

CHAPTER 3

Dental Care in Canada: The Private Sector Responds Effectively to Demand

In Canada, dental care is essentially a private sector matter. Contrary to the public health care system, dental clinics are very accessible and waiting times to see a dentist are minimal to nonexistent.

Each year, three out of four Canadians visit a dental clinic, one of the highest rates among OECD countries (see Figure 3-1). The vast majority of patients, namely 85% of the population, say they are satisfied with the services they receive.⁵⁷ The most recent data indicate moreover that the dental health of Canadians has improved dramatically in recent decades and compares favourably with that of other industrialized countries' populations.⁵⁸

In spite of these successes, calls for greater government involvement in this sector of economic activity have become increasingly common over the past few years. Lamenting unequal access, several critics imply that the situation would improve in this regard if Canada followed the example of countries where the public sector plays a larger role in the financing and provision of dental care.⁵⁹

While this solution may seem attractive at first glance, as we shall see in this chapter, the countries that have gone down this road are now grappling with worrisome wait times, without having managed to eliminate or even significantly reduce inequality of access to services.

The Provision of Dental Care in Canada

In 2013, the number of dentists in Canada was just over 21,000 according to data compiled by the Canadian Dental Association. That same year, there were 60 dentists per 100,000 inhabitants, which places Canada right

around the OECD average.⁶⁰ Practically all dentists have their own private practices, either alone or in partnership (92%). Only a small proportion work in public organizations, either a hospital or an educational institution.⁶¹

Since the turn of the new millennium, the dentistry sector has become more and more competitive as a result of the massive influx of new professionals.⁶² Between 2003 and 2012, the number of dentists and dental hygienists has gone from 35,122 to 48,945, an increase of nearly 40%. On an annual basis, the average growth rate of this workforce was more than three times that of the Canadian population.⁶³

“Contrary to the public health care system, dental clinics are very accessible and waiting times to see a dentist are minimal to nonexistent.”

In recent years, a few large private groups have appeared in the Canadian dentistry market, including the Dental Corporation of Canada, which owns a network of 110 dental clinics and has 1,700 employees on its payroll. This group, with an annual sales figure of \$230 million, is present in five provinces plus the Yukon Territory.⁶⁴

There are also over 400 dental hygiene clinics spread out across Canada, half of which are located in Ontario. Indeed, for several years now, all the provincial governments except for Quebec's have allowed dental hygienists to perform certain tasks alone, without the supervision of a dentist.⁶⁵ By expanding the scope of dental

57. Percentage of Canadians who said they were “very satisfied” or “somewhat satisfied” according to a recent poll. Forum Research, Saskatchewan, Manitoba, New Brunswick Top Health Care Satisfaction Poll Overall, June 2012.

58. See among others Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, pp. 45-49; Statistics Canada, *Oral Health: Edentulous People in Canada 2007 to 2009*, Health Fact Sheets, January 2010.

59. Armine Yalnizyan and Garry Aslanyan, “Introduction and Overview,” in *Putting Our Money Where Our Mouth Is: The Future of Dental Care in Canada*, Canadian Centre for Policy Alternatives, April 2011, pp. 7-10; Paul Allison, “Why dental care should be included in the public health system,” *The Globe and Mail*, September 16, 2014.

60. Canadian Dental Association, *Licensed Dentists in Canada by Province - 2013*; Statistics Canada, CANSIM Table No. 051-0005: Estimates of population, Canada, provinces and territories, Quarter IV, 2013; Organisation for Economic Co-operation and Development, *Health at a Glance 2009: OECD Indicators*, December 2009, p. 83.

61. Canadian Dental Association, *Dental Health Services in Canada, Facts and Figures 2010*, p. 2.

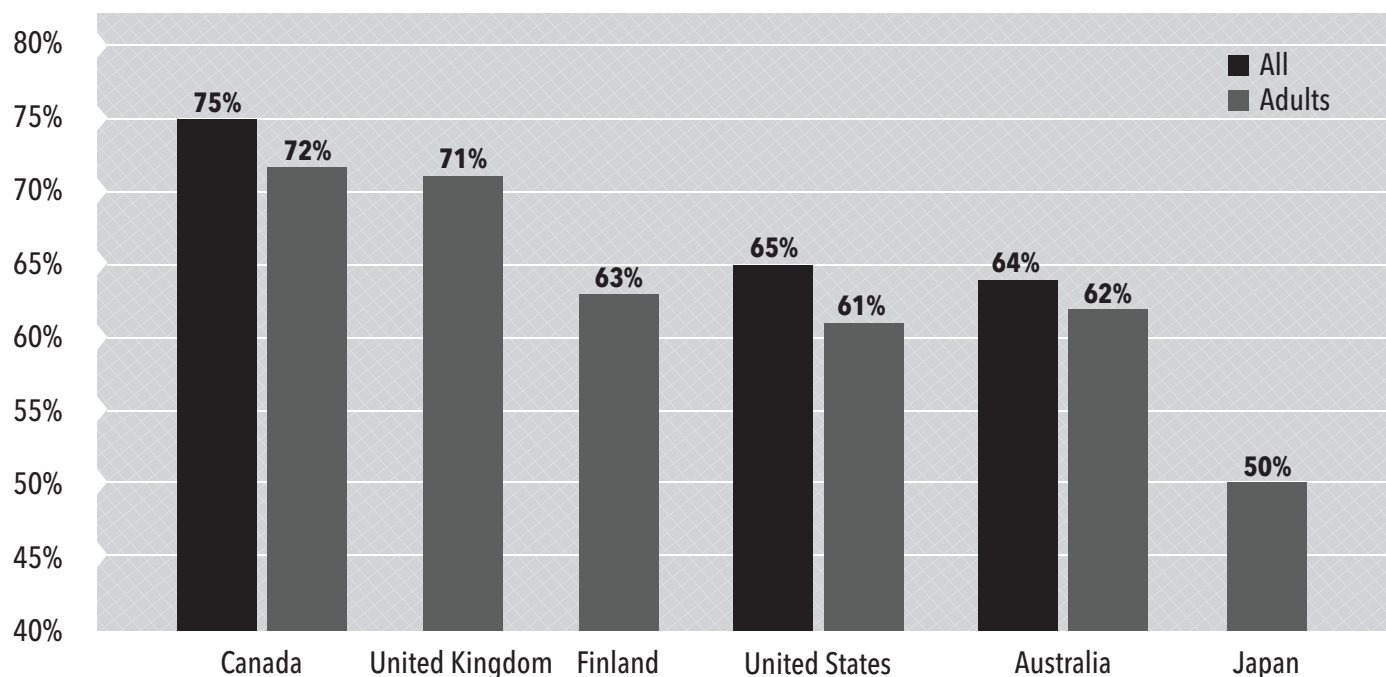
62. Tom Blackwell, “Glut of dentists means tough times for them, good deals for customers, ‘doom and gloom’ report says,” *National Post*, March 25, 2013.

63. Canadian Institute for Health Information, *National Health Expenditure Trends, 1975 to 2014*, October 2014, p. 55.

64. “Dental Corporation of Canada: ‘Revolutionizing the Business of Dentistry,’” *Canadian Business Journal*, Vol. 8, No. 1, 2015, pp. 152-157.

65. Isabelle Ducas, “Les cliniques d’hygiène dentaire, c’est pour bientôt?” *La Presse*, April 7, 2012.

Figure 3-1
Percentage of the population that visits a dental clinic every year, various OECD countries



Sources (year): **Australia (2010):** Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia, Key Facts and Figures Trends 2014*, 2014, p. 8; Sergio Chrisopoulos and Jane Harford, *Oral Health and Dental Care in Australia: Key Facts and Figures 2012*, Australian Institute of Health and Welfare, Australian Government, 2013, p. vii. **Canada (2007-2009):** Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, p. 51. **United States (2010):** National Center for Health Statistics, *Health, United States, 2013: With Special Features on Prescription Drugs*, 2014, p. 287. **Finland (2007):** Eero Raittio et al., "Dental Attendance among Adult Finns after a Major Oral Health Care Reform," *Community Dentistry and Oral Epidemiology*, Vol. 42, No. 6, 2014, p. 595. **Japan (2011):** Yuich Ando et al., "The Status of Routine Dental Visits by Web-Based Survey in Japan," *Journal of Dental Health*, Vol. 62, No. 1, 2012. **United Kingdom (2009):** John Morris et al., *Service Considerations – A Report from the Adult Dental Health Survey 2009*, The Information Centre for Health and Social Care, March 2011, p. 6.

hygienists' work, governments hope to improve access to certain services and to reduce prices, as has happened in other countries.⁶⁶

The Financing of Dental Care in Canada

In 2013, total spending related to dental care was estimated at \$12.9 billion for the country as a whole.⁶⁷ This care is almost entirely privately financed, either directly by patients themselves or through their private insurers. Only a small portion of spending is covered by governments (federal and provincial), in the form of targeted programs that aim to help certain segments of the population, such as low-income individuals and children, receive basic dental care.

For example, in several provinces, dental examinations and certain curative services are insured by governments for children and for recipients of welfare and unemployment insurance. Surgical treatments provided in a hospital setting are also covered in virtue of the health insurance plans of each province. In addition, certain provinces offer, under various conditions, specific programs for people aged 65 and over (see Table 3-1).

Canada is among the OECD countries with the highest proportion of private funding for dental care (see Figure 3-2). Historical reasons explain why dental care is largely excluded from the public health care system in Canada. Certain authors report that when the country's health legislation was being developed in the 1960s, the belief among Canadians was that taking charge of and maintaining one's oral health were primarily individual responsibilities.⁶⁸ Therefore, whereas governments

66. See among others Coady Wing and Allison Marier, "Effects of Occupational Regulations on the Cost of Dental Services: Evidence from Dental Insurance Claims," *Journal of Health Economics*, Vol. 34, 2014, pp. 131-143.
 67. Canadian Institute for Health Information, *op. cit.*, footnote 63, p. 148.

68. Carlos Quiñonez, "Why Was Dental Care Excluded from Canadian Medicare?" *NCOHR Working Paper Series*, Vol. 1, No. 1, 2013, pp. 1-5.

Table 3-1
Public dental care insurance programs by Canadian province

PUBLIC PROGRAMS	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Dental surgery provided in a hospital setting	X	X	X	X	X	X	X	X	X	X
Dental care for children*	X	X	X		X	X	X	X	X	X
Dental care for seniors**		X							X	
Dental care for welfare recipients	X	X	X	X	X	X	X	X	X	X

Source: Federal, Provincial and Territorial Dental Working Group, Access to Dental Care.

*BC: below 19 years of age, low-income; AB, NB: up to 18 years of age, low-income; SK: below 18 years of age, low-income; ON: below 17 years of age, low-income; QC: below 10 years of age; PEI: between 3 and 17 years of age; NS: up to 14 years of age; NL: up to 12 years of age and up to 17 years for low-income families.

**AB: 65 years and older, as a function of income; PEI: provided to residents of long-term care centres.

covered around 20% of overall dental care spending in the 1960s and 1970s, this percentage fell gradually in subsequent decades, and is now just 6%.⁶⁹

Overall, the number of Canadians who have dental insurance (public or private) has been growing since the mid-1990s. Whereas 53% of Canadians said they had such insurance in 1996-1997, this percentage had climbed to 61% by 2003, and to 68% by 2009.⁷⁰

Dental Health Is Improving

In 2010, Health Canada published a report on the dental health of Canadians, based on the results of the Canadian Health Measures Survey carried out by Statistics Canada. The data compiled show that 75% of Canadians visit a dental clinic annually, and 86% do so at least once every two years. In the early 1970s, barely half of the population consulted a dentist on an annual basis.⁷¹ Access to dental care has therefore improved dramatically.

The Health Canada study also revealed that the vast majority of patients today, fully 85% of the population, consider their dental health to be good, very good or

excellent.⁷² This has not always been the case, however. Indeed, Canadians have made considerable progress in terms of dental health since the 1970s, as can be seen in Table 3-2. Barely 6% of Canadians aged 20 or older had no remaining natural teeth in 2009, whereas in 1972 this was the case for nearly one quarter of the adult population.⁷³ The percentage of children and adolescents with cavities, missing teeth, or fillings has also fallen significantly during this same period.

“Canada is among the OECD countries with the highest proportion of private funding for dental care.”

Furthermore, even if the proportion of public financing in dental care spending has declined over the years, inequality in terms of dental health results has narrowed since the 1970s. The assessment made recently by McGill University researchers leaves no doubt regarding these improvements:

[O]ral health outcomes have improved for adults in both Canada and the US. In the 1970s, Canada had a higher prevalence of edentulism and dental decay and a lower prevalence of filled teeth. This was also combined with a more pronounced social

69. Carlos Quiñonez, “Wicked Problems: Policy Contradictions in Publicly Financed Dental Care,” *Journal of Public Health Dentistry*, Vol. 72, 2012, p. 262; Canadian Institute for Health Information, *op. cit.*, footnote 63, pp. 138 and 160.

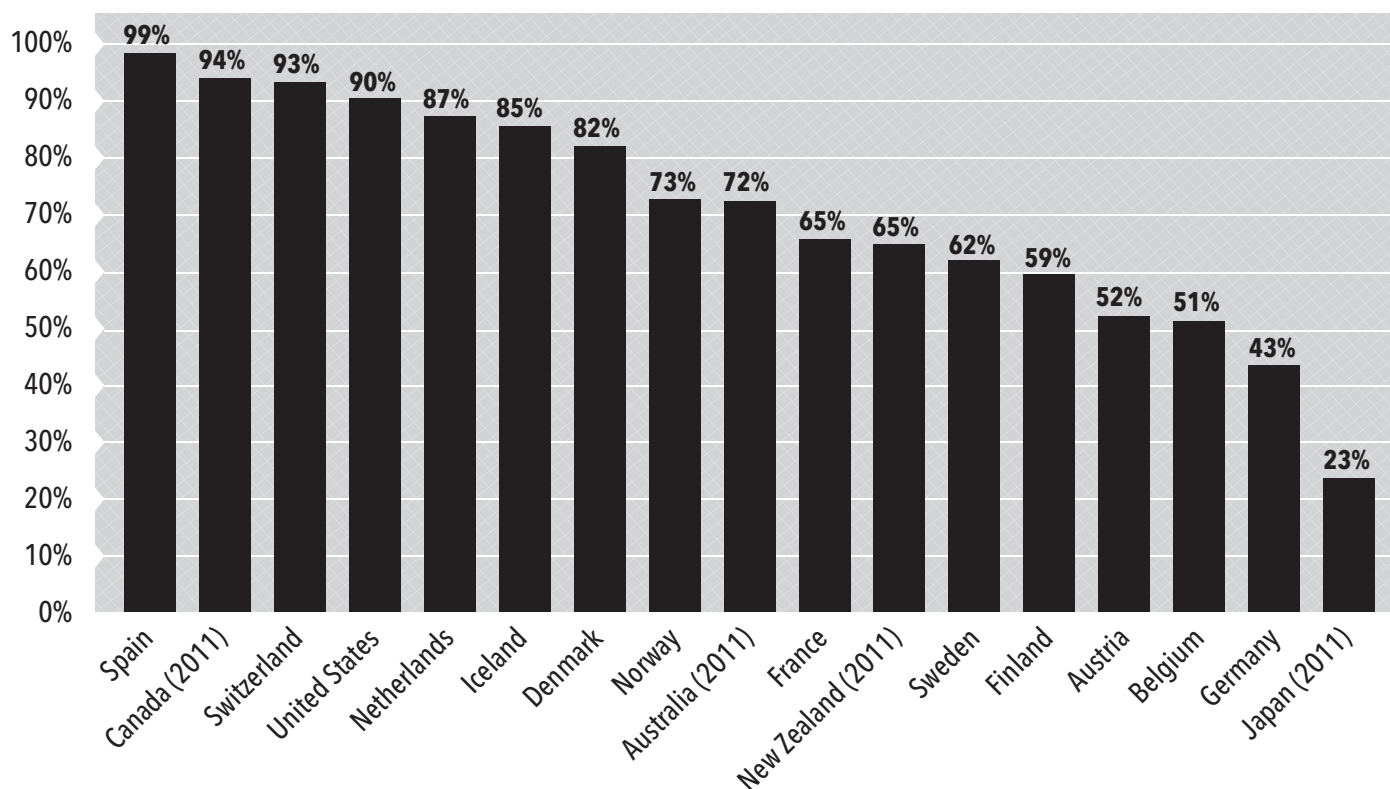
70. Canadian Institute for Health Information, *Exploring the 70/30 Split: How Canada’s Health Care System Is Financed*, 2005, p. 75; Health Canada, *op. cit.*, footnote 58, p. 71.

71. Health Canada, *ibid.*

72. *Ibid.*, p. 28.

73. *Ibid.*, p. 49.

Figure 3-2
Percentage of dental care spending financed by private sources, various OECD countries, 2012



Source: Organisation for Economic Co-operation and Development, Database of health statistics.

inequality gradient among place of birth, education and income groups. Over time, both countries demonstrated an improvement in the prevalence of these oral health outcomes, with a decline in absolute socio-economic inequalities. However, Canada appears to have made somewhat better progress in improving oral health among disadvantaged populations.⁷⁴

A Greater Role for the Public Sector?

For the past few years, several interest groups have been calling for increased public funding for dental care in Canada.⁷⁵ They highlight the fact that 17% of the Canadian population foregoes seeing a dentist annually

because of the cost.⁷⁶ They also deplore inequality of access between different groups in society.⁷⁷ These critics imply that the situation would improve if we followed the example of countries where public dental insurance is more generous.⁷⁸

First of all, it is important to point out that even in countries where the state finances a larger proportion of dental services, unequal access to care exists and many people admit to having to postpone dentist visits for financial reasons. In the United Kingdom, around one fifth of the population falls into this category according to survey data.⁷⁹ Even though services are provided free of charge in the public system, one third of British people surveyed admit to choosing a private clinic because

74. H. W. Elani et al., "Socio-Economic Inequalities and Oral Health in Canada and the United States," *Journal of Dental Research*, Vol. 91, No. 9, 2012, p. 868.
 75. See among others Canadian Dental Hygienists Association, *Bulletin de santé buccodentaire canadien : un appel à l'action*, Document presented to the Standing Committee on Finance of the House of Commons in view of pre-budgetary consultations, August 2010; Canadian Academy of Health Sciences, *Improving Access to Oral Health Care for Vulnerable People Living in Canada*, September 2014.

76. Chantel Ramraj et al., "A Macroeconomic Review of Dentistry in Canada in the 2000s," *Journal of the Canadian Dentist Association*, Vol. 80:e55, 2014, p. 4.
 77. Michel Grignon, Jeremiah Hurley, Li Wang and Sara Allin, "Inequity in a Market-Based Health System: Evidence from Canada's Dental Sector," *Health Policy*, Vol. 98, 2010, pp. 81-90.
 78. Armine Yalnizyan and Garry Aslanyan, *op. cit.*, footnote 59.
 79. K. B. Hill et al., "Adult Dental Health Survey 2009: Relationships between Dental Attendance Patterns, Oral Health Behaviour and the Current Barriers to Dental Care," *British Dental Journal*, Vol. 214, No. 1, 2013, pp. 25-32.

Table 3-2

Evolution of dental health indicators among the Canadian population, 1970-72 to 2007-09

INDICATORS	1970-72	2007-09
Percentage of the population that consults a dentist every year	49.5%	74.5%
Percentage of children with at least one decayed tooth	74%	23.6%
Percentage of adolescents with at least one decayed tooth	96.6%	58.8%
Average number of decayed, missing or filled teeth (per child)	6	2.5
Percentage of adults with no natural teeth	23.6%	6.4%

Source: Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, pp. 47-51.

Note: The children surveyed were between 8 and 10 years old for the 1970-1972 poll and between 6 and 11 years old for the 2007-2009 poll.

they were unable to get access to a dentist in the public system.⁸⁰ In Sweden, a study showed that 71% of people who decided to forego seeing a dentist did so for economic reasons. Unemployed individuals receiving welfare income were seven to nine times more likely to forego a required dental treatment than employed individuals in good financial health.⁸¹

"The vast majority of patients today consider their dental health to be good, very good or excellent."

Furthermore, the vast majority of these countries have major difficulties with access. Rationing leads to long wait times, and many people find themselves deprived of the services they need. Finland and Australia, where public spending on dental care has increased considerably in recent years, both continue to grapple with serious waiting list problems (see Table 3-3).

Finland

In Finland, a country frequently held up as a model for Canada to follow,⁸² 41% of spending on dental care is covered by governments (central and municipal).⁸³ The coexistence of a public sector and a private sector in the provision of dental care dates back to the 1970s. Nearly half of Finnish dentists work in public facilities, usually connected to a hospital.

Up until the early 2000s, only children and adolescents, as well as certain groups with particular needs, had the right to be treated in public dental centres, 80% subsidized by the state. In 2001, the age limits that restricted adults' access to public dental care were abolished. Subsidies for patients attending private clinics were also expanded to cover all age groups.

Dental services thus became available to the population according to the same principles as the universal public health care system. The Finnish government hoped to increase the volume of services provided and reduce

80. John Morris et al., *Service Considerations – A Report from the Adult Dental Health Survey 2009*, The Information Centre for Health and Social Care, March 2011, p. 17.

81. Sarah Wamala, Juan Merlo and Gunnel Boström, "Inequity in Access to Dental Care Services Explains Current Socioeconomic Disparities in Oral Health: The Swedish National Surveys of Public Health 2004-2005," *Journal of Epidemiology and Community Health*, Vol. 60, 2006, pp. 1027-1033.

82. André Picard, "Cost of dental care in Canada keeps patients away," *The Globe and Mail*, September 12, 2014.

83. Organisation for Economic Co-operation and Development, Database of health statistics. A report from the Canadian Academy of Health Sciences states that the public contribution to the funding of dental care spending in Finland amounts to 79%. However, this percentage only concerns care received in public dental centres. Once the entire dental care sector is accounted for (including private clinics), the percentage of total spending that is public amounts to 41%. See Canadian Academy of Health Sciences, *op. cit.*, footnote 75, p. 3.

Table 3-3
Comparisons of the dental care sectors in Canada, Australia and Finland

	CANADA	AUSTRALIA	FINLAND
Public funding of dental care (as a percentage of total) ¹	6%	28%	41%
Public provision of dental care ²	Less than 2% of dentists work in public hospitals	18% of dentists work in the public sector	45% of dentists and dental hygienists work in the public sector
Active dentists per 100,000 inhabitants ³	61	58	86
Visit to a dentist in the past year (children and adolescents) ⁴	<ul style="list-style-type: none"> •91% of children aged 6 to 11 •84% of adolescents aged 12 to 19 	<ul style="list-style-type: none"> •78% of children aged 5 to 14 	<ul style="list-style-type: none"> •77% of children aged 6 to 17
Visit to a dentist in the past year (adult population) ⁵	72%	62%	63%
Visit to a dentist in the past year (low-income population) ⁶	60%	Between 50% and 56%	n.a.
Waiting list for access to dental care ⁷	Waiting is not an issue	Around 400,000 patients on waiting lists in the public system	Over 13,000 patients waiting more than 6 months in the public system (2006-12)
Children without cavities ⁸	<ul style="list-style-type: none"> •53% of 6-year-olds •61% of 12-year-olds 	<ul style="list-style-type: none"> •48% of 6-year-olds •45% of 12-year-olds 	<ul style="list-style-type: none"> •39% of 5-year-olds •26% of 12-year-olds
Adults with natural teeth ⁹	<ul style="list-style-type: none"> •96% of adults aged 45 to 54 •88% of adults aged 55 to 64 •75% of adults aged 65 to 74 	<ul style="list-style-type: none"> •96% of adults aged 45 to 64 •79% of adults aged 65 and over 	<ul style="list-style-type: none"> •94% of adults aged 45 to 54 •84% of adults aged 55 to 64 •64% of adults aged 65 to 74

Sources: 1. Year 2011. Organisation for Economic Co-operation and Development, Database of health statistics. 2. Australian Institute of Health and Welfare, *Dental Workforce 2012*, National health workforce series No. 7, January 2014, p. 22; Service Canada, Dentists; Lauri Vuorenkoski, "Finland – Health System Review," *Health Systems in Transition*, Vol. 10, No. 4, 2008, p. 91. 3. Year 2012. Organisation for Economic Co-operation and Development, Database of health statistics. 4. Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, p. 79; Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia, Key Facts and Figures Trends 2014*, 2014, p. 12; Eeva Widström and Seppo Järvinen, "Caries Prevalence and Use of Dental Services in Finnish Children and Adolescents in 2009," *Oral Health and Dental Management*, Vol. 10, No. 4, 2011, p. 187. 5. Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, p. 51; Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia, Key Facts and Figures Trends 2014*, 2014, p. 8; Eero Raittio et al., "Dental Attendance among Adult Finns after a Major Oral Health Care Reform," *Community Dentistry and Oral Epidemiology*, Vol. 42, 2014, p. 595. 6. Low-income Canadians and Australians are those earning less than \$30,000 a year in their respective currencies. Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, p. 29; Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia, Key Facts and Figures Trends 2012*, 2013, p. 20. 7. Canadian Institute for Health Information, *Health Care in Canada, 2012: A Focus on Wait Times*, November 2012, p. 16; Parliament of the Commonwealth of Australia, *Bridging the Dental Gap: Report on the Inquiry into Adult Dental Services*, Standing Committee on Health and Ageing, June 2013, p. 9; Pia Maria Jonsson et al., "Finland," in *Waiting Time Policies in the Health Sector: What Works?* OECD Health Policy Studies, 2013, p. 142. 8. Health Canada, *Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*, September 2010, pp. 31-34; Sergio Chrisopoulos and Jane Harford, *Oral Health and Dental Care in Australia: Key Facts and Figures 2012*, Australian Institute of Health and Welfare, Australian Government, 2013, p. 4; Eeva Widström and Seppo Järvinen, "Caries Prevalence and Use of Dental Services in Finnish Children and Adolescents in 2009," *Oral Health and Dental Management*, Vol. 10, No. 4, 2011, p. 189. 9. Statistics Canada, *Oral Health: Edentulous People in Canada 2007 to 2009*, Health Fact Sheets, January 2010; Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia, Key Facts and Figures Trends 2014*, 2014, p. 6.

inequality of access between the various social classes, which had been highlighted by research carried out in the 1990s.⁸⁴

Yet despite a massive injection of funds, the public system continues to grapple with substantial failings. Researchers recently showed that there had been no significant improvement in terms of access to dental care, and that inequalities have persisted following the 2001 reform. In fact, after an initial reduction in the first years, inequalities worsened once again after 2004.⁸⁵

“According to an OECD report, wait times in 2012 were over a month long in 85% of public dental centres.”

Admittedly, the proportion of adults who said they visited a dentist annually did go from 57% in 2001 to 63% in 2007.⁸⁶ However, this increase seems very modest given the additional spending of the Finnish government, which grew by over 80% over the course of the first six years of the reform. In comparison, the proportion of adult Canadians who say they visit a dentist every year went from 64% in 2003 to 72% in 2007-2009,⁸⁷ without any expansion of public programs.

Moreover, wait times continue to be extremely long in Finland. Seeing a dentist in the public system requires patience; appointments are not easily had. Barely 25% of Finns think that the public dental centres in the municipalities where they live provide a good level of availability.⁸⁸ According to an OECD report, wait times in 2012 were over a month long in 85% of public dental centres.⁸⁹ Between 2006 and 2012, over 13,000 people on average had been on a waiting list for dental services in the public system for more than six months.⁹⁰

These access difficulties are not due to a lack of human resources, since Finland has 40% more dentists as a proportion of the population than Canada. With 86 dentists per 100,000 inhabitants, they have one of the highest rates among OECD countries.⁹¹

Australia

Australia is another country often used as an example by analysts in Canada. In September 2014, the Canadian Academy of Health Sciences published a report in which Australia was cited as one of the “countries that have more robust public funding and delivery of oral health care.”⁹²

Dental services in Australia are indeed offered both in private clinics and in public facilities. The majority of Australian dentists (78%) work in the private sector. Their workweek is on average 23% longer than that of their colleagues who work solely in the public sector.⁹³

Access to public dental services is limited to young children as well as certain categories of vulnerable people, including welfare recipients, veterans and low-income retirees. Some 5 million adults are eligible to receive their dental care in the public system.⁹⁴ Only a little over one half of them see a dentist every year. In the great majority of cases (74%), they opt for a private clinic,⁹⁵ due to the government’s policies of rationing services.

Indeed, access to dental services in the public system is subject to considerable delays. In June 2013, an inquiry report from the Australian Parliament summed up the situation in these terms:

Waiting times for public dental services are often long (between two and five years in some areas), with up to 400,000 adults on waiting lists across Australia. Treatment is often focused on emergency care rather than the provision of preventive or restorative services. Public dental services also offer denture services to patients, but waiting times are long and patients may have to wait months for an

84. Teija Niiranen, Eeva Widström and Tapani Niskanen, “Oral Health Care Reform in Finland – Aiming to Reduce Inequity in Care Provision,” *BMC Oral Health*, Vol. 8, No. 3, 2008.

85. Eero Raittio et al., “Income-Related Inequality and Inequity in the Use of Dental Services in Finland after a Major Subsidization Reform,” *Community Dentistry and Oral Epidemiology*, forthcoming, 2015.

86. Eero Raittio et al., “Dental Attendance among Adult Finns after a Major Oral Health Care Reform,” *Community Dentistry and Oral Epidemiology*, Vol. 42, No. 6, 2014, p. 595.

87. Canadian Institute for Health Information, *op. cit.*, footnote 70, p. 75; Health Canada, *op. cit.*, footnote 58, p. 51.

88. Eero Raittio et al., 2014, *op. cit.*, footnote 86, p. 593. The study notes that 71% of Finns think that private dental clinics provide a good level of availability.

89. Organisation for Economic Co-operation and Development, *OECD Economic Surveys: Finland*, February 2012, p. 95.

90. Pia Maria Jonsson et al., “Finland,” in *Waiting Time Policies in the Health Sector: What Works?* OECD Health Policy Studies, 2013, p. 142.

91. Organisation for Economic Co-operation and Development, *op. cit.*, footnote 83.

92. Canadian Academy of Health Sciences, *op. cit.*, footnote 75, pp. 32-33.

93. Sergio Chrisopoulos and Jane Harford, *Oral Health and Dental Care in Australia: Key Facts and Figures 2012*, Australian Institute of Health and Welfare, Australian Government, 2013, p. 41.

94. Parliament of the Commonwealth of Australia, *Bridging the Dental Gap: Report on the Inquiry into Adult Dental Services*, Standing Committee on Health and Ageing, June 2013, p. 9.

95. Australian Institute of Health and Welfare, *Oral Health and Dental Care in Australia: Key Facts and Figures Trends 2014*, Australian Government, 2014, p. 13.

appointment. Those on waiting lists are generally lower-income individuals who often have no choice but to wait for care.⁹⁶

Public spending on dental care more than doubled in Australia from 2006 to 2011, growing by an average of 18% annually. During this period, the share of total funding that is public went from 18% to 28%.⁹⁷ Despite these increases, the resources devoted to the sector still seem to be insufficient to significantly reduce the problem of long wait times in the public system and facilitate access to necessary services for the less fortunate.

"Canadians were 30% more likely to have visited a dentist in the past 12 months than Australians."

According to data from a recent report published by the Australian government, the percentage of adults having foregone a visit to the dentist for financial reasons went from 25% in 1994 to 30% in 2010. The report also reveals that "in 2007–09, Canadians were 30% more likely to have visited [a dentist in the past 12 months] than Australians, across all age groups from 20 to 79."⁹⁸

Conclusion

For all Canadians to have access to dental services regardless of income is an ideal that no one opposes. However, international examples show us that more government funding does not necessarily improve the accessibility of services. On the contrary, in these countries, we find the establishment of rationing policies and the appearance of long waiting lists to obtain required treatment.

On the other hand, wait times in the field of dental care are not a worrisome issue in Canada. The data show that Canada is among the countries with the easiest access to a dentist. As we saw, the dental health of Canadians has also improved considerably in recent decades. The private sector responds effectively to demand.

96. Parliament of the Commonwealth of Australia, *op. cit.*, footnote 94, p. 9.

97. Organisation for Economic Co-operation and Development, *op. cit.*, footnote 83.

98. Australian Institute of Health and Welfare, *op. cit.*, footnote 95, p. 12.