WDG Oral Health Needs Assessment Survey

April 2026

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Table of Contents

List of Figures

Executive Summary

Background

Oral health is an important part of overall health and well-being. Oral disease continues to be a global concern that disproportionately affects vulnerable populations who face barriers accessing dental care.

Wellington-Dufferin-Guelph (WDG) Public Health completed an Oral Health Needs Assessment survey to identify trends, barriers and service gaps among residents and provide evidence-based recommendations to improve access to dental care in our community.

Overview

- The online survey collected voluntary resident responses from August 13, 2025 to January 31, 2026.
- Promotional strategies included partner engagement, creating and distributing marketing materials, social media advertising, and in-person engagement in local community spaces.
- The survey generated 929 valid survey responses: 49 percent of respondents were from City of Guelph, 33 percent from Wellington County and 18 percent from Dufferin County.

Key Findings

Oral health status and behaviours

- Two-thirds of survey respondents rated their oral health as “good” or “very good.”
- About 23 percent of respondents indicated they currently have an oral health concern.
- One in four respondents seek dental care on an as-needed basis or not at all.
- Unmet oral health problems result in negative physical and psychological impacts for residents, affecting their ability to eat, how they feel about themselves, and leading to ongoing pain and depression.

Barriers to accessing dental care

- The most reported barriers to visiting the dentist included cost (61 percent), lack of dental insurance or benefit coverage (55 percent), having to take time off work (41 percent) and fear or dislike of the dentist (35 percent).
- The majority of survey respondents have employer-based dental insurance (49 percent), followed by 30 percent who have publicly-funded insurance coverage.
- Of the 17 percent of survey respondents who do not have dental insurance, 30 percent were individuals 65 and over, 26 percent were between 26 to 39 years of age and 23 percent were between 40 to 54 years of age.

Free and low-cost dental programs

- There is a lack of awareness and use of publicly funded free and low-cost dental programs, especially among those who have an annual household income under $50,000 and may be eligible.

Summary of Recommendations:

1. Strengthen community partnerships and outreach with agencies who work closely with priority populations to ensure they are informed about available free and low-cost dental programs.
2. Focus on equity-driven strategies to make oral health programs and services accessible for priority populations.
3. Increase awareness of publicly funded dental programs, general oral health education and preventative measures.
4. Continue to advocate for improved provincial and federal policy to reduce the inequities and barriers to accessing dental care.

Background

Introduction

As a critical component of overall well-being, oral health plays a significant role in daily function and long-term health outcomes. To better assess the status of oral health and

to identify needs and gaps in accessing dental care across the region, WDG Public Health developed and administered a community oral health survey. The survey gathered resident responses from August 13, 2025 to January 31, 2026.

Importance of Oral Health

Oral health is a fundamental component of overall health and well-being, as it directly influences multiple aspects of daily life. Because the mouth serves as an entry point to the respiratory and digestive systems, germs gathering in the mouth can spread to other parts of the body and cause long-term adverse health effects.[1] Oral health can also significantly affect quality of life, influencing an individual's ability to eat, speak, interact socially and smile with confidence.[2]

Oral health can be maintained through proper oral hygiene and regular professional care. Consistent, twice-daily brushing, flossing, and routine check-ups with a dental hygienist and dentist play a key role in preventing oral disease and related issues.[1]

The burden of dental disease and barriers to care are not experienced equally by the population. Statistics Canada reported that in 2023/24, over one-quarter of Canadians had not visited an oral healthcare provider in the past year, with half of them reporting cost to be the barrier.[3] Vulnerable and disadvantaged populations experience disproportionately high rates of oral health problems due to barriers like cost, limited access to providers and geographic challenges.[4] The Canadian Dental Association identifies some vulnerable groups including seniors, Indigenous, low-income individuals, people with special needs, children and .[5] Research consistently shows that people with lower incomes face greater barriers to accessing dental services and, as a result, experience poorer oral health outcomes across their lifespan. Therefore, oral health represents a significant health equity issue that requires ongoing assessment and focused action.

In efforts to raise awareness of dental health issues and improve access to care, the World Health Organization published its *Global strategy and action plan on oral health* (GSAPOH) earlier in 2024.[7] The GSAPOH was developed to reduce the burden of oral disease globally and integrate oral health into primary medical care.

In alignment with these national and global priorities, understanding local oral health needs and barriers is essential for informing targeted public health actions. Community-based data can provide valuable insight into patterns of oral health behaviours, access to care and the challenges residents face when seeking dental services.

Oral Health Programs Offered in WDG

The Ontario Public Health Standards outline expectations for delivering mandatory oral health programs and services.[8] Specifically, public health offers free dental care services to eligible youth and seniors in Ontario who cannot afford care. For eligible youth 17 and under, the Healthy Smiles Ontario (HSO) program provides free preventative care, routine check-ups and emergency dental services. Similarly, low-income seniors 65 years of age and older may be eligible for the Ontario Seniors Dental Care Program (OSDCP), which covers preventative and restorative dental services at no cost.

At a federal level, the Canadian Dental Care Plan (CDCP) assists eligible Canadians of all ages by offering financial coverage for a broad range of services to individuals below a specified income threshold.

Given that the last oral health status report for WDG residents was completed in 2015, WDG Public Health identified several key areas of interest for updated data collection. Since then there have been significant changes to the dental care landscape, including the implementation of the OSDCP in 2019 and the CDCP in 2024, in addition to the existing HSO program. These developments underscored the need for an updated assessment of oral health status, access to care and service utilization for residents of the region.

Methodology

Survey Development

The WDG oral health needs assessment survey was designed to:

- Identify the oral health status and behaviour trends of WDG residents
- Assess the use of existing dental services;
- Identify barriers to accessing dental care; and
- Identify dental service gaps in WDG.

The survey was created and completed using the secure, web-based REDCap platform. The platform presented the questionnaire in a structured, sequential format and was available for participants to complete in English.

Survey Promotion

To promote the Oral Health Survey across Wellington-Dufferin-Guelph, a variety of outreach methods were used.

Figure 1: Tooth postcard distributed

Postcards and posters: The main promotional strategy was the distribution of tooth shaped postcards and posters. Each postcard highlighted the availability of free dental care options with links to more information and provided both a QR code and website link to access the survey. Posters were distributed throughout Wellington, Dufferin and Guelph at community centres, childcare and EarlyON facilities, physician and dental offices, schools and post-secondary institutions, food banks, stores, libraries, transit hubs and more. Digital postcards and posters were also included in an oral health survey toolkit that was emailed to community partners.

Figure 2: Sample social media ad

Social media: Targeted social media ads were shared on Meta platforms through reels and static posts. Paid ads were scheduled strategically throughout the survey period.

Radio and newspaper: Radio messaging, digital news ads and one specialty print news ad were also used to increase public awareness and encourage participation across the region.

Intercept surveys: WDG Public Health staff attended community events and high-traffic locations, including a senior's expo and local community centers, to engage directly with residents and promote the survey. These in-person efforts were effective in boosting survey completion, generating about 150 responses in just one week.

The survey was launched on August 13, 2025 and responses were collected until January 31, 2026.

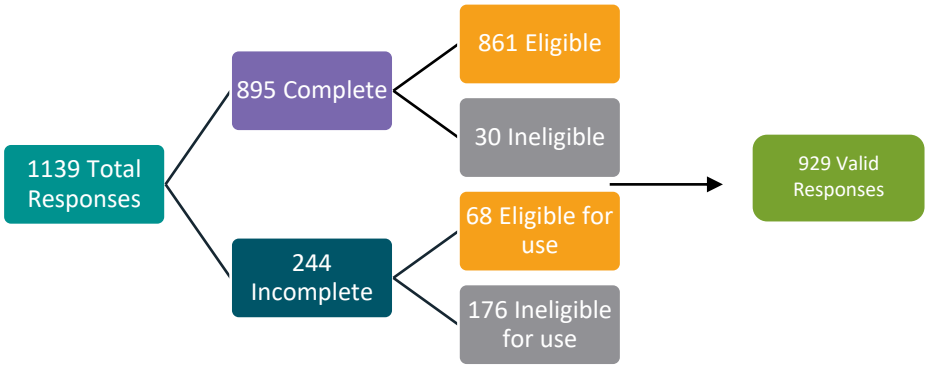
Data Processing

Data was collected using REDCap and exported for analysis. Responses were considered suitable for analysis if they met all of the following conditions:

- The respondent selected 'Yes' for consent.
- The respondent provided a valid location value (not blank).
- The respondent provided a valid age value (not blank).
- The respondent indicated that they lived within WDG.

A total of 1,139 survey responses were collected. Of these, 895 were complete and 244 were incomplete. Among the completed surveys, 30 were excluded for not meeting eligibility criteria. Of the incomplete responses, 68 met the eligibility criteria and provided sufficient data to be included in the analysis. In total, 929 survey responses were deemed eligible and used in the analysis. Although this sample is not statistically representative of the entire population of Wellington county, Dufferin county and the city of Guelph (see "Survey Limitations" section), the data provides meaningful context and highlights trends that can inform planning efforts to support equitable access to dental care in the region. .

Figure 3: Flow chart illustrating the methodology of valid survey records

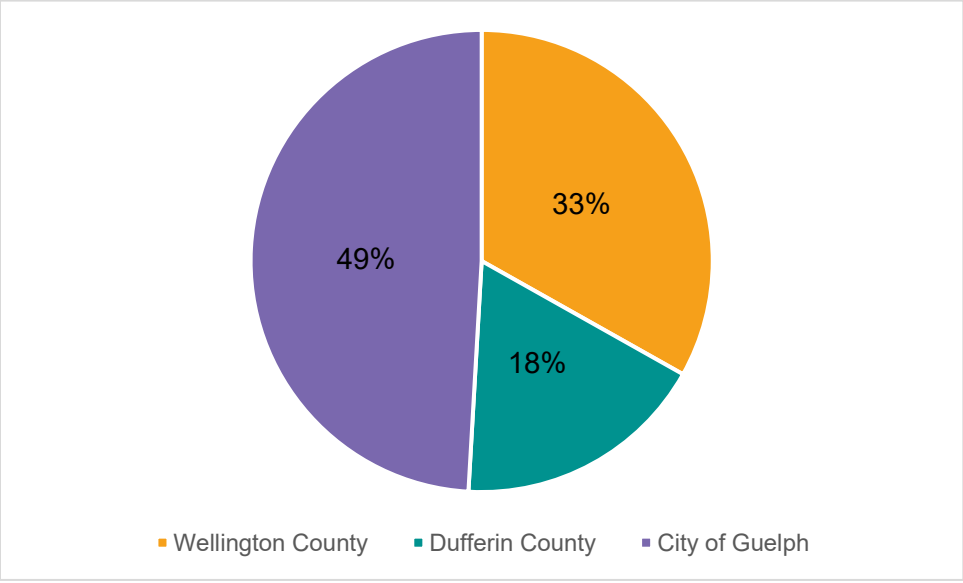


Findings

Survey Sample

The survey response distribution is illustrated in Figure 3. City of Guelph residents accounted for almost half of responses, Wellington County represented one-third of responses, and Dufferin County about 18 percent.

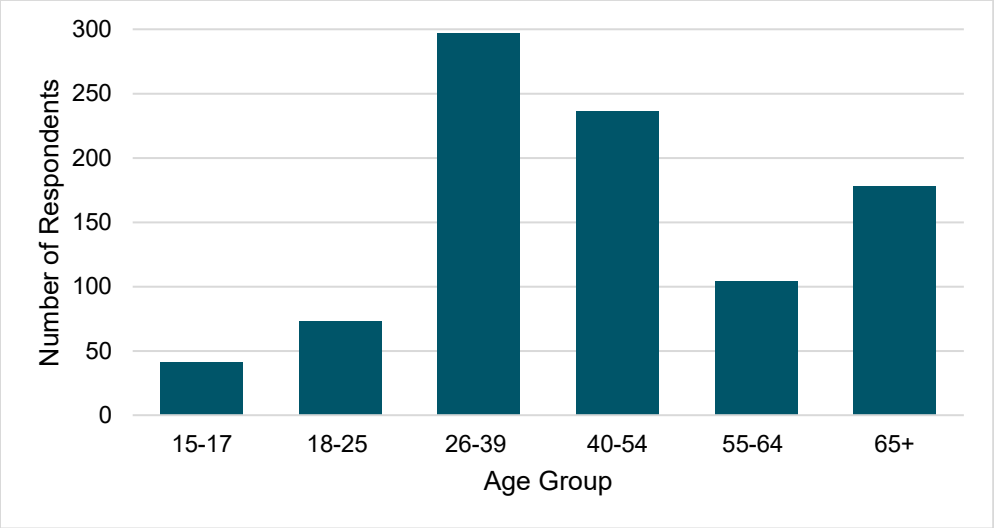
Figure 4: Regional distribution of survey responses



The majority of survey participants identified as female and the highest response rate was seen in the 26 to 39 age group (Figure 5), with 32 percent of responses. This age distribution reflects broader demographic trends in the region, where most residents fall within the working-age population (15 to 64 years) and the proportion of older adults continues to grow.[9]

Nearly half (48 percent) of respondents indicated that they had children under the age of 18 living with them, with one or two children being most common. Nearly 80 percent indicated that they have one or more other adults in the home.

Figure 5: Age distribution of survey respondents

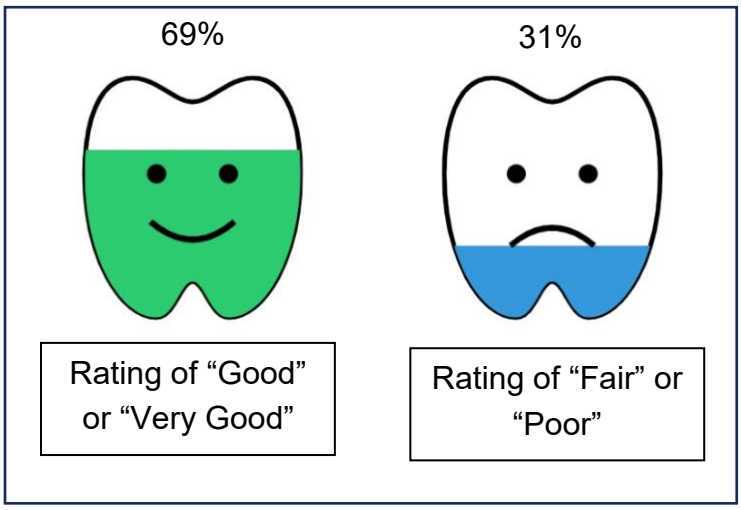


Oral Health Status and Behaviour Trends

Self-Reported Oral Health

To understand the oral health profile of residents in WDG, self-reported oral health status was assessed in the survey.

Figure 6: Self-rated overall dental health



As shown in Figure 6, more than two-thirds of survey respondents rated their overall dental health as “Very Good” or “Good”, while 31 percent described it as “Fair” or “Poor.” This analysis suggests that nearly one-third of respondents may experience oral health challenges that could impact their quality of life, daily functioning or need for dental care services.

Respondents were also asked whether they currently have any oral health concerns. Overall, 23 percent reported having a current dental concern. Among these individuals, 72 percent rated their overall dental health as fair or poor, indicating a clear relationship between perceived oral health status and the presence of active concerns.

The highest self-reported oral health ratings were among individuals aged 18 to 25 and 40 to 54. There was a noticeable decline observed in the 55 to 64 age group, where an equal proportion of respondents reported their oral health as good or very good compared to fair or poor. This pattern changed for respondents 65 years of age and older as the data showed an improvement in self-reported overall oral health and a decrease of current dental concerns. .

These results are slightly lower than provincial estimates from the Canadian Community Health Survey (CCHS), which indicate that approximately 88 percent of Ontarians report good, very good or excellent oral health.[10] Self-rated oral health is widely recognized as

a valid population-level indicator, given its strong correlation with clinical measures of oral disease, quality of life, overall health status and unmet healthcare needs.

Frequency of Dental Visits

Regular dental visits are an important preventive measure and are associated with earlier detection and management of oral health issues.

The WDG survey indicated that 74 percent of respondents visit the dentist once or more per year, aligning with provincial estimates that roughly two-thirds to three-quarters of Ontarians report visiting a dentist annually.[10] Conversely, 21 percent of respondents reported visiting a dentist only when they experience a problem, and five percent indicated that they never visit a dentist.

For those respondents with children in the household, 85 percent indicated their children go to the dentist at least once a year, and 15 percent either only go if there is a problem or never visit the dentist at all. Similarly, the majority of respondents indicated that the other adults in their household do visit a dentist, while 16 percent indicated those other adults don't visit a dentist, and 5 percent indicated that they were unsure.

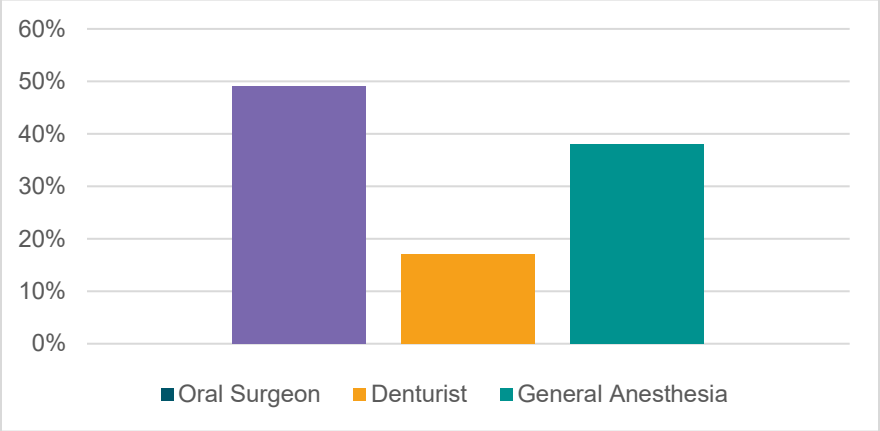
These patterns suggest that while most respondents access preventive services, approximately one in five rely on episodic or emergency-based care, which may contribute to poorer oral health outcomes over time.

Specialty Dental Services

Routine visits to a dentist or dental hygienist are important for preventative care and check-ups, while complex or severe oral health issues may require more specialized dental services. The oral health survey explored the need for specialty dental care including oral surgery, denturist services and services requiring general anesthesia in Wellington, Dufferin and Guelph. Respondents were asked whether they or any household members have ever required any of these specialty dental services (Figure 7). Requiring care from an oral surgeon was the most reported specialty service, with nearly half of respondents reporting someone in their household had a need for such care. Additionally, more than one-third of respondents reported the need for dental care

that required general anesthesia for someone in their household, while one in six reported needing care from a denturist.

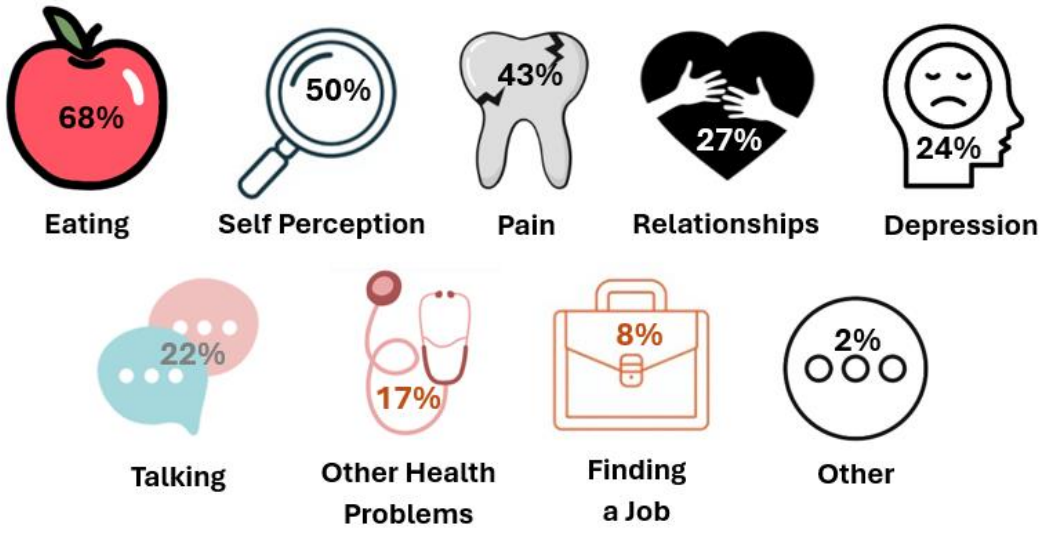
Figure 7: Percent utilization of oral surgeon, denturist, and general anesthesia



Impact of Oral Health Challenges

Survey respondents who reported existing dental concerns were asked to identify which areas of their lives were negatively affected by their unmet oral health needs (Figure 8).

Figure 8: Impacts from unmet oral health needs



Many respondents reported meaningful challenges in their day-to-day lives including difficulties eating, low self-esteem, ongoing pain and depression. These findings highlight that oral health issues extend beyond physical symptoms, influencing self-confidence, social interactions and overall quality of life.

Collectively, this underscores the importance of addressing oral health not only as a clinical issue, but as a key component of overall health and well-being in WDG.

Seeking Care for Oral Health Concerns

When examining self-reported dental concerns in WDG over the past two years, the most common issues included sensitivity or pain when drinking hot or cold liquids; missing, loose or broken teeth; pain when eating certain foods; and dry mouth.

The survey also explored how respondents navigated their dental concerns in the past two years (Figure 9). While most individuals sought care from a dentist, over one in five did not seek any treatment, and a small number (nine percent) turned to emergency or medical settings (i.e. hospital emergency departments, urgent care, walk-in clinic or family doctor) instead of dental services. Of those respondents who did not seek care, over half reported an annual household income of less than $50,000, highlighting a gap in service access among lower-income groups. Additionally, of those respondents who sought care at an emergency room, over one-third reported an income below $50,000.

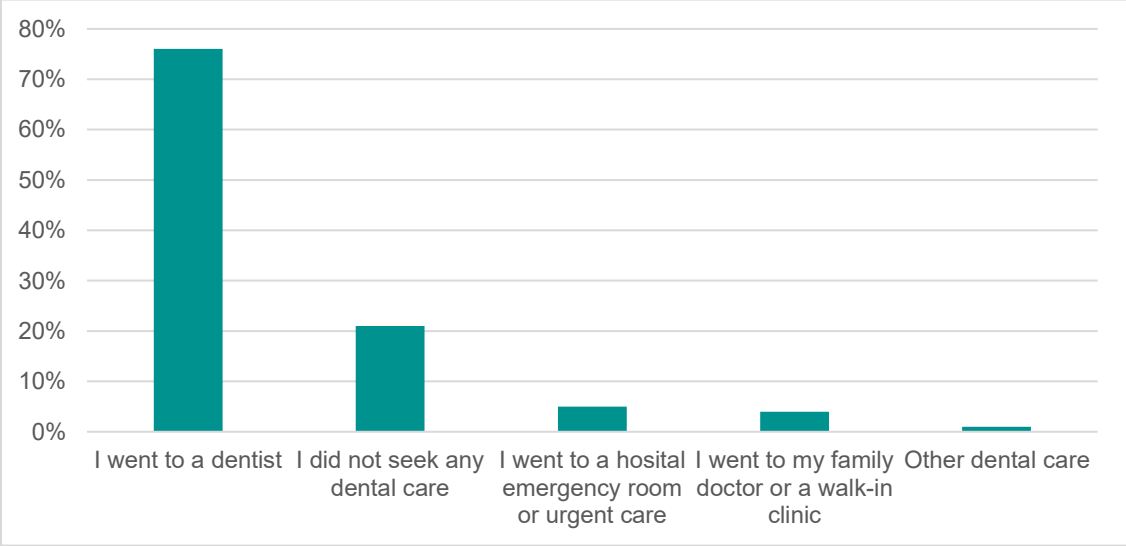
Provincial data indicates that tens of thousands of emergency department visits occur each year in Ontario for non-traumatic dental conditions.[11] In 2024, there were 61,480 such cases in Ontario with 1,381 from the WDG region specifically.[11] When comparing the rates of emergency department visits for non-traumatic oral health conditions from 2015 to 2024, WDG is significantly higher than Ontario.[11] This trend may indicate potential gaps in access to preventative and timely oral health care services, particularly in community-based and primary dental care settings in WDG.

These visits typically involve issues like toothaches, dental infections or abscesses that could otherwise be managed in dental clinics, but instead present in emergency departments due to barriers like cost, lack of insurance coverage, limited availability of

dental providers or geographic access challenges.[12] 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.[12]

Together, these findings reinforce that access to affordable and timely dental services remains an ongoing public health issue in Ontario, with unmet dental needs contributing to both delayed care and increased reliance on acute care settings**.**

Figure 9: How individuals sought care for oral health problems in the past two years



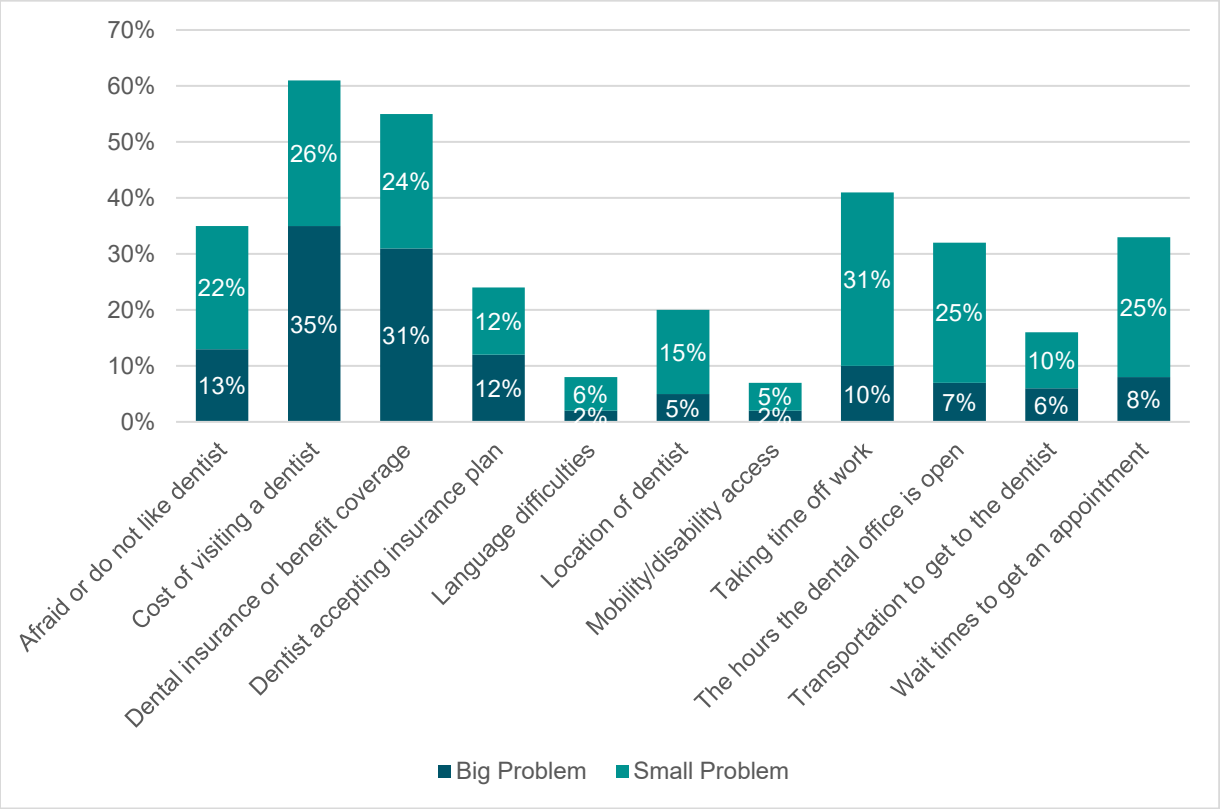
Key Findings:

- Nearly one in three survey respondents identify their oral health as fair or poor.
- 23 percent of survey respondents reported having a current oral health concern.
- One in four respondents visit a dentist on an as-needed basis or do not go at all.
- Oral surgery was the most common specialty service required by survey participants or others in their household.
- Oral health problems are negatively impacting residents' daily lives, including eating, self-confidence, ongoing pain and communication challenges.
- Most of those who did not seek care for their recent dental problems reported a household income of less than $50,000.

Barriers to Accessing Dental Care

Respondents were asked to indicate the barriers they face in accessing dental care services (Figure 10).

Figure 10: Things that make it hard to visit the dentist



The cost of visiting a dentist was the most frequently reported barrier, with nearly two-thirds of respondents indicating it was a problem. Similarly, 55 percent reported dental insurance or benefit coverage as a barrier, highlighting affordability and inadequate coverage as major issues affecting access to care.

Time-related barriers were also notable. Forty-one percent of respondents reported difficulty taking time off work, and 33 percent identified the hours that dental offices are open as a barrier, suggesting that scheduling and workplace constraints may limit access to dental services.

Personal factors also play a role, with 35 percent of respondents reporting fear or dislike of the dentist as a barrier. This indicates that dental anxiety or discomfort may prevent some individuals from seeking care. These barriers were also consistent for survey respondents who reported on things that make it hard for their children to visit a dentist.

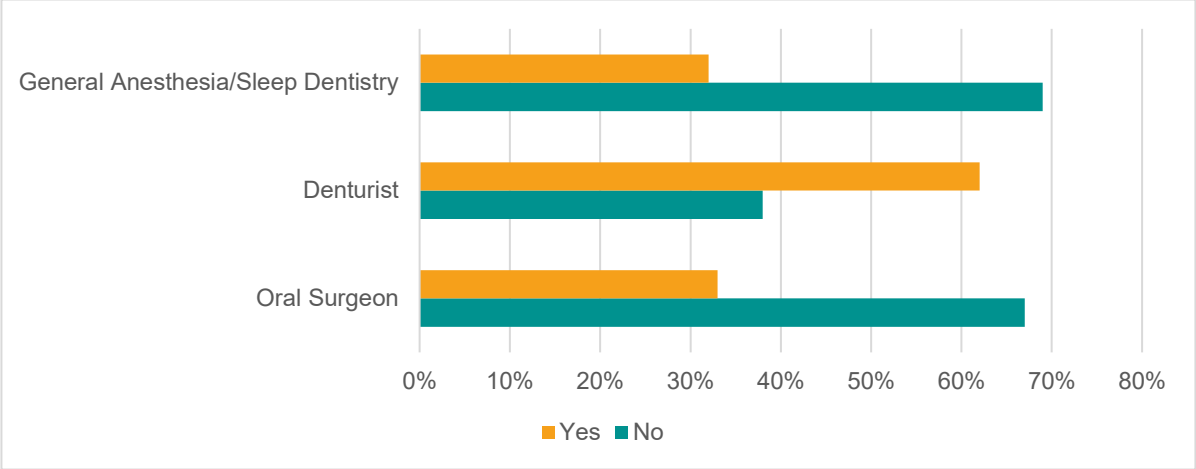
When filters for income, age and geographic location were applied, several clear trends emerged. Cost was the most common barrier to accessing healthcare across all income groups, but it was significantly more pronounced among lower-income individuals. Across most age groups, cost was also the leading barrier; however, among those 65 and older, lack of dental insurance became the primary issue. Additionally, as household income increased, more respondents reported fewer barriers to accessing dental care. Applying geographic filters for this survey question did not reveal any differences in what makes it hard for individuals to visit the dentist.

Financial Barriers

Cost was analysed on various indicators to assess how financial abilities influence oral health. Participants were asked to assess whether cost was a “big problem”, “small problem” or “not a problem” in affecting their ability to see a dentist. Among survey respondents, a total of 61 percent reported cost as a big or small problem making it difficult for them to visit a dentist. Of those who listed cost as a big problem affecting care access, 58 percent had an income below $50,000, while 36 percent reported an income below $30,000. Additionally, 47 percent of survey respondents with children in their household indicated that cost was a factor in seeking dental care.

Survey responses also revealed cost to be a large barrier to accessing various specialty dental care services (Figure 11).

Figure 11: Cost barrier for accessing specialty services

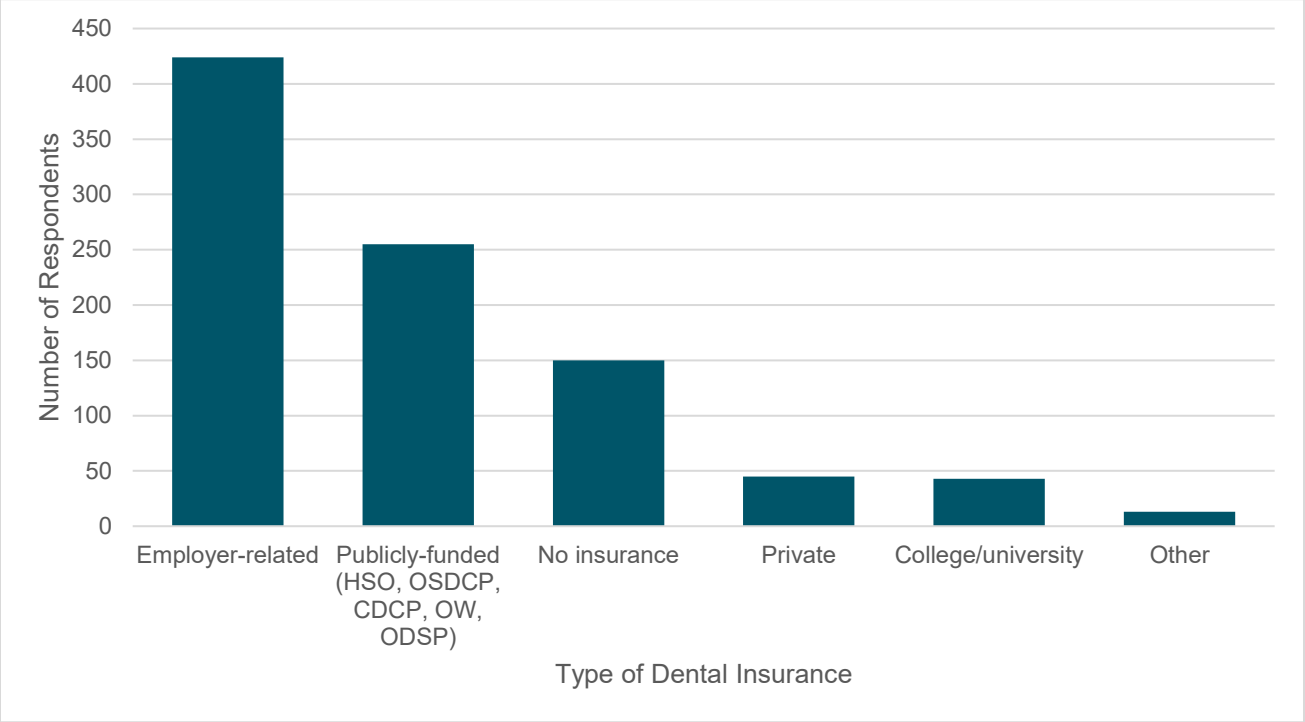


About 32 percent of individuals who required an oral surgeon reported that cost prevented them from getting the service they needed. Similarly, 33 percent of those who needed general anesthesia/sleep dentistry reported that cost prevented access. This barrier was even more pronounced among those needing denturist services, with a substantial 62 percent reporting that cost prevented them from obtaining care.

Overall, these findings illustrate that specialized and restorative dental care services are particularly vulnerable to financial access barriers, which could lead to delayed treatment, declining oral health and greater impact on quality of life. Given specialized dental procedures often involve higher out-of-pocket costs and limited insurance coverage, this can create additional financial strain for residents needing complex care.[13] Data from the survey further illustrates that the cost of specialty services prevented a substantial number of individuals from seeking care. Notably, this barrier was apparent even among middle- and higher-income groups, not just those with lower incomes. For example, among individuals earning more than $51,000, 45 percent reported that cost limited them from seeing an oral surgeon, 37 percent from visiting a denturist, and 49 percent from accessing general anesthesia. Together, these findings underscore that financial barriers to specialized dental care are widespread and not confined to traditionally vulnerable groups, highlighting the need for more comprehensive and equitable coverage of these services.

Dental Insurance

Figure 12: Dental insurance coverage



Insurance coverage plays a key role in the accessibility of dental care. Several forms of dental insurance exist ranging from publicly funded programs to privately purchased insurance and coverage from employers or education institutions. The most common dental insurance reported by WDG survey respondents was insurance from employers and publicly funded programs. Coverage under their own or partners' workplace benefits accounted for nearly half of respondent dental insurance, with the next most common being publicly funded insurance (reported by nearly 30 percent of respondents). Over 17 percent of WDG respondents indicated that they do not have any dental insurance, compared to approximately one-third of adults in Ontario overall.[10] Among those who reported no dental insurance, 30 percent were individuals 65 or older, 26 percent between 26 and 39, and 23 percent between 40 and 54. Furthermore, of those respondents without any dental insurance, 47 percent had an income of less than $50,000 and 61 percent had an income of less than 75,000.

When asked about children and other adults in the home, 11 percent of respondents indicated that their children do not have insurance, and for other adults who do not have insurance, this number rose to 17 percent.

These findings suggest that both older adults and younger working-age adults may experience gaps in dental insurance coverage. This pattern aligns with provincial data showing that seniors and individuals not in full-time employment are more likely to lack dental insurance, increasing the risk of unmet dental care needs.[14] In Ontario, households without dental insurance are significantly more likely to delay or avoid dental care due to cost, which can lead to worsening oral health over time.[14] Together, this evidence highlights that gaps in dental insurance leave a substantial portion of the population at higher risk of forgoing needed care, underscoring the need for targeted coverage and access strategies.

Geographic Barriers

The WDG region spans across diverse landscapes and settings. For this reason, it was important to assess the geographic barriers that may prevent individuals from accessing dental care. Respondents were asked to how long it takes them to drive to the dentist.

The most common travel time to the dentist was less than 10 minutes across the three regions, with most individuals driving to the dentist in under 30 minutes. However, it is notable that a greater percentage of Wellington residents report commuting between 20 and 40 minutes to the dentist. Since the survey sample was not representative across the entire WDG region, it is difficult to draw conclusions about geographic barriers; however, the data may suggest a higher number of residents from Dufferin and Wellington counties have longer commute times compared to those from Guelph.

The majority of respondents reported wait times between 0-6 months for specialty care from an oral surgeon, denturist or requiring general anesthesia. However, of those who utilized these specialty services, about 8 percent reported waiting one to two years, while 22 percent indicated wait times of seven to 12 months. When examining wait times for specialty dental services, a relationship appeared between the length of wait times and where the respondent resided. Among those reporting longer wait times, a

many were residents of Wellington County. Specifically, 48 percent of respondents who were waiting seven to 12 months for an oral surgeon were from Wellington County, and 62 percent of those reporting a seven to 12 month wait for general anesthesia or sleep dentistry services also resided in Wellington County.

These findings suggest that residents of Wellington County may experience longer wait times for certain specialty dental services, particularly oral surgery and general anesthesia, compared to respondents from other areas. This may indicate potential differences in service availability or access to specialized care within the region.

These findings reflect broader rural health access challenges across Ontario, where residents of rural and semi-rural communities may experience longer wait times and reduced availability of specialized services due to provider shortages and travel distance.[15] Limited access to specialty providers may result in delayed treatment, increased reliance on emergency care and worsening oral health outcomes over time.[12]

Key Findings:

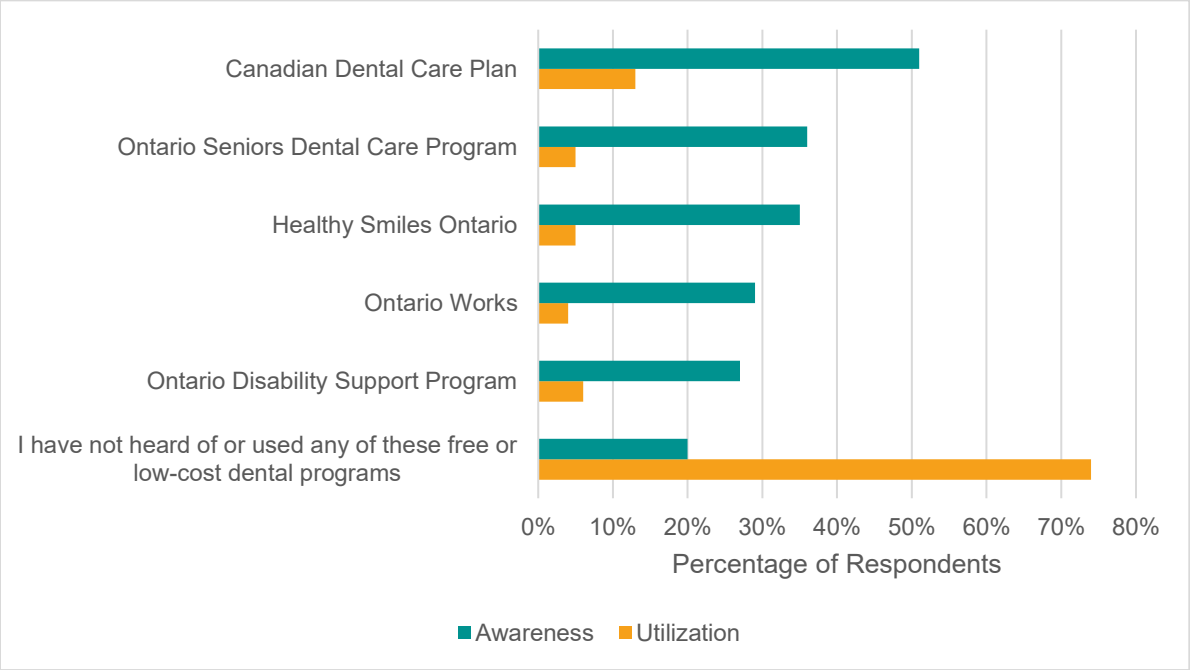
- Cost and dental insurance were the most frequently reported barriers to accessing dental care.
- Cost was also a barrier to accessing specialty dental services and prevented residents from receiving the care required.
- Nearly 16 percent of respondents reported not having any dental insurance, specifically among those aged 26 to 39 and the 65 and over population.
- Wellington County respondents reported longer wait times for specialty services, particularly for oral surgery and general anesthesia.

Free and Low-cost Dental Programs

Survey respondents were asked about their awareness and use of publicly funded free and low-cost dental care programs (Figure 14). These findings are helpful to identify existing gaps in program promotion and access to services in WDG.

The CDCP was the most widely recognized among survey respondents with 51 percent reporting that they had heard of the program, while 36 percent were aware of the OSDCP and 35 percent aware of HSO. Of the 20 percent who reported being unaware of any of the publicly funded dental programs, 49 percent were residents of Guelph, 30 percent were from Wellington County and 20 percent were from Dufferin County. Lack of awareness was most common among the younger survey respondents and awareness increased with age. . Furthermore, among those who were unaware of these publicly funded programs, over one-third of respondents (37 percent) reported a household income of under $75,000 and may qualify for free or low-cost dental care. These findings highlight the need for targeted promotion to residents who may benefit from such programs.

Figure 13: Awareness and utilization of free and low-cost dental programs



Seventy-four percent of survey respondents indicated that they have never utilized any of the free and low-cost dental programs and services available.

Exploration into the reasons for not using these free or low-cost dental programs found a large number of respondents identified knowledge and application barriers as the primary reasons. Specifically, 44 percent indicated that they do not know if they qualify

for any of the programs, while 15 percent reported that they do not know how to apply or need help completing the application. Of those who indicated they do not know if they are eligible, 53 percent reported a household income less than $75,000 which may qualify them for such programs.

The majority of those who have never used these publicly funded dental programs fell between the ages of 26 to 39 and 40 to 54. Based on income data alone, more than one-in-three of respondents who have never utilized these programs may be eligible, as they reported a household income of less than $75,000; however, other eligibility criteria (e.g., partial workplace benefits) may be limiting their ability to access to programs.

These findings highlight gaps in awareness, access or use of services among lower-income populations, indicating that barriers may be limiting those most in need of support from accessing available resources. It also identifies a gap within the workforce population, who may experience additional barriers to accessing publicly funded dental care.

Key Findings:

- The CDCP was the most widely recognized publicly funded dental program among respondents.
- There is a lack of awareness and use of free and low-cost dental programs, especially among those who have an annual household income of less than $75,000 and may be eligible for these services.
- Lack of knowledge about the dental programs and challenges with how to apply were the top reasons for not using free and low-cost dental programs.

Discussion

Several trends emerged throughout the needs assessment data analysis that can be used to improve oral health in WDG. Overall, while many respondents report good oral health and regular dental visits, a notable portion of the population still experiences oral health challenges and barriers to care.

Results illustrate that oral health issues continue to impact daily life for some residents, affecting aspects like eating, self perception, pain and social relationships. This reinforces the importance of oral health as a key component of overall well-being. Although preventative dental care appears to be common among many respondents, a subset of individuals continues to seek care only when problems arise or do not access care at all, indicating the presence of unmet needs.

Barriers to accessing dental care remain a priority concern. Financial factors, including cost and insurance coverage, appear to play a significant role in an individual's ability to access care. Additional factors influencing care-seeking behaviour included time constraints, personal discomfort at the dentist and awareness of available services.

Importantly, findings suggest that available publicly funded dental programs are not being fully utilized. Gaps in awareness, understanding, eligibility, and challenges completing applications are limiting access for those who may qualify for these programs. While there are eligibility factors beyond just income, the needs assessment survey data identified that many residents who fall within the income eligibility for publicly funded programs lacked awareness and utilization of such programs, further highlighting that residents who may benefit the most may not be accessing these services. As such, consideration should be given to how programs are promoted, how they are accessed, and how easily individuals can navigate available information.

While most survey respondents did not report major geographic barriers to accessing dental care in WDG, there were some notable differences across the region particularly for access to specialty services . Further exploration of differences in access to dental care for rural and urban populations is warranted.

Overall, the WDG oral health needs assessment points to ongoing disparities in oral health and access to care. Addressing these gaps will require continued efforts to improve affordability, increase awareness of available services and reduce barriers that prevent individuals from seeking care.

Survey Limitations

Language: The needs assessment survey was only available in English due to limitations of the RedCap survey collection system. This may have limited participation and comprehension for residents whose first language is not English. Additionally, valuable perspectives from immigrant and newcomer populations may be underrepresented or absent, limiting the inclusivity and representativeness of the findings. Future data collection should consider language barriers to ensure these populations are represented.

Sampling: Survey respondents were recruited using passive data collection methods (i.e., online and in-person promotion strategies) which may have contributed towards sampling bias. Furthermore, by conducting in-person sampling at community centers across the region, there is risk of sampling bias as patrons of these facilities may already be engaged with community services and supports and have the financial means to participate in fee-based activities, potentially excluding those who are more socially isolated, face transportation barriers, or lack the disposable income to access such spaces. Data collection could be improved using randomized sampling.

Sample Size Calculations: To achieve reliable estimates by age group (95 percent confidence level, five percent margin of error), minimum sample sizes were calculated using Statistics Canada population figures and a standard sample size calculator, assuming a 50 percent population proportion. The estimated sample sizes ranged from 377 to 382 respondents per age group, resulting in an approximate total sample size of 2,285. The 50 percent proportion was used as a conservative default to maximize statistical accuracy across questions.

Although the target sample size estimates were not fully achieved, the data collected still provides valuable insights. The information gathered offers meaningful descriptive evidence, helps identify trends and patterns across age groups, and contributes to a better understanding of the topic.

Accessibility: As the survey was distributed exclusively online through a web-based platform, the reach of responses was limited to individuals with access to an appropriate

digital device and a reliable internet connection. The absence of paper-based distribution may have restricted participation from individuals without regular access to technology, potentially reducing the diversity and representativeness of the responses collected.

Recommendations

The key findings from the WDG Public Health oral health needs assessment survey were consistent with existing literature, emphasizing inequities and disparities that exist in accessing dental care. Addressing these issues requires an upstream approach targeting factors that disproportionately impact vulnerable populations in WDG, along with a strong focus on oral health prevention. These approaches form the basis of the following recommendations.

Strengthen Community Partnerships and Outreach

To advance oral health equity in WDG, it is essential to continue leveraging established partnerships with community agencies directly connected with priority populations such as low-income families, seniors, newcomers and individuals living with disabilities. These partners—including primary care and dental providers, social service organizations, childcare centres, schools, long-term care and retirement homes, and immigrant support services—play a vital role in reaching residents who may face significant barriers to accessing dental care. Ensuring these agencies are equipped with up-to-date information and practical tools is crucial for promoting awareness of free and low-cost dental programs and for guiding clients through the often complex application and eligibility processes. By strengthening communication and collaboration with these partners, the public health sector can help facilitate access to oral health resources for underserved groups, improving their ability to navigate available services and increasing the likelihood that eligible residents benefit from publicly funded dental care programs.

Targeted Services for Priority Populations

It is essential to leverage existing surveillance data to pinpoint priority populations who are most at risk of oral health disparities. By systematically identifying these groups—

such as low-income families, seniors, newcomers, and individuals living with disabilities—local public health initiatives can focus resources and tailor interventions that address their specific needs. This targeted approach enables the development and delivery of enhanced oral health prevention and treatment services for the region's most vulnerable residents. Efforts should prioritize accessible care by offering services in settings that are convenient and comfortable for clients, such as portable or mobile dental clinics, community centres, or outreach events. Meeting residents where they are not only helps to overcome barriers related to transportation and geography but also fosters trust and increases the likelihood of consistent care. Using these strategies, WDG can reduce oral health inequities and improve outcomes for priority populations, ensuring that those who stand to benefit most from publicly funded and low-cost dental programs are able to access them.

Oral Health Education

To improve oral health outcomes across WDG, it is essential to increase oral health literacy within the community through a range of communication strategies. This includes raising awareness about the critical connection between oral health and overall health by offering education sessions, distributing posters in community spaces, launching targeted social media campaigns, and providing clear, accessible website content. Educational materials should be developed and disseminated in formats that accommodate the diverse needs of priority populations by offering resources in multiple languages and ensuring that online information is easy to navigate. Integrating oral health education into existing public health programs, such as chronic disease prevention and early childhood initiatives, will help reinforce healthy practices and reach a wider audience. Enhancing community awareness and building trust in the benefits of oral health prevention, including the effectiveness of measures like fluoride varnish and addressing common concerns such as fear of dentists, is also vital for encouraging regular care-seeking behaviours. Finally, increasing awareness of publicly-funded free and low-cost dental programs—including the CDCP, HSO and OSDCP—will help ensure that eligible residents can access essential services, ultimately reducing oral health disparities and improving health equity throughout the region.

Policy and Advocacy

It is essential to maintain ongoing engagement and advocacy with provincial public health and government partners. This includes actively participating in provincial forums to share feedback and insights on publicly funded dental programs, such as fee schedules, patient co-payment requirements and strategies to encourage greater dental provider participation. Regular collaboration at these tables allows for the identification and communication of local challenges, ensuring that policies and program enhancements reflect the needs of community members, particularly those experiencing barriers to care. Advocacy also needs to be done for those who have private insurance that is limited and does not provide much coverage for services, especially specialties and procedures requiring use of general anesthetic as they can prove to be quite costly. Services that forego this extra cost (such as in the hospital setting) have lengthy wait times which can further exacerbate oral health problems.

Additionally, targeted efforts should be made to address transportation and geographic obstacles that can limit access to oral health and specialty dental services within WDG. Solutions such as improved transit options, mobile clinics and outreach in underserved areas can help reduce disparities for individuals living in rural or remote parts of the region, ultimately supporting more consistent and inclusive access to essential dental care.

References:

1. Mayo Clinic Staff. Oral Health: A window to your overall health [Internet]. Mayo Foundation for Medical Education and Research; 2024 [cited 2026 Mar 5]. Available from: https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
2. World Health Organization. *Global strategy and action plan on oral health 2023–2030.* Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.
3. Statistics Canada. Study: Cost-related avoidance of oral health services [Internet]. 2025 [cited 2026 Feb 9]. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/250212/dq250212a-eng.htm
4. Ontario Association of Public Health Dentistry. *Lack of Access to Dental Care: The Costs to Our Healthcare System*. Toronto: OAPHD, 2019.
5. Canadian Dental Association. Access to Oral Health Care for Canadians [Internet]. 2010 [cited 2026 Feb 18]. Available from: https://www.cda-adc.ca/en/about/position_statements/accesstocare/
6. Levy BB, Goodman J, Eskander A. Oral healthcare disparities in Canada: filling in the gaps. Can J Public Health**.** 2023;114(1):139–145. doi:10.17269/s41997-022-00692-y. Erratum in: Can J Public Health. 2023;114(1):146. doi:10.17269/s41997-022-00710-z. PMID: 36149572; PMCID: PMC9510506.
7. Allison PJ, Rock LD. National Oral Health Research Strategy 2024–2030: advancing the health of Canadians through research. Ottawa (ON): Canadian Institutes of Health Research; 2024 [cited 2024 Jul 4]. Available from: https://blogs.ubc.ca/imhablog/files/2024/06/NOHRS-Full-FINAL-ENG.pdf
8. Ministry of Health. Oral Health Protocol, 2021. Government of Ontario; 2021.
9. Ministry of Finance. Ontario population projections [Internet]. 2025 [cited 2026 Apr 10]. Available from: https://www.ontario.ca/page/ontario-population-projections
10. Canadian Community Health Survey [2022], Statistics Canada, Public Use Microdata File, Statistics Canada

11. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: emergency department visits for oral health conditions snapshot: Emergency department visits for non-traumatic oral health conditions [Internet]. Toronto, ON: King's Printer for Ontario; cYYYY [modified 2026 Feb 23; cited 2026 Apr 10]. Available from: https://www.publichealthontario.ca/en/data-and-analysis/health-behaviours/oral-health-ed
12. Figueiredo R, Fournier K, Levin L. Emergency department visits for dental problems not associated with trauma in Alberta, Canada. Int Dent J. 2017 Dec;67(6):378-383. doi: 10.1111/idj.12315. Epub 2017 Jun 2. PMID: 28574193; PMCID: PMC9378931.
13. Ontario Ministry of Health. Ontario Seniors Dental Care Program: program overview and eligibility. Toronto (ON): Government of Ontario; 2023
14. Abdelrehim M, Ravaghi V, Quiñonez C, Singhal S. Trends in self-reported cost barriers to dental care in Ontario. PLoS One. 2023 Jul 7;18(7):e0280370. doi: 10.1371/journal.pone.0280370. PMID: 37418457; PMCID: PMC10328358.
15. Health Quality Ontario. Health in the North: A report on geography and the health of people in Ontario's two northern regions. Toronto: Queen's Printer for Ontario; 2017.