

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 April 2026 / 20 avril 2026**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2026-OPH-HPP-0001

SUBJECT: Update on Ottawa Public Health's Dental Health Services Program

OBJET: Mise à jour sur le programme de services de santé dentaire de Santé publique Ottawa

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Public Health Unit receive the Update on Ottawa Public Health's Dental Services Program Report for information.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa prenne connaissance de ce rapport à titre d'information.

BACKGROUND

Oral Health and the Ontario Public Health Standards

In Ontario, the Oral Health Protocol¹, established under the Ontario Public Health Standards (OPHS)², sets out the requirements that guide public health units in the delivery of oral health services. This protocol provides the framework for how services are delivered, including oral screening, assessment, and surveillance, specifically for programs such as the Ontario Seniors Dental Care Program (OSDCP)³ and Healthy Smiles Ontario (HSO)⁴. The standards are set to be updated, and Ottawa Public Health (OPH) will review and adjust its service delivery as required.

Public Health Implications of Poor Oral Health

Oral health is a key component of overall health⁵. Poor oral health affects eating, speaking, sleep, self-esteem, and social participation, and is increasingly recognized as being linked with systemic conditions such as diabetes, cardiovascular disease, and respiratory illness⁶. Pain and infection from oral diseases can affect school performance, employment, and social inclusion, and in severe cases can lead to disability or death⁷.

While overall oral health outcomes in Canada have improved over the past three decades, disparities in oral health outcomes and service utilization remain, especially among individuals without dental insurance and those from lower-income households. Cost remains a primary barrier to accessing dental care, with nearly half of uninsured individuals reporting that they avoid dental visits due to financial concerns⁸. Adults with lower household incomes are disproportionately affected; among those with annual household incomes below \$50,000, approximately 50% do not have dental insurance⁹. Seniors represent another population with limited coverage. In Ottawa, only 66% of adults aged 65 years and older have dental insurance, the lowest rate among all adult age groups⁹.

Racialized Canadians and persons with disabilities are more likely to avoid dental care due to costs; in 2023/2024, 33% of racialized Canadians reported avoiding visits to an oral health professional due to cost compared to 21% of non-racialized Canadians, and 36% of persons with disabilities avoided visits due to cost compared to 22% of those without a disability. These disparities in accessing dental care persisted even after accounting for differences in income and insurance coverage, highlighting the ongoing challenges faced by these groups in obtaining recommended oral health services¹⁰.

Indigenous populations in Canada continue to face significant barriers caused by the historic effects of colonialism and systemic racism in the Canadian health care system, including for dental care. Inuit and First Nations people have nearly twice as much dental disease as other Canadians¹¹. Research indicates that a large portion of Indigenous people, 28%, wait to go to the dentist until the situation is an emergency¹². Many factors, including fewer regular dental visits, less access to affordable and nutritious food, and geographic barriers are linked to this poorer oral health¹³.

The absence of adequate dental coverage contributes to preventable use of acute care services. In Ottawa, emergency department visits for nontraumatic dental conditions, that are typically manageable in community dental settings, reached a peak of 1,982 visits in 2018. From 2020 to 2024, these visits remained consistently elevated, with an annual average of approximately 1,700 visits¹⁴.

These national and provincial trends are reflected locally in Ottawa, where cost, limited insurance coverage, and uneven provider participation continue to shape who can access timely dental care and where.

Ottawa Public Health Dental Health Clinics

Since the 1970's, public health and social services in Ottawa have worked together to ensure access to dental treatment services for low-income residents. The original dental clinics were funded through the City and operated by public health. Since then, various provincially funded dental programs have provided operational support for the clinics. OPH also works with private dental offices in the community to increase access to service and provides referrals to specialist level treatment and denture services as required. Through the city commitment and public health initiative, this historical dedication to dental care access established a successful model of dental programs and services.

OPH currently operates five dental clinics across the city (see Document 1).

Through a provincial infrastructure funding initiative, OPH received \$3.2 million to modernize and expand the Merivale clinic and to renovate the Cobourg clinic. The Merivale clinic reopened in December 2023 while the Cobourg clinic resumed service in March 2025

To further improve geographic access, particularly in Ottawa's east end, OPH received an additional \$2.3 million in provincial funding to establish a new clinic at 255 Centrum

Boulevard in Orléans. The City provided the clinic space, and the site opened in August 2025.

Modernization efforts have also enhanced OPH's ability to deliver coordinated, high-quality care. In July 2024, OPH completed the implementation of ABELDent, a unified electronic charting system used across all clinics. Digital radiography, including panoramic X-rays, is now integrated within this system, improving diagnostic accuracy and ensuring client records are accessible and updated in real time.

Since 2016, OPH has been operating a dental clinic in partnership with the Wabano Centre for Aboriginal Health. This clinic provides preventive and treatment services in a setting grounded in Indigenous values, language, knowledge, and culture.

Approximately 2,000 First Nations, Inuit, and Métis clients receive care annually at this location, reflecting OPH's commitment to culturally safe, community-driven service delivery.

Publicly Funded Dental Programs

OPH delivers dental care to residents of all ages through a broad range of publicly funded dental programs (see Document 2). These programs collectively support Ottawa residents who face financial, geographic, or system-navigation barriers to accessing care in the community.

Children and Youth (0–17 years)

Most children in low-income households in Ottawa receive dental benefits through Healthy Smiles Ontario (HSO), which covers preventive, routine, and urgent care. Local estimates suggest that approximately 16,000 children and youth may meet HSO income-eligibility criteria in Ottawa, including 14,050 children automatically enrolled through Ontario Works. (Canadian Health Survey on Children and Youth (CHSCY), 2019).

Adults (18–64 years)

Adults in Ottawa who receive support through Ontario Works (OW), Essential Health and Social Supports (EHSS), or the Ontario Disability Support Program (ODSP) are eligible for varying levels of emergency and essential dental care. It is estimated that 20,000 OW recipients in Ottawa may qualify for dental benefits, while 23,000 ODSP recipients, along with their dependents, may be eligible for ODSP dental coverage.

Seniors (65+)

Low-income seniors in Ottawa receive dental benefits through Ontario Seniors Dental Care Program (OSDCP). Since the program launched in 2019, more than 11,000 seniors have enrolled in Ottawa, including 6,640 in 2025. Because routine care under this plan is delivered exclusively through OPH dental clinics, OPH remains the primary access point for eligible seniors requiring preventive, restorative, and emergency services.

Canadian Dental Care Plan (All Ages)

The Canadian Dental Care Plan (CDCP), a federal initiative aimed at reducing financial barriers to dental care, began enrolling seniors in 2023 before extending to additional age groups in 2024–2025. Current estimates indicate that approximately 168,000 Ottawa residents may be eligible for CDCP. This includes nearly 17,000 children (Canadian Health Survey on Children and Youth, 2019.), more than 100,000 adults, and over 50,000 seniors (Canadian Community Health Survey (CCHS), 2017/2018). While the program is designed for clients to be treated primarily in private dental offices, OPH supports CDCP clients who are not eligible for other publicly funded programs and face barriers accessing care in the community, ensuring continuity of essential dental services for those with unmet needs.

Despite the expansion of federal dental coverage, OPH clinics remain a necessary safety-net provider for residents who are ineligible for CDCP, face system navigation barriers, or cannot secure care through participating private practices.

Across all programs in 2025, OPH provided approximately 15,000 dental visits, including: 7,512 child visits; 5,120 adult emergency visits; and 2,371 senior visits. Overall, OPH delivered 20,000 assessments, 11,300 preventive services, 3,136 extractions, and 5,898 fillings.

Prevention, Promotion, Surveillance and Screening

As per Ontario Public Health Standards, OPH works with school boards to provide oral health screenings in elementary schools, focusing on junior and senior kindergarten and Grade 2 students, but also in Grades 4 and 7 in schools with higher dental disease. During the 2024–2025 school year, OPH focused its screening efforts on 195 schools identified with higher dental needs, utilizing historical screening data and the Ottawa Neighborhood Study. A total of 27,781 students were screened, and 11.09% were found

to have urgent dental needs. OPH works directly with families to facilitate access to treatment through private insurance or the HSO program. Schools not visited received information on how to refer children and youth with dental concerns to OPH dental clinics. For the 2025/2026 school year OPH has resumed visiting all publicly funded elementary schools, strengthening its commitment to comprehensive school-based oral health screening and support.

To identify issues earlier in higher priority areas, OPH also screens young children in childcare centres, including Indigenous centres. In 2025, 1,698 children were screened across 58 centres, with 60 children (3.53%) requiring urgent care.

Registered dental hygienists provide outreach services across priority community sites, including Neighbourhood Health and Wellness Hubs, Aging in Place buildings, Community Health and Resource Centres, subsidized senior housing, and transitional or emergency accommodations serving newcomers and individuals experiencing violence or homelessness. Outreach activities focus on improving oral health literacy, promoting self-care, and connecting residents to publicly funded dental programs. Services include education sessions, dental screenings, fluoride varnish applications, and individualized navigation support.

In 2025, OPH conducted more than 300 outreach activities and completed over 4,000 community-based dental screenings, with approximately 20% of those screened identified as needing urgent dental care.

Broader community promotion efforts continue through updated educational resources, Parenting in Ottawa social media campaigns, including Oral Health Month activities, distribution of dental supplies, and collaboration with City and community partners to extend oral health messaging to families. OPH also works closely with Indigenous organizations such as the Wabano Centre for Aboriginal Health, Inuuqatigiit Centre for Inuit Children, Tumirallat Child Care, Sivummut Head Start, Makonsag Aboriginal Head Start, Tungasuvvingat Inuit, the Odawa Native Friendship Centre, and Larga Baffin to promote oral health and support access to culturally appropriate services.

DISCUSSION

System-Level Access Challenges

Access to dental care in Ottawa continues to reflect broader system-level challenges that affect residents' ability to obtain timely routine and specialized services. While many private dental offices in Ottawa accept publicly funded dental programs and provide care without charging out-of-pocket costs, participation varies across the city.

Not all providers are willing and/or able to participate in every program, so some families continue to face barriers when seeking routine dental care in the community. Reimbursement rates that remain below standard fee guides contribute to these variations in participation and limit the number of practices able to take publicly funded clients. Although the CDCP has expanded coverage for some residents, many do not meet eligibility requirements or must cover partially funded services themselves, which can also restrict access.

These access pressures are most visible among children enrolled in HSO, where participation by private dentists has decreased over time, from 51 providers in 2023 to 18 in 2026, leaving some families unable to secure routine care in the community, especially for those not eligible for CDCP. As a result, OPH clinics have become a critical source of care. This shift is reflected in visit trends: children's visits more than doubled between 2022 and 2025, increasing from 3,553 to 7,512 and rising from 28% to 50% of all OPH clinic visits.

Overall clinic activity has remained high across all age groups, with annual visits ranging from 12,837 in 2022 to 15,000 in 2025. While adult emergency visits have remained stable and senior visits have gradually declined due to changing access pathways and program structures, the complexity of care, especially for children, has grown, with more clients presenting extensive treatment needs and requiring behavioural management support. Together, these patterns illustrate how system-level access constraints, affecting children, adults, and seniors differently, continue to drive increased reliance on OPH's publicly delivered dental services.

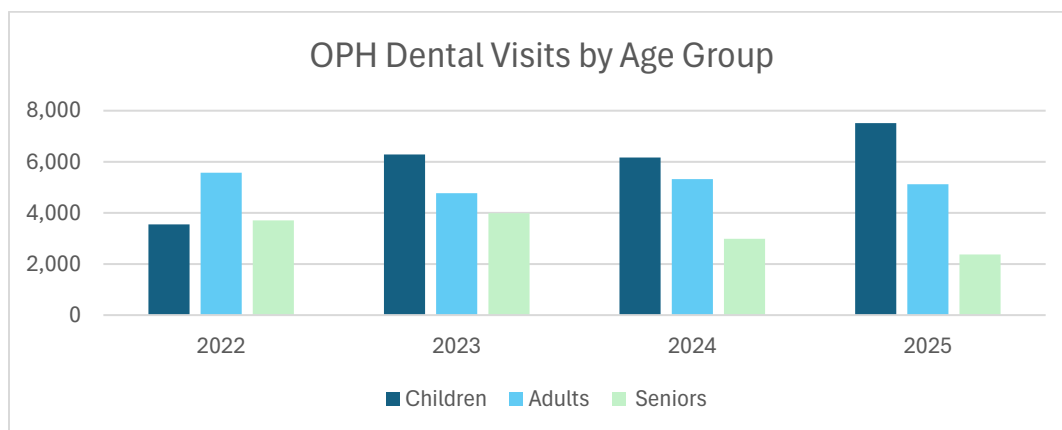


Figure 1. Dental visits in OPH dental clinics by age group, 2021–2025. Visits increased among children over the period, while adult utilization remained stable and senior visits declined.

Source: Ottawa Public Health, internal program data (2026)

Specialized care presents additional challenges. Children with extensive dental disease, medically complex individuals, and adults requiring oral surgery may face long wait times or difficulty locating specialists who accept publicly funded coverage. Limited access to pediatric dentistry and hospital-based dental services can delay treatment and place additional pressure on OPH's referral pathways.

System navigation is further complicated by the number of publicly funded dental programs available in Ontario, each with distinct eligibility criteria, coverage rules, and acceptance by private practices. Families frequently need to coordinate benefits across multiple programs, and when coverage rules differ, this can delay access to care. For some programs, such as OSDCP, routine care is available exclusively through OPH dental clinics. This model ensures high-quality care but also means that some seniors have only one available service pathway, which can create capacity pressures when demand increases. These administrative and logistical challenges contribute to missed or postponed treatment and reinforce reliance on OPH's publicly delivered clinics.

OPH Mitigation Strategies and System Response

In response to the access challenges described above, OPH continues to strengthen its role as a key provider of equitable dental services by expanding clinical capacity, improving system navigation, and deepening partnerships across the local oral health system.

Recent clinic modernization, supported through provincial infrastructure funding, has increased the number of operatories and improved workflow across OPH sites. Renovations at the Merivale and Cobourg clinics, together with the opening of the new Centrum Boulevard clinic, have expanded OPH's ability to serve residents who cannot obtain care in private settings.

OPH is also working to expand its workforce through ongoing recruitment of dental providers to meet increasing demand from HSO-eligible children and other publicly funded clients. Alongside growing clinical capacity, OPH provides enhanced system navigation to support families in understanding eligibility requirements, completing program applications, and booking appointments through a centralized multilingual phone service that manages approximately 1,200 calls each month.

OPH's diverse and multilingual dental workforce further strengthens client-centered, culturally safe care. Staff across OPH clinics speak more than 30 languages, building trust and improving communication for clients who might otherwise face linguistic or cultural barriers to accessing oral health services.

To address gaps in specialized care, OPH maintains partnerships with clinical and hospital-based providers. Children's Hospital of Eastern Ontario (CHEO) continues to support young children (0–3) with extensive dental needs and medically complex youth requiring treatment under general anesthesia. OPH also works closely with a pediatric dental specialist through an established memorandum of agreement, enabling timely referrals for children with complex needs - specifically those who require treatment under general anesthesia and cannot be accommodated at CHEO. Collaboration with The Ottawa Hospital ensures access to dental care for medically compromised adults. In addition, an oral surgeon provides onsite services at the Merivale Dental Clinic one day per month, reducing barriers to surgical treatment and improving wait times for clients with urgent or complex needs.

Together, these mitigation strategies reinforce OPH's critical role in addressing persistent access gaps. Despite broader system pressures affecting the availability of community-based dental services, OPH's investments, partnerships, and equity-driven approach ensure that residents with the greatest needs continue to receive timely and essential dental care.

Other initiatives:

Volunteer dentistry day:

OPH's ongoing collaboration with local partners is central to expanding access to essential dental services and addressing community needs. As an example of this collective approach, OPH and the Ottawa Dental Society co-led a volunteer dentistry initiative last year, in which the Merivale Dental Clinic hosted a volunteer dentistry day. During this event, a team of dentists, hygienists, and assistants provided over 80 dental procedures to clients from the Ottawa Mission and Cornerstone Housing for Women. This initiative exemplifies how local partners unite to deliver much-needed care to individuals who have gone years without dental treatment, demonstrating the community's commitment to reducing barriers to oral health services.

Sociodemographic Data collection:

As part of OPH commitment to health equity, the Dental program has initiated collection of sociodemographic data (SDD), which includes information such as racial identity, preferred languages, and access to a regular healthcare provider, among other information. SDD will help us to better understand the clients we are serving, identify possible gaps in access for some populations, and inform ways to adjust program plans as needed. All clients accessing dental services at OPH clinics are invited to provide this information. Client participation is optional and voluntary. The experience of other OPH programs collecting this information suggests that when clients understand the rationale and purpose of collection, most are willing to provide it. SDD is one tool for advancing OPH health equity goals.

Next steps:

OPH will continue collaborating with community partners, specialists, and the Ministry of Health to monitor evolving trends, including CDCP implementation, provincial program alignment, and the expected updates to the public health standards. These efforts will ensure OPH remains responsive to emerging system pressures while maintaining alignment with provincial requirements. Through enhanced capacity, strengthened partnerships, and a continued focus on equity, OPH remains a critical contributor to closing persistent gaps in access to dental care for residents across Ottawa.

RURAL IMPLICATIONS

Rural residents benefit from school-based oral health screening, outreach, and system navigation support. OPH works with publicly funded schools in rural Ottawa to conduct annual screening and surveillance activities and assists families in identifying publicly funded or community-based dental services closer to home or accessing OPH dental clinics when required.

CONSULTATION

Consultation was undertaken with the Ottawa Dental Stakeholders Group. Membership is from dental service providers serving low-income residents in Ottawa and includes a representative from the following organizations/groups: Ottawa Public Health; Chief of Dentistry at CHEO and the Civic Hospital dental clinics; Pediatric Dentistry, Oral Surgeon Dentistry; Ottawa Dental Society, Ottawa Dental Hygienist Society, and the Coalition of Community Health and Resource Centres, Wabano Centre for Aboriginal Health; and the Ottawa Mission.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are risk implications associated with the issues described in this report. These risks have been identified and are being actively managed by Ottawa Public Health through ongoing monitoring, service planning, and system-level mitigation strategies.

Key risks relate to **service capacity, continuity of care, and increasing reliance on publicly delivered dental services**. Persistent access barriers in the broader oral health system including variable participation by private dental providers in publicly funded programs, reimbursement limitations, and growing demand from eligible children and other priority populations, may place sustained pressure on OPH dental clinics. If

demand exceeds available capacity, there is a risk of longer wait times, delayed treatment, and increased use of emergency services for preventable dental conditions.

Additional risk arises from the complexity of multiple publicly funded dental programs operating concurrently, which may contribute to system navigation challenges, delayed access, or missed treatment opportunities, particularly for families facing social or linguistic barriers.

OPH mitigates these risks through clinic modernization and expansion, targeted workforce recruitment, centralized multilingual navigation support, enhanced outreach and screening, and strengthened partnerships with hospital-based and community dental providers. Risk is monitored through service utilization and wait-time data, outreach results, and ongoing engagement with system partners, with mitigation strategies adjusted as needed to support City and public health objectives.

ASSET MANAGEMENT IMPLICATIONS

This section is OPTIONAL. This section is to be completed if the report has an impact on the City's physical assets. In general, this may include taking on new assets or recommending changes that would have an impact on the cost to own, operate and/or maintain existing or future assets. The intent is to demonstrate how the report recommendations support the 8 guiding principles, as applicable, in the City's approved Comprehensive Asset Management Policy. Report writers should begin discussion with the Manager, Asset Management Branch in Infrastructure Services and their Financial Services Unit (FSU) in the early draft stages of the report. Final approval of comments by Asset Management and Financial Services in this section would be required five (5) working days in advance of the report deadline.

FINANCIAL IMPLICATIONS

There are no financial implications to receiving the information in this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

Comprehensive oral and dental care are essential to protect the health of our community. Ensuring Ottawa residents can access timely, affordable, and appropriate dental services, with a focus on equity, prevention, and impact, aligns with Ottawa Public Health's 2023-2027 strategy.

SUPPORTING DOCUMENTATION

Document 1 – Location of OPH Dental Clinics

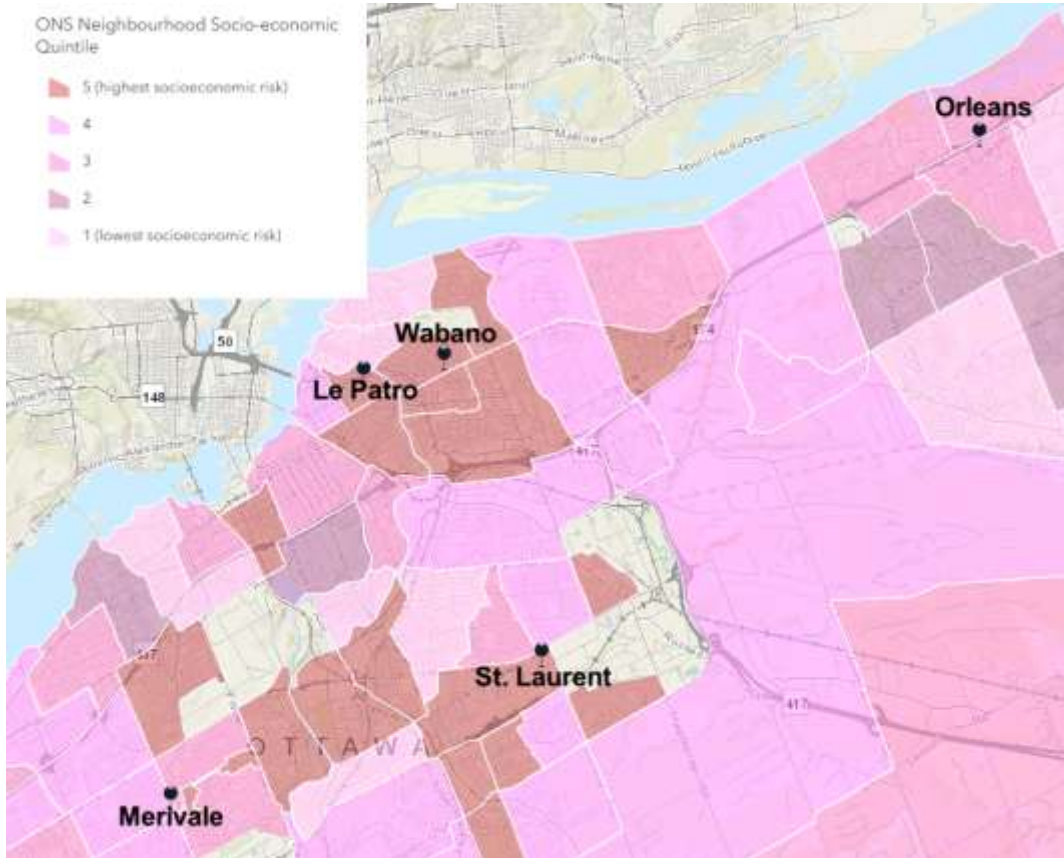
Document 2 - Dental Programs with which OPH engages and works

DISPOSITION

This report is for information. Ottawa Public Health will continue to work with partners to advance dental health programming and services in Ottawa.

Document 1 - Location of OPH Dental Clinics, and ONS Neighbourhood Socio-economic Quintile

Locations are: 1580 Merivale Road, Suite 400; 40 Cobourg (in Le Patro community centre); 2525 St Laurent Blvd (near Conroy Rd); 299 Montreal Road (in the Wabano Centre for Aboriginal Health); 255 Centrum Blvd, Orleans.



Document 2 - Dental Programs that OPH works with

ADULT Dental programs	Type of program	How to apply?	Where is treatment provided?	Treatment provided
Ontario Works (OW)	Municipal program in Ottawa	Community Social Services Dept (CSSD) Ottawa	Ottawa Public Health (OPH) dental clinics	Emergency care
Essential Health & Social Support (EHSS)	Municipal program in Ottawa	CSSD Ottawa – also covers other health items/services (hearing aids, glasses, etc.)	OPH dental clinics	Emergency care
Community Denture Program	Municipal program in Ottawa - dentures for low-income adults and seniors, OW & ODSP recipients	CSSD Ottawa	OPH dental clinics or private offices	Dentures as per guidelines
Ontario Disability Support Program (ODSP)	Provincial		Mainly in private offices. OPH Dental clinics for those who face barriers.	Basic care
Non-Insured Health Benefits	Federal	Inuit and First Nations	Wabano Dental Clinic or Private offices	Basic care

CHILDREN	Type of Program	Eligibility	Where is treatment provided?	Treatment provided
Healthy Smiles Ontario (HSO) - <u>Core</u>	Provincial Program Low-income 0-17 yrs. of age	Must meet the financial eligibility. Children on OW & ODSP are automatically enrolled.	OPH Dental clinics or private offices	Basic level services, checkups, cleanings, sealants, fillings, extractions.
HSO – <u>Emergency and Essential Services</u> Stream (EESS)	Provincial Program Low-income 0-17 yrs. of age	Must have dental needs Parents declare that it would cause finance hardship to obtain dental treatment.		
HSO preventive (PSO)	Provincial Program Low-income 0-17 yrs. of age	Not eligible for HSO Core and EESS. Must meet the financial eligibility	OPH Dental clinics only	Preventive care only - fluoride, fissure sealants
SENIORS	Type of Program	Eligibility	Where is treatment provided?	Treatment provided
Ontario Senior's Dental Care Program (OSDCP)	Provincial Program Low-income 65+	Must meet the financial eligibility. 65+ Have no access to any other form of dental benefits.	OPH Dental clinics only	Basic level services, checkups, cleanings, fillings, extractions, dentures.

All ages	Type of Program	Eligibility	Where is treatment provided?	Treatment provided
Canadian Dental Care Program (CDCP)	Federal Program	<p>Must meet the financial eligibility.</p> <p>Have no access to any private insurance</p>	<p>Mainly in private offices. OPH</p> <p>Dental clinics for those who face barriers.</p>	<p>Basic level services, checkups, cleanings, fillings, extractions, dentures.</p>

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- ¹ Ministry of Health and Long-Term Care, Populations and Public Health Division. Oral Health Protocol, 2021 [Internet]. 2021 [cited 2026 Feb 25]. Available from: [Oral Health Protocol, 2021](#)
- ² Ontario Ministry of Health. Ontario Public Health Standards: Requirement for Programs, Services and Accountability [Internet]. 2021 [cited 2026 Feb 25]. Available from: [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#)
- ³ Ministry of Health. Dental care for low-income seniors | ontario.ca [Internet]. 2026 [cited 2026 Feb 28]. Available from: [Dental care for seniors | ontario.ca](#)
- ⁴ Ministry of Health. Services covered by Healthy Smiles Ontario | ontario.ca [Internet]. 2026 [cited 2026 Feb 28]. Available from: [Services covered by Healthy Smiles Ontario | ontario.ca](#)
- ⁵ World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030 [Internet]. 2022 [cited 2026 Feb 25]. Available from: <https://www.who.int/publications/i/item/9789240061484>
- ⁶ ibid
- ⁷ ibid
- ⁸ Canadian Dental Association. The State of Oral Health - A snapshot of oral health in Canada [Internet]. 2017 [cited 2026 Feb 28]. Available from: [The State of Oral Health](#)
- ⁹ Ayer S, Green P, Canada S. The State of Oral Health in Ottawa Left Behind: Left Behind: The State of Oral Health in Ottawa 2 Acknowledgements Lead researcher and author. [cited 2026 Feb 28]; Available from: <https://assets.greenshield.ca/greenshield/attachments/pdfs/oral-health-reports/OT->
- ¹⁰ Statistics Canada. Cost-related avoidance of oral health services. Ottawa (ON): Statistics Canada; 2025 Feb 12. [cited 2026 Feb 28]. Available from: [Cost-related avoidance of oral health services](#)
- ¹¹ Mueller M. Landmark dental care study in Indigenous population shows failures in system - Research & Innovation [Internet]. 2019 [cited 2026 Feb 28]. Available from: [Landmark dental care study in Indigenous population shows failures in system - YFile](#)
- ¹² Mehra, V. M., Ali-Hassan, Y., Tamim, H., & Costanian, C. (2020). Prevalence and factors associated with visiting the dentist only for emergency care among Indigenous people in Ontario. Journal of Immigrant and Minority Health [cited 2026 Feb 28]. Available from <https://crdcn.ca/publication/prevalence-and-factors-associated-with-visiting-the-dentist-only-for-emergency-care-among-indigenous-people-in-ontario/>
- ¹³ Office of the Auditor General of Canada. Report 4 Oral Health Programs for First Nations and Inuit—Health Canada [Internet]. 2017 [cited 2026 Feb 28]. Available from: [Oral health programs for First Nations](#)

[and Inuit Health Canada : independent auditor's report.: FA1-23/2017-2-4E-PDF - Government of Canada Publications - Canada.ca](#)

¹⁴ National Ambulatory Care Reporting System (NACRS), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: March 2026.