



Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

Fireside Chat: From Prevention to Progress

A Conversation with Ashley White and Dr. Peter Cooney

When it comes to public health dentistry in Canada, few individuals have had a greater influence in Canada than Dr. Peter Cooney. As Canada's former Chief Dental Officer, a leader in oral health surveillance, and a long-time advocate for prevention, Peter has helped shape the way Canadians think about oral health and its role in overall well-being.

In this conversation, Ashley White, Director, Canadian Association of Public Health Dentistry and Host of Tiny Tooth Mic Series sits down with Peter to reflect on the evolution of public health dentistry in Canada, the transformation of Canadian Society of Public Health Dentists into the Canadian Association of Public Health Dentistry, the impact of the Canadian Dental Care Plan, and the challenges that remain ahead.

Looking Back on a Career of Change

Ashley:

Peter, before we jump into today's challenges, I want to start with your incredible career. You have served as Canada's Chief Dental Officer, helped champion national oral health surveillance, and played a significant role in the evolution of the Canadian Society of Public Health Dentists (CSPHD) into the Canadian Association of Public Health Dentistry CAPHD. When you look back, what are you most proud of?

Peter:

That is a tough question.

What I am most proud of is helping bring oral health into Canada's broader public health conversation. For many years, oral health was treated as an isolated issue rather than an integral part of overall health, despite oral diseases affecting millions of Canadians and ranking among the country's most common chronic conditions.

Throughout my career, I was fortunate to collaborate with many passionate colleagues who believed that if we could generate the right evidence, we could not only make a compelling case for action but help shape a healthier future for Canadians.

Helping build that evidence base through national oral health surveillance is certainly one of the accomplishments of which I am most proud.

Ashley:

And that work really changed the landscape.

Peter:

It did. Before national surveillance efforts, we had pieces of the story, but not the complete picture. Once we had reliable national data, we could clearly demonstrate where needs existed, where inequities persisted, and where policy interventions could make the greatest impact.

There is an old saying: you cannot improve what you do not measure.

The Evolution of the Canadian Society of Public Health Dentists (CSPHD) into what is now the Canadian Association of Public Health Dentistry (CAPHD).

Ashley:

You have also had a front-row seat for the evolution of our professional community. Many people know CAPHD today, but not everyone knows the story behind it.

Peter:

That is true.

The organization originally existed as the CSPHD. It served an important purpose and brought together leaders in public health dentistry across the country. My claim to fame as president was closing basically the thing down, which isn't probably anything to be hugely proud of, BUT over time, healthcare changed, and public health evolved. We recognized that improving oral health was not the responsibility of one profession alone.

Ashley:

It became bigger than dentistry.

Peter:

Exactly.



To tackle oral health inequities, we needed epidemiologists, public health practitioners, dental assistants, dental hygienists, dental therapists, researchers, educators, policymakers, community organizations, and dentists working together.

The transition to the CAPHD reflected that broader vision. It was not simply a name change. It represented a shift toward a more inclusive, multidisciplinary approach to public oral health.

Ashley:

And that spirit of collaboration still feels central to CAPHD today.

Peter:

I think so. Public health succeeds when diverse voices come together around a shared goal. CAPHD created a larger tent, and that has strengthened both our advocacy and our ability to drive meaningful change.

The Biggest Shift: Prevention

Ashley:

You have witnessed enormous changes throughout your career. What has been the biggest transformation?

Peter:

Without hesitation, it is the move toward prevention.

When I started, much of oral healthcare was focused on treating disease after it appeared. We often joked about the "drill, fill, and bill" model.

Today, we are talking about preventing disease before it starts. We are focused on health promotion, fluoride varnishes, sealants, nutrition, healthy behaviors, and addressing social determinants of health.

That is a fundamental shift in thinking.

Ashley:

And it is one of the most important lessons public health has taught us. If we are only looking at the clinical side, we are missing a huge part of the story.



Peter:

Exactly. Oral health does not happen in isolation. Prevention is about supporting healthy communities, not just healthy teeth.

Why Data Matters

Ashley:

One area where you have made a lasting impact is surveillance. Why was that such an important priority?

Peter:

Because good policy starts with good evidence.

For years, we lacked comprehensive national oral health data. CAPHD and its members recognized that gap and advocated strongly for better surveillance.

When the Canadian Health Measures Survey was introduced, it gave us our first truly national picture of oral health in Canada.

And what we found was significant.

Ashley:

Including the fact that affordability was a major barrier to care.

Peter:

Exactly.

The data confirmed that many Canadians were delaying care, living with untreated disease, or simply going without treatment because they could not afford it.

Those findings helped move oral health from a professional issue into a public policy issue.

The Canadian Dental Care Plan



Ashley:

Fast-forward to today, and we are seeing one of the most significant policy developments in Canadian oral health history: the Canadian Dental Care Plan (CDCP).

How do you view its impact?

Peter:

It is important to look at it objectively.

No program is perfect, especially one of this size and scale. There have been implementation challenges, and there are certainly lessons to be learned.

But we also need to recognize the magnitude of what has been achieved.

Millions of Canadians who previously faced financial barriers to care are now able to access services. From a public health perspective, which is tremendously important.

Ashley:

For me, the next question is whether we are measuring the right outcomes.

We know how many people are accessing care. But are we seeing improved oral health outcomes? Less disease? Better quality of life? Reduced pain?

Peter:

That is exactly where the conversation needs to go next.

Access is incredibly important, but access alone is not the final goal. The goal is to improve health.

We need strong evaluation frameworks, robust surveillance, and ongoing research to help us understand whether investments are translating into better oral health outcomes for Canadians.

The Faces Behind the Statistics

Ashley:

As oral health professionals, we often see the stories hidden behind the numbers.

Peter:



Absolutely.

I remember hearing stories from individuals who attempted to remove their own teeth because they could not access dental care. One person described using pliers. Another talked about trying to pull a tooth with fishing line. Those stories and experiences stay with you.

Statistics are important, but they represent real people living with pain, infection, and limited options.

Ashley:

That is often what motivates us, especially those who work in dental public health. We see people who may otherwise fall through the cracks. And that's why programs like the CDCP matter, even when they are imperfect.

Peter:

Exactly.

And those are the individuals we need to keep at the center of every policy discussion.

Are We Measuring Success Correctly?

Ashley:

One challenge I have often thought about is how we measure success.

Traditional indicators still matter, but they do not always capture improvements in disease severity, minimally invasive care, or successful prevention efforts.

Peter:

That is an excellent point.

The science has evolved, and our measurement systems need to evolve with it.

The people interpreting data need to understand oral disease trends, population health, and epidemiology. Otherwise, we risk overlooking meaningful progress or misunderstanding results.

Ashley:

The story behind the numbers matters.



Peter:

Exactly.

Data provides answers, but context provides understanding.

The Next Frontier

Ashley:

If financial barriers are beginning to receive more attention, what do you see as the next major challenge for dental public health in Canada?

Peter:

Without question, improving access for people with disabilities. Canada's population is aging. More people are living longer with physical, cognitive, developmental, and complex care needs.

We need systems that can meet those needs.

Ashley:

I could not agree more.

Oral health professionals want to support individuals with complex needs, but they need additional training, resources, and support to practice confidently in a culturally safe, trauma-informed way.

Peter:

Exactly.

The need is growing, and our workforce, education systems, and care models need to grow alongside it.

Looking Ahead

Ashley:

Peter, after everything you have seen, are you optimistic about the future?



Peter:

I am.

When I look at where we were decades ago and where we are today, the progress is remarkable.

We have stronger evidence, stronger partnerships, greater public awareness, and more policy attention on oral health than ever before.

But public health is never finished.

The work is always about asking who is still being left behind and what we need to do next.

Ashley:

That feels like a fitting way to describe both CAPHD and public health itself.

From CSPHD to CAPHD. From treatment to prevention. From anecdote to evidence.

The story of public health dentistry in Canada has always been one of evolution.

Peter:

And hopefully, the next generation will take it even further.

Ashley:

Before we wrap up, one final question: golf or skiing?

Peter:

You are not going to let me win here, are you?

Golf in the summer. Skiing in the winter. That is the scientifically optimal solution. We will meet at Camp Fortune and continue solving public health dentistry's biggest challenges from the chairlift.

Ashley:

A true public health answer, though I suspect the conversation will end at the pub.

Peter:

Now that's evidence-based planning, Ashley.





Closing Reflections

From helping establish Canada's oral health surveillance foundation to advancing prevention, influencing national policy, and supporting the evolution of CSPHD into today's CAPHD, Dr. Peter Cooney's career mirrors the broader evolution of public health dentistry in Canada. His conversation with Ashley White underscores a simple but powerful message: while tremendous progress has been made, the work is far from over. The future will depend on continuing to combine evidence, advocacy, collaboration, and compassion to ensure that every Canadian could achieve good oral health.

Dr. Peter Cooney is currently a member of the Network for Canadian Oral Health Research - Citizens Advisory Board for Oral Health Advancement, the Canadian Society for Disabilities and Oral Health (CSDH), the Canadian Association of Public Health Dentistry (CAPHD), and an Assistant Professor at the Faculty of Dentistry, University of Toronto.

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The Canadian Association of Public Health Dentistry (CAPHD) is the national voice for dental public health in Canada. CAPHD advances oral health equity through



education, collaboration, advocacy, and leadership, supporting those working to improve oral health and equitable access to dental care across Canada.

Who can join: *Dentists, specialists, dental therapists, dental hygienists, dental assistants, academics and educators, public health professionals and administrators, researchers, undergraduate and graduate students, professional associates, and anyone interested in advancing dental public health.*

