003 (data not shown).
Dental consultations

Dental insurance and use of dental services

Dental insurance was an important factor influencing dental visits. In 2003, about three-quarters (74%) of people who had benefits to help cover all or part of their dental expenses had consulted a dentist in the past year, compared with 48% of the non-insured. Nonetheless, even if they were insured, people in lower-income households were less likely than those in the higher-income group to have seen a dentist.

Percentage of people who consulted dentist in past year, by dental insurance status and household income

![Bar graph showing percentage of people who consulted dentist in past year, by dental insurance status and household income.]

Data source: 2003 Canadian Community Health Survey

Note: The income gradients among the insured and non-insured are both significant; the differences within each income group by insurance status are also significant.

Reasons for not seeking care

Among people who had not visited a dentist in the past three years, 31% said they did not think it was necessary, and 27% reported wearing dentures (Table B). One in ten respondents had simply “not gotten around to it”; 5% mentioned “pain or embarrassment,” and 18% cited cost.

Once again, differences by household income and insurance status were apparent. About one in five (22%) of the low income group mentioned cost, compared with just 9% of the high income group. Similarly, while 26% of the non-insured population cited cost, just 7% of the insured group gave cost as a reason for not seeing a dentist in the past three years.
Data sources

The information in this report is from the 2003 Canadian Community Health Survey (CCHS) and the 1978/79 Canada Health Survey (CHS).

The CCHS is a general health survey that covers the household population aged 12 or older. It does not include residents of Indian reserves, Canadian Forces bases, and some remote areas. Data for cycle 2.1 were collected between January and December 2003. The overall response rate was 80.6%; the total sample size was 135,573.

The CHS took place from May 1978 through March 1979. The survey covered the non-institutionalized population, excluding residents of the territories, Indian reserves and remote areas. The sample size was 12,218 households.

The sample sizes for the population aged 15 or older analyzed in this article were 35,927 for the CCHS and 23,791 for the CHS, representing populations of 25.3 million and 17.5 million, respectively.

To account for the multi-stage sample design of the CCHS, the bootstrap technique was used to calculate confidence intervals and coefficients of variation and also to test the statistical significance of differences. A significance level of p < 0.05 was applied in all cases. Bootstrap weights were not available for the CHS; the standard errors of prevalence rates were estimated with SUDAAN.

The Questions

To measure dental consultations, respondents to the 2003 Canadian Community Health Survey (CCHS) were asked: “In the past 12 months, how many times have you seen, or talked on the telephone, about your physical, emotional or mental health with a dentist or orthodontist?” The 1978/79 Canada Health Survey (CHS) asked: “During the past 12 months, how many times did you see or talk to a dentist?”

Household income was based on quintiles; for this analysis, four categories were established: low (quintiles 1 and 2), lower-middle (3), upper-middle (4) and high (5). The data are not strictly comparable because the CHS variable was based on economic families; the CCHS variable, on households. An economic family is a group of two or more persons who live in the same dwelling and who are related by blood, marriage, adoption or common-law. A household is a person or group of people who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada.

References

### Table A

**Dental consultations in past year, household population aged 15 or older, 2003**

<table>
<thead>
<tr>
<th>Sample Population</th>
<th>Dental consultation '000</th>
<th>%</th>
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<tbody>
<tr>
<td>Total</td>
<td>35,927</td>
<td>63</td>
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</table>

#### Sex

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>16,290</td>
<td>12,426</td>
</tr>
<tr>
<td>Women</td>
<td>19,637</td>
<td>12,881</td>
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#### Age group

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<table>
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<tr>
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<tbody>
<tr>
<td>15-24</td>
<td>5,124</td>
<td>4,201</td>
</tr>
<tr>
<td>25-34</td>
<td>5,581</td>
<td>4,152</td>
</tr>
<tr>
<td>35-44</td>
<td>5,953</td>
<td>5,310</td>
</tr>
<tr>
<td>45-54</td>
<td>6,097</td>
<td>4,623</td>
</tr>
<tr>
<td>55-64</td>
<td>5,367</td>
<td>3,237</td>
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<tr>
<td>65+</td>
<td>7,805</td>
<td>3,785</td>
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#### Province/Territory

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<tbody>
<tr>
<td>Newfoundland and Labrador</td>
<td>1,767</td>
<td>441</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1,278</td>
<td>113</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>2,406</td>
<td>757</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>1,657</td>
<td>610</td>
</tr>
<tr>
<td>Quebec</td>
<td>6,116</td>
<td>6,070</td>
</tr>
<tr>
<td>Ontario</td>
<td>7,397</td>
<td>9,792</td>
</tr>
<tr>
<td>Manitoba</td>
<td>2,731</td>
<td>873</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>1,665</td>
<td>755</td>
</tr>
<tr>
<td>Alberta</td>
<td>4,119</td>
<td>2,468</td>
</tr>
<tr>
<td>British Columbia</td>
<td>4,342</td>
<td>3,361</td>
</tr>
<tr>
<td>Yukon Territory</td>
<td>734</td>
<td>24</td>
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<tr>
<td>Northwest Territories</td>
<td>978</td>
<td>31</td>
</tr>
<tr>
<td>Nunavut</td>
<td>648</td>
<td>13</td>
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#### Education

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<tbody>
<tr>
<td>Less than high school graduation</td>
<td>10,275</td>
<td>5,757</td>
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<tr>
<td>High school graduation</td>
<td>6,200</td>
<td>4,622</td>
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<tr>
<td>Some postsecondary</td>
<td>2,646</td>
<td>2,041</td>
</tr>
<tr>
<td>College/University graduation</td>
<td>10,220</td>
<td>12,344</td>
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<tr>
<td>Missing</td>
<td>586</td>
<td>544</td>
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#### Household income

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<table>
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<tr>
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<tbody>
<tr>
<td>Low</td>
<td>3,957</td>
<td>1,945</td>
</tr>
<tr>
<td>Lower-middle</td>
<td>6,869</td>
<td>4,199</td>
</tr>
<tr>
<td>Upper-middle</td>
<td>10,520</td>
<td>7,449</td>
</tr>
<tr>
<td>High</td>
<td>8,852</td>
<td>7,681</td>
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<tr>
<td>Missing</td>
<td>5,729</td>
<td>4,034</td>
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#### Rural/Urban

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<table>
<thead>
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<tbody>
<tr>
<td>Rural</td>
<td>9,521</td>
<td>4,829</td>
</tr>
<tr>
<td>Urban</td>
<td>26,406</td>
<td>20,478</td>
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</tbody>
</table>

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### Table B

**Selected reasons† for not visiting dentist in past three years, by household income and dental insurance status, household population aged 15 or older, Canada, 2003**

<table>
<thead>
<tr>
<th>Reason for not visiting dentist†</th>
<th>Number '000</th>
<th>Unnecessary Wears dentures</th>
<th>Not gotten around to it</th>
<th>Pain or embarrassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Pain or embarrassment</td>
<td>4,714</td>
<td>31</td>
<td>27</td>
<td>18</td>
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</table>

#### Household income

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>619</td>
<td>28</td>
<td>33</td>
<td>22</td>
</tr>
<tr>
<td>Lower-middle</td>
<td>1,260</td>
<td>31</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Upper-middle</td>
<td>1,303</td>
<td>34</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>High</td>
<td>678</td>
<td>29</td>
<td>21</td>
<td>9E1</td>
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<tr>
<td>Missing</td>
<td>853</td>
<td>30</td>
<td>26</td>
<td>18</td>
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#### Dental insurance

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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1,559</td>
<td>30</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>3,030</td>
<td>32</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Missing</td>
<td>125</td>
<td>25E1</td>
<td>24</td>
<td>F</td>
</tr>
</tbody>
</table>

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Data source: 2003 Canadian Community Health Survey

Note: Because of rounding, detail may not add to totals.  
* Respondents may have given more than one reason.  
E1 Coefficient of variation between 16.6% and 25.0%  
E2 Coefficient of variation between 25.1% and 33.3%  
F Coefficient of variation greater than 33.3%

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Data source: 2003 Canadian Community Health Survey

Note: Because of rounding, detail may not add to totals.  
* Significantly different from value for total (p < 0.05)