



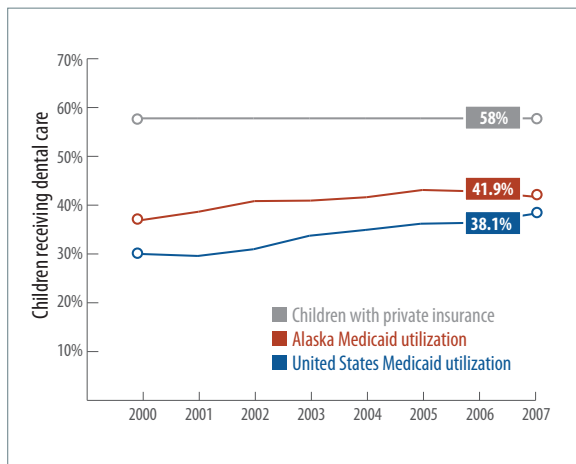
The Cost of Delay: State Dental Policies Fail One in Five Children Alaska



ALASKA meets five of eight policy benchmarks aimed at addressing children’s dental health needs. The state is a national leader in Medicaid reimbursement, for instance, paying dentists nearly 90 percent of their retail charges. It has an organized school sealant program that serves most high-risk kids and makes efficient use of hygienists. Still, Alaska faces unique challenges in the level of unmet need and access to care. American Indians and Alaska Natives have the highest rate of tooth decay in the country: five times the national average for children ages 2 to 4.¹ Given the severe shortage of full-time dentists in remote areas, the Alaska Native Tribal Health Consortium—a nonprofit health organization owned and managed by Alaska Native tribal governments and their regional health affiliates—launched a program in 2003 to train and support Dental Health Aide Therapists. These new professionals currently work in 11 Alaska Native villages, providing preventive and basic restorative dental care under the supervision of a dentist in a hub clinic.²

HOW BAD IS THE PROBLEM?

TOO MANY CHILDREN LACK ACCESS TO DENTAL CARE, WITH SEVERE OUTCOMES. One measure of the problem: more than half of the children on Medicaid received no dental service in 2007.



SOURCES FOR NATIONAL BENCHMARKS: 1) Association of State and Territorial Dental Directors; 2) American Dental Hygienists’ Association; 3) Centers for Medicare and Medicaid Services, CMS-416; 4) American Dental Association; 5) Pew Center on the States, National Academy for State Health Policy and American Academy of Pediatrics; 6) National Oral Health Surveillance System.

¹ D. Nash and R. Nagel, “Confronting Oral Health Disparities Among American Indian/Alaska Native Children: The Pediatric Oral Health Therapist,” *American Journal of Public Health* 95 (2005):1325–1329, <http://ajph.aphapublications.org/cgi/content/full/95/8/1325> (accessed December 18, 2009).

² In Alaska, Dental Health Aide Therapists are authorized under tribal authority, not state law.

HOW WELL IS ALASKA RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	75-100%	25%	✓
Hygienists can place sealants without dentist’s prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	59.5%	75%	
Share of Medicaid-enrolled children getting dental care, 2007	41.9%	38.1%	✓
Share of dentists’ median retail fees reimbursed by Medicaid, 2008	89.1%	60.5%	✓
Pays medical providers for early preventive dental health care, 2009	N	Y	
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children’s dental health, 2009	Y	Y	✓
Total score	B		5 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay.



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