
Bridging the Gap: A Look at Oral Health and Access to Care in Canada Before the Canadian Dental Care Plan



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Executive Summary

Good oral health is important for our overall health and well-being. In the year before the [Canadian Dental Care Plan \(CDCP\)](#) launched, nearly one-third of people in Canada were unable to visit an oral health professional because they did not have dental insurance and could not afford to pay for care.

Oral health is closely connected to a person's financial situation, meaning that the less income they have, the more likely they are to face barriers when trying to access oral health care and experience poor oral health outcomes. These differences are called health inequalities.

The CDCP is one of the country's largest social programs and is helping make the cost of dental care more affordable for eligible Canadian residents with an adjusted family net income of less than \$90,000. Bridging the [dental coverage gap](#) will help make oral health care more affordable and accessible than ever before.

This report explores the connections between income and oral health in the context of Canada's evolving oral health landscape **before** the CDCP was available to help pay for oral health care. It compares oral health estimates with data from two recent national surveys, the Canadian Oral Health Survey (COHS) and the Canadian Community Health Survey (CCHS), to better understand changes in oral health and access to care over time.

This data can be used to monitor the impact of the CDCP, support oral health professionals, governments, researchers and other dental stakeholders in addressing gaps in oral health care, and will help position Canada to further engage in the [World Health Organization's 2023–2030 Global Oral Health Action Plan](#).

How we report income

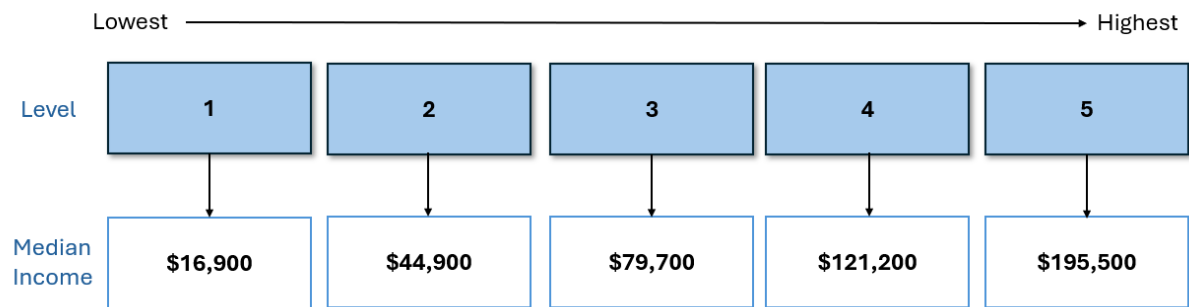
This report presents income comparisons in two ways:

- income levels
- a \$90,000 income threshold

We use income levels (or quintiles) to explore how indicators of oral health and outcomes are related to a person’s financial situation. People with low incomes are represented by levels 1 and 2, and people with middle-and-high incomes are represented by levels 3 to 5. To improve readability, we refer to these groups as “low income” and “high income”, respectively.

Income levels are based on adjusted family net income (AFNI) in Canadian dollars. Figure 1 shows the median income values for each level to provide context for interpreting results. Estimates are rounded to the nearest hundred to protect confidentiality.

Figure 1: Median income of survey respondents in each income level based on adjusted family net income, 2024



Where possible, we also compare these estimates with data from Canada overall and among people who have family incomes under \$90,000. This is the same as the income threshold for [CDCP](#) eligibility, making it useful to examine equity and access among individuals who may be targeted for coverage.

While these approaches group income differently, together they help provide a fuller picture of how income relates to oral health.

Notes on Estimates



We compared Canadian Oral Health Survey¹ results with the 2018 and 2022 Canadian Community Health Survey (CCHS) for people aged 12 and older living in the provinces.

Estimates from 2022 should be interpreted with caution. The COVID-19 pandemic caused major disruptions to the delivery of health care services across Canada, including a pause on non-emergency and non-essential dental services.

The report states an increase, decrease or difference only when the result is statistically significant (not likely to have occurred by chance alone). To improve readability, this report does not repeat the words “statistically significant”.

Numbers of individuals shown with percentages are estimates, not exact counts.

Refer to [Understanding the Data](#) for more information.

Key Findings

In December 2023, the Government of Canada launched the [Canadian Dental Care Plan \(CDCP\)](#). This report explores the connections between income and oral health in the context of Canada's evolving oral health landscape **before** the CDCP was available to help pay for oral health care.

People with low incomes face greater barriers in accessing oral health care, and experience poorer oral health outcomes than those with high incomes.

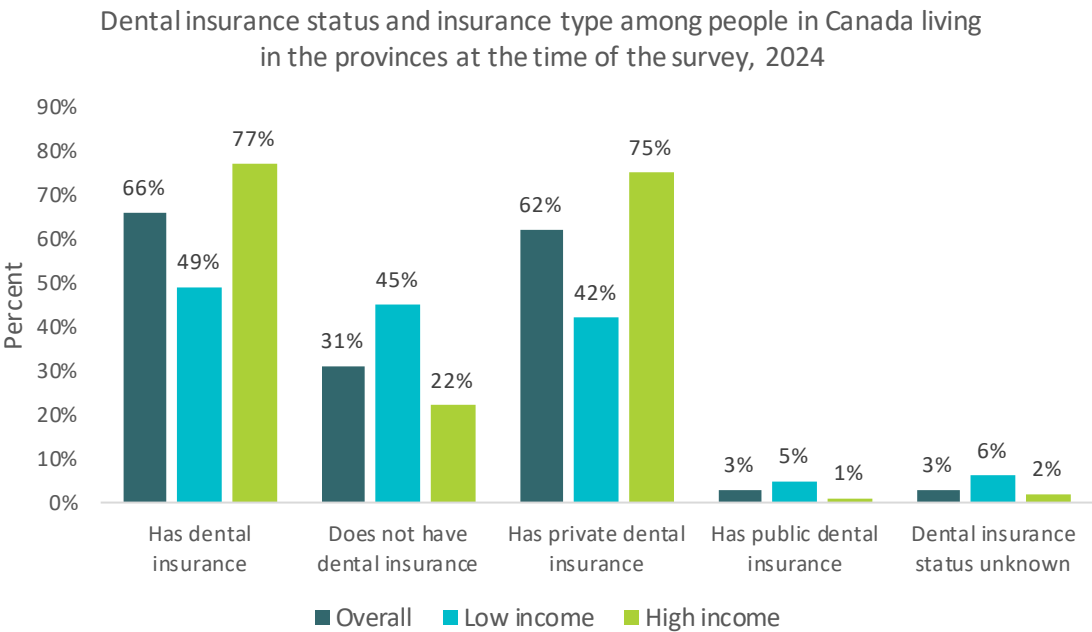
- Prior to the CDCP, nearly one-third (31%) of people in Canada did not have insurance to cover any of their dental expenses. People with family incomes under \$90,000 (42%) were two times more likely to be uninsured, compared to those with incomes of \$90,000 or more (18%).
- Lack of dental insurance or coverage was more common among people with low incomes, seniors, persons with disabilities, and people living in rural areas.
- Between 2018 and 2024, avoidance of dental visits due to cost increased among individuals with family incomes under \$90,000 (29% to 34%) and remained similar among those with family incomes of \$90,000 or more (13% to 12%).
- People with low incomes reported greater delays in accessing dental care, with more than a third (39%) not having seen an oral health professional in over a year, compared with 20% of those with high incomes.
- The largest income gap in dental care use was observed among seniors aged 80 and older. Between 2018 and 2024, this gap remained, as visits to an oral health professional decreased among seniors with low incomes (50% to 47%) and high incomes (75% to 72%).
- Compared with the overall Canadian population, people who could become eligible for the CDCP reported poorer oral health, including higher rates of persistent mouth pain (30% versus 22%) and avoiding eating certain foods (26% versus 16%).

Use the full interactive report to examine differences in dental insurance coverage, access to care and self-reported oral health across income groups and population characteristics between 2018 and 2024: <http://health-infobase.canada.ca/oral-health/>

The Dental Coverage Gap

In 2024, nearly one-third (31%) of people in Canada fell into a dental coverage gap. This means they did not have insurance to cover any of their dental expenses. Regardless of income level, people **without** insurance were nearly four times (45%) more likely to avoid seeing an oral health professional because of cost than those **with** insurance (12%).

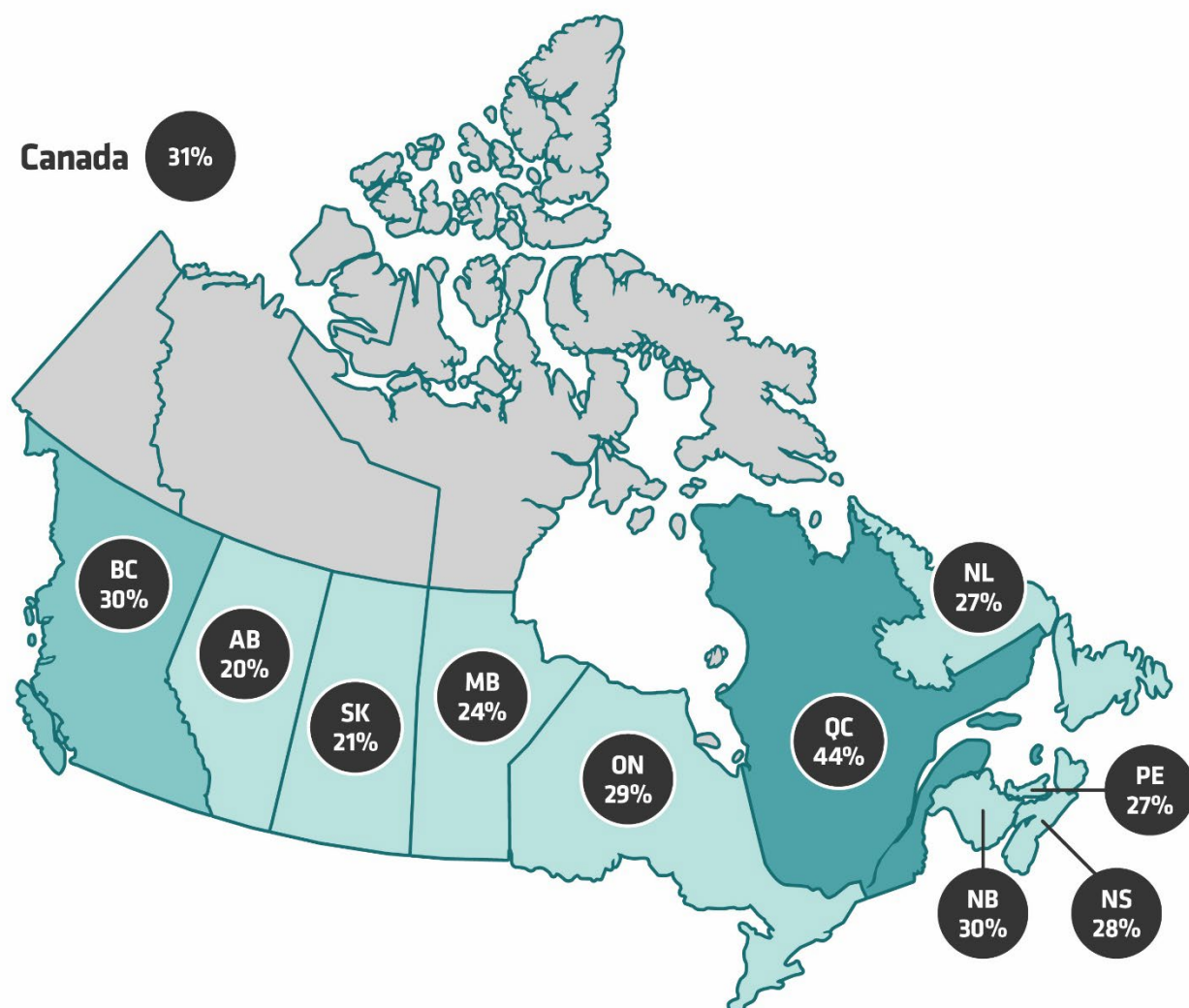
Figure 2: Dental insurance status and insurance type among people in Canada living in the provinces at the time of the survey, 2024¹



Who is in the dental coverage gap

In Canada, some individuals are more likely to be uninsured than others. People with low incomes (45%) were more than twice as likely to report having no dental insurance than people with high incomes (22%). Overall, 62% of seniors 65 years and older were uninsured. This was more than twice the rate of all age groups under 65. Seventeen percent of children under 18 and 26% of adults aged 18 to 64 did not have dental insurance. Persons with disabilities (42%) were more likely to be uninsured than those without disabilities (30%). People living in Quebec were the most likely to not have dental insurance (44%). People in Alberta were the least likely (20%).

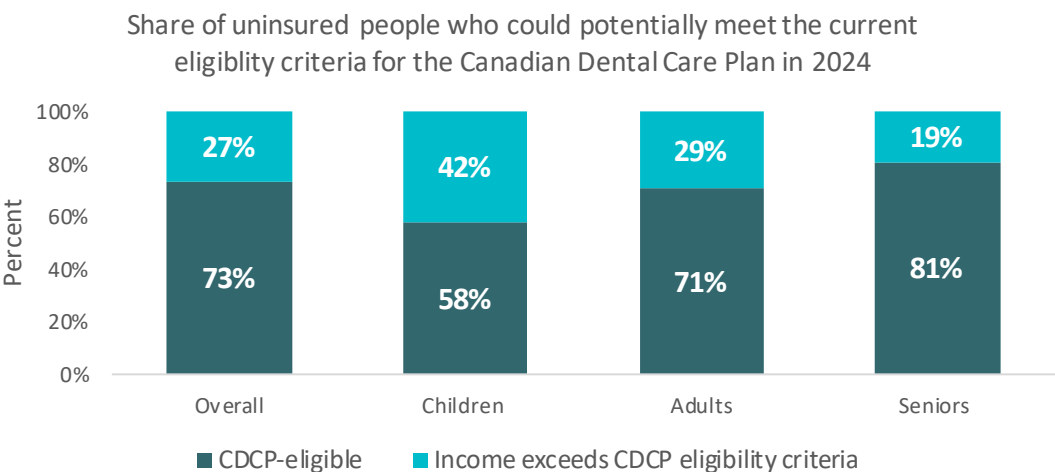
Figure 3: Share of uninsured people in the dental coverage gap by province, 2024^{1,2}



How can the Canadian Dental Care Plan address the dental coverage gap

The [Canadian Dental Care Plan](#) is intended to fill existing gaps in coverage and complement existing provincial and territorial dental plans. Based on the results of the 2024 Canadian Oral Health Survey, it is estimated that 11.9 million people in Canada are uninsured. Of these, an estimated 73% potentially meet the current eligibility criteria for the plan based on their income and insurance status.

Figure 4: Share of uninsured people who could potentially meet the current eligibility criteria for the Canadian Dental Care Plan in 2024^{3,4}



Characteristics of people who could become eligible for the CDCP

A note on eligibility



For this report, individuals were considered eligible for the Canadian Dental Care Plan (referred to as “**CDCP-eligible**”) if they had an adjusted family net income under \$90,000 and provided a valid response to the Canadian Oral Health Survey question about dental insurance coverage and its type.

Individuals who did not have dental insurance or had public insurance coverage through a provincial, territorial, or federal government social program were included, as they could still qualify for the plan. However, these estimates do not account for other eligibility requirements. Individuals also need to file their taxes, be residents of Canada for tax purposes and submit an application to the plan.

The Canadian Dental Care Plan was implemented in December 2023. As such, the 2024 Canadian Oral Health Survey was the first opportunity to obtain nationally representative data about people who could potentially meet its eligibility criteria.



Profile of people who could become eligible for the CDCP

Among those who could become eligible for the CDCP:

- the average age was 60 years
- 52% were women
- 19% had a disability
- 16% lived in rural areas
- 87% had family incomes of less than \$70,000

Ontario (38%) had the largest proportion of individuals who could become eligible, followed by Quebec (29%) and British Columbia (14%).

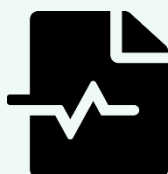


Awareness of the Canadian Dental Care Plan

About two-thirds (64%) of CDCP-eligible adults 18 years and older said they had heard of the plan between November 2023 and March 2024. They were asked where they had heard of the plan and could select more than one source of information. The most common sources were:

- news or media (67%)
- social media or blogs (15%)
- government websites (11%)
- school or work (3%)
- oral health professional (4%)

39% of CDCP-eligible adults were aware of who could enroll in the plan at the time of the survey.



Self-reported oral health problems before the Canadian Dental Care Plan

Based on the 2024 Canadian Oral Health Survey, people who could potentially meet the current eligibility criteria reported poor oral health outcomes before the Canadian Dental Care Plan. More than one in four (26%) CDCP-eligible individuals avoided eating certain foods because of problems in their mouth, and nearly one-third (30%) reported having persistent mouth pain.

Among potentially CDCP-eligible adults 18 and older:

- 33% reported having persistent dry mouth
- 27% reported having bleeding gums while brushing
- 10% reported having lost all their natural teeth
- 36% reported wearing dentures, dental prostheses, or false teeth

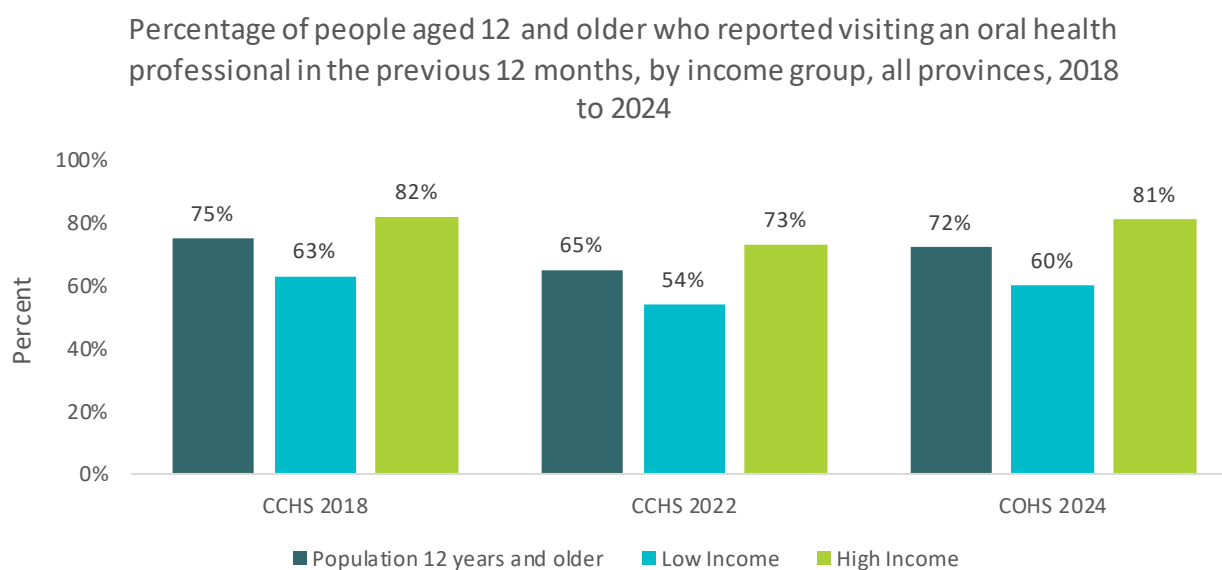
Access to Oral Health Care

According to the [Canadian Dental Association](#), regular contact with an oral health professional can help prevent and detect oral health problems like tooth decay or gum disease. This section examines trends in access to oral health care between people with low incomes and people with high incomes.

Trends in dental visits

During the period from November 2023 to March 2024, 72% of people aged 12 and older reported visiting an oral health professional in the previous 12 months, an increase from 65% in 2022. Between 2018 and 2024, people with low incomes were consistently less likely to have visited an oral health professional than people with high incomes.

Figure 5: Percentage of people aged 12 and older who reported visiting an oral health professional in the previous 12 months, all provinces, 2018 to 2024⁵



In 2018, 75% of people aged 12 and older reported visiting an oral health professional in the previous 12 months. When broken down by income, the percentages were:

- low income: 63%
- high income: 82%

In 2022, 65% of people aged 12 and older reported visiting an oral health professional in the previous 12 months. The percentages decreased to:

- low income: 54%
- high income: 73%

By 2024, the percentages increased for both income groups, with the largest increase among people with high incomes:

- low income: 60%
- high income: 81%

Income gaps in dental care use

Among people aged 12 and older, visits to an oral health professional remained high for women overall. Between 2018 and 2024, visits were highest among women with high incomes. Over this period, visits decreased for both income groups:

- women with low incomes: 66% to 63%
- women with high incomes: 86% to 83%

In contrast, men visited an oral health professional less often. Between 2018 and 2024, the difference between men with low and high incomes remained relatively unchanged:

- men with low incomes: 59% to 58%
- men with high incomes: 79% to 79%

Notably, the largest income gap in dental care use was observed among seniors 80 years and older. Between 2018 and 2024, this gap remained, as visits decreased among seniors with both low and high incomes:

- seniors 80 years and older with low incomes: 50% to 47%
- seniors 80 years and older with high incomes: 75% to 72%

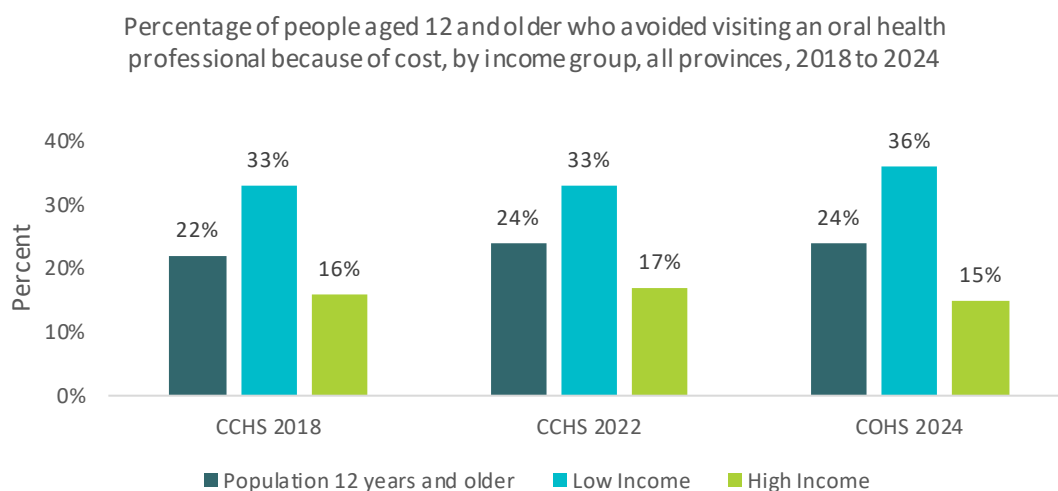
Cost as a major barrier to accessing oral health care

Cost was a major barrier to accessing oral health care for people with low incomes. Among people aged 12 and older, 24% reported in 2024 that they had avoided going to an oral health professional because of the cost. This is similar to 24% in 2022, and an increase from 22% in 2018. When broken down by income and year, the percentages were:

- 2018: low income 33%, high income 16%
- 2022: low income 33%, high income 17%
- 2024: low income 36%, high income 15%

Similarly in 2024, 21% of people in Canada reported declining recommended oral health care because of the cost. This proportion was higher among people with low incomes (30%) compared to people with high incomes (16%).

Figure 6: Percentage of people aged 12 and older who avoided visiting an oral health professional because of cost, all provinces, 2018 to 2024⁵



Dental visiting behaviours

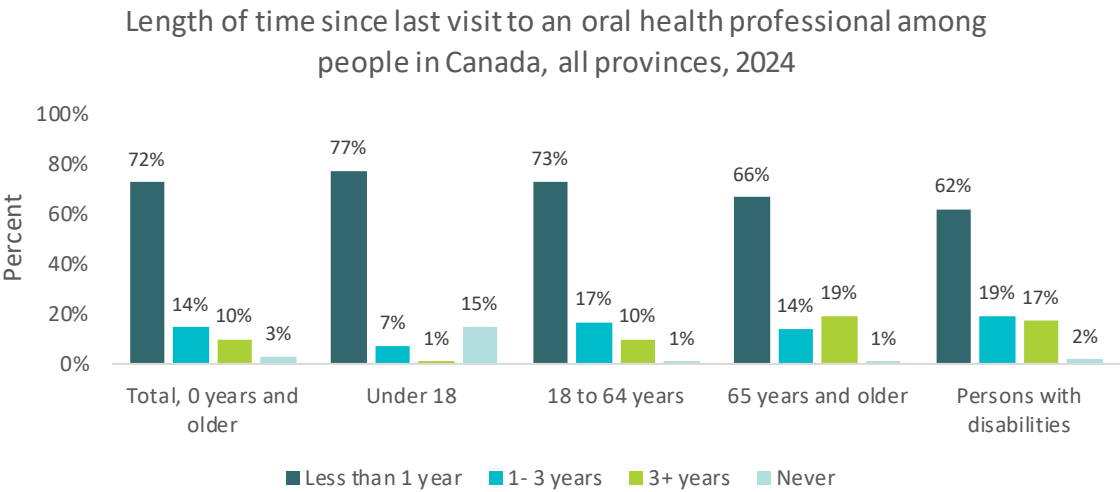
Some people in Canada find it harder to access oral health care because of where they live. In 2024, 73% of people who lived in urban areas reported seeing an oral health professional in the previous 12 months, compared to 67% of those who lived in rural areas. When looking at income and geography together, the percentages were:

- low income in urban areas: 61%
- high income in urban areas: 81%
- low income in rural areas: 58%
- high income in rural areas: 73%

Time since last dental visit

People with low incomes reported greater delays in accessing dental care. In 2024, more than a third (39%) had not seen an oral health professional in over a year, compared with 20% of people with high incomes and 28% in Canada overall.

Figure 7: Length of time since last visit to an oral health professional among people in Canada, all provinces, 2024⁶



Among persons with disabilities, those with low incomes were more than twice as likely to report that they had not had a dental visit in over 12 months, compared with those with high incomes:

- low income: 48%
- high income: 22%

Among seniors with low incomes, those aged 80 and older (35%) were more likely to report their last dental visit was over 3 years ago, followed by those aged 65 to 79 (24%). This was less common among high income seniors aged 80 and older (10%) and those aged 65 to 79 (9%).

In 2024, 73% of adults aged 18 to 64 reported visiting an oral health professional in the previous 12 months. However, adults with low incomes were more likely than those with high incomes to have had their last dental visit **over** 12 months ago. Adults with low incomes reported their last dental visit was:

- 1 to 3 years ago: 23%
- over 3 years ago: 15%

In contrast, adults with high incomes reported their last dental visit was:

- 1 to 3 years ago: 13%
- over 3 years ago: 7%

Self-Reported Oral Health

Self-reported data is a personal assessment of one's oral health. It is valuable for understanding how differences in access to dental care are linked to oral health outcomes. While not a replacement for clinical measures, this data considers population-level needs, circumstances and behaviours of people in Canada. This lets us better understand Canada's evolving oral health landscape. The selected indicators presented in this tab were chosen because they are closely related to clinical measures (see Appendix A).

Figure 8: Oral health needs of people in Canada as of March 2024^{6,7}



Untreated mouth problems

Untreated problems like tooth decay, gum disease, or tooth loss can cause pain and discomfort or interfere with daily activities like eating and speaking.

People with low incomes were more likely to report untreated mouth problems. From November 2023 to March 2024, more than one in four (26%) people with low incomes reported having an untreated mouth problem, compared with 15% of people with high incomes, and 19% in Canada, overall.

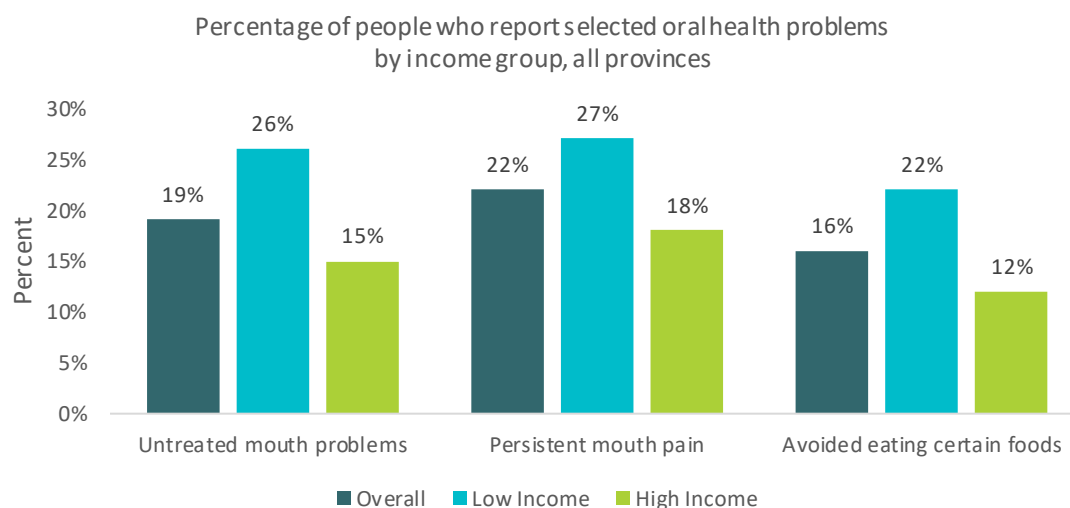
Among those with untreated mouth problems (regardless of income):

- 58% reported persistent mouth pain
- 64% avoided eating certain foods

In contrast, among those without untreated mouth problems:

- 42% reported persistent mouth pain
- 36% avoided eating certain foods

Figure 9: Self-reported oral health status among people in Canada, as of March 2024
6,7



Income and oral health

People with low incomes reported more oral health problems and fewer dental visits in the previous 12 months. From November 2023 to March 2024, people with low incomes were more likely to avoid certain foods because of problems in their mouth (22%) and to report persistent mouth pain (27%). In contrast, among people with high incomes, 12% avoided eating certain foods and 18% reported persistent mouth pain.

Adults 18 and older were asked to rate the health of their mouth using a 5-point Likert scale, which had the following categories: excellent, very good, good, fair, and poor. Nearly one in four (24%) adults with low incomes rated their oral health as poor or fair, compared with 12% of adults with high incomes, and 17% of adults in Canada overall.

Similarly, adults with low incomes reported having:

- persistent dry mouth: 30%
- bleeding gums while brushing: 27%
- lost all of their natural teeth: 7%

Adults with high incomes less frequently reported having:

- persistent dry mouth: 21%
- bleeding gums while brushing: 23%
- lost all of their natural teeth: 2%

Dental insurance coverage and oral health

People without dental coverage reported more oral health problems than people with dental coverage. Among adults aged 18 years and older, people without dental insurance were more than four times as likely as those with insurance to report having lost all of their natural teeth (8%) and more likely to wear dentures (38%). They also reported:

- persistent dry mouth: 31%
- bleeding gums while brushing: 26%

In contrast, people with dental insurance were less likely to report having lost all of their natural teeth (2%), or wear dentures (22%). People with dental insurance also reported:

- persistent dry mouth: 21%
- bleeding gums while brushing: 24%

Brushing and flossing habits

Overall, 70% of people in Canada reported brushing their teeth at least twice a day and 30% reported flossing five or more times a week. Females (76%) were more likely than males (65%) to brush twice a day. When looking only at flossing habits, the percentages varied by age:

- children under 18: 14%
- adults aged 18 to 64: 31%
- seniors aged 65 years and older: 41%

People who visited an oral health professional in the previous 12 months were more likely to brush and floss regularly:

- 74% brush twice a day
- 34% floss five or more times a week

In contrast, among those whose last visit was more than 12 months ago:

- 60% brush twice a day
- 20% floss five or more times a week

Understanding the Data

This report presents findings from the **Canadian Oral Health Survey** (COHS) using data collected between November 2023 and March 2024. This was **before** the Canadian Dental Care Plan was available to help pay for oral health care.

This report also uses data from the 2018 and 2022 **Canadian Community Health Survey (CCHS)**, which included an oral health module. It provides national trends and estimates to explore connections between a person's income in relation to their oral health and ability to access care.

The data presented in this report is weighted by age, sex at birth, and province to allow the results to be generalized to the population of Canada.

Data sources



The **Canadian Oral Health Survey** is a national household survey that provides data on the oral health of people in Canada, including:

- their ability to pay for oral health care
- challenges they may face finding oral health services
- their experiences with the oral health care system
- their perceived oral care needs

Survey results are based on responses to an electronic questionnaire with telephone follow-up interviews from 33,840 respondents across all ten provinces. Survey findings were weighted by age, sex at birth, and province, and are representative of the Canadian population.

The **Canadian Community Health Survey** is an annual household survey that collects information related to health status, health care utilization and determinants of health. This survey's sample is representative of the Canadian population aged 12 years and older living in the provinces.

This analysis is based on Canadian Community Health Survey data from two different years:

- The 2018 data was collected from January 02, 2018 to December 24, 2018, and includes responses from 50,812 people.
- The 2022 data was collected during the COVID-19 pandemic, from February 9 to December 31, 2022, and includes responses from 51,904 people.

Survey limitations



1. The Canadian Oral Health Survey collected data between November 2023 and March 2024. It does not take into account those who may have already enrolled in the Canadian Dental Care Plan at the time. While some age groups could enroll in the plan near the end of the survey, no one was eligible to access care through the plan while the survey was in the field.

Learn more: [Canadian Dental Care Plan Statistics](#)

2. Both surveys used in this analysis exclude:
 - people living in the territories
 - people living on reserves and in other Indigenous settlements in the provinces
 - people living in institutions
 - members of the Canadian Forces living on a base

This is a limitation, as it excludes Indigenous communities and Nations who are particularly affected by barriers to oral health care access. Future data collection approaches could be explored in partnership with Indigenous and northern populations.

3. The information in this report is self-reported and limited to what survey respondents were willing to share in an online questionnaire.

Definitions

95% confidence interval

Provides a range of values in which the estimated prevalence will fall 95% of the time. If the survey was repeated 20 times, the results would fall within this range 19 of those times, or 19 times out of 20.

Adjusted family net income

Family income was obtained by linking to tax data when possible and imputed when not available. In the Canadian Oral Health Survey, income data was linked for 69% of respondents. We calculated the 2022 adjusted family net income from an individual's T1 family file, for all members of a family, using this formula:

- net family income **minus**
- universal childcare benefit **minus**
- (amount of registered Disability Savings Plan **minus** amount claimed)

The adjusted family net income was only available for the responding adults. For the purpose of this analysis, the adjusted family net income of a child was assumed to be the same as an adult from the same household.

CDCP-eligible

For this report, individuals were considered eligible for the Canadian Dental Care Plan if they had an adjusted family net income under \$90,000 and provided a valid response to the Canadian Oral Health Survey question about dental insurance coverage and its type. Individuals who did not have dental insurance or had public insurance through a provincial, territorial or federal government social program were included, as they could still qualify for the plan. However, these estimates do not account for other eligibility requirements. Individuals also need to:

- file their taxes,
- be residents of Canada for tax purposes and
- submit an application to the plan.

Complete tooth loss

Loss of all natural teeth (also referred to as toothlessness).

Dental insurance

Having all or part of respondents' dental expenses covered by any insurance plan or government program.

Dental visiting

Behaviour related to the use of dental services.

Denture

A dental prosthesis that substitutes for missing natural teeth and adjacent tissues.

Gender

An individual's personal and social identity, which may be different from their sex at birth and from what is indicated on legal documents. Given the small size of the non-binary population, data was aggregated to a two-category gender variable to protect the confidentiality of responses. Individuals in the category "non-binary persons" were distributed into the other two gender categories. The category "men+" includes men, boys and some non-binary respondents, while the category "women+" includes women, girls and some non-binary respondents.

Gingivitis

Redness, swelling or bleeding of the gums caused by inflammation. If left untreated, it can progress to a more serious gum disease called periodontitis.

Health inequality

Refers to differences in health experiences or outcomes between different populations.

Income quintile

A method to divide people into five equal groups based on income, from the lowest 20% to the highest 20%.

Median

The middle value of a specified income level when it is ordered from least to greatest, representing the typical income for different segments of the population.

Natural teeth

Refers to a person's own teeth as opposed to artificial teeth.

Periodontitis

Disease of the gums caused by bacteria, characterized by swelling and bleeding of the gums and loss of tissue that attaches the tooth to the jaw. If left untreated, it can progress to tooth loss.

Persons with a disability

Refers to individuals who answered 'yes' to the question "Do [you/you or other household members] identify as a person with a disability?"

Prevalence

The proportion of a group or population reporting the indicated behaviour or outcome, usually expressed as a percentage.

Private insurance

Includes plans through an employer (including those partially paid or sponsored by an employer), private plans (including personally purchased plans) and plans through colleges and universities.

Public dental insurance

Includes government-paid plans, such as:

- children's or seniors' dental programs
- the Régie de l'assurance maladie du Québec
- the Non-Insured Health Benefits program for First Nations people and Inuit, which includes individuals living on and off reserves.

Rural

Includes areas with a population of fewer than 10,000 people.

Sex

Sex assigned at birth. Sex was used in the 2018 analysis because gender data was not available. Estimates for men and women should be interpreted with caution when examining differences between 2018 and 2022. Beginning with the 2021 Census, Statistics Canada began using gender as the standard variable in most datasets.

Statistically significant

The observed relationship between two or more variables that are unlikely due to chance alone.

Tooth decay

Cavity resulting from dental caries.

Trend

The general direction in which change over time is observed.

Urban

Includes areas with a high concentration of people, such as large towns or cities. These areas consist of nearby communities that are economically and socially connected and usually have a population of at least 10,000 people.

Weighted estimates

Weighting is the statistical technique used to allow the study sample to be representative of the population. A participant's response is weighted so that it represents a specific number of identical responses in the population. Numbers of individuals shown with percentages are estimates, not exact counts.

Appendices

Appendix A

Self-reported oral health tool

Indicator	What is measured	Why does it matter?
Untreated mouth problems	The percentage of people who reported having an untreated mouth problem.	Untreated mouth problems like tooth decay, gum disease, or tooth loss can cause pain, interfere with daily activities, and may indicate barriers to accessing dental care.
Persistent mouth pain	The percentage of people who reported having persistent mouth pain sometimes or often in the previous 12 months.	Mouth pain can be a symptom of underlying dental conditions such as tooth decay, gum disease or infections. It may also indicate the need for early treatment to avoid complications like tooth loss or systemic infections.
Avoiding eating certain foods	The percentage of people who reported avoiding certain foods because of problems in their mouth sometimes or often in the previous 12 months.	Avoiding certain foods due to problems in the mouth can be a symptom of oral health issues, such as tooth sensitivity, gum disease, or enamel erosion, all of which can lead to more serious dental problems. Oral health issues can make it hard to eat certain foods, leading to a poor diet and nutrient deficiencies.
Health of mouth	The percentage of people aged 18 years or older who reported their oral health is very good or excellent.	Oral health is an important part of overall health. An individual's self-reported mouth health is important in understanding how they perceive their oral health status. It can reflect how potential oral health conditions impact their quality of life. Some groups are less likely to say their oral health is very good or excellent. This could be for a variety of reasons, including systemic and structural barriers to accessing oral health care.
Bleeding gums	The percentage of people aged 18 years or older who reported having bleeding gums	Bleeding gums can be a sign of gum disease (like gingivitis or periodontitis), cancer or poorly fitting dentures. This can

	daily or sometimes when brushing their teeth or dentures.	be prevented with regular check-ups and cleanings.
Persistent dry mouth	The percentage of people aged 18 years or older who reported having persistent dry mouth sometimes or often.	Dry mouth (xerostomia) occurs when there isn't enough saliva in the mouth, often due to medication, dehydration, or health conditions. If not treated, it can increase the risk of tooth decay, gum disease, and oral infections. It can also make it difficult to keep dentures in place.
Tooth loss	The percentage of people aged 18 years or older who reported having no natural teeth.	Toothlessness (the condition of being without teeth) is a marker of poor oral health that helps us understand the impact of oral disease and access to oral health care over a lifetime. Data on toothlessness can help identify populations in need of restorative services, such as dentures or implants. It can also identify populations with underlying issues that caused them to lose their teeth in the first place.
Denture use	The percentage of people aged 18 years or older who reported wearing dentures, dental prostheses, or false teeth.	Dentures may be worn by people who are missing one or more natural teeth to restore function and appearance, though some people may face issues with fit, comfort, or chewing efficiency.
Brushing	The percentage of people who reported brushing their teeth or dentures two or more times per day.	Good oral hygiene, like brushing twice a day, helps prevent tooth decay and gum disease. Data on preventive oral health behaviours is valuable for informing oral health literacy and public education activities.
Flossing	The percentage of people who reported cleaning between their teeth with dental floss or any flossing aid five or more times per week.	Good oral hygiene, like flossing at least five times per week removes plaque and bacteria that a toothbrush cannot reach, helping prevent tooth decay and gum disease. Data on preventative oral health behaviours is valuable for informing oral health literacy and public education activities.

Appendix B

Footnotes

1. Statistics Canada conducted the Canadian Oral Health Survey (COHS) in the provinces from November 2023 to March 2024. Data were released in 2024. To improve readability, we refer to COHS 2023-2024 as COHS 2024. When using information from this report, please include the full survey name and the data collection dates in your citation (i.e. “Source: Canadian Oral Health Survey, November 2023 to March 2024”).
2. Provincial differences in dental insurance coverage are presented for descriptive purposes only. This report does not examine underlying causes of provincial differences.
3. Source: Canadian Oral Health Survey (COHS), 2023-2024. These estimates do not take into account those who may have already enrolled in the program at the time or those who have public insurance coverage and may still qualify for the CDCP based on their income and insurance status. Children are ages 17 years and younger, adults are 18 to 64 years, and seniors are 65+ years and older. The latest information on CDCP application statistics can be found here:
<https://www.canada.ca/en/services/benefits/dental/dental-care-plan/statistics.html>.
4. For this report, individuals were considered eligible for the CDCP if they had an adjusted family net income under \$90,000 and provided a valid response to the COHS question about dental insurance coverage and its type. Individuals who did not have dental insurance or had public insurance through a provincial, territorial, or federal government social program were included, as they could still qualify for the CDCP.
5. Data for the provinces is reported based on the 2018 and 2022 Canadian Community Health Survey (CCHS) and 2023-2024 Canadian Oral Health Survey (COHS). Data for people living in the territories was not available in COHS.
6. Data for this figure are obtained from the Canadian Oral Health Survey, 2023-2024.
7. Please note that where numbers of individuals are provided along with prevalence, these numbers are estimates.

