



**THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION**
**L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRES**

**Submission to the Department of Finance Canada
2026 Pre-Budget Consultations**

Canadian Dental Hygienists Association (CDHA)
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CDHA is the collective national voice of over 35,000 dental hygienists working in Canada, directly representing over 24,000 individual members, including students.

Summary of Recommendations for Budget 2026

Oral health is not only a health issue but also an economic issue. Preventing oral disease helps Canadians remain healthy, productive, and engaged in work, education, and caregiving while reducing avoidable demand on publicly funded health services.

RECOMMENDATION 1: That the federal government protect and strategically enhance preventive coverage within the Canadian Dental Care Plan (CDCP) as a fiscally responsible approach to improving health outcomes, maximizing the value of existing investments, reducing long-term treatment costs, and limiting pressure on other publicly funded health services.

RECOMMENDATION 2: That the federal government embed oral health within existing and any new pan-Canadian health workforce planning priorities and initiatives to protect and maximize federal investments in oral health affordability and access, support effective utilization of the oral health workforce, and ensure Canadians can access needed oral health services now and in the future.

RECOMMENDATION 3: That the federal government ensure that oral health infrastructure is considered in Build Communities Strong Fund investments delivered through the Provincial and Territorial stream, particularly in community, seniors', and long-term care (LTC) settings, to improve health system efficiency, reduce downstream costs, and maximize the value of existing federal investments in oral health care.

RECOMMENDATION 1: That the federal government protect and strategically enhance preventive coverage within the Canadian Dental Care Plan (CDCP) as a fiscally responsible approach to improving health outcomes, maximizing the value of existing investments, reducing long-term treatment costs, and limiting pressure on other publicly funded health services.

Through the Canadian Dental Care Plan (CDCP), life is becoming more affordable for eligible Canadians by saving them hundreds of dollars annually¹ while ensuring that millions of previously uninsured residents have access to essential oral health care that supports their overall health and well-being.

While expanded access represents a significant achievement, oral diseases remain among the most common chronic health conditions² in Canada, despite being largely preventable. Data from the Canadian Health Measures Survey Cycle 7³ show that the prevalence of tooth decay among children and youth remained stable in 2022-2024 (compared with 2007–2009), with approximately 57% having dental caries. This highlights an ongoing challenge and underscores the importance of investing in preventive oral health measures early to reduce disease burden and future treatment costs. As the CDCP evolves, prevention should remain protected as a core principle of program design.

Prevention is also sound fiscal policy. When preventive care is delayed or restricted, costs are often shifted rather than reduced, resulting in increased use of emergency departments, more complex and costly dental and medical interventions, avoidable hospital-based procedures, and productivity losses associated with untreated disease. Untreated oral disease can contribute to missed work and school, reduced productivity, and avoidable health care utilization, generating economic costs that extend beyond the oral health sector. **Investing earlier helps avoid higher expenditures later while improving health outcomes.**

Canadians recognize this value. Public opinion research⁴ conducted by Abacus Data on behalf of CDHA found that nearly nine in ten Canadians (88%) agree that the most effective way to reduce oral health care costs is to invest in preventive dental care, including services that help prevent cavities, periodontal disease, and oral cancer before they develop.

As the federal government prepares Budget 2026 amid ongoing pressures and competing priorities, CDHA encourages targeted refinements to preventive coverage within the CDCP to improve

¹ Employment and Social Development Canada. Canadian Dental Care Plan renewal season opens April 15. Government of Canada, April 2026. Available at: <https://www.canada.ca/en/employment-social-development/news/2026/04/canadian-dental-care-plan-renewal-season-opens-april-15.html>

² World Health Organization (WHO). Oral health. Fact sheet. March 2025. Available at <https://www.who.int/news-room/fact-sheets/detail/oral-health>

³ Government of Canada. New direct measures suggest more adults are keeping their teeth, but gum health is declining, 2022 to 2024. Available at <https://www150.statcan.gc.ca/n1/daily-quotidien/251201/dq251201a-eng.pdf>

⁴ Abacus Data. Canadian Public Opinion on the State of Oral Health in Canada. Public opinion research conducted for the Canadian Dental Hygienists Association (CDHA), February 2026. Available at https://files.cdha.ca/NewsEvents/tag/2026/CDHA_Feb2026_Public_Opinion_Oral_Health.pdf

program effectiveness, support better health outcomes, and enhance the return on existing federal investments without expanding eligibility or significantly increasing the program's scope.

Targeted, cost-conscious opportunities:

- **Adjust coverage limits for periodontal services (scaling and root planing)** to better support prevention and early intervention, reducing the likelihood of disease progression and more costly future treatment.
- **Cover examinations performed by dental hygienists and dentists as distinct services**, rather than combining them, aligning CDCP administration with Non-Insured Health Benefits (NIHB) policy and regulator requirements.
- **Explore coverage for oral hygiene education and preventive counselling**, low-cost interventions that support self-management, encourage healthy behaviours, and reduce future care needs.

Protecting and strengthening preventive services within the CDCP should be viewed as a cost-avoidance strategy that supports the long-term sustainability of public investments. These recommendations focus on improving program efficiency and maximizing outcomes from existing spending rather than expanding eligibility or substantially broadening benefits. Targeted enhancements to prevention can improve population health, reduce downstream expenditures, support workforce productivity, and deliver stronger fiscal and social returns on an investment that Canadians strongly support.

CDHA also encourages the federal government to monitor emerging supply chain and cost pressures affecting oral health service delivery.

RECOMMENDATION 2: That the federal government embed oral health within existing and any new pan-Canadian health workforce planning priorities and initiatives to protect and maximize federal investments in oral health affordability and access, support effective utilization of the oral health workforce, and ensure Canadians can access needed oral health services now and in the future.

The success of the federal government's investment in oral health affordability depends not only on coverage but also on the availability of a sufficient and appropriately distributed workforce. As federal investments continue to improve the affordability and accessibility of oral health care, workforce capacity and access must be considered alongside affordability to ensure Canadians can receive the oral health care they need when and where they need it.

To meet current and future oral health needs, the federal government should embed oral health within broader health workforce planning, data, and policy initiatives. Without coordinated planning, workforce supply challenges, maldistribution, and service delivery pressures may limit the effectiveness of current investments and contribute to higher costs over time.

Working collaboratively with provinces, territories, and the oral health sector, the federal government can help identify workforce needs and support evidence-informed workforce planning approaches that improve access to care across Canada and help ensure federal investments translate into timely access to services. Embedding oral health within existing and any new pan-Canadian workforce initiatives is a prudent, low-cost strategy to strengthen system efficiency, support long-term sustainability, and maximize the value of existing federal investments.

Strategic areas for integration:

- **Advance innovative, team-based models of care** that include oral health providers as part of integrated interprofessional teams supporting patients' health goals, needs, and preferences, while improving system efficiency, workforce capacity, and access to care.
- **Strengthen workforce data, forecasting, and planning capacity** through national data collection and analysis that assess workforce supply, demand, distribution, and service utilization across oral health professions, supporting evidence-based workforce planning and informed federal-provincial-territorial decision-making.
- **Improve access and distribution of care** by working with provinces and territories to identify workforce needs and develop comprehensive workforce planning approaches that address persistent shortages and maldistribution in rural, remote, northern, Indigenous, and other underserved communities.
- **Enhance integration across the health system** by strengthening connections between oral health, primary care, long-term care, public health, and community-based services, with a greater emphasis on prevention and care closer to home.
- **Support workforce innovation and leading practices** by sharing successful approaches across jurisdictions and identifying scalable solutions that improve workforce utilization, access, efficiency, and patient outcomes.

By leveraging existing funding streams, workforce data initiatives, and federal-provincial-territorial collaboration tables, the federal government can strengthen oral health workforce planning without creating new stand-alone structures.

CDHA believes that embedding oral health within pan-Canadian workforce initiatives is a low-cost, high-leverage strategy to help ensure federal investments in oral health affordability and access achieve their intended outcomes. By improving workforce planning, supporting access to care, and addressing capacity pressures before they become more costly system challenges, the federal government can strengthen productivity, protect existing investments, and reduce long-term fiscal pressures while advancing broader health workforce objectives.

RECOMMENDATION 3: That the federal government ensure that oral health infrastructure is considered in Build Communities Strong Fund investments delivered through the Provincial and Territorial stream, particularly in community, seniors', and long-term care (LTC) settings, to improve health system efficiency, reduce downstream costs, and maximize the value of existing federal investments in oral health care.

Canada's aging population is creating predictable long-term pressures on health system capacity and public expenditures. Older adults, particularly those living in LTC homes, are at elevated risk for poor oral health, including high rates of periodontal disease, tooth decay, and other preventable oral health conditions. Poor oral health is associated with higher rates of infection, malnutrition, aspiration pneumonia, avoidable emergency department visits, and hospitalizations, creating significant and growing pressures on health systems. Investments that enable preventive oral health care in LTC settings have the potential to reduce preventable complications that contribute to costly acute care utilization

From a fiscal and health system perspective, insufficient access to community-based oral health infrastructure contributes to inefficiencies by delaying preventive and routine care, shifting care to higher-cost acute and institutional settings and reducing the overall return on federal investments designed to improve access to oral health services, including the CDCP.

As the federal government works with provinces and territories to advance health infrastructure investments through the **Build Communities Strong Fund**⁵ Provincial and Territorial stream (starting in 2026-27), consideration should be given to infrastructure solutions that strengthen access to preventive oral health care, improve health system performance, and maximize the value of existing federal oral health investments.

This presents an opportunity to ensure that **oral health needs are considered alongside broader health system planning and capital investments**. As health infrastructure funding is intended to respond to the needs of Canadians, it is well-positioned to encourage innovative and integrated approaches to oral health service delivery.

CDHA recommends that, in partnership with provinces, territories, and key stakeholders, the federal government encourage consideration of community-based oral health infrastructure projects that improve access to prevention-focused care, particularly for seniors and underserved populations. Examples could include:

- integrated oral health/dental spaces within LTC homes
- oral health service capacity within seniors' community centres
- oral health infrastructure incorporated into rural and remote health hubs and community clinics
- mobile oral health clinics
- digital connectivity and virtual care technologies that support remote assessment, monitoring, and consultation services

⁵ Housing, Infrastructure and Communities Canada. Build Communities Strong Fund. Government of Canada. Available at: <https://housing-infrastructure.canada.ca/bcsf-fbcf/index-eng.html>

These investments can be delivered efficiently by integrating oral health services into existing or multipurpose community health infrastructure rather than creating standalone facilities. Such an approach supports better use of public capital while strengthening access to preventive care closer to where people live.

Targeted, evidence-informed infrastructure investments, leveraged through federal-provincial-territorial partnerships and aligned with local priorities, can help strengthen the sustainability of health systems, reduce avoidable downstream costs, and better position Canada to respond to the predictable demographic pressures associated with an aging population.

Together, these three recommendations represent practical, evidence-informed measures that help maximize the return on existing federal investments in oral health while supporting broader objectives related to affordability, productivity, workforce capacity, healthy aging, and health system sustainability.