

Oral Health in Nova Scotia



© Crown copyright, Province of Nova Scotia, 2026

Oral Health in Nova Scotia

Table of Contents

1

Summary	2
Glossary	4
Methods	6
Current oral health	8
1. Decayed, missing, or filled teeth (dmft/DMFT)	9
2. Untreated cavities.....	10
3. Missing teeth.....	11
4. Toothache in past month.....	12
5. Fair or poor self-rated oral health	13
Oral health care	14
6. Visits to the dentist	15
7. Dental insurance.....	16
8. Any oral health care treatment needed	17
9. Cost as a barrier to seeing a dentist and getting recommended dental treatment.....	18
Impact of oral health	19
10. Missed activities in past 12 months for mouth problems	20
11. Missed activities for routine dental check-ups or cleaning (preventive dental care) in the past 12 months.....	21
12. Kept awake in past month in the past month because of tooth or mouth pain	22
13. Avoiding certain foods in past 12 months because of mouth problems.....	23
Supporting oral health	24
14. Sealants on adult teeth	25
15. Frequency of tooth brushing each day.....	26

- This profile of oral health found that Nova Scotians and Canadians have similar oral health.
- Most Nova Scotians are engaging in behaviours to maintain their oral health, like visiting the dentist routinely and brushing teeth two or more times each day.
- Oral examination showed seven in ten Nova Scotians needed some form of dental treatment. Approximately one-quarter of Nova Scotians reported that they did not have any form of dental insurance and two in ten avoided dental care in the past 12 months because of cost. Greater awareness and use of publicly funded dental insurance and programs may help address financial barriers and increase access to regular dental care for more Nova Scotians.
- Approximately one in ten Nova Scotian children age 1-19 years had one or more untreated cavities. Sealants are an effective way to prevent cavities but only 31% of children had sealants on adult teeth. Increased uptake of sealants could improve oral health outcomes for Nova Scotians for years ahead.
- Nova Scotians who had ever smoked reported poorer oral health than those who had never smoked. Dental health professionals have an important role in supporting smoking cessation and their efforts, combined with public health tobacco cessation messaging that highlights impact of smoking on oral health, may help smokers quit.
- Dental health professionals and public health partners can work together and use findings to guide strategies, set priorities, and focus resources.

Oral health is closely linked to overall health, wellbeing, and quality of life. This report describes the oral health of Nova Scotians including the current condition of their teeth, use of dental care services, the extent that cost limits access to dental care, and everyday actions Nova Scotians are taking to maintain oral health. This report also compares Nova Scotians' oral health to Canadians.

Findings suggest that the oral health of Nova Scotians and Canadians is generally similar. Encouragingly, most Nova Scotians report engaging in behaviours that help to maintain their oral health like visiting the dentist within the past year and brushing their teeth two or more times each day.

This report also highlights current treatment needs. Oral examinations conducted by dentists found that nearly one in five Nova Scotians had one or more untreated cavities. Additionally, seven in ten Nova Scotians needed some form of oral health treatment, most commonly

for problems with gums and oral tissues. Healthy gums help keep teeth strong and when untreated, can lead to infection, pain, and tooth loss. Dental treatment may not be within reach of all Nova Scotians. While most Nova Scotians had some form of dental insurance, approximately one in five reported avoiding dental care or needing treatment in the past 12 months because of cost. Cost was an even greater barrier to Nova Scotians living in households with lower income, with approximately two in five reporting that they avoided care because of expense.

Nova Scotian children are also experiencing oral health challenges in early life. Oral examination findings showed that 11% of children age 1-12 years had one or more untreated cavities in their baby teeth and 10% age 5-19 years had one or more untreated cavities in their adult teeth.. Oral health programs for children in [Canada](#) and [Nova Scotia](#) include publicly funded dental coverage, covering services such as examinations, cleanings, fillings, and sealants. Awareness of these plans may help improve children’s oral health outcomes.

Dental sealants are effective for protecting back teeth¹ yet only a third (31%) of children age 1-19 years had sealants on adult teeth. Increasing use of sealants could prevent cavities in more children and provide protection into adulthood. This report’s findings suggest that young adults age 20- 39 years have higher levels of poor oral health and may be using dental services less often, highlighting the importance of early life prevention strategies. Results for adults ages 40-59 years and 60-79 years were combined because there was insufficient sample size to report results for age groups separately.

Smoking has harmful effects on oral health. The percentage of Nova Scotians rating their oral health as poor or fair was twice as high among those who had ever smoked compared with those who never smoked. Highlighting effects of smoking on oral health in smoking cessation messaging may encourage smokers to quit. Dental professionals can also play an important role as their involvement in cessation efforts can improve tobacco abstinence².

This profile of oral health shows that Nova Scotians generally have comparable oral health to Canadians and that many Nova Scotians are engaging in preventive oral health behaviours and have access to dental care. Dental health professionals and public health partners can work together and use findings to guide strategies, set priorities, and focus resources.

¹ Ahovuo-Saloranta A, Forss H, Walsh T, Nordblad A, Mäkelä M, Worthington HV. Pit and fissure sealants for preventing dental decay in permanent teeth. *Cochrane Database Syst Rev.* 2017 Jul 31;7(7):CD001830. ² Holliday R, Hong B, McColl E, Livingstone-Banks J, Preshaw PM. Interventions for tobacco cessation delivered by dental professionals. *Cochrane Database Syst Rev.* 2021 Feb 19;2(2):CD005084

Adult teeth are the permanent teeth that replace baby teeth.

Baby teeth are the first set of teeth that grow in childhood. They typically fall out and are replaced with adult teeth. They are also known as primary or deciduous teeth.

Canadians in this report refers to all Canadians age 1-79 years, including Nova Scotians.

Canadian Health Measures Survey (CHMS) data were analyzed for this report. CHMS is a survey of health measures among Canadians that is conducted in two parts, an interview in the participants' homes and a clinical examination at a data collection site. In 2024/25, a supplemental CHMS survey was conducted in Nova Scotia to collect the oral health data described in this report.

Cavity is a hole in the tooth which is caused by decay. It can get bigger if not treated.

Crown is the part of the tooth that is above the gum line and can be seen. It is used to bite and chew.

Gums are the soft pink tissue that surround and support teeth.

Household income tertiles divided households into three roughly equal groups of annual household income. Low income households were those with the lowest third of household incomes and high income households were those with the highest third of household incomes. Most CHMS participants reported their household income but if they did not, other information was used to estimate it.

Implant is a replacement tooth that is anchored into the jaw with a small metal post.

Lifetime smoking history, presented as ever or never smoked, was used to group people in this report. Lifetime smoking history was identified from a series of questions in the CHMS about smoking history. People who reported smoking occasionally were considered to have ever smoked because even small amounts of smoking can negatively affect health.

Nova Scotians in this report refer to all Nova Scotians age 1-79 years.

Proxy response is when someone answers a question for another person, usually because the person cannot answer for themselves. In the CHMS, proxies such as parents or caregivers provided information for children age 1-11 years and for those with barriers to responding, such as language or cognitive difficulties. For children age 12 to 16 years, parents were present during the household interview and may have provided additional information.

Root is the part of the tooth that is below the gum line and cannot be seen. It holds the tooth in place.

Root canal is a dental treatment used to save a tooth that is badly decayed or infected. The dentist removes the infected tissue inside the tooth, cleans it, and seals it so the tooth can stay in place and stop causing pain.

Routine dental care is regular care for keeping teeth and gums healthy and to prevent dental problems. It includes dental check-ups, cleanings, fluoride treatments, and sealants. It is also called preventive care.

This section describes the data source, analysis, and considerations for interpreting the results.

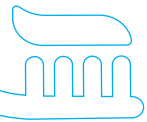
Data source: Nova Scotia Department of Health and Wellness (DHW) Public Health Branch analyzed 2024/25 Cycle 7 Canadian Health Measures Survey (CHMS) data for this report. The CHMS is an ongoing cross-sectional survey conducted by Statistics Canada. CHMS data collection was in two stages. First, participants completed an in-person household interview which collected information on socio-demographic characteristics and health indicators including health status, behaviours, and health care utilization. Second, participants underwent a clinical examination, including an oral examination by a dentist. For Nova Scotia, Statistics Canada, in partnership with DHW, conducted 510 additional household interviews and oral health examinations of urban and rural Nova Scotia residents in early 2025. The final dataset includes those age 1-79 years who participated in both the household interview and oral health examination (Canadian and Nova Scotian sample sizes were 4753 and 843, respectively). Detailed information on CHMS methods are described elsewhere: [Surveys and statistical programs - Canadian Health Measures Survey \(CHMS\)](#).

Analysis: For each selected oral health indicator, DHW estimated percentages and 95% confidence intervals for the Nova Scotian and Canadian population overall. Then, percentages for each indicator were estimated for Nova Scotia by four characteristics (age, sex, household income, and lifetime smoking history). Estimates were calculated for age 1-79 years unless otherwise noted. Smoking history was collected from CHMS participants 12-79 years and results are reported for this age group. All individuals with available data were analyzed with one exception: missing teeth were examined among those age 20-79 years as this is the typical age where all permanent teeth are present. Percentages by household income were examined because people with lower income may face more challenges in getting dental care, preventing tooth decay and maintaining healthy gums. Percentages for lifetime smoking history were calculated because smoking can harm oral health and cause gum disease and tooth decay and loss. Individuals with missing responses for a specific characteristic were excluded from calculations for that characteristic. All analyses accounted for the CHMS multi-stage sampling design to make estimates representative of the Canadian (excluding territories) and Nova Scotian populations. Statistics Canada CHMS release guidelines were applied to identify results that required interpretation with care (flagged “*”) or suppression. Results presented in this report may differ from those published by Statistics Canada because of differences in how indicators (for example, dmft/DMFT and missing teeth) were defined.

Interpretation of results: Differences were interpreted as being statistically significant when 95% confidence intervals of compared percentages did not overlap; these differences are flagged in the report with “+”. All data from the household interview component, including household income and dental care behaviours, were self-reported and may be influenced by biases such as inaccurate recall or tendency to give socially desirable answers.

The CHMS samples groups representing 97% of the Canadian population, excluding territories. Results in this report provide a contemporary overview of multiple oral health measures among Nova Scotians and Canadians. The CHMS sampling for Nova Scotia did not allow for calculation of provincial health zone-level estimates and the sample size was small for some of the subgroups examined. This had two important implications. First, data were combined across adjacent groups (e.g., age groups, household income) to meet Statistics Canada release criteria. As a result, most age-specific estimates could not be reported for two key populations, children and older adults. Second, 95% confidence intervals for subgroup estimates were wide, limiting the ability to detect potentially meaningful differences across subgroups (e.g., by household income, lifetime smoking history) that could inform public health practice.

Current Oral Health



Decayed, missing, or filled teeth (dmft/DMFT)¹

dmft/DMFT are teeth that are currently decayed, missing, or filled because of decay. It shows history of tooth decay and helps identify those with higher risk of dental disease.



Among Nova Scotians and Canadians

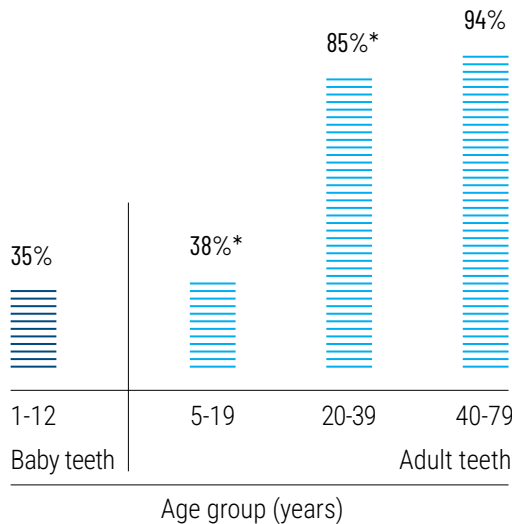
- 83% of Nova Scotians had one or more dmft/DMFT, similar to the 81% among Canadians.
- Approximately three-quarters (73%) of Nova Scotians and 68% of Canadians had three or more dmft/DMFT.³

A closer look at Nova Scotia:

Characteristics of Nova Scotians with one or more dmft/DMFT

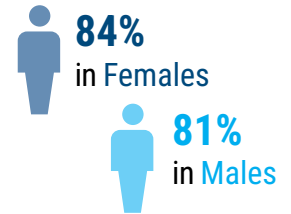
Age groups

- Baby (primary) teeth among children age 1 to 12 years
 - 35% had one or more dmft.
- Adult teeth among age 5 to 79 years
 - The percentage **increased with age**, ranging from 38%* among those age 5-19 years to 94% of those age 40-79 years.



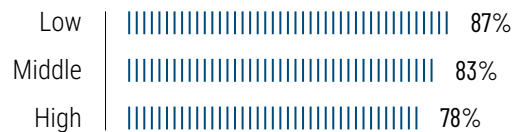
Sex

The percentage was similar for females (84%) and males (81%).



Household income

The percentage was lowest among those in the highest income households (78%) and highest among those in the lowest income households (87%).



Lifetime smoking history²

The percentage was 94% among those who had ever smoked and 87% among those never smoked.

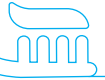


¹ Measure used information collected in oral examination. Missing teeth included those replaced by implants. dmft refers to baby teeth and DMFT to adult teeth. ² Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

Untreated cavities

10

An untreated cavity is a hole in a tooth that is caused by decay. If this hole is untreated, it can cause pain, difficulty eating, and may lead to more serious health problems.



Among Nova Scotians and Canadians

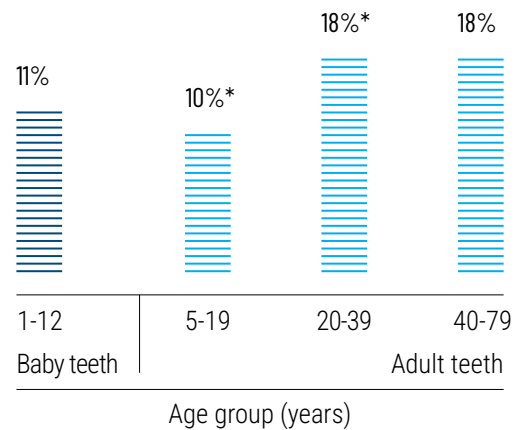
- 17% of Nova Scotians had one or more untreated cavities, **similar** to the 20% among Canadians.
- 6% of Nova Scotians had three or more untreated cavities, **similar** to the 6% among Canadians.

A closer look at Nova Scotia:

Characteristics of Nova Scotians with one or more untreated cavities

Age groups

- For baby teeth, **approximately one in ten (11%)** children age **1-12 years** had one or more untreated cavities.
- For adult teeth, the percentage ranged from **10%*** among children age **5-19 years** to **18%*** among those age **20-39 years** and age **40-79 years**.



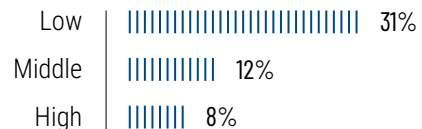
Sex

The percentage was similar for **females (16%)** and **males (19%)**.



Household income

The percentage was **lowest** among those in the **highest income households (8%)** and **highest** among those in the **lowest income households (31%)**.



Lifetime smoking history¹

The percentage was **20%** among those who had **ever smoked** and **15%** among those who had **never smoked**.



¹ Age 12-79 years and older. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

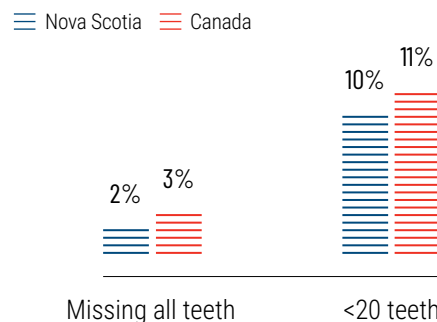
Missing teeth¹



Missing teeth can make eating and speaking difficult. People with fewer than 20 teeth, especially those with no teeth, often have difficulties chewing and pronouncing words.

Among Nova Scotians and Canadians²

- 2% of Nova Scotians were missing all of their teeth, which was similar to the 3% among Canadians.
- 10% of Nova Scotians had fewer than 20 teeth which was similar to the 11% among Canadians.

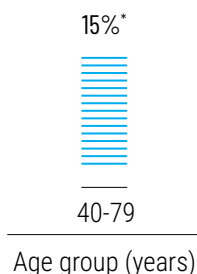


A closer look at Nova Scotia:

Characteristics of Nova Scotians with fewer than 20 teeth²

Age³

The percentage was 15% among those age 40-79 years.



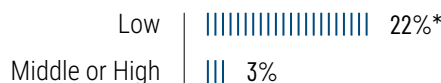
Sex

The percentage was similar for females (7%) and males (12%*).



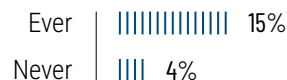
Household income⁺

The percentage ranged from 3% among those living in middle or high income households to 22%* among those living in low income households.



Lifetime smoking history⁴

The percentage was 15% among those who had ever smoked and 4% among those who had never smoked.



¹ Measure calculated using information collected in oral examination. "Missing teeth" were teeth missing the entire crown (with or without root). Teeth replaced with implant were not considered missing. Missing wisdom teeth were excluded from count of missing teeth. This measure describes dental function (whether someone has enough teeth to eat and speak) and the definition of missing differs from that used for DMFT which is a measure of cumulative cavities.

² Age 20-79 years. ³ Percentage for all age 20-39 years was not reported because the number of people in this groups for this measure was too small to make accurate conclusions. ⁴ Age 12-79 years. ⁺ Difference between low and middle or high income was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

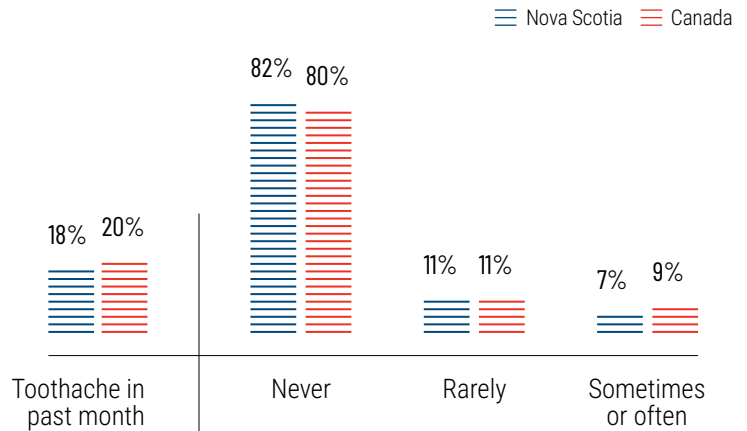


Toothache in past month

Toothache is a pain in or around the tooth. Cavities, infection, or other dental conditions may cause severe and frequent toothaches. Untreated tooth aches may lead to dental emergencies.

Among Nova Scotians and Canadians¹

- 18% of Nova Scotians reported having a toothache in the past month which was **similar** to the 20% among Canadians.
- 7% of Nova Scotians reported that they had a toothache sometimes or often in the past month which was **similar** to the 9% among Canadians.



A closer look at Nova Scotia:

Characteristics of Nova Scotians with a toothache in the past month¹

Age groups

The percentage was **similar**, ranging from 17% among those age 40-79 years to 20%* among those 20-39 years.



Sex

The percentage was similar for **females (17%)** and **males (18%)**.



Household income

The percentage ranged from 14% among those in **middle income households** to 20% among those in **low income households**.



Lifetime smoking history²

The percentage was **similar** for those who had **ever smoked (18%)** and **never smoked (18%)**.



¹ Age 3-79 years. ² Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

Fair or poor self-rated oral health

People who rate their oral health as poor or fair often have existing issues with their teeth or gums. They may also have a higher risk of future problems if the current issues are not treated.



Among Nova Scotians and Canadians

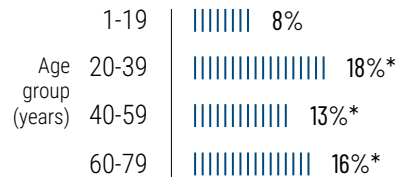
- 14% of Nova Scotians rated their oral health as fair or poor, which was similar to the 14% among Canadians.

A closer look at Nova Scotia:

Characteristics of Nova Scotians with fair or poor self-rated oral health

Age groups

The percentage ranged from 8% among those age 1-19 years to 18%* among those age 20-39 years.



Sex

The percentage was similar for females (14%) and males (15%).



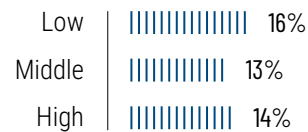
14%
in Females



15%
in Males

Household income

The percentage was similar across household incomes, ranging from 13% among those in middle income households to 16% among those in low income households.



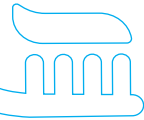
Lifetime smoking history

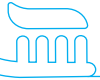
The percentage was 21% among those who ever smoked and 10% among those who had never smoked.



¹ Age 12-79 years * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

Oral Health Care



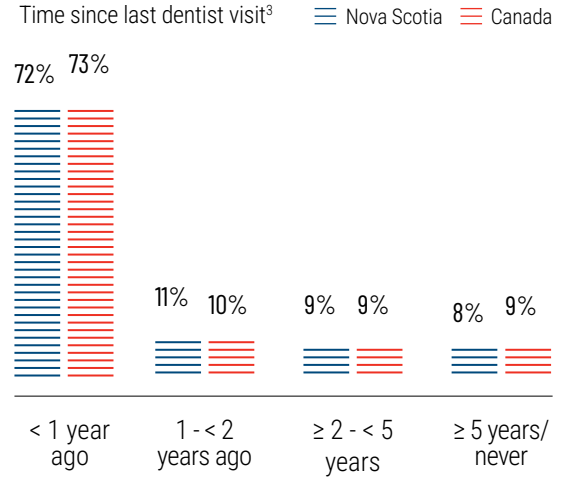


Visits to the dentist

Seeing a dentist about twice a year is a common way people maintain their oral health.¹ Some people may benefit from more frequent visits, like children and older adults.

Among Nova Scotians and Canadians¹

- Nearly three-quarters (72%) of Nova Scotians saw a dentist within the past year which was similar to the 73% among Canadians.
- 8% of Nova Scotians had never seen a dentist or last saw a dentist five or more years ago which was similar to the 9% among Canadians.
- Half of Nova Scotians (50%) usually saw the dentist more than once each year, similar to Canadians (47%).



A closer look at Nova Scotia:

Characteristics of Nova Scotians whose last visit to the dentist was one or more years ago¹

Age groups⁺

The percentage was **lowest** among those age 3-19 years (16%) and **highest** among those age 20-39 years (35%*).



Sex

The percentage was **similar** for females (30%) and males (26%).



Household income

The percentage was **lowest** among those in **middle** (21%) and **high** (21%) income households and **highest** among those in **low** income households (42%).



Lifetime smoking history⁴

The percentage was **34%** among those who had **ever smoked** and **26%** among those who had **never smoked**.



¹ Dental Care FAQs [Canadian Dental Association](#). ² Age 3-79 years. ³ Sum of time since last dentist visit > 100% for Canada because of rounding. ⁴ Age 12 years and older. * Difference between age 3-19 years and 20-39 years was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

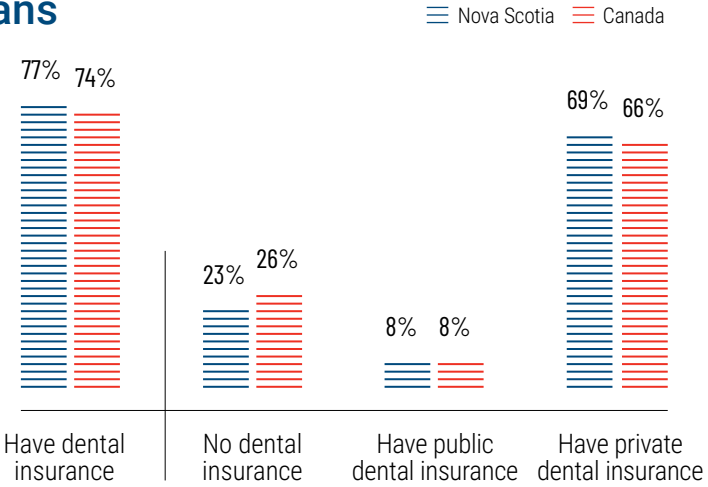


Dental insurance

Dental insurance helps cover dental care costs. Insurance may be private plans (often through employers) or public programs, like the [Canadian Dental Care Plan](#) and [Nova Scotia Dental Programs](#).

Among Nova Scotians and Canadians

- Approximately three quarters (77%) of Nova Scotians had dental insurance which was similar to the 74% among Canadians.
- Most Nova Scotians (69%) had private insurance which was similar to Canadians (66%).

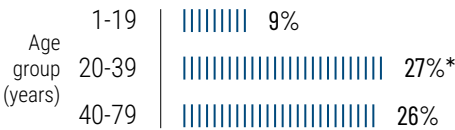


A closer look at Nova Scotia:

Characteristics of Nova Scotians without any dental insurance

Age groups

The percentage ranged from 9% among those age 1-19 years to 27%* among those age 20-39 years.



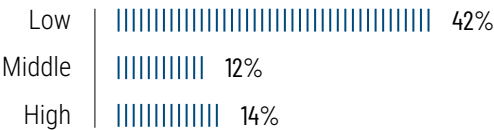
Sex

The percentage was similar for females (21%) and males (25%).



Household income⁺

The percentage was lowest among those in middle income households (12%) and highest among those in low income households (42%).



Lifetime smoking history¹

The percentage was similar for those who had ever smoked (26%) and never smoked (24%).



¹ Age 12-79 years. ⁺ Difference between low and each of middle and high household income was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

Any oral health care treatment needed¹

17

Dental care to fix problems, like cavities, broken teeth, infections, or gum disease, helps reduce pain and improves eating and speaking. It prevents problems from getting worse.



Among Nova Scotians and Canadians

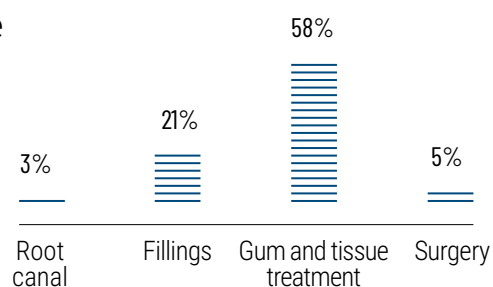
- 71% of Nova Scotians and 61% of Canadians needed any type of oral health care.²

A closer look at Nova Scotia:

Characteristics of Nova Scotians needing any type of oral health²

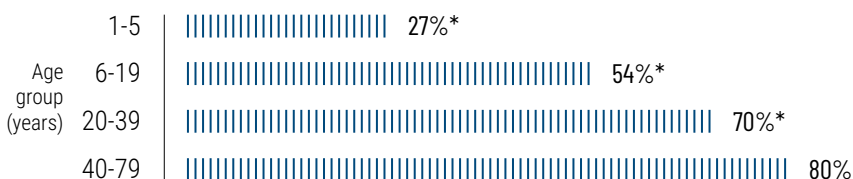
Type of treatment needed

- The most common types of oral health care needed were **gum and tissue treatment (58%)** followed by **fillings (21%)**.



Age groups⁺

The percentage **increased with age**, ranging from **27%*** among those age **1-5 years** to **80%** among those age **40-79 years**.



Sex

The percentage was **similar** for **females (68%)** and **males (74%)**.



Household income

The percentage ranged from **67%** among those in **high income households** to **78%** among those in **low income households**.

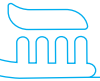


Lifetime smoking history³

The percentage was **similar** for those who had **ever smoked (74%)** and **never smoked (78%)**.



¹ Treatment needed identified in dental examination. ² Age 12-79 years. ³ Difference between age 1-5 years and 40-79 years was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

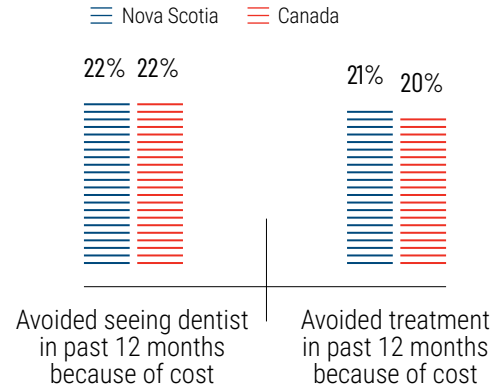


Cost as a barrier to seeing a dentist and getting recommended dental treatment

Cost can be a barrier to seeing a dentist, leading people to delay or avoid treatment. This may cause minor dental problems to become more serious.

Among Nova Scotians and Canadians¹

- Approximately 1 in 5 (22%) Nova Scotians avoided seeing a dentist in the past 12 months which was similar to the 22% among Canadians.
- Approximately 1 in 5 (21%) Nova Scotians avoided getting recommended dental treatment in the past 12 months because of cost which was similar to the 20% among Canadians.

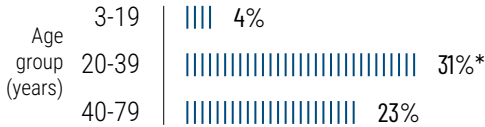


A closer look at Nova Scotia:

Characteristics of Nova Scotians avoiding seeing a dentist in the past 12 months because of cost¹

Age groups

The percentage ranged from 4% among those age 3-19 years to 31%* among those age 20-29 years.



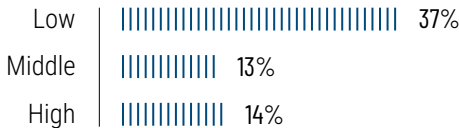
Sex

The percentage was similar for females (22%) and males (21%).



Household income⁺

The percentage was lowest among those in middle income households (13%) and highest among those in the low income households (37%).



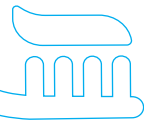
Lifetime smoking history²

The percentage was 17% among those who had never smoked and 32% among those who had ever smoked.



¹ Age 3-79 years. ² Age 12-79 years. ⁺ Difference between low and middle household income was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

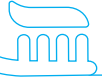
Impact of Oral Health



Missed activities in past 12 months for mouth problems

20

Oral health problems can cause missed activities, like school and work. The economic impact of missed work for dental problems and treatment is substantial in Canada.²



Among Nova Scotians and Canadians¹

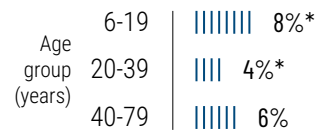
- **6% of Nova Scotians** reported missing time from activities in the past 12 months because of mouth problems, **similar** to the **5% among Canadians**.

A closer look at Nova Scotia:

Characteristics of Nova Scotians with missed activities in the past 12 months because of mouth problems¹

Age groups

The percentage was **similar**, ranging from **4%*** among those age **20-39 years** to **8%*** among those age **6-19 years**.



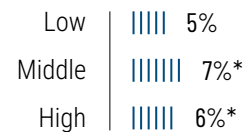
Sex

The percentage was **similar** for **females (6%)** and **males (6%)**.



Household income

The percentage was **similar**, ranging from **5%** among those in **low income households** to **7%*** among those in **middle income households**.



Lifetime smoking history³

The percentage was **similar** for those who had **ever smoked (7%)** and **never smoked (5%)**.



¹ Age 6-79 years. ² Hayes A, Azarpazhooh A, Dempster L, Ravaghi V, Quiñonez C. Time loss due to dental problems and treatment in the Canadian population: analysis of a nationwide cross-sectional survey. BMC Oral Health. 2013 Apr 15;13:17. ³ Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

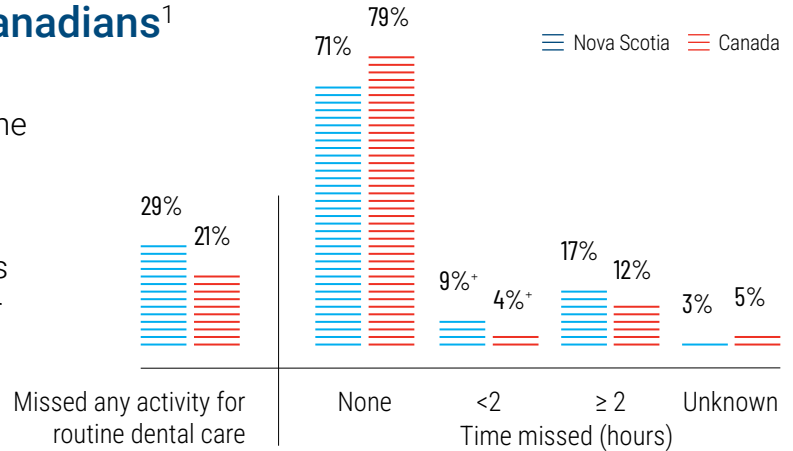
Missed activities for routine dental care in the past 12 months

Routine dental visits, such as check-ups and cleanings, may result in time away from school or work. This time away from activities helps maintain oral health and supports overall wellbeing.



Among Nova Scotians and Canadians¹

- 29% of Nova Scotians and 21% of Canadians missed activities for routine dental care in the past 12 months.
- 17% of Nova Scotians and 12% of Canadians missed two or more hours of activities in the past 12 months for routine dental care.

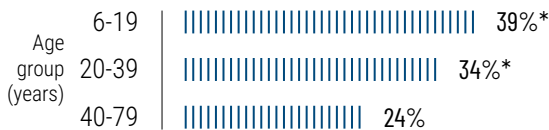


A closer look at Nova Scotia:

Characteristics of Nova Scotians with missed activities in the past 12 months for routine dental care¹

Age groups

The percentage ranged from 24% among those age 40-79 years to 39%* among those age 6-19 years.



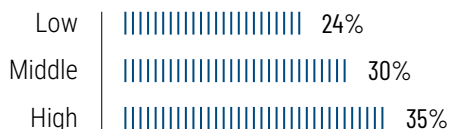
Sex

The percentage was similar for females (29%) and males (29%).



Household income

The percentage was lowest among those in low income households (24%) and highest in those in high income households (35%).



Lifetime smoking history²

The percentage was 21% among those who had ever smoked and 35% among those who had never smoked.



¹ Age 6-79 years. ² Age 12-79 years. + Difference for < 2 hours missed between Nova Scotia and Canada was statistically significant. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.



Kept awake in the past month because of tooth or mouth pain

Tooth and mouth pain can disrupt sleep. Poor sleep can affect work, school, health, and make the dental condition worse.

Among Nova Scotians and Canadians¹

- **7% of Nova Scotians** reported being kept awake by tooth or mouth pain in the past month, **similar** to the **5% among Canadians**.

A closer look at Nova Scotia:

Characteristics of Nova Scotians who were kept awake by tooth or mouth pain in past month¹

Age groups²

The percentage was **7%*** for those age **20-39 years** and **40-59 years** and **8%*** for age **60-79 years**.



Sex

The percentage was **similar** for **females (7%)** and **males (7%)**.



Household income³

The percentage ranged from **5%** among those in **middle or high income households** to **12%** among those in **low income households**.



Lifetime smoking history⁴

The percentage was **similar** among those who had **ever smoked (8%)** and **never smoked (7%)**.



¹ Age 3-79 years. ² Percentage for age group 3-19 years were not reported because sample sizes were too small to make accurate conclusions about these groups. ³ Middle and high income results were combined because the sample size for each group was too small to report separately. ⁴ Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

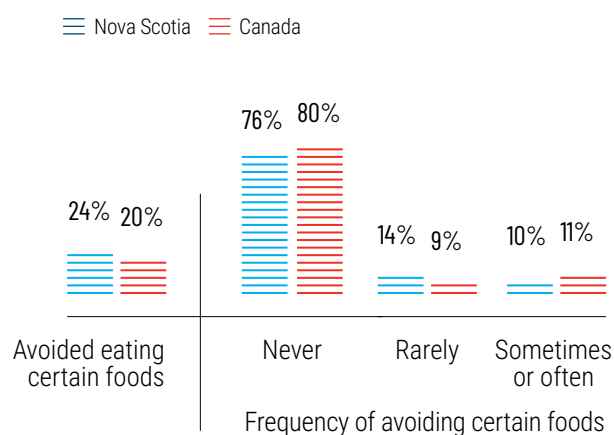


Avoiding certain foods in past 12 months because of mouth problems

Problems with teeth, gums, or jaws can make chewing uncomfortable. People may eat fewer nutritious foods like fruits, vegetables and meat.

Among Nova Scotians and Canadians¹

- **24% of Nova Scotians** reported avoiding certain foods in the past 12 months because of mouth problems. This was **similar** to the **20% among Canadians**.
- **10% of Nova Scotians** reported avoiding certain foods sometimes or often in the past 12 months, **similar** to the **11% among Canadians**.



A closer look at Nova Scotia:

Characteristics of Nova Scotians reporting avoiding certain foods in past 12 months because of mouth problems¹

Age groups

The percentage ranged from **20%** among those age **3-19 years** to **25%** among those age **40-79 years**.



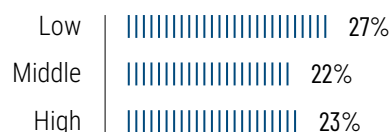
Sex

The percentage was **similar** for **females (25%)** and **males (24%)**.



Household income

The percentage was **lowest** among those in **middle income households (22%)** and **highest** among those in **lowest household income (27%)**.



Lifetime smoking history²

The percentage was **similar** among those who had **ever smoked (26%)** and **never smoked (24%)**.



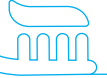
¹ Age 3-79 years. ² Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

Supporting Oral Health



Sealants on adult teeth

Dental sealants protect the chewing surfaces of back teeth by keeping food and bacteria out of the grooves of the teeth. This helps prevent cavities, reducing the need for fillings.



Among Nova Scotians and Canadians¹

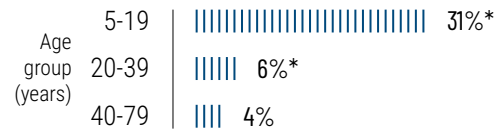
- 9% of Nova Scotians and 14% of Canadians had sealants on one or more of their adult teeth.

A closer look at Nova Scotia:

Characteristics of Nova Scotians with sealants on one or more of their adult teeth¹

Age groups

The percentage ranged from **4%** among those age **40-79 years** to **31%*** among those age **5-19 years**.



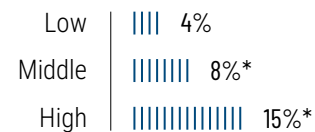
Sex

The percentage was **similar** for **females (9%)** and **males (8%)**.



Household income

The percentage was **lowest** among those in **low income households (4%)** and **highest** among those in **high income households (15%*)**.



Lifetime smoking history²

The percentage was **3%** among those who had **never smoked** and **8%** among those who had **ever smoked**.



¹ Age 5-19 years; presence of sealants was determined during oral examination. ² Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.

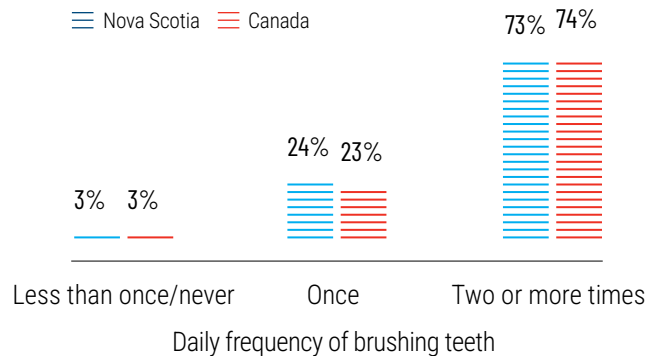
Frequency of tooth brushing each day

The [Canadian Dental Association](#) recommends brushing twice daily, with brushing before bed being especially important to prevent cavities and gum disease.



Among Nova Scotians and Canadians¹

- **73% of Nova Scotians** reported brushing their teeth two or more times each day which was **similar** to the **74% among Canadians**.
- **3% of Nova Scotians** reported never brushing their teeth or brushing them less than once per day which was **similar** to the **3% among Canadians**.

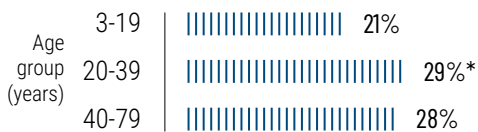


A closer look at Nova Scotia:

Characteristics of Nova Scotians brushing their teeth less than twice a day¹

Age groups

The percentage was **lowest** among those age **3-19 years (21%)** and **highest** among those age **20-39 years (29%*)**.



Sex

The percentage was **22%** among **females** and **32%** among **males**.



Household income

The percentage was **lowest** among those in **middle income households (24%)** and **highest** among those in **low income households (31%)**.



Lifetime smoking history²

The percentage was **similar** for **ever smokers (29%)** and **never smokers (27%)**.



¹ Age 3-79 years. ² Age 12-79 years. * Percentage calculated from a small number of people and may not represent everyone with this characteristic.



NOVA SCOTIA