Received: Sep 19, 2025 | Accepted: Mar 31, 2026 | Published: Oct 9, 2026

https://doi.org/10.66515/jcda.92.q8

JCDA Journal of the Canadian Dental Association

Applied Research

Macroeconomic Review of Dentistry in Canada, 2010–2024

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This article has been peer-reviewed.
The authors have no declared financial interests

Abstract

Background: The provision, utilization, and access to oral health care services in Canada have been monitored for decades through macroeconomic reviews in dentistry. The last comprehensive review examined key trends from 2000 to 2010. With the introduction of the Canadian Dental Care Plan (CDCP), an updated macroeconomic review is crucial. This study analyzes key trends, developments, and challenges in Canadian dentistry from 2010 to 2024.

Methods: Data for the years 2010 to 2024 were sought from various sources. Data from the Canadian Institute for Health Information (CIHI) and Statistics Canada (StatCan) were used to generate derived indicators related to oral health care workforce and dental care expenditures. Secondary data analysis of various cycles of the Canadian Community Health Survey (CCHS) was conducted to assess dental care utilization and affordability trends. All analyses were descriptive.

Results: Between 2010 and 2024, the number of dentists increased by 31.3% (from 20 432 to 26 827) and the number of dental hygienists by 38.8% (from 25 549 to 35 455), with notable variation in workforce distribution across Canadian provinces and territories. In current dollars, total dental care expenditures increased by 86.8%, from $11.92 billion in 2010 to $22.27 billion in 2024. The public share remained steady at approximately 6%. Dental service utilization increased modestly, while cost-related barriers to care also increased.

Conclusion: Canadian dentistry experienced growth in its workforce and expenditures between 2010 and 2024, alongside increases in utilization and affordability challenges. Continued monitoring of macroeconomic indicators is essential to inform policies and programs aimed at improving access, reducing disparities and strengthening oral health outcomes across Canada.

Keywords: oral health care, macroeconomics, dental workforce, dental expenditures, access to care

Introduction

The landscape of dental care in Canada has undergone important changes over the past two decades, shaped by economic, demographic, and political shifts. Critically reviewing and documenting these changes is essential for informing future program and policy planning by governments and organized dentistry. A macroeconomic review examines a sector at a system level by assessing broad indicators, such as total expenditures, workforce supply, service utilization and price measures, to understand how economic and policy conditions shape overall performance and sustainability.

A macroeconomic review of Canadian dentistry, published in 2014, highlighted key trends in the sector from 2000 to 2010, noting increases in dental care expenditures, the number of oral health professionals, and service utilization.[1] The review also identified persistent challenges related to access to dental care, particularly the disproportionate financial burden faced by lower-income populations. Despite positive trends, such as more dental visits, 17% of Canadians reported cost barriers to care in 2009, up from 15% in 2001.[2]

Since 2010, the dental care system has experienced major disruptions and policy changes. Notable is the COVID-19 pandemic, which created a backlog of untreated dental conditions, particularly among vulnerable populations,[3–5] followed by the introduction of the interim Canada Dental Benefit (CDB) for children under 12 years from low-income families[6] and then a new federal dental care program, the Canadian Dental Care Plan (CDCP).[7] The CDCP has the potential to significantly reshape the dental care system in Canada, and its outcomes will warrant close monitoring within the broader macroeconomic context. Additional pressures have emerged from demographic

changes, such as an aging population, and shifts in the labour market, including the rise of precarious, part-time, and temporary employment. These factors have further strained access to care, particularly in rural and underserved areas.[8–10]

Given these developments, a renewed examination of the macroeconomic forces influencing Canada's dental sector is essential. This study builds on prior analyses[1,11–13] by examining emerging trends in the oral health care workforce, dental care expenditures, and utilization of and access to dental care from 2010 to 2024, including the impact of COVID-19 pandemic. The indicators were primarily selected based on those used in earlier reviews to facilitate comparison over time. In addition, this study includes the number of dental assistants and denturists, as well as dental care prices, to provide a more comprehensive assessment of workforce and the financial factors affecting access to care. This paper aims to provide policymakers and key interest groups with an updated understanding of the macroeconomic landscape of Canada's dental care system. Ultimately, our goal is to inform the development of sustainable strategies for improving oral health care across the country.

Methods

This study draws on data from 2010 to the most recent year available, sourced from the Canadian Institute for Health Information (CIHI), Statistics Canada (StatCan) and various cycles of the Canadian Community Health Survey (CCHS). Previous macroeconomic reviews[1,11–13] examined 10-year periods and reported findings at five-year intervals. In contrast, this study analyzes data from 2010 to 2024 (rather than ending in 2020) and includes consecutive annual data from 2020 onward, to capture the period affected by the COVID-19 pandemic and introduction of the CDCP, to the extent permitted by data availability.

This study is descriptive in nature and uses aggregate data to examine trends over time. Therefore, the analysis highlights changes across years for which data are available, and assessing associations or causal relationships between variables is beyond the study's scope.

Oral Health Care Workforce

Data on the number of oral health care providers—including dentists, dental hygienists, denturists, and dental assistants—were extracted from three CIHI Health Care Providers databases covering the years 2008–2017, 2015–2019, and 2020–2024.[14–16] Notably, CIHI began reporting on dental assistants in 2015 and denturists in 2019. Provider-to-population ratios were calculated using the formula:

(Number of providers / Total population) × 100 000

Population data by province and territory were sourced from StatCan to compute these ratios.[17]

Dental Care Expenditures

Data on dental care expenditures were obtained from the National Health Expenditure Trends database, 2025 (Series A), which includes total health and dental care expenditures, including both public and private contributions.[18] Mean per capita dental care expenditures were also considered. Due to limitations in available data, this review does not include a province- or territory-level summary of dental care expenditures. Since 2011, CIHI has grouped dental and vision care under the category "other professionals," which prevents the isolation of dental-specific figures at the subnational level.

To contextualize spending within the broader economy, Gross Domestic Product (GDP) figures—adjusted to 2017 dollars—were sourced from StatCan.[19] Dental care expenditures as a percentage of GDP was calculated as follows:

(Total dental care expenditures / GDP) × 100

To examine changes over time, an index of change was constructed using 2010 as the baseline year, calculated as follows:

(Expenditures or percentage in 2023 / Expenditures or percentage in 2010) × 100

Changes in the cost of dental services from 2010 to 2024 were assessed using the Consumer Price Index (CPI) Visualization Tool from StatCan.[20] The CPI tracks changes in the cost of a fixed basket of goods and services—anchored to a 2002 reference year—over time. Because the contents of this basket are held constant in terms of quantity and quality, CPI changes are interpreted as pure price movements.[21] For CPI as well, we calculated the percent change in CPI over time using the following formula:

[(CPI in 2024 / CPI in 2010) − 1] × 100

Additionally, data from the Organisation for Economic Cooperation and Development (OECD)[22] and American Dental Association (ADA)[23] were used to compare Canada's oral health care expenditures to other OECD countries.

Utilization and Affordability

Data on utilization and affordability were analyzed from 6 cycles of the CCHS: 2009–2010, 2012, 2013–2014, 2015–2016, 2017–2018 and 2022.[24–29] The CCHS is a cross-sectional national survey targeting individuals age 12 years or older living in private dwellings across all provinces and territories, excluding individuals residing on reserves or other Indigenous settlements, institutionalized populations, and active members of the Canadian Forces.[30] Survey questionnaires for each CCHS cycle are publicly available through StatCan.[31]

Dental care utilization was assessed using responses to the question: "In the past 12 months, have you seen or talked to a dentist, dental hygienist, or orthodontist?" The response options included: "yes," "no," "not applicable", "don't know." The question was included across all jurisdictions in the 2009–2010, 2012, 2013–2014 and 2015–2016 CCHS cycles. However, in the 2017–18 and 2022 cycles, the question was revised and was asked only in Ontario; therefore, theses cycles were excluded from the national analysis.

Another question related to service utilization—"How often do you usually see a dental professional, such as a dentist, a dental hygienist, or a denturologist?"—was included in the 2009–2010, 2013–2014, 2017–2018 and 2022 cycles, but was limited to Ontario respondents. Response options were: "more than once a year for check-ups or treatments," "about once a year for check-ups or treatments," "less than once a year for check-ups or treatments," "only for emergency care", and "never." In our analysis, the first two responses were combined to represent regular access to dental care (≥ once/year).

Data on cost barriers to care were also limited to Ontario and drawn from the same CCHS cycles. In the 2009–2010 and 2013–2014 cycles, affordability was assessed using the question, "What are the reasons that you have not been to a dentist in the past 3

years?" Respondents could select multiple answers from a list of 15 options, including affordability. In the 2017–2018 and 2022 cycles, the question was revised to: "In the past 12 months, have you avoided going to a dental professional because of the cost of dental care?" This version offered a "yes" or "no" response.

Results

Oral Health Care Workforce

Table 1 presents the number of licensed dentists across Canada's ten provinces and three territories from 2010 to 2024. Despite data gaps during the COVID-19 pandemic years (2020–2022), the number of dentists showed a consistent upward trend. Nationally, the total increased from 20 432 in 2010 to 26 827 in 2024—a growth of 31.3%. The largest proportional increases were observed in Nunavut (50.0%), Alberta (48.4%) and Saskatchewan (43.9%). In contrast, Prince Edward Island recorded the smallest growth (2.7%), and the Northwest Territories experienced a decline (–1.9%).

The national dentist-to-population ratio also increased from 60 per 100 000 in 2010 to 65 per 100 000 in 2024—an 8.3% increase. Saskatchewan saw the greatest relative gain in this measure (23.5%), followed by Nunavut (21.5%) and Newfoundland and Labrador (20.3%). Notably, Yukon experienced a 49.1% increase from 2010 to 2019 but a subsequent 29.5% decrease from 2020 to 2024. Quebec experienced the smallest increase (3.1%), while Nova Scotia, Prince Edward Island and the Northwest Territories showed declines of –4.1%, –19.2% and –4.7%, respectively.

Table 2 displays the number of registered dental hygienists from 2010 to 2024. The national total grew by 38.8%, rising from 25 549 to 35 455. Nunavut had the highest relative increase (240.0%), followed by Newfoundland and Labrador (96.8%), while Nova Scotia showed the smallest increase (28.4%). The dental hygienist-to-population ratio increased from 75 to 85 per 100 000, a 14.5% increase. The highest relative gains in this measure occurred in Nunavut (175.3%) and Newfoundland and Labrador (85.3%), while Ontario had the smallest increase (7.6%).

Data on denturists were available only from 2019 onward. **Table 3** shows that from 2019 to 2024, the total number of denturists increased slightly, from 2 395 to 2 437, a 1.8% rise. Prince Edward Island recorded the highest relative growth (50.0%), while Newfoundland and Labrador (–14.3%), Manitoba (–8.2%) and Quebec (–6.4%) experienced declines. Nunavut reported no registered denturists until 2024, when 15 were recorded. The national denturist-to-population ratio declined from 7 per 100 000 in 2019 to 6 per 100 000 in 2024 (a 14.3% decrease). In 2024, Nunavut, Quebec and Alberta had the highest ratios, at 36, 10 and 7 per 100 000, respectively.

Table 4 presents data on dental assistants from 2015 to 2024. Data coverage varied by year and province, and CIHI attributes gaps to inapplicability, unavailability, or data quality issues. Ontario was excluded from comparisons due to dental assistants having a non-regulated status, which likely led to underreporting between 2015 and 2024. Among provinces with complete data (British Columbia, Alberta, Saskatchewan, Manitoba and New Brunswick), Alberta recorded the highest growth in dental assistants (40.1%), followed by Saskatchewan (26.2%); British Columbia showed the smallest increase (1.5%).

Table 1: Numbers of dentists in Canada, 2010–2024[a]

Jurisdiction	2010		2015		2019		2020		2021		2022		2023		2024	
	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population
BC	3 015	68	3 261	68	3 602	72	–	–	–	–	4 008	75	4 114	75	4 174	73
AB	2 051	55	2 430	59	2 679	62	–	–	2 897	65	2 759	61	2 894	62	3 044	62
SK	394	37	438	39	513	44	–	–	534	46	529	45	576	48	567	45
MB	640	52	697	54	736	54	820	59	753	54	–	–	809	56	842	56
ON	8 472	64	9 452	69	10 517	73	–	–	–	–	–	–	11 983	77	11 313	70
QC	4 606	58	5 055	62	5 411	64	5 365	63	5 392	63	5 398	63	5 405	61	5 414	59
NB	319	42	327	43	331	43	355	45	361	46	380	47	379	45	389	45
NS	524	56	528	56	560	58	–	–	576	58	–	–	569	54	578	53
PE	73	52	77	53	76	50	–	–	90	56	–	–	81	47	75	42
NL	179	34	205	39	217	41	–	–	–	–	–	–	215	40	223	40
YT	40	116	42	111	70	173	58	138	66	154	52	118	56	125	57	122
NT	53	122	153[b]	189[b]	58	130	–	–	59	132	53	119	50	111	52	116
NU	66	198	–	–	96	250	89	225	92	230	96	237	101	248	99	240
Canada	20 432	60	22 665	63	24 866	67	NA	NA	NA	NA	NA	NA	27 232	68	26 827	65

Note: Dash indicates that data are not applicable, do not exist or are not reported due to concerns about data quality. NA = not applicable due to missing data for some jurisdictions.

[a] *Sources: Canadian Institute for Health Information databases.*[14–16]

[b] *Combined value for Northwest Territories and Nunavut.*

Table 2: Numbers of dental hygienists in Canada, 2010–2024[a]

Jurisdiction	2010 No.	2010 Per 100 000 population	2015 No.	2015 Per 100 000 population	2019 No.	2019 Per 100 000 population	2020 No.	2020 Per 100 000 population	2021 No.	2021 Per 100 000 population	2022 No.	2022 Per 100 000 population	2023 No.	2023 Per 100 000 population	2024 No.	2024 Per 100 000 population
BC	3 176	71	3 690	77	4 172	84	3 945	76	4 119	79	4 358	82	4 550	82	4 666	81
AB	2 609	70	3 065	74	3 279	76	3 330	76	3 405	77	3 640	81	3 921	84	4 140	84
SK	506	48	585	52	603	50	670	57	668	57	711	60	720	60	766	61
MB	667	55	687	53	773	57	802	58	810	58	888	63	884	61	901	60
ON	11 998	91	12 914	94	13 694	96	13 500	92	13 560	91	13 960	92	14 498	93	15 781	97
QC	5 242	66	6 150	75	6 712	80	6 699	78	6 786	79	6 971	80	7 095	80	7 233	79
NB	410	54	480	64	517	67	536	68	545	69	575	71	576	69	596	69
NS	647	69	662	70	749	78	770	78	797	80	814	79	836	79	831	77
PE	85	60	87	60	–	–	122	77	122	75	–	–	131	75	130	72
NL	154	30	207	39	233	44	–	–	269	51	289	54	302	56	303	55
YT	27	78	36	96	37	91	33	79	37	86	42	96	39	87	52	111
NT	23	53	48[b]	59[b]	28	63	–	–	29	65	39	87	39	87	39	87
NU	5	15	–	–	25	65	24	61	23	57	22	54	17	42	17	41
Canada	25 549	75	28 611	80	30 822[c]	84[c]	NA	NA	31 170	82	32 309[c]	86[c]	33 608	84	35 455	85

Note: Dash indicates that data are not applicable, do not exist or are not reported due to concerns about data quality. NA = not applicable due to missing data for some jurisdictions.
[a]Sources: Canadian Institute for Health Information databases.[14–16]
[b]Combined value for Northwest Territories and Nunavut.
[c]Excluding Prince Edward Island.

Table 3: Numbers of denturists in Canada, 2019–2024[a]

Jurisdiction	2019 No.	2019 Per 100 000 population	2020 No.	2020 Per 100 000 population	2021 No.	2021 Per 100 000 population	2022 No.	2022 Per 100 000 population	2023 No.	2023 Per 100 000 population	2024 No.	2024 Per 100 000 population
BC	224	4	223	4	246	5	242	5	253	5	265	5
AB	314	7	310	7	318	7	316	7	321	7	317	7
SK	68	6	68	6	67	6	67	6	70	6	67	5
MB	49	4	47	3	46	3	45	3	43	3	45	3
ON	742	5	721	5	759	5	776	5	777	5	791	5
QC	908	11	869	10	859	10	851	10	859	10	850	10
NB	32	4	30	4	33	4	33	4	31	4	31	4
NS	31	3	31	3	28	3	29	3	29	3	31	3
PE	2	1	2	1	2	1	3	2	3	2	3	2
NL	21	4	22	4	22	4	21	4	21	4	18	3
YT	3	7	3	7	3	7	3	7	3	7	3	6
NT	1	2	1	2	1	2	1	2	1	2	1	2
NU	0	0	0	0	0	0	0	0	0	0	15	36
Canada	2395	7	2327	6	2 384	6	2 387	6	2 411	6	2 437	6

[a] Sources: Canadian Institute for Health Information databases.[14–16]

Table 4: Numbers of dental assistants in Canada, 2015–2024[a]

Jurisdiction	2015		2017		2019		2020		2021		2022		2023		2024	
	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population	No.	Per 100 000 population
BC	5 939	127	6 101	124	6 148	123	6 154	119	6 188	119	6 176	115	6 292	114	6 031	106
AB	4 956	119	5 898	139	6 043	140	6 418	145	6 529	147	6 764	150	6 839	146	6 945	142
SK	1 139	39	1 218	106	1 293	111	1 421	121	–	–	1 343	114	1 038	86	1 437	116
MB	1 231	95	1 341	100	–	–	1 330	96	1 324	95	–	–	1 312	90	1 368	92
ON	5 282[b]	38[b]	5 002[b]	36[b]	4 748[b]	33[b]	7 597[b]	52[b]	6 327[b]	43[b]	5 895[b]	39[b]	5 657[b]	36[b]	5 478[b]	34[b]
QC	–	–	2 223[b]	27[b]	–	–	–	–	–	–	–	–	–	–	-	-
NB	539	71	538	70	536	67	570	73	614	78	607	75	615	74	639	75
NS	–	–	757	80	831	87	–	–	754	76	870	85	874	83	876	81
PE	–	–	–	–	–	–	–	–	212[b]	131[b]	–	–	–	–	193	108
NL	–	–	281	53	–	–	–	–	–	–	326	61	358	67	345	63
YT, NT, NU	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Note: Dash indicates that data are not applicable, do not exist or are not reported due to concerns about data quality.

[a] Sources: Canadian Institute for Health Information databases.[14–16]

[b] Counts may be understated due to the nonregulated status of the profession in this jurisdiction.

Dental Care Expenditures

Table 5 summarizes national dental care expenditures from 2010 to 2024. In current dollars, total dental care expenditures increased by 86.8%, from $11.92 billion in 2010 to $22.27 billion in 2024. Since values for 2024 are projections, the index of change was calculated for the period 2010–2023. During this time, total dental care expenditures increased by 76.0%. Irrespective of the time frame, the public and private shares of expenditures remained constant at approximately 6% and 94%, respectively. Dental care expenditures as a percentage of GDP increased by 33.4%, but as a share of total health care expenditures they declined by 5.8%. Mean per capita expenditures increased from $350.55 in 2010 to $523.37 in 2023—an increase of 49.3%.

Table 5: Expenditures for oral health care services in Canada, 2010–2024, in relation to gross domestic product (GDP), total health care expenditures and private health care expenditures (in current dollars)[a]

	Dental care expenditures, $ billion						
Year	Total	Private (% of total)	Public (% of total)	Mean per capita expenditures, $	% of GDP	% of total health care expenditures
2010	11.92	11.21 (94.00)	0.71 (6.00)	350.55	0.70	6.18
2011	11.89	11.17 (93.93)	0.72 (6.07)	346.36	0.67	5.96
2012	12.46	11.70 (93.91)	0.76 (6.09)	358.95	0.69	5.99
2013	12.76	12.00 (94.03)	0.76 (5.97)	363.83	0.69	5.99
2014	13.11	12.33 (94.04)	0.78 (5.96)	369.93	0.69	5.98
2015	13.94	13.12 (94.11)	0.82 (5.89)	390.52	0.73	6.10
2016	15.16	14.29 (94.22)	0.88 (5.78)	419.91	0.79	6.37
2017	15.51	14.59 (94.08)	0.92 (5.92)	424.50	0.78	6.25
2018	15.80	14.84 (93.92)	0.96 (6.08)	426.22	0.77	6.12
2019	16.44	15.42 (93.81)	1.02 (6.19)	436.95	0.79	6.09
2020	13.89	13.00 (93.55)	0.90 (6.45)	365.34	0.70	4.56
2021	17.96	16.98 (94.57)	0.97 (5.43)	469.57	0.85	5.44
2022	18.88	17.76 (94.05)	1.12 (5.95)	484.93	0.86	5.62
2023	20.98	19.71 (93.96)	1.27 (6.04)	523.37	0.93	5.82
2024[b]	22.27	20.96 (94.11)	1.31 (5.89)	539.39	0.97	5.82
Index of change (2010–2023)[c]	175.98	175.91 (100.04)	177.17 (100.67)	149.30	133.39	94.18

[a] Sources: Canadian Institute for Health Information database[18] and Statistics Canada.[19]

[b] Forecasted estimates.

[c] For purposes of calculating the index of change, the 2010 value was designated as 100.

Table 6: Mean per capita dental care expenditures in select Organisation for Economic Cooperation and Development (OECD) countries (US$)

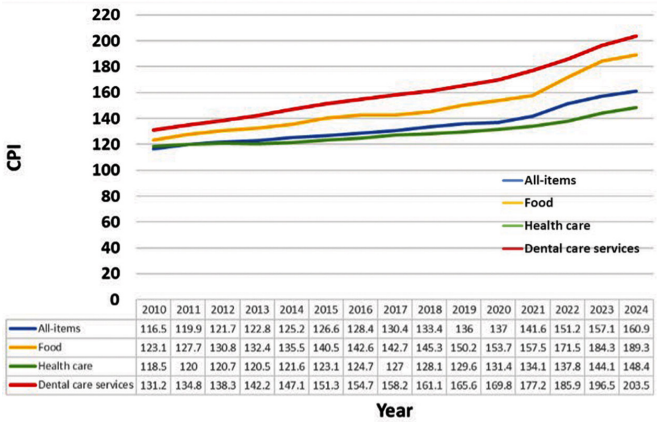
Country	Year															
	2010		2015		2019		2020		2021		2022		2023			
	Total expenditures	Public expenditures	Total expenditures	Public expenditures	Total expenditures	Public expenditures	Total expenditures	Public expenditures	Total expenditures	Public expenditures	Total expenditures	Public expenditures	Total expenditures	Public expenditures		
Australia[a]	263	59	271	22	234	17	265	18	259	17	273	17	–	–		
Canada[a]	335	20	342	20	363	22	298	19	374	20	367	22	375	22		
Denmark[a]	325	114	304	110	305	105	296	101	284	106	273	102	274	103		
Finland[a]	121	29	134	21	93	12	96	10	87	10	99	9	110	8		
France[a]	250	79	248	82	244	155	225	139	257	169	251	164	246	160		
Germany[a]	456	319	482	337	486	340	459	333	489	349	460	335	443	332		
Japan[a]	211	162	228	178	240	192	239	190	253	201	252	199	250	-		
United Kingdom[a]	–	–	212	68	218	66	203	78	224	72	221	62	221	57		
United States[b]	466	51	472	63	516	70	489	66	548	81	511	90	523	105		

Note: Dash indicates that data are not available.
[a] Source: OECD Data Explorer. Values in US dollars, purchasing power parity, constant 2020 prices.[22]
[b] Source: American Dental Association. Values are estimates, in constant 2023 US dollars.[23]

Analysis of the CPI from 2010 to 2024 (**Figure 1**) indicates that dental care costs have consistently outpaced the general CPI, including price growth in food and health care. Specifically, the cost of dental care increased by 55.1%, compared to 53.8% for food, 38.1% for all items and 25.2% for health care.

A comparison to select OECD countries from 2010 to 2023 shows that Canada ranked third in total per capita dental care expenditures, following the U.S. and Germany (**Table 6**). However, Canada had the lowest share of public per capita dental care expenditures at 6%. In contrast, Japan consistently maintained a public share above 75%. Notably, the U.S. increased its public share from 11% in 2010 to 20% in 2023.

Figure 1: Consumer Price Index (CPI), annual average, Canada, 2010–2024. Index (2002=100)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
All-items	116.5	119.9	121.7	122.8	125.2	126.6	128.4	130.4	133.4	136	137	141.6	151.2	157.1	160.9
Food	123.1	127.7	130.8	132.4	135.5	140.5	142.6	142.7	145.3	150.2	153.7	157.5	171.5	184.3	189.3
Health care	118.5	120	120.7	120.5	121.6	123.1	124.7	127	128.1	129.6	131.4	134.1	137.8	144.1	148.4
Dental care services	131.2	134.8	138.3	142.2	147.1	151.3	154.7	158.2	161.1	165.6	169.8	177.2	185.9	196.5	203.5

Source: Consumer Price Index data visualization tool. Price trends: 1914 to today. Available from: https://www150.statcan.gc.ca/n1/pub/71-607-x/2018016/cpilg-ipcgl-eng.htm

Utilization and Affordability

Figure 2 illustrates self-reported dental visits within the past 12 months for Canadian residents aged 12 years and over, while Figure 3 presents the proportion of Ontario residents aged 12 years and over who reported visiting a dentist at least once per year. Between 2009–2010 and 2015–2016, the proportion of Canadian residents who reported visiting a dental professional in the past year increased from 65.73% to 68.62%. In Ontario, the percentage of individuals who reported visiting a dental professional at least once per year increased from 74.90% in 2009–2010 to 78.83% in 2017–2018, then decreased to 73.60% in 2022.

Figure 2: Self-reported dental care visits in Canada in the past 12 months, for individuals age 12 years or older. CCHS = Canadian Community Health Survey.

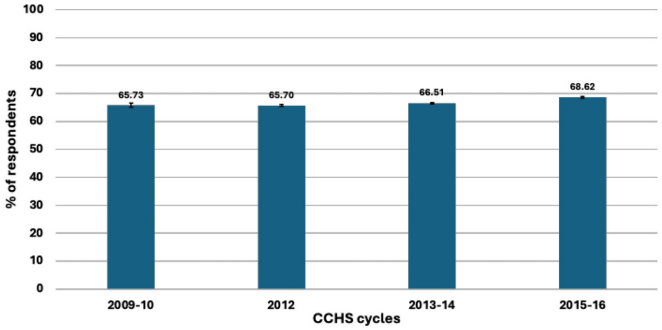


Figure 3: Proportion of Ontario respondents age 12 years or older who reported visiting a dental professional once a year or more often in various cycles of the Canadian Community Health Survey (CCHS).

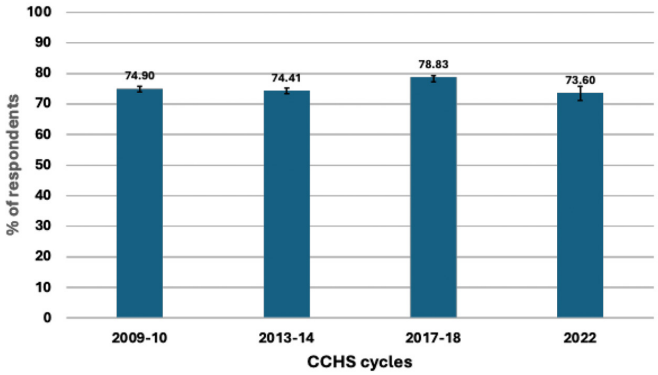
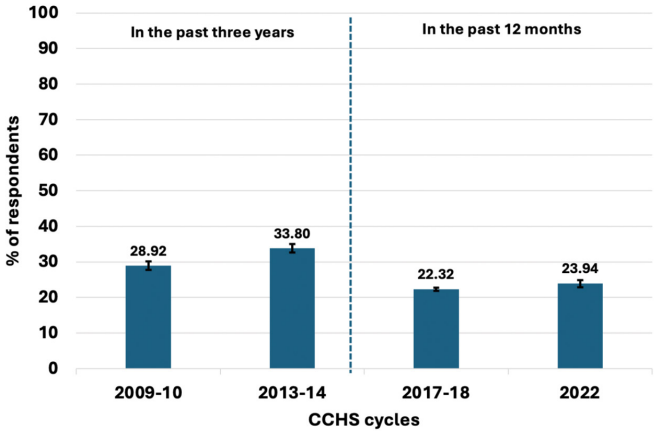


Figure 4 shows trends in self-reported cost barriers to dental care in Ontario. In 2013–2014, 33.80% of Ontario residents aged 12 years and over reported avoiding dental care due to cost in the preceding three years, up from 28.92% in 2009–2010. In later CCHS cycles, where the reference period was limited to the past 12 months, 22.32% of respondents cited cost as a barrier in 2017–2018, with a slight increase to 23.94% in 2022.

Figure 4: Self-reported cost barriers to dental care in Ontario for individuals age 12 years or older. In the 2009–10 and 2013–14 cycles, data refer to the past 3 years; in the 2017–18 and 2022 cycles, data refer to the past 12 months. CCHS = Canadian Community Health Survey.



Discussion

This study provides a macroeconomic review of dental care in Canada from 2010 to 2024, continuing a series of reviews with an observation period from 1960 to 2009.[1,11–13] This review highlights changes related to workforce distribution, expenditures, service utilization and affordability, and the COVID-19 pandemic.

With the number of oral health professionals in Canada increased overall, geographic disparities persist. The uneven distribution of providers across provinces and territories remains a barrier to care. A recent study found that only 10% of dentists, 15% of dental hygienists, and 13% of dental assistants work in rural areas, though 17% of Canadians live in these regions.[8] Though commonly used, the provider-to-population ratio is also a limited planning tool, as it does not account for need. Canada lacks robust data on oral health care needs, hampering strategic workforce planning. However, forthcoming data from Cycle 7 of the Canadian Health Measures Survey (CHMS)[32] are expected to help address this gap and will provide important new insights once released.

Dental hygienists and assistants play a critical role in enabling dental offices to function at their full capacity. A 2023 Canadian Dental Association report indicates that 36% of dental offices had unfilled dental assistant positions, and 80% of dentists reported significant challenges in recruiting assistants.[33] A 2025 StatCan report, based on a national survey of oral health care providers, indicated that 82% of dental offices reported experiencing at least one staffing or human resources challenge.[34] Factors such as insufficient pay, poor benefits packages, lack of professional growth opportunities, and poor work–life balance might have contributed to workforce shortages.[35]

The COVID-19 pandemic exacerbated these issues, leading to increased burnout and early retirements among oral health professionals. In Ontario, the gap between the number of dentists and dental assistants looks particularly high; this disparity may be partly due to underreporting, as dental assisting is a non-regulated profession in Ontario, potentially leading to underestimated figures in CIHI data. In contrast, Alberta reported the highest assistant-to-dentist ratio in 2024, with 2.[36] assistants per dentist (derived from **Table 1** and **Table 4**).

Despite growing demand driven by an aging population, the denturist workforce in Canada increased by only 1.8% between 2019 and 2024, with declines observed in several provinces. In 2023, adults aged 65 years or older accounted for 19.8% of the population—nearly one in five Canadians. This proportion is projected to rise to between 21.4% and 23.4% by 2030.[36] According to the Canadian Oral Health Survey, in 2023–24, 10.7% of adults aged 65 to 79 reported being edentulous, compared to 24.7% of those aged 80 and older.[37] While the CDCP is expected to expand access to denture care, the limited growth in the denturist workforce may hinder the system's ability to meet increased demand.

From 2010 to 2023, total dental care expenditures increased by 76.0%; however, the growth was not consistent. In 2020, total dental care expenditures in Canada declined from $16.44 billion in 2019 to $13.89 billion due to the impacts of the COVID-19 pandemic. In the early months of the pandemic, non-essential dental services were suspended nationwide and patient demand decreased due to infection concerns. Additionally, the introduction of extended fallow periods—mandated downtime between aerosol-generating procedures to allow for adequate air filtration and disinfection—significantly limited the number of patients a dental clinic could see in a day.[38] Operating at reduced productivity while facing higher expenses due to increased administrative duties and the need for additional personal protective equipment and engineering controls (such as ventilation upgrades or closing operatories) was seen as a significant challenge to the economic sustainability of dental care delivery.[38] Government spending on dental care also declined in 2020, in part due to the issue noted above, but also as dental public health programs were limited to emergency services and since oral health staff were redeployed to support broader pandemic response efforts. A strong rebound followed in 2021in the dental care sector overall, arguably driven by pent-up demand.

Between 2010 and 2024, the CPI showed that dental care prices have risen faster than both food and health care prices. This trend indicates that dental care is becoming increasingly expensive relative to other goods and services, raising concerns about affordability and access for many Canadian residents. Notably, from 2010 to 2023, the proportion of GDP spent on dental care increased by 33.4%. Since StatCan uses a constant base year for both indicators, this growth reflects a real increase, not merely inflation. This growth may be driven by rising demand, higher procedure costs, and/or greater utilization of services.

A comparison of mean per capita dental care expenditures across select OECD countries highlights Canada's private investment in dental care, in contrast to other countries, such as Japan, where public investment plays a much larger role. Japan's universal health insurance system includes dental care as a standard benefit, covering most restorative, prosthetic and oral surgery care. Patients typically pay 30% of costs, with the remaining 70% funded by public insurance. Additionally, children, seniors and low-income individuals are fully covered.[39] In the U.S., programs such as Medicare, Medicaid and the Children's Health Insurance Program (CHIP) have also expanded the public share of dental spending over the past decade.[23] In Canada, the CDB provided up-front direct payments for two years to support the costs of dental care services for children under 12 years of age from eligible low-and middle-income families, representing an initial step toward expanding public financing.[40] With the rollout of the CDCP, the public share of dental care expenditures in Canada may increase to 15–20%, given that approximately nine million individuals may become eligible to receive services under the plan.

The utilization of dental care in Ontario has shown a slow yet consistent increase over time, as observed across multiple cycles of the CCHS. The only notable decline was of 6.7%, which occurred between 2017–18 and 2022, arguably reflecting the lingering impact of the COVID-19 pandemic. Despite improvements in utilization, affordability has remained a persistent concern. In Ontario, cost-related avoidance of care increased by 16.9% from 2009–10 to 2013–14, and by 7.3% from 2017–18 to 2022. Low income and lack of public or private insurance continue as the strongest predictors of cost-related barriers. In 2018, uninsured Ontario residents were three times more likely to avoid care, while individuals with low income were 2.5 times more likely to forego care compared with their higher-income counterparts.[9,41–43] Future surveys will likely capture shifts in these trends as the CDCP is implemented.

This study's strengths include its use of robust, nationally representative datasets and its comprehensive coverage of the pandemic years. However, several limitations should be noted. First, the accuracy of primary source data cannot be verified. Second, the analysis focused primarily on provider availability and affordability, rather than broader dimensions of access such as geographic accessibility, acceptability or accommodation. Third, dental care utilization and affordability data were self-reported, which may introduce socially desirability bias. Fourth, gaps in dental assistant data limited our ability to assess workforce trends fully. Lastly, inconsistencies in CCHS survey questions across cycles restrict direct comparisons over time. Despite these limitations, the methods applied in this study align with those used in four prior reports that have established the standard for this type of research in Canada.[1,11–13]

These findings offer timely insights for policymakers and key interest groups. Priorities should include addressing workforce imbalances and distribution, with particular attention to shortages of dental assistants and denturists, improving preparedness to serve rural and remote areas, managing rising costs, and improving affordability. The evolving needs of the aging population and the implementation of the CDCP will continue to shape demand. Monitoring macroeconomic indicators—workforce distribution, expenditures, and service use and affordability—remains vital for informed public health and program strategies. Such monitoring and analysis directly support the priorities of Canada's National Oral Health Research Strategy by providing evidence to improve access and equity in oral health care.[44]

Conclusion

This comprehensive study of Canada's oral health care system from 2010 to 2024 reveals growth in workforce, expenditures, and utilization, alongside persistent geographic disparities and affordability challenges. The COVID-19 pandemic amplified workforce challenges and disrupted service utilization. Rising dental care costs that have outpaced general inflation have arguably heightened financial barriers for many Canadian residents, especially those without insurance coverage or with lower incomes. Canada's approach to financing dental care contrasts sharply with other OECD countries that provide more balanced coverage. As the CDCP expands, addressing workforce imbalances, enhancing affordability, and ensuring equitable access must remain central priorities. Continued monitoring of macroeconomic indicators is essential to inform policies and programs aimed at reducing disparities and improving oral health outcomes across Canada. JCDA

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