



# CANADA DENTAL BENEFIT BASELINE SURVEY

## Executive Summary

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# Canada Dental Benefit Baseline Survey

## Executive Summary

**Prepared for:** Health Canada  
**Supplier:** The Strategic Counsel  
March 2023

This public opinion research report presents the results of an online survey conducted by The Strategic Counsel on behalf of Health Canada. The research study was conducted with 2,200 parents of children under 12 with a household income of less than \$90,000 between March 3 and March 30, 2023.

Cette publication est aussi disponible en français sous le titre: **Enquête de référence sur la Prestation dentaire canadienne – Sommaire**

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## Executive Summary

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### A. Background

As part of the Government of Canada's plan to improve dental care for Canadians, the federal government passed legislation in November 2022 for the implementation of a new, interim Canada Dental Benefit. This benefit is intended to help lower dental costs for eligible families earning less than \$90,000 per year, allowing children under 12 who do not have access to private dental care insurance to get the dental care they need while the Government of Canada develops a comprehensive, long-term, national dental care program.

Applications to the Canada Dental Benefit opened on December 1, 2022. As part of the first stage, parents and guardians can apply if the child receiving dental care is under 12 years old and does not have access to private dental insurance. For each eligible child, a tax-free payment of \$260, \$390, or \$650 is available, depending on the family's adjusted net income. For this benefit, one can apply for a maximum of two payments for each eligible child. The first benefit period is for children under 12 years old as of December 1, 2022 who receive dental care between October 1, 2022 and June 30, 2023.

### B. Research Objectives

#### 1. Purpose

To support the promotion of this benefit, Health Canada is committed to running an advertising campaign targeting parents of children under 12 within the income threshold for this benefit. To evaluate the effectiveness and reach of marketing and advertising activities regarding the Canada Dental Benefit, more information is needed to understand current levels of awareness among target beneficiaries, their intended uptake of the program, and what barriers might exist to accessing the benefit and dental care. Additionally, Health Canada is utilizing a subset of the Advertising Campaign Evaluation Tool (ACET) to evaluate and refine communications used to advertise the benefit in order to improve future efforts.

In 2002, following a Cabinet directive identifying the need for a standard advertising evaluation approach across departments the ACET was created. The main objectives were to bring rigor and consistency to ad campaign evaluation and to develop norms for key ad metrics against which campaigns could be evaluated. While ACET is not a requirement for advertising campaigns with less than \$1 million in media buy, a post-campaign evaluation is desired to inform the next phases of this initiative.

#### 2. How the Research Will Be Used

The research findings will help to inform and refine future communications, advertising, and marketing activities on the Canada Dental Benefit to ensure that they better reach and resonate with the key target audience. Furthermore, the findings will inform the development of messaging for the comprehensive, long-term, national dental care program. The research will also assist in identifying opportunities to improve the uptake of the benefit and the barriers that exist to accessing the benefit and dental care in order to ensure these can be addressed in communications.

### 3. Objectives and Key Research Questions

The primary objective of this research is to establish a baseline level of awareness and assess the barriers to access among those eligible to receive the Canada Dental Benefit. More specifically, this research study was designed to address the following:

- Determine the level of awareness of eligibility for the Canada Dental Benefit among parents of children under 12 with a household income of less than \$90,000;
- Identify the barriers to accessing the Canada Dental Benefit and dental care;
- Measure levels of awareness and the impact of existing communications strategies using the ACET framework; and
- Identify any opportunities for improving uptake of the Canada Dental Benefit.

### C. Methodology in Brief

A 15-minute online survey was administered to 2,200 adult Canadians, aged 18 and older who met the eligibility criteria for the interim Canada Dental Benefit. Eligible respondents included only those with at least one child in the household under 12 years of age and whose household income was under \$90,000 per year.

Of the total sample of n=2,200 Canadian parents who completed the survey, n=2,000 comprised the base sample. A strict quota was set on this portion of the sample to ensure that approximately 70% of respondents did not have access to private dental care insurance (another requirement to be eligible for the Canada Dental Benefit). The remainder (30%) comprised those who did have dental insurance. The sample was structured in this manner to allow for comparisons in the attitudes and behaviours between those with and without access to insurance coverage.

Regional quotas were also applied to the base sample, and monitoring was undertaken while the survey was in field in order to obtain broad representation from all regions of Canada. A disproportionate sampling plan was employed, including oversampling in Atlantic Canada, the Prairies, and British Columbia to ensure sufficiently robust samples in these areas to be able to analyze the results within and between regions. A weighting scheme was applied in order to bring the final sample back into line with the distribution of the population in Canada, by region<sup>1</sup>. Given the highly targeted audience for this survey no additional quotas were set for gender or age.

Two additional 'sample boosts' of n=100 each were undertaken to increase representation from ethnic groups as well as those residing in rural and remote areas of Canada. This approach was taken based on the assumption that the nationwide online panel used to deploy the base sample may not yield sufficient completes to provide sufficient insight into these two segments of the population.

This was a non-probability sample primarily relying on a commercial online panel. As such, a margin of error cannot be applied to the final sample and no inferences can be made to the broader target population. The fieldwork was conducted between March 3<sup>rd</sup> and 30<sup>th</sup>, 2023.

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<sup>1</sup> The weighting scheme was developed to align the data regionally with Census 2021 data from Statistics Canada.

## D. Total Contract Value

The contract value was \$198,398.62 including HST.

## E. Key Findings

All respondents report **high levels of concern about accessing affordable dental care** in Canada and being able to obtain the services of a dentist or oral health professional.

- Nine in ten respondents (91%) are concerned (61% *very concerned*) about the affordability of dental care in Canada. Levels of concern are slightly higher among those without access to private dental insurance – 93% are concerned and 65% are *very concerned* – compared to those who do have insurance coverage – 88% are concerned overall and 52% are *very concerned*.
- Concern about accessing the services of a dentist or oral health care professional is also high (81% overall; 46% *very concerned*), although slightly lower than the level of concern about affordability of dental care in Canada. Again, those without access to dental insurance express higher levels of concern, compared to those without (87% overall and 52% *very concerned* vs. 70% overall and 32% *very concerned*, respectively).
- By comparison, 84% of respondents are *somewhat* or *very concerned* about accessing a family doctor, 83% are concerned about accessing mental health services and about the affordability of childcare, and 80% are concerned about accessing childcare services.

In terms of attitudes towards dental care, there is a **high degree of importance placed on regular visits to a dental office** – 94% say it's important for themselves; 97% say it's important for their children.

- Financial assistance to ensure families have regular access to dental care is viewed as vital. Among those without access to private dental insurance well over four in five say that if they had some extra money they would schedule more regular dental appointments both for themselves (88%) and for their children (86%). This compares with about two thirds or slightly more among those with dental insurance who say the same – 70% of this group would be more inclined to schedule regular dental appointments for themselves and 65% would do so for their children.

There are **marked differences between those with and without access to private dental insurance regarding the frequency of and reasons for visits to a dental office** for themselves and their children.

Those with insurance coverage are more likely to have access to dental services for the whole family and to visit the dentist on a more regular basis compared to those without coverage.

- About half of all respondents (51%) say they have access to dental services for the whole family, although this is lower for those without insurance (45%) compared to those who have dental coverage (63%). About one in five (19%) currently have access only for their children, and this proportion is higher for those without access to insurance (21%) versus those with dental coverage (13%). This result suggests that families without dental insurance may be prioritizing dental care for the children over the adults in their family. Just slightly fewer than one in five (17%) say they do not have access to any dental services at all, and this is higher among those without private dental coverage (21%) compared to those with coverage (9%). Just over one in ten (13%) report

having access to an oral health professional or dentist only for themselves, and there was no difference based on insurance coverage with respect to this finding.

- Respondents were asked about their patterns regarding dental care and visits to a dental office both for themselves and their children. In terms of their own dental care:
  - Parents with dental coverage are more likely to say they have visited a dental office in the last 6 to 12 months compared to those without private dental insurance (70% vs. 57%).
  - Those with dental insurance are more likely to report visiting the dentist yearly or more often relative to those who do not have access to private dental insurance (77% vs. 65%). 24% of those without insurance say they visit only when required or when there is an emergency vs. 15% of those with insurance, and this is higher among those with lower household incomes (less than \$40,000 annually).
  - Most visit the dentist for routine cleanings – although this is the case more so for those with insurance than without (86% vs. 74%). Other reasons given for going to the dentist included for preventive care (similar among those with/without insurance – 59%/60%) and for urgent dental care (identified more frequently as a reason for visiting by those without coverage than those with (61% vs. 47%).
- With respect to dental care for their child or children:
  - Roughly similar proportions of those with/without insurance have taken their child to the dentist within the last 6 months to a year (71% vs. 65%, respectively). Those with insurance (91%) are more likely than those without (84%) to say they take their child to the dentist at least yearly or more frequently.
  - In line with the approach they take for themselves, about two-thirds or more of respondents, regardless of access to private dental insurance, say they take their children in for routine cleanings and preventive care. Notably, a higher proportion of those without insurance acknowledged taking their child to the dentist for urgent care (55%) compared to those with insurance (44%).
- In terms of scheduling appointments, women are more likely to say they make the dental appointments for their children all the time (76%), compared to men (51%). And, in terms of paying for dental services for their child or children, many respondents indicate they pay either by cash or debit (47%) or via a credit card (44%).
  - Notably, just over half (54%) of those without access to insurance pay cash, compared to just under one third (31%) of those with insurance. Another 46% of those without private insurance coverage pay using a credit card, 28% go to a free clinic, and 24% say their dentist office provides flexible payment options through a payment plan. By contrast, over half (59%) of those with insurance coverage indicate their costs are covered.

There are a **wide range of issues which act as barriers to accessing dental services, impacting both adults and children**. Foremost among these is the cost of the service, followed by a lack of insurance, and the cost of getting to the dentist or oral health professional. While there are clear differences in the frequency with which each is cited based on access to private dental insurance coverage, the differences are starker when it comes to barriers specifically preventing parents from taking their children to an oral health professional.

- Across the board, the cost of accessing dental services for children is the most frequently mentioned barrier, both by those without insurance (43%) as well as those with dental coverage (36%). Among those without insurance coverage, another 34% mention lack of insurance as a barrier (vs. 16% of those with coverage); 29% mention the cost of the service because they have more than one child requiring dental care (vs. 19%); and 29% mention the cost of getting to the dentist (vs. 15%). Other barriers are also cited such as lack of access to a dentist, inconvenient location or lack of time, etc., but these were mentioned by one in five or fewer respondents (regardless of insurance coverage).

**Many have heard something about the Canada Dental Benefit (64% of all respondents), although relatively few are well informed about it (22%).** Over one-third (36%) have not heard anything about the benefit. Awareness of the benefit appears to have been generated mainly through coverage in the news, although one quarter to one third also identified social media and friends or family as a source of information. The announcement of the benefit generated significant interest among the target audience, with 54% of those without insurance (and aware of the benefit) reporting having looked for information about it in the last 3 months. Interest was also reasonably high among those with access to private dental insurance (40%).

- There was some top-of-mind awareness of the key features of the program, mainly that families with children under 12 and low income families were eligible. The fact that the benefit is directed at lower income households is somewhat more well known among those with insurance than without (25% vs. 15% cited this in response to an open-ended question asking what they knew about the Canada Dental Benefit). Interestingly, those with dental insurance are also more likely to be aware that the program is targeted to those without dental insurance (16% vs. 5%).

There are **high levels of support for the Canada Dental Benefit (CDB), across the board – overall 87% of respondents support it** and this does not vary significantly between those with/without insurance coverage. Almost two thirds (64%) strongly support the introduction of the interim CDB.

- Just under one quarter (23%) of those with no access to insurance say they have applied for the benefit and another 55% say they are planning to apply. Of note, 43% of those with insurance have also indicated they have either applied (9%) or are planning to (35%).
- A key motivator for those without insurance to apply for the program is the health of their family and children (51%). Other motivators are mentioned but to a lesser extent among the group without insurance, including: the amount of the benefit paid (35%), easy access to information about the benefit (33%), having more than one child (32%), an easy application process (31%) and urgent dental needs for children (30%). Notably 26% in this group also mention that the program had been recommended by their child's healthcare provider, compared to 14% in the group who have dental insurance.
- The main barriers to applying for the program, among those without insurance are varied and include: their child doesn't have urgent dental care needs (28%), believing they don't meet the eligibility criteria (27%), and that it still costs too much to get dental care (27%). Another 18% said the eligibility criteria are confusing or complicated.

The Government of Canada's advertising campaign about the Canada Dental Benefit appears to have broken through, generating good levels of unaided and aided recall in a fairly crowded media marketplace. **Just over one third of all respondents (35%) have seen, heard, or read something about the Canada Dental Benefit in the last 3 months** (unaided recall), while just over one in five (22%) recall seeing, hearing or reading the ads, after being exposed to some examples of the advertising campaign in the survey (aided recall).

- **Unaided recall** is higher among those with access to private dental insurance (41%) compared to those without (32%).
- With respect to the sources for unaided recall, the top 5 included: having seen the ad on an internet website (29%), on Facebook (25%), on TV (also at 25%), while undertaking an Internet search (23%), and on YouTube (20%). Radio was mentioned by another 14%, followed by Instagram (11%), a poster in a dental office (also at 11%), Twitter (10%), streaming services (9%), on a mobile app (8%), and while taking public transit (7%). Other sources were mentioned, but only by 6% or less for each.
- While there is some variability in the sources cited for unaided recall by gender, educational status, household income, language and region, as well as by those with/without insurance, the top 5 sources cited are generally the same across all demographic groups and sub-groups of the target audience.
- Across all respondents, **aided recall** at 22% is 18 points lower than unaided recall (35%). As with unaided recall, those who have insurance coverage are also more likely to recall the ads on an aided basis compared to those without coverage (28% vs. 20%).
- The top 5 sources mentioned in terms of aided recall are identical to what was mentioned for unaided recall, although YouTube was the most frequently mentioned (42%), followed by TV (33%), Facebook (30%), an internet website (24%), and an Internet search (17%).
- When asked about the main point that the ads were trying to communicate, responses coalesced around the purpose of the benefit – dental or oral health care (mentioned by 33%) and dental care for children (31%). Another 19% mentioned the focus of the program or benefit on lower income families.
- Assessments of the ads are highly positive across the board – they are viewed as relaying information about an important topic, prompting respondents to think that childhood dental care is important, providing new information, catching respondents' attention, and being relevant and clear. About three quarters (74%) of those who recall seeing the ads agree that they prompted them or made them more likely to apply for the benefit (82% among those without access to private dental insurance vs. 61% for those with insurance coverage). By a fairly wide margin those without access to private dental insurance generally rate the perceived effectiveness of the ads more highly compared to those with access to insurance.
- Regarding the impact of the ads, many of those without access to private dental insurance took a range of actions in response to having seen, read or heard them, including thinking more about dental care for their children (44%), sharing the information with someone else (36%), visiting the dedicated website (35%), as well as thinking more about dental care for themselves (34%). Another 28% took their child/children to get dental care using the benefit payment, 27% submitted an application, and 26% booked an appointment at the dentist for the child/children to get dental services.



## F. Conclusions and Recommendations

The study results indicate that the interim Canada Dental Benefit is addressing a clear need among those without dental insurance who also meet the other requirements in order to be eligible for the benefit, such as household income and age of children. Affordability is a key issue, particularly for those with more than one child. While many parents, regardless of their ability to access private dental insurance, are taking their children to the dentist on a regular basis (e.g., at least yearly), those without insurance are more likely to cite a lack of coverage and the cost of dental services for multiple children who need dental care as barriers. And, although many parents report taking their children to the dentist for routine cleanings and preventive care, a significantly higher proportion of those without insurance visit the dentist's office to obtain urgent care for their child/children or schedule appointments for their children only when absolutely necessary – this is particularly the case among the subset of the target audience with less than \$40,000 annual household income. Almost nine in ten of those without insurance indicate that having some extra money would increase the likelihood they would schedule more regular visits to the dentist for their child or children, compared to seven in ten of those with insurance coverage. Moreover, those without access to dental insurance exhibit a higher likelihood of paying for dental services in cash or by credit card. They are also more likely to visit free dental clinics or to negotiate a flexible payment plan with their dental provider.

Overall, the introduction of the Canada Dental Benefit is strongly supported by the target audience. The campaign appears to have prompted interest among those with and without dental insurance. Recall among the target audience for the benefit, on both on an unaided and aided basis, while modest does suggest that key messages relating to the purpose and nature of the benefit as well as the eligibility criteria are penetrating to some extent. Moreover, the ads have had an impact prompting a significant percentage of the target audience to consider dental care for their children, look for more information about the benefit and visit the landing page or dedicated website. The ads have also generated a reasonable level of word-of-mouth marketing activity along with early indications that the target audience has either booked an appointment or taken their child/children to get dental care using the benefit payment(s).

Notably, support for the benefit is higher among visible minorities, a group which also reported higher levels of awareness of and familiarity with the Canada Dental Benefit along with higher application rates. Interest in the CDB is particularly high among visible minority groups and those who self-identified as Indigenous, with a higher share of these communities reporting that they have looked for information about it in the past 3 months. Additionally, visible minorities and Indigenous respondents are among those groups who generally responded more positively to the ads and reported uptake of the CDB based on having seen the ad is higher among visible minorities relative to other sub-groups. At the same time, it should be noted that Indigenous respondents report that they and their child/children frequent the dentist with regularity despite the fact that a relatively small proportion (10%) of this community indicate having private dental coverage. Other issues regarding access to dental care within their communities should be examined as well as Indigenous respondents are more likely to cite the dental office location being inconvenient as a barrier.

Some variations in the experiences and attitudes of parents based on household income and gender were evident which could inform future communications on this initiative or the expanded Dental Care Benefit.

A higher proportion within the subset of those with lower household incomes (under \$40,000 annually) are without access to a dental professional and are among the least likely to have visited a dental office within the last 6 months, compared to those with annual household incomes above \$40,000. A higher proportion of this subset are also more likely to visit a dentist only when there is an emergency, while being far less likely to report taking their children to the dentist for preventive care. Cost is also mentioned as a key barrier by a larger share of those in lower income households relative to those in the higher income bracket (e.g., between \$60,000 to just under \$90,000 annually). It is important to note, however, that when asked about how they pay for dental services those with a household income of less than \$20,000 annually are more likely to say that the cost of dental services for their child/children is covered by insurance relative to those in the higher income brackets. This suggests that children residing in households at the lowest end of the eligibility range for the CDB, based on household income, may qualify for other programs offered at the provincial or territorial level (e.g., the Healthy Smiles Ontario).

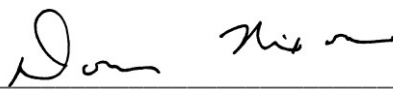
Connecting with women in particular is key to increasing uptake of the interim CDB. Women exhibit higher levels of awareness of the Canada Dental Benefit and are more likely to have sole responsibility within the family unit for scheduling dental appointments. From a communications perspective, women are more motivated to apply for the benefit to improve the health of their family and children.

Any additional communications efforts should also consider families with younger and older children (within the 0-11 age range eligible for the interim CDB), and those with larger households. A higher percentage of those with older children and in larger households report having applied for the benefit, and those with multiple children indicate having more than one child needing dental care is both a barrier to access as well as a key motivator for applying. While the research suggests that parents may be prioritizing the dental needs of older children in the household, respondents with children aged 5 or younger are more likely to recall having seen, read, or heard about Government of Canada advertising of the Canada Dental Benefit compared to those with children aged 9 to 11. An additional advertising push targeting those with younger children may prompt habit forming preventive dental care at an earlier age. Dental education for parents with young children, highlighting the benefits of regular dental care may prove beneficial.

#### **Statement of Political Neutrality**

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Signed:



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Donna Nixon, Partner