

## ALASKA – Oral Health Assessment, 2010/2011 (kindergarten children)

Survey results listing the mean, 95% confidence intervals and number of children in each category from the project for state totals, racial/ethnic groups and Medicaid enrolled children were as follows (2010/2011 school year – kindergarten children):

### **Caries Experience:**

Total (n=648)	41.4% (37.6, 45.3)
American Indian/Alaska Native (n=128)	63.3% (54.3, 71.6)
White (n=293)	28.0% (22.9, 33.5)
<u>All Other (n=227)</u>	46.3% (39.6, 53.0)
Medicaid/Denali KidCare (n=200)	45.5% (38.5, 52.7)
American Indian/Alaska Native (n=49)	69.4% (54.6, 81.7)
White (n=67)	29.9% (19.3, 42.3)
Other (n=84)	44.0% (33.2, 55.3)

### **Untreated Caries:**

Total (n=648)	21.3% (18.2, 24.7)
American Indian/Alaska Native (n=128)	29.7% (21.9, 38.4)
White (n=293)	12.6% (9.0, 17.0)
<u>All Other (n=227)</u>	27.8% (22.0, 34.1)
Medicaid/Denali KidCare (n=200)	20.5% (15.1, 26.8)
American Indian/Alaska Native (n=49)	26.5% (14.9, 41.1)
White (n=67)	11.9% (5.3, 22.2)
Other (n=84)	23.8% (15.2, 34.3)

### **Caries Experience on Primary Maxillary Anterior Teeth:**

Total (n=647)	19.0% (16.1, 22.3)
American Indian/Alaska Native (n=127)	40.9% (32.3, 50.0)
White (n=293)	9.6% (6.4, 13.5)
<u>All Other (n=227)</u>	18.9% (14.1, 24.7)
Medicaid/Denali KidCare (n=199)	22.6% (17.0, 29.1)
American Indian/Alaska Native (n=48)	52.1% (37.2, 66.7)
White (n=67)	10.4% (4.3, 20.3)
Other (n=84)	15.5% (8.5, 25.0)

### **Treatment Urgency – Early or Urgent Dental Care Needed:**

Total (n=648)	21.8% (18.7, 25.2)
American Indian/Alaska Native (n=128)	30.5% (22.6, 39.2)
White (n=293)	13.7% (9.9, 18.1)
<u>All Other (n=227)</u>	27.3% (21.6, 33.6)
Medicaid/Denali KidCare (n=200)	21.5% (16.0, 27.8)
American Indian/Alaska Native (n=49)	30.6% (18.3, 45.4)
White (n=67)	11.9% (5.3, 22.2)
Other (n=84)	23.8% (15.2, 34.3)

Survey results reflect racial/ethnic variation in caries experience and untreated caries. The survey results also variation in caries based on socioeconomic status (with Medicaid eligibility indicating children from families with lower incomes), although this difference is not statistically significant. High caries rates in American Indian/Alaska Native (AI/AN) children has been noted previously in other surveys (e.g., 1991 and 1999 Indian Health Service dental screenings of American Indian/Alaska Natives and previous Basic Screening Surveys as contracted by the Oral Health Program).

The small number of children in the racial/ethnic groups result in wide confidence intervals, however the results on caries experience and untreated caries warrants further investigation of this racial/ethnic groups in future assessments. Children from Asian and Native Hawaiian/Pacific Islander racial/ethnic groups had higher rates of caries experience and untreated caries in the 2005 and 2007 Basic Screening Survey dental assessment projects. Some attention to prioritizing dental access strategies and dental sealant programs towards non-Native racial/ethnic minorities should be given in addition to ongoing efforts to reduce dental disease in Alaska Native children.

The survey indicates higher rates of dental decay in primary maxillary anterior teeth in kindergarteners from some racial/ethnic groups than for white kindergarteners, although this difference is only statistically significant for children that are American Indian/Alaska Native. Decay in these primary teeth is an indicator of early childhood caries – which often is treated in hospital-based and ambulatory surgical settings under general anesthesia. Treatment in these settings involves not only the dental treatment but charges for the facility and anesthesia.