

Oral Health Needs Assessment and Promotional Campaign

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Oral health disease is among the most common non-communicable diseases globally and has significant impacts on overall health and well-being.
- The burden of dental disease disproportionately affects vulnerable and disadvantaged populations, making oral health a key health equity issue in Wellington-Dufferin-Guelph (WDG).
- It has been ten years since Wellington-Dufferin-Guelph Public Health's (WDGPH) last oral health status report, and major publicly funded dental programs have been introduced since then.
- WDGPH completed an Oral Health Needs Assessment to identify current trends, barriers, service gaps, and evidence-based recommendations to improve access to care.

Background

Oral health is a foundational component of overall health across the lifespan. Oral diseases remain among the most common non-communicable diseases worldwide, contributing to pain, infection, reduced quality of life, and broader health impacts.¹

The burden of dental disease is not shared equally. Vulnerable and disadvantaged populations experience disproportionately higher impacts due to barriers such as affordability, limited provider access, and geographic challenges.²

A comprehensive Oral Health Needs Assessment is essential for understanding the current oral health status of residents in WDG, identifying service gaps, and supporting equitable access to dental care.³

This work is particularly timely, as it has been ten years since the last oral health status report in WDG. Since 2015, new publicly funded dental programs have been introduced, including the Ontario Seniors Dental Care Program (OSDCP) (2019), the Canadian Dental Care Plan (CDCP) (2024), and Healthy Smiles Ontario (HSO). WDGPH has also observed changes in service demand following CDCP implementation, including decreased OSDCP enrollment and increased capacity to take on new eligible clients.

Discussion

Project Aim

WDGPH completed an Oral Health Needs Assessment survey to better understand and respond to the evolving oral health needs of residents across Wellington County, Dufferin County, and the City of Guelph. The target audience included individuals residing in WDG over the age of fifteen.

Objectives

The Needs Assessment includes five core objectives:

1. Identify current dental health trends across the lifespan, including children, seniors, and emergency room visits related to oral health concerns.
2. Assess utilization of existing dental services, including public health dental programs and private dental care access.
3. Identify barriers to accessing dental care, including affordability, provider availability, and geographic challenges.
4. Identify gaps in dental services, particularly among underserved populations such as low-income residents, seniors, and Ontario Works (OW) recipients.
5. Provide evidence-based recommendations to inform future policies and enhance oral health service delivery.

Survey Promotion and Community Engagement

WDGPH implemented a structured promotion and outreach plan to support survey completion and increase awareness of publicly funded dental programs.

The promotion plan was developed in response to observed changes following the introduction of the CDCP, including decreased enrollment in HSO and OSDCP programs.

Outreach included low-income families and seniors, Early ON centres, schools, libraries, arenas, immigrant services, housing sites, food banks, dental and physician offices, and Social Services such as Ontario Works (OW) and Ontario Disability Support Program (ODSP).

Promotion methods included:

- Distribution of printed postcards and posters (Figure 1)
- Digital asset toolkit for community partners
- Online promotion through WDGPH website and social media channels
- Specialized print newspaper advertisements
- Metroland digital news advertisements (figure 2)
- Radio advertisements

Figure 1&2. Sample promotional postcard and digital ad.



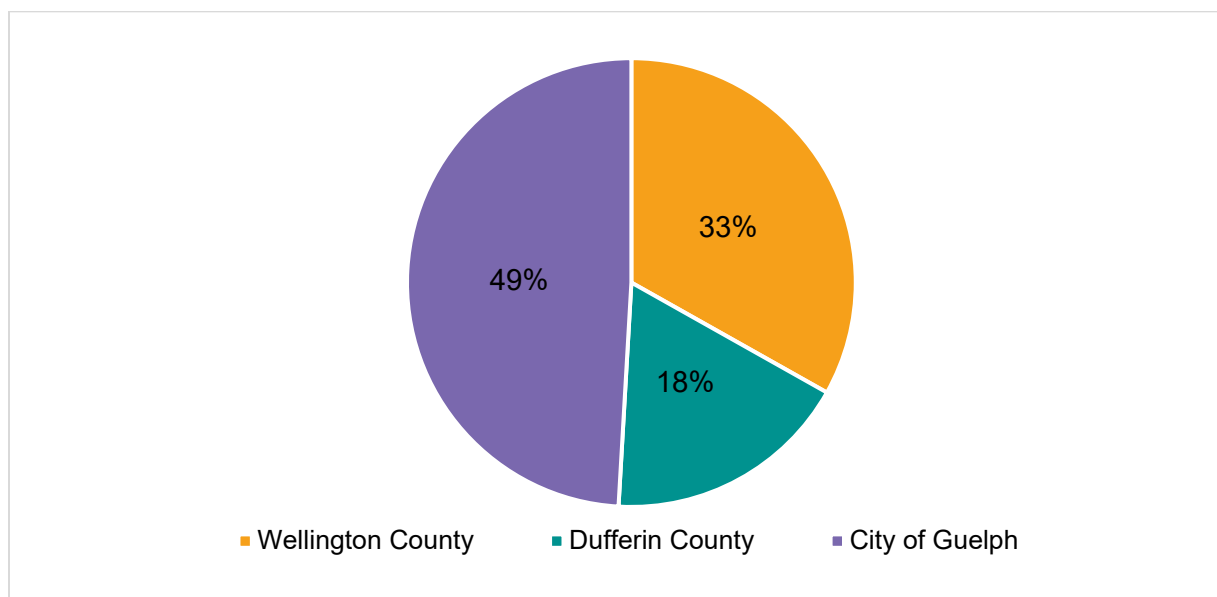
Survey Reach and Demographics

Results/Key Findings

Data analysis and interpretation is ongoing, and a fulsome report will follow. Below are some of the highlights and identified trends.

The survey received a total of 929 valid and complete responses with the City of Guelph representing the majority of respondents (Figure 2).

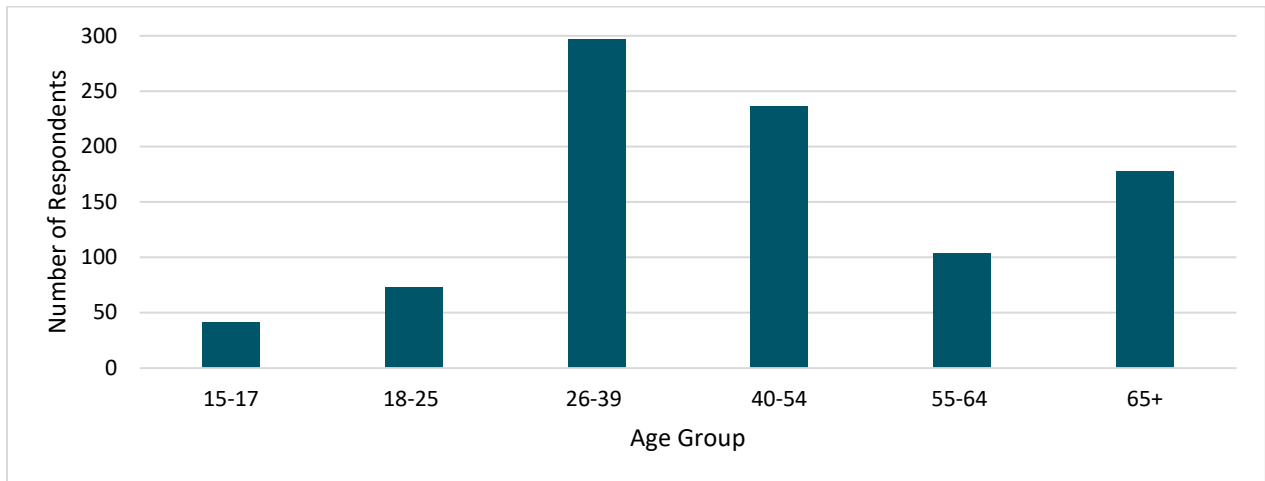
Figure 2. Regional distribution of responses



The majority of survey participants identified as female. The highest response rate was seen in the 26–39 year old age group, with 32% of the responses submitted (Figure 3). This age distribution reflects broader demographic trends in the region, where the majority of residents fall within the working-age population (15-64 years).⁴ In Guelph and Wellington County, the proportion of residents aged 65 years and older increased from approximately 13% in 2006 to about 18% in 2021, highlighting an aging population and increasing demand for services supporting older adults.

Due to limitations in the distribution of the survey sample, the findings may not fully represent the entire WDG population, and the transferability of results across the region should be interpreted with caution.

Figure 3. Age distribution of survey respondents



Current Dental Health Trends

Overall Dental Health Status

The majority of survey respondents (69%) rated their overall dental health as either good or very good. This finding is broadly consistent with provincial data from the Canadian Community Health Survey (CCHS), which indicates that approximately 70% of Ontarians report their oral health as very good or excellent, suggesting that most adults perceive their oral health positively despite ongoing barriers to care.⁶ Self-rated oral health is widely used as a population-level indicator because it correlates strongly with clinical measures of oral disease, quality of life, and overall health status.

Additionally, 74% of participants reported visiting a dental provider for routine oral health care at least once per year, suggesting that regular dental visits are relatively common among the surveyed population. Provincial estimates similarly show that roughly two-thirds to three-quarters of Ontarians report visiting a dental professional annually, although access varies significantly by income, insurance coverage, and age.¹ Individuals with private dental insurance are substantially more likely to attend routine dental visits compared with those without coverage.³ Regular dental visits are important for the early detection and management of oral diseases such as dental caries, periodontal disease, and oral cancers, and they contribute to improved overall health outcomes.

Despite relatively high levels of self-reported oral health and routine dental visits, disparities in access remain across Ontario. Lower-income individuals, uninsured residents, seniors, and rural populations are more likely to delay or avoid dental care due to cost or access barriers.⁴ As a result, self-reported positive oral health among the general population may mask important inequities in access to preventive and restorative dental services across communities.

Impact of Oral Health Challenges

Nearly one in three (31%) survey respondents described their dental health as fair or poor and one in four (23%) WDG respondents indicated that they currently have an oral health problem which makes their life more difficult. These issues were often described in terms of physical complications, such as difficulties with eating and pain, as well as psychological impacts, including negative effects on self-esteem and overall well-being. Similarly, 26% indicated that they either never visit a dentist or only do so when experiencing a dental issue, highlighting gaps in preventive care and routine dental visits.

Among those who reported dental concerns in the past two years, over one in five (21%) indicated that they did not seek treatment, suggesting the presence of barriers to accessing oral health care. A smaller proportion (9%) reported addressing their concerns through emergency or medical settings rather than dental services, further highlighting challenges in accessing traditional dental care. This pattern is consistent with broader trends observed across Ontario, where gaps in access to dental services have resulted in substantial use of hospital emergency departments for preventable oral health conditions. Provincial data indicate that tens of thousands of emergency department visits occur each year in Ontario for non-traumatic dental conditions, increasing from approximately 51,800 visits annually between 2001 and 2015 to about 68,000 visits in 2018, representing about 472 visits per 100,000 population.⁶ These visits typically involve issues such as toothaches, dental infections, or abscesses that could otherwise be managed in dental clinics but instead present in emergency departments due to barriers such as cost, lack of insurance coverage, limited availability of dental providers, or geographic access challenges.⁷ Emergency departments are generally unable to provide definitive dental treatment and often offer only temporary measures such as pain management or antibiotics, meaning underlying oral health problems may persist or worsen without follow-up dental care.⁷

Together, these findings highlight the importance of improving access to affordable and timely dental services in Ontario, emphasizing opportunities to reduce unmet dental needs and support earlier care while decreasing reliance on acute care settings- something of which has been the focal point in the implementation of dental insurance programs.

Free and Low-cost Dental Programs

Awareness of Free and Low-cost Dental Programs

The CDCP emerged as the most widely recognized publicly funded dental program among survey respondents in WDG. There was also an awareness of OSDCP and HSO programs reported. However, a notable proportion of surveyed residents, 20% reported not being aware of any publicly funded free and low-cost dental programs. Among those lacking awareness, one in four (26%) indicated an annual household income under \$50,000, suggesting that many may be eligible for such programs but are not accessing them due to limited knowledge.

Utilization of Free and Low-cost Dental Programs

Of the 73% of WDG respondents who indicated that they have never utilized any free or low-cost dental programs, nearly half reported that they did not need free or low-cost dental services, however 44% were unsure if they qualify and 15% said they did not know how to apply or needed help filling out the application. The majority of those who have never utilized these publicly funded dental programs fell between the ages of 26-39 and 40-54 years of age. Additionally, more than one in three respondents who have never utilized these programs may also be eligible as they reported a household income of less than \$75,000. It must be noted however that the survey used a <\$75,000 income bracket so some individuals and families may still be eligible for the CDCP with income above this income bracket.

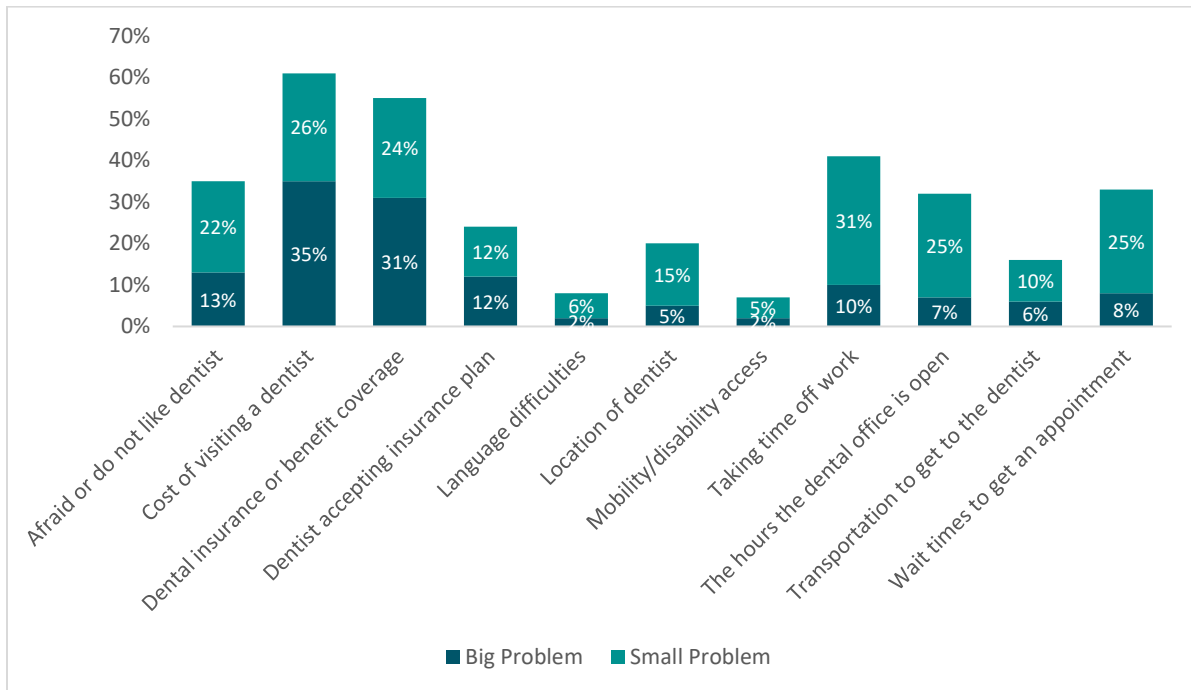
In addition, over half of respondents without dental insurance report a household income that may qualify them for free or low-cost dental programs.

These findings highlight the importance of targeted outreach and education to improve awareness and uptake of available dental care supports, particularly for low-income populations who stand to benefit most.

Barriers to Accessing Dental Care

The survey assessed barriers to accessing dental care by asking residents to indicate whether certain factors were a “big problem”, “small problem”, or “not a problem” in making it difficult for them to visit a dentist (Figure 4).

Figure 4. Percent of respondents indicating factors they face as a problem to visiting a dentist



Financial Barriers

Financial cost remains a significant barrier to accessing dental care. In this survey, 35% of respondents reported that cost is a “Big Problem” while 26% reported it being a “Small Problem” that makes it difficult for them to visit a dentist. This aligns with provincial findings showing that cost is one of the most frequently cited reasons for avoiding dental visits in Ontario.⁸ Among respondents with children, nearly half (47%) indicated cost as a “Big Problem” or “Small Problem” affecting their ability to take their child(ren) to receive dental care, suggesting that financial barriers may affect not only adults but also children’s access to preventive and routine oral health services. Similar trends have been documented in Ontario, where households without dental insurance are significantly more likely to delay or avoid dental care due to cost.⁹

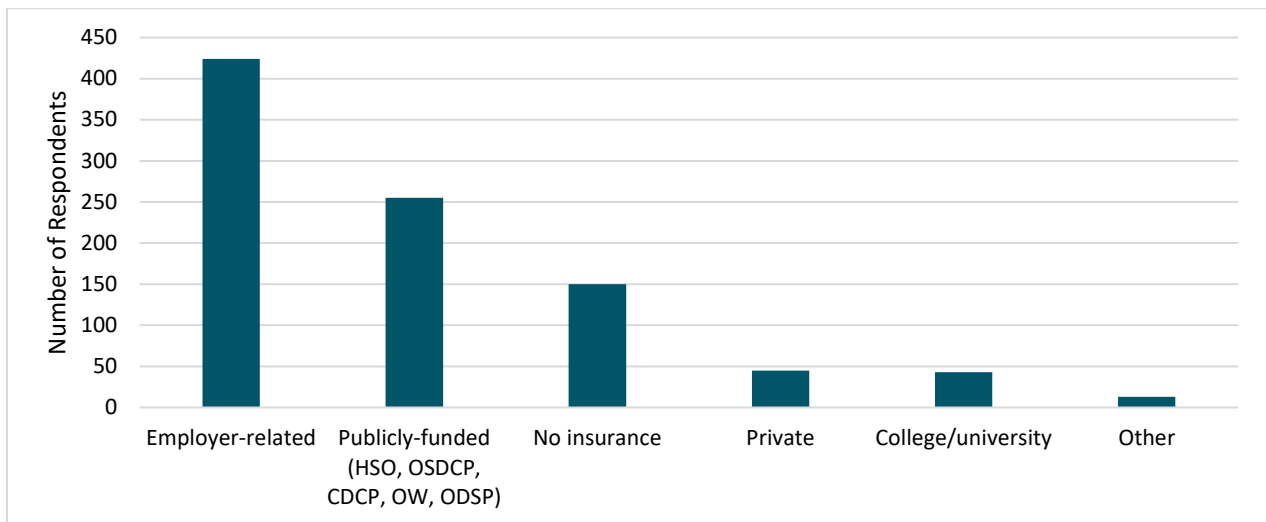
Financial barriers also appeared to limit access to specialized dental services. Survey results indicated that costs prevented residents from receiving the specialty dental treatments they required, including nearly one-third of respondents who required oral surgery or general anesthesia/sleep dentistry, as well as almost two-thirds (62%) of individuals who required denturist services. Specialized dental procedures often involve higher out-of-pocket costs and limited insurance coverage, which can create additional financial strain for residents requiring complex care.¹⁰

Dental Insurance

The majority of survey respondents who reported having dental insurance indicated that their coverage was obtained through employer-sponsored insurance plans (Figure 5). This finding reflects broader patterns observed across Ontario and Canada, where employment-based benefits remain the primary source of dental coverage for adults.¹¹ However, 150 survey respondents (17%) reported not having any form of dental insurance, highlighting an important gap in financial protection for oral health services.

Among respondents without dental insurance, 30% were 65 years of age or older and 26% were between 26 and 39 years of age, suggesting that both older adults and younger working-age adults may experience gaps in coverage. This pattern is consistent with provincial data indicating that seniors and individuals not in full-time employment are more likely to lack dental insurance, increasing the risk of unmet dental care needs.¹⁰ In Ontario, approximately one-third of adults report not having dental insurance, and lack of coverage is strongly associated with reduced dental visits and poorer oral health outcomes.⁸

Figure 5. Dental insurance coverage across survey respondents



Geographic Barriers

Geographic barriers also influenced access to dental services, particularly for specialized care. Survey findings indicated that Wellington County respondents accounted for nearly half (48%) of individuals reporting wait times of 7–12 months for an oral surgeon and nearly two-thirds (62%) of those waiting the same duration for general anesthesia or sleep dentistry services. These findings reflect broader rural health access challenges observed across Ontario, where residents of rural and semi-rural communities may experience longer wait times and reduced access to specialized services due to provider shortages and travel distance to urban care centres.¹² Limited access to specialty providers may result in delayed treatment, increased reliance on emergency care, and worsening oral health outcomes over time.¹⁰

Health Equity Implications

Oral health inequities in Canada are well documented and reflect broader social and economic inequalities. Although most Canadians visit a dental professional at least once each year, vulnerable groups consistently experience poorer access to dental care and worse oral health outcomes compared with the general population.³ Many oral health differences are closely tied to socioeconomic factors such as income, education, dental insurance coverage, and the ability to pay for care.³ For example, adults without dental insurance in Canada are far less likely to visit a dental professional and far more likely to avoid care because of cost than those with private or public insurance.² These disparities persist even after accounting for income and other sociodemographic factors, highlighting the role that financial barriers play in limiting access to preventive and restorative dental services.²

Seniors, who often have greater oral health needs, are more likely to experience access challenges due to lower rates of dental insurance coverage and higher cost barriers. Data from the Canadian Health Survey on Seniors showed that uninsured seniors were less likely to have had a dental visit within the past year and more likely to avoid care because of cost than their insured peers.⁵

National and international evidence also shows that Indigenous populations and other historically underserved groups face disproportionately higher burdens of oral disease and inequitable access to timely, culturally safe oral health care. These inequities are shaped by complex social determinants including poverty, systemic racism, geographic isolation, and the legacy of colonial policies that have disrupted access to health services.¹³

In the WDG context, priority populations such as low-income residents, seniors, Ontario Works recipients, newcomers, Mennonite and Indigenous communities are likely to experience similar barriers to accessing dental care due to financial, cultural, and structural factors. Even with publicly funded programs such as HSO and the OSDCP, many residents face challenges in awareness, enrollment, and utilization of services — often driven by social determinants of health.

To mitigate these inequities, WDGPH will strengthen targeted outreach and education efforts to increase awareness of dental programs and eligibility. Partnering with community organizations, primary care providers, and social service agencies can support referral pathways and culturally safe communication strategies. Additional efforts to address the non-financial determinants of access (such as transportation, language, and trust in health systems) will be critical to ensuring that priority populations are not left behind as new programs like the CDCP are rolled out.

Conclusion

The Oral Health Needs Assessment will provide an updated and comprehensive profile of oral health needs in WDG. This work is critical given the changing landscape of dental coverage programs and observed shifts in service demand.

By identifying current trends, barriers, and gaps, and by providing evidence-based recommendations, WDGPH will strengthen its ability to improve access, enhance equity, and ensure that residents most in need are able to utilize available oral health services.

Ontario Public Health Standards

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- Improve health outcomes
- Focus on children's health
- Build strong partnerships
- Innovate our programs and services
- Lead the way toward a sustainable Public Health system

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