ᖁᓂᐃᓕᓵᕕᒃᐸᐃᑦ?Qanuilirpitaa?
ᓄᓇᕗᒻ2017
NUNAVIK

ORAL HEALTH

QANUILIRPITAA? 2017

Nunavik Inuit Health Survey

ᓄᓇᕗᑦ ᐃᓚᖏᓪᓗᓂᑦ ᑲᑎᒪᔨᑦ
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

ᖃᓄᐃᓕᓵᖅQanuilirpitaa?
ᓄᓇᕗᒻ2017
NUNAVIK

ORAL HEALTH

QANUILIRPITAA? 2017

Nunavik Inuit Health Survey

ᓄᓇᕗᑦ ᐃᓕᓴᕐᓂᐊᓕᖅᑐᑦ ᑲᑎᒪᔨᖅ
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Institut national de santé publique Québec

Nunavik Regional Board of Health and Social Services
P.O Box 900
Kuujjuaq, (Quebec) J0M 1C0
Phone number: 819-964-2222
Toll-free: 1 844-964-2244

Email: info@sante-services-sociaux.ca
Website: nrbhss.ca/en/health-surveys

Legal deposit – November 2020
Bibliothèque et Archives nationales du Québec
ISBN: 978-2-924662-16-8 (PDF)

AUTHORS

Chantal Galarneau, Dentist (co-Principal Investigator)
Direction du développement des individus
et des communautés, Institut national de santé publique
du Québec

Aimée Dawson, Associate Professor
(co-Principal Investigator)
Faculty of Dental Medicine, Université Laval

Marianne Dubé, Research Technician
Direction du développement des individus
et des communautés, Institut national de santé publique
du Québec

REDACTORS

Aimee Dawson, Associate Professor
Faculty of Dental Medicine, Université Laval

Chantal Galarneau, Dentist
Direction du développement des individus
et des communautés, Institut national de santé publique
du Québec

EXECUTIVE DIRECTOR

Danielle St-Laurent, Director
Bureau d'information et d'études en santé des populations,
Institut national de santé publique du Québec

SCIENTIFIC DIRECTORS

Pierre Ayotte, Professor
Department of Social and Preventive Medicine, Faculty
of Medicine, Université Laval
Population Health and Optimal Health Practices Research
Unit, Centre de recherche du CHU de Québec —
Université Laval
Institut national de santé publique du Québec

Françoise Bouchard, MD, MPH, FRCPC,
Director of Public Health
Nunavik Regional Health and Social Services Board

STATISTICAL ANALYSIS

Marc-André Dubé, Statistician
Bureau d'information et d'études en santé des populations,
Institut national de santé publique du Québec

Marianne Dubé, Research Technician
Direction du développement des individus
et des communautés, Institut national de santé publique
du Québec

Denis Hamel, Statistician
Bureau d'information et d'études en santé des populations,
Institut national de santé publique du Québec

WITH THE COLLABORATION OF

Sophie Arpin, Dentist
Direction du développement des individus
et des communautés, Institut national de santé publique
du Québec

Dr. Aurélie Paul, Dentist
Kuujjuaq Dental Clinic, Ungava Tulattavik Health Center

SCIENTIFIC EDITING

Marie-Josée Gauthier, Planning, Programming
and Research Officer
Public Health Department
Nunavik Regional Board of Health and Social Services

Susie Gagnon, Scientific Advisor
Bureau d'information et d'études en santé des populations
Institut national de santé publique du Québec

LINGUISTIC REVISION

Alison McGain

VISUAL CREATION

Alphatek

COMMUNICATION

Nunavik Regional Board of Health ans Social Services

AKNOWLEDGMENTS

The authors wish to thank Manon Lazure for her invaluable help with organizing the logistics associated with the didactic and practical training of the dentist-examiners. They would also like to thank the subsidized housing units (HLMs) on Rue Labonté and Boulevard Quinn in Longueil for generously welcoming the team on the practical training days. A special thank you is in order as well for the volunteer participants who underwent oral exams in order to train the dentist-examiners. The authors would also like to acknowledge the work of Dr. Vincent Mireault, a research assistant during his studies in dental medicine, for facilitating the initial steps that led to the realisation of this project.

SUGGESTED CITATION

Galarneau, C., Dawson, A., Dubé, M. (2020). *Oral Health.* Nunavik Inuit Health Survey 2017 *Qanuilirpitaa?* How are we now? Quebec: Nunavik Regional Board of Health and Social Services (NRBHSS) & Institut national de santé publique du Québec (INSPQ).

QANUILIRPITAA? 2017 HEALTH SURVEY

ACKNOWLEDGMENTS

On behalf of the Steering Committee, I would like to express my gratitude to all Nunavimmiut who participated in the *Qanuilirpitaa?* 2017 Health Survey.

This important health survey was made possible thanks to the long-lasting partnership between the Nunavik Regional Board of Health and Social Services, the *Institut national de santé publique du Québec* and researchers from the Centre de recherche du CHU de Québec – Université Laval, McGill University and Trent University.

The valuable contribution of Inuit research advisors, leaders from each community, as well as representatives from the Avataq Cultural Institute, the Ungava Tulattavik Health Centre, the Inuulitsivik Health Centre, the Kativik Regional Government, Kativik Ilisarniliriniq, Makivik Corporation, the northern villages and the Qarjuit Youth Council is gratefully acknowledged. The Steering Committee and the Data Management Committee of *Qanuilirpitaa?* 2017 guided and enriched this work throughout the different phases, from planning to data interpretation and contextualization.

We want to highlight the invaluable contribution of Pierre Ayotte and Françoise Bouchard, the scientific directors, and Danielle St-Laurent, the project's executive director. We are also indebted to Geneviève Hamel, Suzanne Bruneau, Suzanne Côté and Nathalie Ouellet who coordinated the planning and realization of the survey.

We are sincerely thankful to the Inuit interviewers who carried out exceptional work in often challenging circumstances.

We are also grateful to all of the professionals, technicians, students, ground team and clerical staff, as well as the crew of the Canadian Coast Guard Ship *Amundsen*.

Finally, this survey could not have been undertaken without the financial support of the Nunavik Regional Board of Health and Social Services, the Kativik Regional Government, Makivik Corporation, Kativik Ilisarniliriniq, the *ministère de la Santé et des Services sociaux du Québec*, ArcticNet, the Amundsen Science Ship Fund and the Northern Contaminants Program.

Numerous people have contributed at different stages of the survey process; many of them are listed below, and there are many more.

Minnie Grey

Chairperson, *Qanuilirpitaa?* Steering Committee
Executive Director, NRBHSS

In memory of Audrey Flemming and Linda Shipaluk.

PRINCIPAL INVESTIGATORS AND INUIT ADVISORS*

Adult component
Pierre Ayotte
Chris Furgal
Mélanie Lemire
Benoît Lévesque
Michel Lucas
Mary Pilurtuut

Youth component
Richard Bélanger
Gina Muckle
Louisa Yeates

Community component
Nancy Etok
Christopher Fletcher
Kitty Gordon
Betsy Palliser
Mylène Riva

Oral health
Aimée Dawson
Chantal Galarneau

Men's Health
Gilles Tremblay

STEERING COMMITTEE AND DATA MANAGEMENT COMMITTEE (DMC) PARTICIPANTS
Minnie Grey (Steering Committee chair)
Marie Rochette (DMC co-chair)
Robert Watt (DMC co-chair)
Alicia Aragutak
Ellen Avard
Jean-Etienne Bégin
Françoise Bouchard
Suzanne Bruneau
Marie-Noëlle Caron
Maria Cengarle
Yasmine Charara
Suzanne Côté
Serge Déry
Aleashia Echalook
Mona Eepa Belleau
Maggie Emudluk
Barrie Ford
Susie Gagnon
Marie-Josée Gauthier
Yoan Girard
Lucy Grey
Geneviève Hamel
Olivia Ikey
Suzy Kauki
Elena Koneak Labranche
Christine Leblanc
Stéphanie Léveillé
Eliana Manrique
Murray McDonald
Jennifer Munick
Tunu Napartuk
Jeannie Nungak
Josepi Padlayat
Geneviève Pellerin
Fabien Pernet
Maata Putugu
Hilda Snowball
Danielle St-Laurent
Jobie Tukkiapik
Larry Watt
Shirley White-Dupuis

INTERVIEWERS/NURSES
Linda Amidlak
Thomas Annanak
Lydia Audlaluk
Jeannie Calvin
Caroline Couture
Louis-Frédéric Daigle
Véronique Dion Roy
Geneviève Dorval
Véronique Doutreloux
Philippe Dufresne
Victoria E. Forest
Audrey Flemming
Jeannie Flemming
Elisabeth Gagné
Virginie Gargano
Suzie Gordon
Sarah Imak
Léa Laflamme
Pierre Lejeune
Alexandre Léveillé
Paul Marcoux
Josée Michaud
Laura McKeeman
Claude Morency
Caroline Moisan
Julie Nastapoka
Julie Picard
Michel Poulin
Linda Shipaluk
Évelyne Thibault
Mina Tukai
Amelia Tukkiapik Whiteley

COMMUNICATION AND TRANSLATION
Minnie Amidlak
Annie Baron
Nicolas Baltazar
Brigitte Chalifoux
Caroline D'Astous
Nina Gilbert
Alasie Hickey
Nathalie Labonté
Irène Langis
Josée Lévesque
Robert Mackey
Émilie Pelletier
Eva Pilurtuut
Ida Saunders
Jenny Simpraseuth
Rhéal Séguin

DENTISTS/RESPIRATORY THERAPISTS
Élaine Audet
Lucie Bélanger
Hélène Fournier-Noël
Marie-Rose Gagnon Beaumont
Isabelle Gauthier
Gabrielle Gingras
Ariane H. Morin
Cassiopée Paradis-Gagnon

GROUND-STAFF
Stéphane Anctil
Julien Arsenault
Marie Bernard
Justine Blanco Lalande
Christian Brunet
Virginie Chadenet
Catherine Godin
Josianne Grenier
Dominique Hamel
Robert Ladouceur
Trina Manac'h
Laurence Millette
Guillaume Proulx
Sylvie Ricard
Camille Tremblay-Fournier
As well as all local research assistants and local logistics staff

ADMINISTRATIVE SUPPORT AND INFORMATIC TECHNOLOGIES
Vincent Gilbert
Denis Granghon
Eva Gunn
Ginette Laflamme
Liv Larsen
Richard Leboeuf
Sylvie Muller

DATA PROCESSING, QUALITY CONTROL AND LAB WORK
Véronique Boiteau
Marc-André Dubé
Marianne Dubé
Denis Hamel
Judith Labrecque
Jacinthe Larochelle
Caroline Moisan
Nathalie Ouellet
Louis Rochette
Mélanie St-Onge
Mélanie Tessier
Hamado Zoungrana

COMMUNITY COMPONENT/ MOBILIZATION
David Arsenault
Marie Baron
Imane Cheriet
Marie-Hélène Dion-Gagnon
Sarah Fraser
Melody Lynch
Marie-Claude Lyonnais
Cindy Ruel

AND MANY MORE!

** Each name is listed only once even though it may have been mentioned in more than one category.*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

CHMS	Canadian Health Measures Survey
CV	Coefficient of variation
DMFT	Decayed, Missing and Filled Teeth Index
EQSP	Enquête Québécoise sur la santé de la population
ICDAS II	International Caries Detection and Assessment System II
IHC	Inuulitsivik Health Center
ITK	Inuit Tapiriit Kanatami
PUFA	Pulpal involvement, Ulceration, Fistula and Abscess Index
UTHC	Ungava Tulattavik Health Centre
WHO	World Health Organization

GLOSSARY

Anterior teeth: 12 teeth at the front of the mouth often seen when smiling (upper and lower incisors and canines).

Arch: the upper or lower part of the mouth containing either the top teeth or bottom teeth.

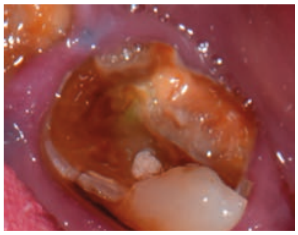
Calculus: tartar deposits on teeth that happen when dental plaque hardens and dries over time. Calculus can be difficult to remove and may irritate the gums, which can cause gingivitis or periodontal disease.

Caries or carious lesion: dental cavity or dental decay.

Caries experience: all teeth with untreated cavities, removed due to caries or periodontal disease or with fillings due to caries (DMFT). Caries experience includes both past dental treatment and current untreated decay.

Complete denture: appliance that replaces all of the teeth in one arch of the mouth. For example, some people with no top teeth will wear an upper complete denture made of plastic that looks like real teeth.

Consequences of untreated decay: result of obvious decay in a tooth that goes for a long time without a filling or other treatment. These consequences include dental abscess and mouth sores that are likely to cause pain.



Coronal portion of the tooth: part of the tooth we normally see in the mouth above the gum-line.

Debris: a sticky film of food and dental plaque covering the tooth surface. Debris can be removed with a toothbrush.

Dental trauma: damage to a tooth from a fall, accident or injury. The injury to the tooth may be as minor as a barely perceptible enamel fracture or as serious as the complete loss of the tooth.

Dentate: having at least one natural tooth.

DMFT: an index that combines the number of permanent teeth that are decayed (D), missing due to caries or periodontal disease (M) or filled due to caries (F) in a person's mouth. This index is calculated separately for the coronal part and the root part of the teeth, but the M component calculation is the same for both parts.

This index can be broken down separately into each component.

- **Decay component:** different decay grades are needed to describe the coronal part and the root part of the teeth. The International Caries Detection and Assessment System II serves as a reference for decay codes and their definitions. For the current report, the decay grade for the coronal part of the teeth refers to combined exam codes 4 to 6. The decay grade for the root part of the teeth refers to combined exam codes 1 and 2. The table on the right shows how to relate between the decay grades.

Decayed teeth

Decay Grades		Decay interpretation
Coronal part	Root part	Severity
6	2	Obvious decay
5		
4		
	1	Non-obvious decay
0	0	No decay

Obvious decay is a carious lesion which is deeper, less likely to be reversible and more likely to cause pain or tooth loss. In this report, obvious decay refers only to visible carious dentin or cavitation and does not include teeth that may have had decay in the past and now have fillings or teeth that have been removed. Non-obvious decay, as with exam code 1 for root caries, describes colour change to the root surface without cavitation or visible carious dentin. It should be noted that this parameter was not examined in this survey for the coronal part of teeth.

- **Missing component:** In addition to teeth lost due to caries, teeth missing due to periodontal disease are also included in this measure due to the difficulty people have in recalling why a given tooth was extracted.

Missing tooth

- **Filled component:** In the DMFT index, a tooth is considered filled if there is a filling present and there is no decay observed on the tooth. A tooth with both decay and a filling is categorized under the decay component. Fillings related to trauma or placed for solely aesthetic reasons are not considered in the F component.

Filled teeth

Because wisdom teeth are regularly extracted in the adult mouth, for the purposes of the present survey the DMFT index was calculated on a maximum of 28 teeth as composing the permanent dentition instead of the 32 teeth biologically composing the permanent dentition. Rules were established to select which molars would be part of the DMFT calculation, taking into account the reason for the absence or presence of the first, second and third molars in each quadrant (right and left sections of each arch of the mouth). These rules can be found in Table A1 of Appendix 1.

The abbreviation $D_{4\text{-}6}MFT_{28c}$ is used when referring to the DMFT index for the coronal part of the teeth using 28 teeth. The abbreviation of the index related to the root part of the teeth is $D_{1\text{-}2}MFT_{28r}$.

Edentulous: having no teeth, meaning all teeth are missing.

Gingivitis: inflammation of the gum from the germs (bacteria) found in dental plaque. According to the severity, the gum can be swollen, red or even bleed.

Incisors: 8 teeth at the very front of the mouth (4 on the upper arch and 4 on the lower arch).

Oral hygiene: behaviours to clean the mouth, such as toothbrushing or dental flossing.

Partial denture: appliance that replaces some missing teeth on an arch of the mouth where some natural teeth are still present.

Periodontal disease: a disease of the gums and the bone supporting the teeth that can lead to tooth loss.

Posterior teeth: teeth at the back of the mouth (maximum of 20 teeth).

Prosthesis (or removable prosthesis): an appliance, particularly a removable appliance, that replaces missing teeth. Complete dentures and partial dentures are examples of removable prostheses.

PUFA index: index measuring the consequences of untreated decay, which may include tooth abscess, traumatic ulceration of the soft tissues, fistula of the gum, and damage to the nerve of the tooth.

Root part of the tooth: part of the tooth normally under the gum. We can see the root if there has been shrinking (or recession) of the gums. This is more common in older people.

Supra-gingival: above the gum line.

Note: All photos presented in the glossary are a courtesy of Aimee Dawson.

1 BACKGROUND OF THE *QANUILIRPITAA?* 2017 HEALTH SURVEY

The *Qanuilirpitaa?* 2017 Health Survey is a major population health survey conducted in Nunavik that involved the collection, analysis and dissemination of information on the health status of Nunavimmiut. The last health survey conducted prior to it in Nunavik dated from 2004. Since then, no other surveys providing updated information on the health of this population had been carried out. Thus, in February 2014, the Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) unanimously adopted a resolution to conduct a new health survey in all 14 Nunavik communities, in support of the Strategic Regional Plan.

The general objective of the 2017 health survey was to provide an up-to-date portrait of the health status of Nunavimmiut. It was also aimed at assessing trends and following up on the health and health determinants of adult participants since 2004, as well as evaluating the health status of Nunavik youth. This health survey has strived to move beyond traditional survey approaches so as to nurture the research capabilities and skills of Inuit and support the development and empowerment of communities.

Qanuilirpitaa? 2017 included four different components: 1) an adult component to document the mental and physical health status of adults in 2017 and follow up on the adult cohort of 2004; 2) a youth component to establish a new cohort of Nunavimmiut aged 16 to 30 years old and to document their mental and physical health status; 3) a community component to establish the health profiles and assets of communities in a participatory research approach; and 4) a community mobilization project aimed at mobilizing communities and fostering their development.

This health survey relied on a high degree of partnership within Nunavik (Nunavik Regional Board of Health and Social Services (NRBHSS), Makivik Corporation, Kativik Regional Government (KRG), Kativik Ilisarniliriniq (KI), Avataq Cultural Institute, Qarjuit Youth Council, Inuulitsivik Health Centre, Ungava Tulattavik Health Centre), as well as between Nunavik, the Institut national de santé publique du Québec (INSPQ) and academic researchers from three Canadian universities: Université Laval, McGill University and Trent University. This approach followed the OCAP principles of Ownership, Control, Access and Possession (First Nations Information Governance Centre, 2007).[1] It also emphasized the following values and principles: empowerment and self-determination, respect, value, relevance and usefulness, trust, transparency, engagement, scientific rigour and a realistic approach.

TARGET POPULATION

The survey target population was all permanent Nunavik residents aged 16 years and over. Persons living full time in public institutions were not included in the survey. The most up-to-date beneficiaries register of all Inuit living in Nunavik, provided by the Makivik Corporation in spring 2017, was used to construct the main survey frame. According to this register, the population of Nunavik was 12 488 inhabitants spread out in 14 communities. This register allowed respondents to be selected on the basis of age, sex and coast of residence (Hudson coast and Ungava coast).

SURVEY FRAME

The survey used a stratified proportional model to select respondents. Stratification was conducted based on communities and age groups, given that one of the main objectives of the survey was to provide estimates for two subpopulations aged, respectively, 16 to 30 years and 31 years and over. In order to obtain precise estimates, the targeted sample size was 1 000 respondents in each age group. Assuming a 50% response rate, nearly 4 000 people were required to obtain the necessary sample size. From this pool, the number of individuals recruited from each

1. OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC).

community was proportionate to population size and took into account the number of days that the survey team would remain in each community – a situation that imposed constraints on the number of participants that could be seen. Within each stratum, participants were randomly selected from the beneficiaries register. However, the individuals from the 2004 cohort, all 31 years old and over (representing approximately 700 individuals), were automatically included in the initial sample.

DATA COLLECTION

Data were collected from August 19, 2017 to October 5, 2017 in the 14 villages. The villages were reached by the *Amundsen*, a Canadian Coast Guard Icebreaker, and participants were invited on board the ship for data collection purposes.

Two recruitment teams travelled from one community to another before the ship's arrival. An Inuk assistant in each community helped: identify, contact and transport (if necessary) each participant; inform participants about the sampling and study procedures; obtain informed consent from participants (video) and fill in the identification sheet and sociodemographic questionnaire.

Data collection procedures for the survey included questionnaires, as well as clinical measurements. The survey duration was about four hours for each wave of participants, including their transportation to and from the ship. Unfortunately, this time frame was sometimes insufficient to complete the data collection process. This survey received ethical approval by the Comité d'éthique de la recherche du Centre Hospitalier Universitaire de Québec – Université Laval.

Aboard the ship, the survey questionnaires were administered by interviewers, many of whom were Inuit. Face-to-face interviews were conducted using a computer-assisted interviewing tool. If there were problems with the laptop connections, paper-form questionnaires were filled out. The questionnaires were administered in Inuktitut, English or French, according to the preference of the participants. Interviewers received training in administering the questionnaires prior to the start of the survey. The questionnaires were divided into five blocks: psychosocial interview (blocks 1 and 3), physical health and food security interview (block 2), food frequency questionnaire (block 4), and sociodemographic interview (block 5).

The survey also included a clinical component, with tests to document aspects of physical health, sampling of biological specimens (such as blood, oropharyngeal swabs, urine, stool, and vaginal swabs), spirometry, and an oral clinical exam. These sessions were supervised by a team comprised of nurses, respiratory therapists, dentists, dental hygienists and assistants, and laboratory technicians.

PARTICIPATION

There were a total of 1 326 participants, including 574 Nunavimmiut aged 16 to 30 years old and 752 Nunavimmiut aged 31 years and over, for total response rates of 30.7% and 41.5%, respectively. The participants' distribution between the two coasts (Ungava and Hudson) was similar. The distribution of men and women was unequal, with twice as many women (873) than men (453) participating in the survey. If the results obtained from this sample are to be inferred to the target population, survey weights must be used.

Overall, as compared to the 2004 survey, the response rate (i.e., the rate of participants over the total number of individuals on the sampling list) was lower than expected, especially among young people. This includes the refusal rate and especially a low contact rate. Several reasons might explain the low response rate, including the short time period available to contact individuals prior to the ship's arrival in the community and non-contact due to people being outside of the community or on the land. Nevertheless, among the individuals that were contacted (n= 1 661), the participation rate was satisfactory with an internal participation rate of 79.7% More details on the collection, processing and analysis of the data are given in the Methodological Report (Hamel, Hamel et Gagnon, 2020).

2 INTRODUCTION

The oral health status of Nunavimmiut is not well documented. Previous health studies in Nunavik communities have looked at oral health using written questionnaires or limited clinical examinations, but a complete picture has not been available.

As reported in the Inuit Oral Health Survey Report, anthropological studies suggest that prior to contact and colonialism, dental caries (also called cavities) were rare or unknown in Thule culture, and as recently as the 1930s, dental exams in Pangniqtuuq revealed only 7 cavities in total among 82 Inuit people examined (Mayhall, 1977, Ritchie, 1923 and McEuen, 1938 as cited in Health Canada, 2011).

Resettlement resulted in major changes for Inuit including increased exposure to market foods containing sugar (Lougheed, 2010; Kenuajuak, 1999). Findings from the more recent Inuit Oral Health Survey, which did not include Nunavik, reflect these changes and indicate a high level of dental caries and other oral conditions (Health Canada, 2011). The Inuit Oral Health Survey also found that oral pain prevalence is higher among Inuit compared to the Canadian population as a whole (29.8% vs. 11.6%) with a much higher proportion of Inuit young adults describing their oral health as fair or poor compared to young adults from the Canadian general population (40.7% vs. 17.4%) (Health Canada, 2011; Health Canada, 2010).

With regard to Nunavik specifically, there is limited information about the oral health status of the population. Using questions drawn from the 2003 Canadian Community Health Survey, the 2004 *Qanuippitaa?* survey examined chewing ability among Nunavimmiut aged 15 or older (Bélanger, 2007). This showed that just under 10% of Nunavimmiut reported difficulty chewing meat or chewing an apple. Among Nunavimmiut aged 50 or older, the proportion reporting difficulty chewing meat (29.4%) or an apple (28.7%) was much higher than among Nunavimmiut aged 15 to 29 (2.5% and 4.0%, respectively).[2] These results are consistent with increased tooth loss across the life course, but they do not provide a detailed picture of oral health status in the community.

With respect to access to oral health care, in 2015 the Nunavik Regional Board of Health and Social Services conducted an evaluation of dental services offered to Nunavik communities (Bouger & René, 2016). The report stated that Nunavik communities have access to two major infrastructures for oral health care: the Inuulitsivik Health Center (IHC) and the Ungava Tulattavik Health Centre (UTHC). At the time of the evaluation, a total of seven general dentists assigned proportionally to the population covered by the two care units were practicing in Nunavik (one dentist for 2 140 people) and two more dentist positions were available. In addition to general dental services, some specialized services were offered intermittently (orthodontics, denturology, maxillofacial surgery and dental surgery under general anaesthesia). There were also five dental hygienists working in oral health promotion and prevention. The report indicated that communication between these dental professionals was not optimal, but that, overall, dental care infrastructure and human resources were adequate and accessible for Nunavimmiut. Multiple ways to enhance the efficacy and accessibility of dental care in Nunavik were presented in the report, but these strategies might not be achievable if the oral health care needs of the population are not well documented.

In preparing the present report, we hope to provide Nunavimmiut with the information they need regarding their oral health status so that actions can be planned and taken in harmony with Nunavik knowledge and values.

2. The results for those in the "15 to 29" age group should be interpreted with caution due to the high sampling variability associated with the estimates.

3 METHODOLOGICAL ASPECTS

The oral health component of *Qanuilirpitaa?* 2017 included an oral health questionnaire and an oral clinical exam in the form of a descriptive, observational, cross-sectional survey examining the prevalence of oral conditions among permanent residents of Nunavik aged 16 years and over. As with other individual health measures included in *Qanuilirpitaa?* 2017, the oral health component was conducted on the Canadian Coast Guard Ship *Amundsen* during August, September and October 2017. The parameters selected for the survey and the analysis plan were developed through collaboration with the Nunavik community, input from experts, and consultation with clinicians working in Nunavik. Where possible, indicators were chosen in harmony with items from the Inuit Oral Health Survey 2008-2009, which did not include Nunavik.

The oral clinical exam included numerous oral health measures. Four dentist-examiners performed 1 275 oral clinical examinations, with assistance from two recorders, following the infection control guidelines set by the Ordre des dentistes du Québec, the province's dental regulatory body. Prior to these oral examinations, the dentist-examiners and recorders underwent didactic and practical training to ensure the quality of the clinical information collected. In addition, the dentist-examiners underwent a concordance test to assess the level of standardization of their clinical judgment with gold standard measures (See tables A1, A2 and A3 in Appendix 1 for data quality assurance measures). For more details about the training, refer to the Methodological Report.

3.1 INTERVIEW QUESTIONNAIRE

The oral health component of the questionnaire included six questions (See Appendix 4). They were drawn from existing questions of the Oral Health Module of the Canadian Health Measures Survey. With the exception of one question regarding discomfort while eating, all questions were also included in the Inuit Oral Health Survey 2008-2009. They dealt with perception of oral health, toothbrushing, consultation with a dental professional, painful aching and avoidance of eating. All questions were presented to the *Qanuilirpitaa?* 2017 Steering Committee to determine their suitability in the Nunavik cultural context, and minor modifications were made. The final approved questions were translated into Inuktitut. As with the other arms of the survey, the oral health component of the questionnaire was administered by trained interviewers.

3.2 ORAL CLINICAL EXAM

The oral clinical exam took place in a designated clinical space on the research vessel. Two participants could be received at a time by the clinical team composed of two dentist-examiners and two data recorders (dental assistant or dental hygienist). A curtain in the exam suite served as a privacy barrier between participants. As in the case of the other components of the survey, participants could choose to be received in the language of their choice with dedicated space for an Inuktitut interpreter. An average of less than 15 minutes was required to complete the clinical exam. For more information on the oral clinical exam, including exclusion criteria and the training of the oral health clinical team, see the Methodological Report.

Data were collected through an intra-oral exam without radiographs using dental furniture (dental examination chair, operator stool, and recorder chair), 250 lumen Black Diamond Storm-2016 LED headlamps, Henry Schein 1006640 disposable dental mirrors, WHO(PSR)23/6 ball-tipped periodontal probes and other disposable material such as patient napkins, cotton rolls, 2x2 gauze and dental floss, in addition to infection control material including, but not limited to, nitrile gloves, standard ear-loop masks, fit-checked N95 masks and surface disinfectant. As drying of the teeth was not required with an International Caries Detection and Assessment System (ICDAS II) caries detection threshold of 4, a dental unit with compressed air was not used.

Observations were made by the dentist-examiners and were collected in the data tool. These observations concerned, for example, the presence of teeth and reasons

for missing teeth, the use of prostheses, signs of trauma, gingivitis, the presence of debris and supra-gingival calculus, caries experience (presence of decay and fillings) and the consequences of untreated caries.

In total, 1 275 people participated in the oral clinical exam. An additional five participants presented for the exam but did not complete it either due to withdrawing consent or for medical reasons.

The electronic data collection tool was used on a laptop with UDATA software and was operated by the recorder during the oral clinical exam following password restricted access by the dentist-examiner.

3.3 STATISTICAL ANALYSES

3.3.1 Weighting

In order to represent the entire population, each participant examined was assigned a statistical weight. The analyses for the oral health arm used two separate samples: the oral health questionnaire and the oral clinical exam (for more information, see the section on associated variables). Following the general rule, the weight corresponding to the instrument with the least number of participants was used for each bivariate analysis (see the Methodological Report for more details). In this way, the oral health arm employed two separately weighted variables to complete the analyses.

3.3.2 Measures

The construction of the caries experience indicator Decayed Missing Filled Teeth (DMFT) was based on 28 teeth (instead of 32). Whichever molars were present (first, second or third), only 8 (instead of 12) were considered in the construction of the DMFT for the following reasons: 1) rarity of individuals possessing all 12 molars, as third molars may be absent for a congenital reason or have been removed for a wide range of clinical reasons; 2) third molars may erupt or migrate into the place of extracted first or second molars, thus re-establishing masticatory function; 3) the difficulty of distinguishing third molars from first and second molars on clinical exam. Table A4 in Appendix 2 shows how molars were selected for the construction of the DMFT index and its components.

3.3.3 Statistical tests

When comparing proportions, the global chi-square test of independence was performed. In the case of a significant difference, a test of the equality of two proportions was then performed (construction of a Wald statistic based on the difference between the logit transformations of the estimated proportions) in order to allow for 2x2 comparison of different associated variable modalities and thus enable the source of the significant difference obtained on the test of independence to be identified. When comparing means, the global test of independence was first performed by using Student's t-tests for all pairs of means at the threshold of 5% and dividing by the number of tests (Bonferroni correction). If one of the tests was significant, the equality of means tests for each pair of means was then performed (confidence interval of the difference between the two estimates of means).

Coefficients of variation (CV) were used to quantify the accuracy of estimates, while the Institut de la statistique du Québec scale was used to qualify their accuracy. The presence of a "*" next to an estimate indicates a marginal estimate (CV between 15% and 25%). Estimates with unreliable levels of accuracy (CV > 25%) are identified by a "**".

3.3.4 Associated variables

The survey results are presented using determinants of oral health including age, sex, income, and oral hygiene. These factors are called determinants because they influence health (Government of Canada, 2018). For example, since large cavities may not heal themselves, we expect to see more signs of cavities, fillings and missing teeth in the mouth as people get older. As in the case of other themes in the *Qanuilirpitaa?* survey, the results are broken down on the basis of younger people (aged 16 to 30) and older people (aged 31 and over). Certain results are further broken down according to younger people (aged 16 to 30), middle-aged people (aged 31 to 54) and elders (aged 55 and over). Sex is another determinant of health in that it can lead, for example, to differences in behaviour when it comes to such things as the likelihood of replacing missing teeth with a denture. Behaviours such as toothbrushing, consulting a dental professional and smoking are also determinants that may influence oral health, as are income and education, which can help us understand inequities and access to care because they influence health in many ways (Reading & Wein, 2009).

The associated variables considered in this report include sociodemographic characteristics, self-reported general health and oral health questions, smoking status and sense of belonging.

For more detailed information, see the Methodological Report.

4 RESULTS

The text highlights statistically significant associations and findings that will be useful for the community in understanding oral health status and planning future interventions. All significant and non-significant results are presented in the form of tables in Appendix 3.

4.1 DENTATE STATUS AND PROSTHESIS USE

A complete permanent dentition is composed of 32 teeth. A complement of 21 or more teeth is often referred to as a functional dentition, indicating the presence of a sufficient number of teeth for oral functions, such as eating and phonetics. It is useful to have an idea of the average number of teeth present, the proportion of the population without teeth (edentulous), and the use of dental prostheses (dentures).

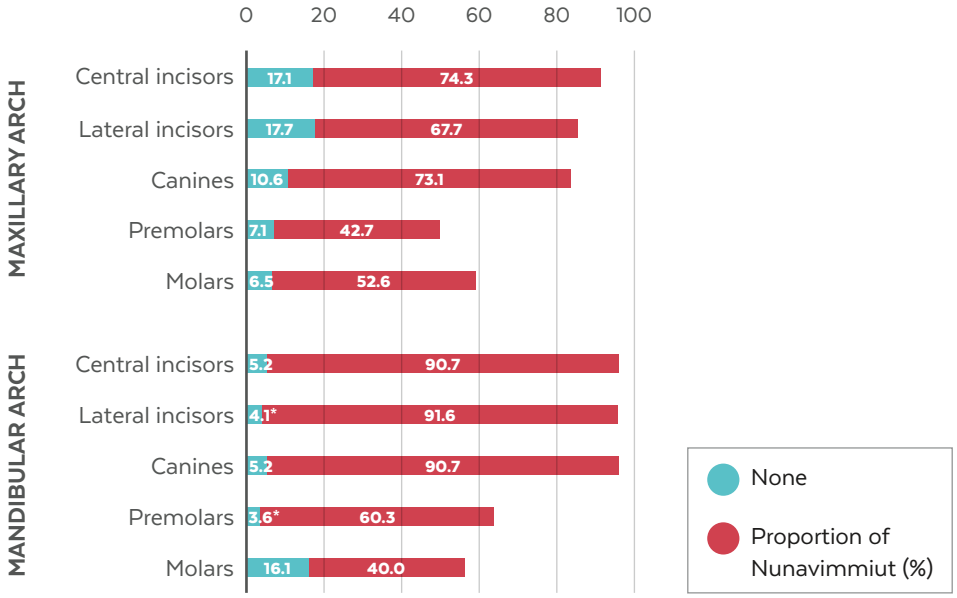
Dentate people averaged 21.14 teeth, out of a possible total of 32 teeth (Table A5). Among them, elders (aged 55 and over) had the fewest teeth (11.17) compared to middle-aged people (18.46) or people aged between 16 and 30 (25.60). Those who had completed secondary school had about six more teeth on average than those with an elementary school education or less (22.16 vs. 16.49). Notably, dentate Nunavimmiut who had consulted a dental professional less than a year ago had around 6 more teeth compared to those who had never consulted a dental professional (21.86 vs. 15.62).

Sixty-eight percent (68%) of dentate Nunavimmiut had a functional dentition of 21 or more teeth (Table A6). Having 21 or more teeth was more frequent among younger people, or residents of the Ungava coast compared to people aged 31 to 54 (90% vs. 53%), people 55 and over (90% vs. 47%) and Hudson coast residents (72% vs. 66%). Having 21 or more teeth was also more frequent among people who had never smoked than current smokers (78% vs. 68%) or former smokers (78% vs. 61%). The presence of at least 21 teeth was more frequent among people with an annual income of less than $20 000 compared to those at the highest income level (72% vs. 61% for $40 000 or more).

Considering anterior teeth, around 7 out of 10 dentate Nunavimmiut (74%) had all of their upper central incisors (maxillary arch), and 9 out of 10 (91%) had all of their lower central incisors (mandibular arch) (Figure 1, Tables A7 and A8). Similar proportions were observed for lateral incisors and canines (Tables A9 to A12). People aged 30 and under more often had their upper anterior teeth (incisors and canines) than people over age 30. For example, 84% of younger people possessed both upper canines compared to 60% of older people. Similarly, 81% of younger people possessed both upper lateral incisors compared to 51% of older people, and 86% of younger people had both upper central incisors compared to 60% of people over age 30.

As regards posterior teeth, proportions were closer to 4, 5 or 6 out of 10 people having a full complement of premolars or molars in the upper or lower arch (Figure 1, Tables A13 to A16).

Figure 1 Distribution of dentate Nunavimmiut having all or no teeth, by arch and type of teeth

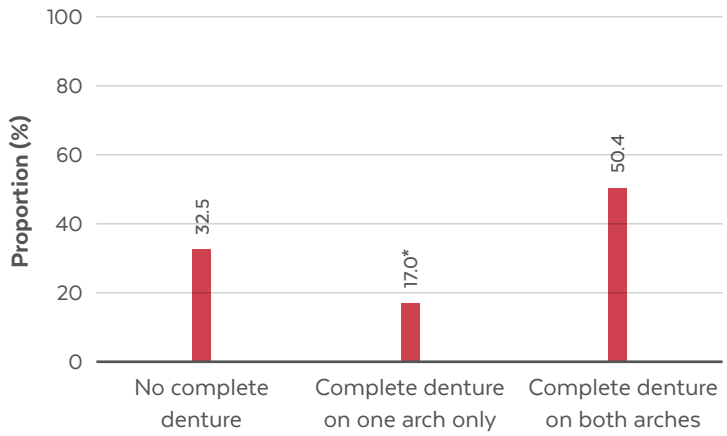


* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
Note: Having all teeth means having 2 central incisors, 2 lateral incisors, 2 canines, 4 premolars and 4 or more molars (max. = 6) per arch.

Among Nunavimmiut with teeth, 8% reported wearing a partial denture to replace missing teeth (Table A17). People who had completed secondary school or higher were more frequent, in proportion, to report wearing a partial denture than those who had not completed secondary school (12.1% vs 6.6%).

Twelve percent (12%) of Nunavimmiut were completely edentulous, not having any teeth at all (Table A18). Elders aged 55 and over were much more frequently edentulous than adults aged 31 to 54 (40% vs. 12%). Being edentulous was associated with an elementary school education or less compared to having attended but not completed secondary school (34% vs. 10%). Among edentulous Nunavimmiut, 50% wore a complete denture on both arches and 17%* on one arch only while 33% wore no dentures on either arch (Figure 2 and Table A19).

Figure 2 Distribution of Nunavimmiut edentulous on both arches wearing a complete denture

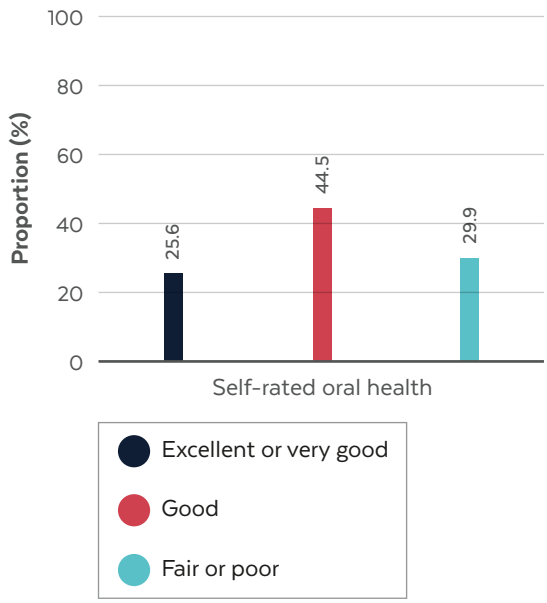


* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

4.2 SELF-PERCEPTION OF ORAL HEALTH

Overall, nearly 45% of Nunavimmiut reported that their oral health was good, and a quarter (26%) reported it was excellent or very good (Figure 3 and Table A20).

Figure 3 Distribution of the Nunavik population according to self-rated oral health



Excellent or very good oral health was more often reported among Ungava coast residents or people who had last consulted a dental professional less than a year ago compared with Hudson coast residents (30% vs. 22%) or people who had consulted a dental professional less recently (28% vs. 21%). Good oral health was more often reported by younger Nunavimmiut (both sexes) and women than by people over 30 (50% vs. 40%) or men (49% vs. 40%). Fair or poor oral health was more often reported by men, older people or those who brushed their teeth weekly to never,[3] compared to women (35% vs. 25%), people 30 and under (34% vs. 25%) or those who brushed daily (37% vs. 26%).

4.3 DENTAL CARIES

Dental caries results from loss of tooth structure by demineralisation in the presence of bacteria. In this survey, ICDAS II was employed to identify obvious decay coded at grades 4 through 6 for the coronal portion of the tooth and decay grades 1 and 2 for the root portion of the tooth, as explained in the glossary for this report (International Caries Classification and Management System, 2018).

This report uses the DMFT index proposed by the World Health Organisation (WHO)[4] to describe caries experience (2013). The "D" or "decayed" component describes only those carious lesions present at the time of the exam, as it is impossible to know the status of caries at the time a filling was placed or a tooth was removed. The "M" or "missing" component is assumed to describe teeth lost due to caries. However, since it is difficult for people to remember the reason why a tooth was removed, this component also includes teeth extracted due to periodontal disease, which will tend to overestimate the number of missing teeth due to caries. The "F" or "filled" component describes silver amalgam fillings and tooth-coloured fillings, as well as restorations such as crowns and inlays, even if they are lost or broken. Under the coding system, if a filling were found to have decay associated with it, the tooth surface was coded "D" for decay, which will tend to underestimate the number of filled tooth surfaces. On the other hand, all fillings on back teeth (molars and premolars) were considered to have been placed due to decay, which will tend to overestimate the number of decayed tooth surfaces. Only fillings associated with trauma to the incisor teeth or placed for solely aesthetic reasons were excluded from the "F" component and the DMFT index.

Dental caries was evaluated for the coronal and root portions of the teeth and is presented below. As discussed above, in this report the DMFT will consider 28 teeth as a complete human dentition (see Table A4 in Appendix 2 for all details on molar selection for the DMFT index).

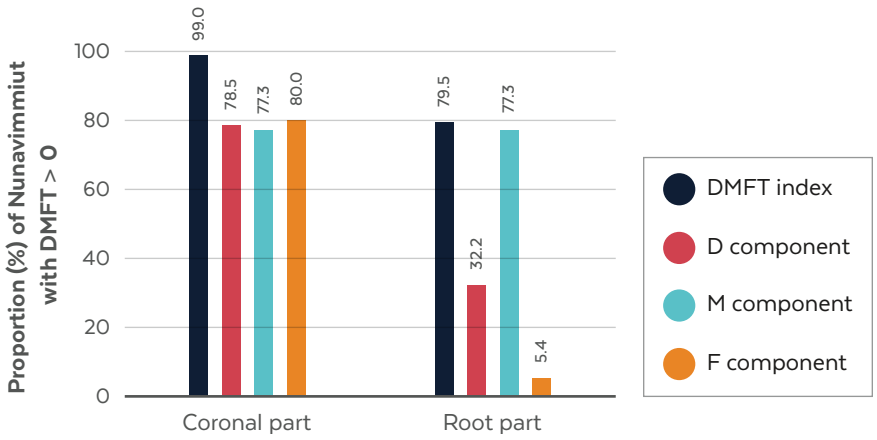
3. For the question "How often do you usually brush your teeth and/or dentures?" response options were "daily", "weekly", "monthly", "yearly" or "never". Thus, to distinguish those who brushed their teeth daily, all those who brushed their teeth six days a week or less were considered in the "weekly to never" category.
4. The DMFT index reported here is modified from the WHO categorization to reflect lost fillings without obvious decay as "filled" rather than "decayed" in harmony with ICDAS II guidelines.

Two types of indicators are used to report the DMFT index: proportion of the population experiencing caries and average number of decayed, missing or filled teeth for targeted individuals. Both indicators are broken down into all three components of the index, with results for the "M" component being the same for both coronal and root parts of the teeth.

4.3.1 Coronal caries

Ninety-nine percent (99%) of dentate Nunavimmiut had at least one decayed, missing or filled tooth due to coronal caries, which means that virtually all Nunavimmiut had experience of dental caries (Figure 4 and Table A21).

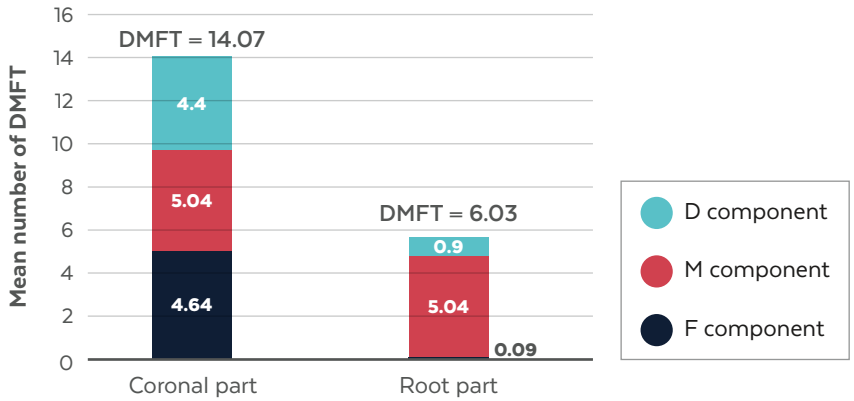
Figure 4 Proportion of dentate Nunavimmiut with at least one tooth experiencing caries, by tooth part and index components



Note 1: The DMFT index calculation is based on a total of 28 permanent teeth per individual.
Note 2: The decay grades are not the same for the coronal part (grades 4 to 6) and the root part (grades 1 and 2) of the teeth. See glossary for more information.
Note 3: The missing component is the same for the coronal and root parts of the teeth, as the entire tooth is missing.

The overall mean DMFT for the coronal portions of the teeth among dentate Nunavimmiut was 14.07, which means that people with teeth averaged about 14 decayed, missing or filled teeth (Figure 5 and $D_{4\text{-}6}MFT_{28c}$ index in Table A22).

Figure 5 Mean number of DMFT of dentate Nunavimmiut, by tooth part and index components



Note 1: The DMFT index calculation is based on a total of 28 permanent teeth per individual and it only considers half the teeth among people who are dentate on only one arch. It thus underestimates the global DMFT.
Note 2: The decay grades are not the same for the coronal part (grades 4 to 6) and the root part (grades 1 and 2) of the teeth. See glossary for more information.
Note 3: The missing component is the same for the coronal and root parts of the teeth, as the entire tooth is missing.

A higher DMFT was more often exhibited among people aged 31 and over or those who had attended but not completed secondary school than among people aged 30 and under (16.39 vs. 11.68) or those who had completed secondary school or higher (14.53 vs. 13.30). People who brushed their teeth less frequently exhibited a higher DMFT compared to those who brushed daily (15.26 vs. 13.42). Those who rated their general health as fair or poor or their oral health as fair or poor showed a higher DMFT than those who rated their general health as excellent or very good (14.86 vs. 13.47) or their oral health as excellent or very good (15.90 vs. 13.12). A higher DMFT was also more often exhibited among people with an annual income greater than $40 000 compared to those reporting income of less than $20 000 per year (15.26 vs. 13.39). Notably higher DMFTs were associated with often experiencing painful aching in the mouth compared to rarely or never experiencing painful aching (18.96 vs. 13.76). Similarly, often experiencing discomfort when eating was associated with a higher DMFT than rarely or never experiencing discomfort when eating (18.68 vs. 13.82).

DECAY COMPONENT

Seventy-nine percent (79%) of dentate Nunavimmiut presented at least one tooth with coronal caries (Table A23). People in this category were more often men than women (84% vs. 72%), and they were more often age 30 or younger compared with older people (81% vs. 76%). People whose highest level of education was elementary school or less more often showed presence of coronal decay compared with people who had completed secondary school (89% vs. 68%). Lower income people also more frequently showed at least one tooth with coronal decay compared to individuals in the highest income bracket (83% vs. 67%). Those who practiced toothbrushing less frequently (weekly to never) exhibited decay much more often than daily brushers (90% vs. 71%) and people describing their oral health as fair or poor also more often exhibited decay than those rating their oral health as good and as excellent or very good (88% vs. 75% and 71%).

Dentate Nunavimmiut averaged 4.40 teeth with coronal decay overall (D component in Table A22). Men exhibited more decayed teeth than women (5.38 vs. 3.32) and being age 30 or younger was associated with more decayed teeth compared to being over age 30 (4.98 vs. 3.84). Hudson coast residents showed slightly more teeth with coronal decay than Ungava coast residents (4.67 vs. 4.04). People who had attended but not completed secondary school showed a notably higher number of decayed teeth compared to people who had completed secondary school or higher (5.12 vs. 2.86). A higher number of decayed teeth was more often seen among individuals with an annual income below $20 000 compared to those with an income greater than $40 000 (4.96 vs. 3.48). People who had consulted a dental professional a year or more ago showed more decayed teeth than those who had consulted more

recently (5.22 vs. 3.52). Notably, people who brushed their teeth less frequently (weekly to never) had on average about three more decayed teeth than those who brushed daily (6.38 vs. 3.18). People who rated their oral health as fair or poor exhibited about two more decayed teeth than those who reported excellent or very good oral health (5.87 vs. 3.63).

MISSING COMPONENT

About 77% of dentate Nunavimmiut showed missing teeth due to caries or periodontal disease (Table A24). People over 30, those with an annual income greater than $40 000, or those with a fair or poor self-perception of their general health or oral health more often exhibited missing teeth than younger people (94% vs. 60%), people with an income of less than $20 000 (83% vs. 73%), those with an excellent or very good perception of their general health (82% vs. 72%) or those with an excellent or very good perception of their oral health (85% vs. 71%).

Overall, dentate Nunavimmiut averaged 5.04 missing teeth (M component in Table A22). Those averaging more missing teeth tended to be older compared to those 30 and under (7.6 vs. 2.4), to be from the Hudson coastal region compared to the Ungava coastal region (5.35 vs. 4.64), or to have completed elementary school or less versus having completed secondary school or higher (6.81 vs. 4.26). In the same way, people who had attended but not completed secondary school had more missing teeth than those with higher levels of education (5.22 vs. 4.26). Looking at self-perception of health, people who rated their general health as fair or poor exhibited on average about two more missing teeth than those who rated their general health as excellent or very good (6.32 vs. 4.28).

FILLED COMPONENT

Eight out of 10 dentate Nunavimmiut (80%) had fillings on the coronal portion of the tooth (Table A25). People with presence of these fillings were more often women than men (88% vs. 73%). Those with fillings had more often completed secondary school or higher than people with some secondary school or with elementary school or less (90% vs. 77% and 70%). Presence of at least one coronal filling was also seen far more often among daily toothbrushers compared with those who brushed less frequently or never (86% vs. 65%).

Overall, dentate Nunavimmiut averaged 4.64 filled teeth (F component in Table A22). Those with more filled teeth tended to be over 30, women or Ungava coast residents compared to younger people (4.96 vs. 4.30), men (5.72 vs. 3.64) or Hudson coast residents (5.36 vs. 4.08). People with more filled teeth also tended to have completed secondary school or higher compared with those who had attended but not completed secondary school (6.18 vs. 4.19). The number of filled teeth was also associated with income, with people with an annual income over $40 000 exhibiting more filled teeth than those in the middle income category or those with an income of less than $20 000 (6.30 vs. 4.80 vs. 3.75). Notably, daily toothbrushers exhibited on average nearly three more filled teeth than those who brushed their teeth weekly to never (5.69 vs. 2.84). People who most recently consulted a dental professional less than a year ago showed more than two more filled teeth than people who had consulted less recently (5.91 vs. 3.34).

4.3.2 Root caries

Moving from the coronal portion of the tooth to the root portion, approximately 80% of Nunavimmiut had at least one decayed, missing or filled tooth due to root caries (Figure 4 and Table A26). People over 30 or those with fair or poor self-rated oral health, more often exhibited experience of root caries (root DMFT) compared to younger people (96% vs. 63%) or people who rated their oral health as excellent or very good (88% vs. 74%). Experience of root caries was also observed more often among Hudson coast residents than residents of the Ungava coast (82% vs. 76%).

The overall mean DMFT for the root portions of the teeth among dentate Nunavimmiut was 6.03, which means people with teeth had about 6 decayed, missing or filled teeth with root involvement in their mouths (Figure 5 and $D_{1\text{-}2}MFT_{28r}$ index Table A27). People aged 55 and older exhibited a much higher root DMFT than middle-aged people (12.43 vs. 8.35) or those aged 16 to 30 (12.43 vs. 2.69). Hudson coast residents or individuals who had consulted a dental professional less recently had more teeth with root involvement than Ungava residents (6.66 vs. 5.22) or individuals whose most recent consultation of a dental professional dated from less than a year ago (6.66 vs. 5.44). People who had completed elementary school or less had more teeth with decayed, missing and filled roots than those who had attended but not completed secondary school (8.41 vs. 6.31) and many more than those who had completed secondary school or higher (8.41 vs. 4.85). People who brushed weekly to never exhibited, on average, about two more teeth with root involvement than those who brushed their teeth daily (7.37 vs. 5.34). Considering self-perception of health, people who rated their general health as fair or poor exhibited a higher root DMFT than those who rated their general health as excellent or very good (7.76 vs. 5.06) or who rated it as good (7.76 vs. 5.63). Similarly, people who rated their oral health as fair or poor also exhibited a higher root DMFT

than those who rated their oral health as excellent or very good (7.63 vs. 5.00). A much higher root DMFT was associated with often avoiding eating certain foods or often experiencing discomfort when eating compared to rarely or never avoiding eating certain foods due to mouth problems (8.96 vs. 5.98) or rarely or never finding it uncomfortable to eat (9.82 vs. 5.89).

DECAY COMPONENT

When considering the distribution of the population with root surface decay, close to a third (32%) of Nunavimmiut had at least one tooth experiencing root decay (Table A28). Root decay was more common among people over 30 or Hudson coast residents compared to younger people (50% vs. 14%) or Ungava coast residents (42% vs. 20%). Men or people who had attended but not completed secondary school also had root decay more often than women (36% vs. 28%) or people who had completed secondary school or higher (34% vs. 25%). Weekly to never toothbrushers exhibited root decay more often than daily toothbrushers (39% vs. 28%), and people who rated their general health as fair or poor also exhibited root decay more often than those who rated their general health as excellent or very good (41% vs. 31%) or as good (41% vs. 28%). Likewise, people who rated their oral health as fair or poor exhibited root decay more than those who rated their oral health as excellent or very good (42% vs. 28%) or as good (42% vs. 28%).

Overall, dentate Nunavimmiut exhibited on average less than one (0.90) tooth with root caries, with men showing more teeth with root decay than women (1.12 vs. 0.65) (D component in Table A27). Hudson coast residents exhibited more teeth affected by root decay compared to Ungava coast residents (1.21 vs. 0.49). People who had attended but not completed secondary school also had more teeth with root decay than those who had completed secondary school or higher (1.00 vs. 0.52). Having more teeth showing root decay was associated with weekly to never toothbrushing or consulting a dental professional a year or more ago versus daily toothbrushing (1.26 vs. 0.68) or more recent consultation (1.14 vs. 0.68).

FILLING COMPONENT

As regards the distribution of population with root surface fillings, only 5% of Nunavimmiut had such fillings (Table A29). In addition, almost all people aged 16 to 30 (99%) had no root surface fillings and a high proportion of people over 30 (91%) showed no root surface fillings.

Overall, fillings on root surfaces were rare, with Nunavimmiut averaging less than one tooth with root filling per person (F component in Table A27).

4.4 CONSEQUENCES OF UNTREATED CARIES

Consequences of untreated decay include pain, gingival trauma and infection and were measured in this survey by the Pulpal involvement, Ulceration, Fistula and Abscess Index (PUFA) among dentate participants (Monse et al., 2010).

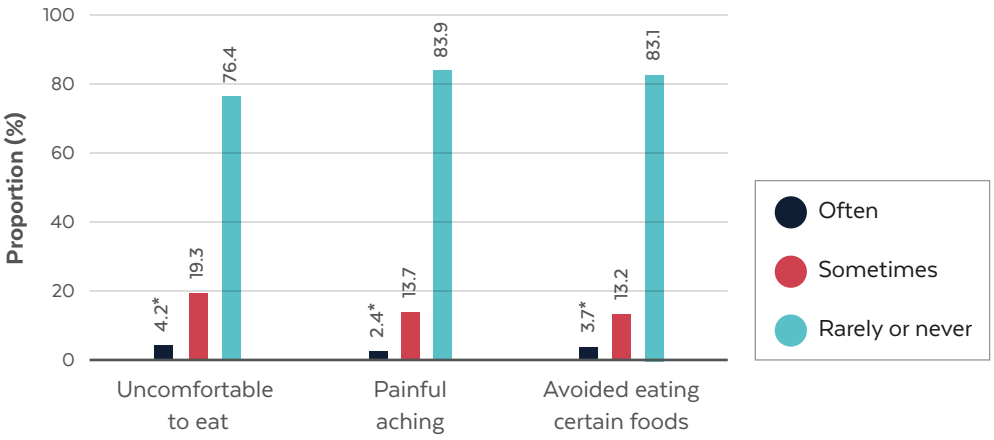
Overall, less than 4 dentate Nunavimmiut out of 10 (38%) showed consequences of untreated caries (Table A30). The consequences of untreated caries were observed much more often among men compared to women (48% vs. 27%) or among people who had attended but not completed secondary school compared to those with a higher level of education (44% vs. 25%). In the same way, consequences of untreated caries were more frequent among people who had completed elementary school or less than among those who had completed secondary school or higher (45% vs. 25%).

In addition, people who reported brushing their teeth every day exhibited consequences of untreated caries less often than those who brushed their teeth less frequently (27% vs. 58%). These consequences were observed to a lesser extent among Nunavimmiut who had consulted a dental professional less than a year ago compared with people who had never consulted a dental professional (29% vs. 82%) and compared to those who had consulted a year or more ago (29% vs. 46%).

4.5 DISCOMFORT, PAIN AND FOOD AVOIDANCE

Overall, more than three quarters (76%) of Nunavimmiut reported rarely or never having discomfort when eating (Figure 6 and Table A31). People who rarely or never had discomfort when eating were more often women than men (81% vs. 72%).

Figure 6 Distribution of the Nunavik population according to how often, in the past 12 months, they had found it uncomfortable to eat food, they had experienced painful aching and they had avoided eating certain foods



* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Overall, 84% of Nunavimmiut reported rarely or never experiencing painful aching in their mouths (Figure 6 and Table A32). Rarely or never experiencing painful aching was more often reported among people with an elementary school education or less compared to those who had attended but not completed secondary school (93% vs. 82%) or those who had completed secondary school or higher (93% vs. 84%).

In total, 83% of Nunavimmiut reported rarely or never avoiding certain foods because of problems in their mouths (Figure 6 and Table A33). Those who rarely or never avoided foods because of problems in their mouths were more often women than men (86% vs. 80%).

4.6 ORAL HYGIENE

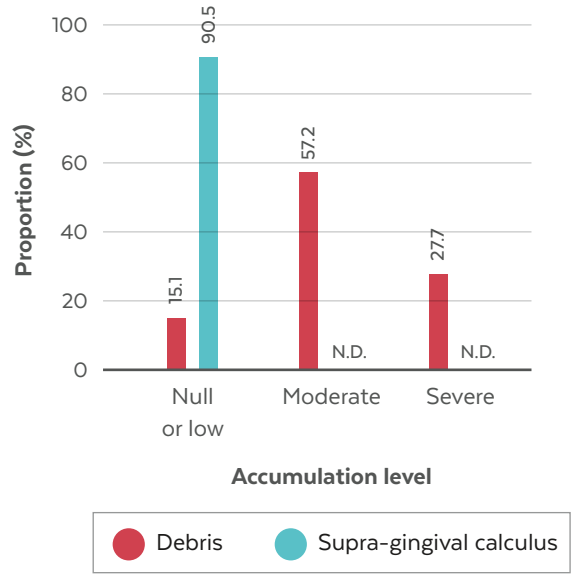
Oral hygiene can be assessed by examining hard and soft deposits on the teeth, as well as toothbrushing frequency.

4.6.1 Debris and calculus

Oral hygiene was evaluated by examining soft debris on teeth, as well as hard debris known as calculus. Neither of these factors are markers for disease. Rather, they indicate if someone has been cleaning their teeth effectively. In this survey, only supra-gingival (above the gum line) deposits were evaluated. The Simplified Oral Hygiene Index was employed using 6 control teeth (4 molars and 2 central incisors).

In total, about 15% of Nunavimmiut showed low or no soft debris on their teeth at examination, while 57% and 28% showed moderate and severe debris on teeth respectively (Figure 7 and Table A34). It should be noted that a very small proportion (2%*) of people showed no debris on their teeth (Table A35).

Figure 7 Distribution of dentate Nunavimmiut by debris and supra-gingival calculus levels



N.D. Since some categories have less than 5 respondents, this value is not displayed.

People with severe debris on their teeth were more often younger, men or individuals who had attended but not completed secondary school compared to people over 30 (31% vs. 24%), women (33% vs. 23%) or individuals who had completed secondary school or higher (30% vs. 20%) (Table A34). Hudson coast residents showed severe debris on their teeth more often than Ungava residents (36% vs. 17%).

In contrast, people with minimal or no debris on their teeth were more often over 30 compared to younger people (19% vs. 12%). Those exhibiting minimal or no debris had much more often completed secondary school, or they reported an income of $40 000 or greater per year compared to people who had attended but not completed secondary school (26% vs 11%) or those with an income of less than $20 000 (30% vs. 8%).

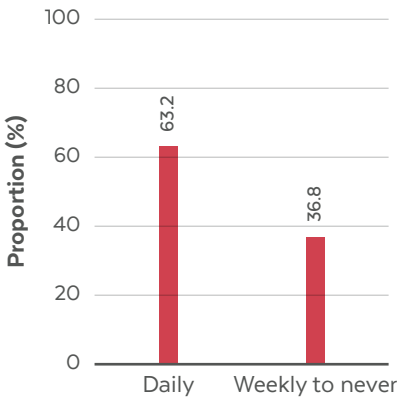
The results for hard, supra-gingival calculus deposits on teeth showed that about 91% of Nunavimmiut had little or no calculus on their teeth (Table A36). People with little or no calculus were more often younger, Ungava coast residents or individuals who had consulted a dental professional less than a year ago compared with people over 30 (93% vs. 87%), Hudson coast residents (98% vs. 85%) or individuals who had consulted a dental professional less recently (94% vs. 86%).

Sixty percent of Nunavimmiut (60%) exhibited no supra-gingival calculus at all (Table A37). Those who were calculus-free were more often women, Ungava coast residents or individuals who had consulted a dental professional more recently compared to men (64% vs 56%), Hudson residents (83% vs. 42%) or individuals who had consulted a dental professional a year or more ago (64% vs. 54%).

4.6.2 Tooth or denture brushing

About 63% of Nunavimmiut reported brushing their teeth or their denture daily (Figure 8 and Table A38).

Figure 8 Distribution of the Nunavik population according to tooth or denture brushing frequency



Those reporting daily brushing were more often women, Ungava coast residents, or individuals who had completed secondary school or higher, compared to men (76% vs. 51%), Hudson residents (67% vs. 61%) or individuals who had attended but not completed secondary school (77% vs. 59%) or who had an elementary school education or less (77% vs. 51%). Daily toothbrushers were more frequently in the highest income bracket than in the brackets with an income of $20 000 to less than $40 000 (78% vs. 61%) or less than $20 000 a year (78% vs. 57%). Daily toothbrushers more often consisted of individuals who had consulted a dental professional less than a year ago than of individuals who had last consulted a year or more ago (74% vs. 55%). Daily toothbrushers were also more often former or never smokers compared to current smokers (75% vs. 60%; 71% vs. 60%).

4.7 GINGIVITIS

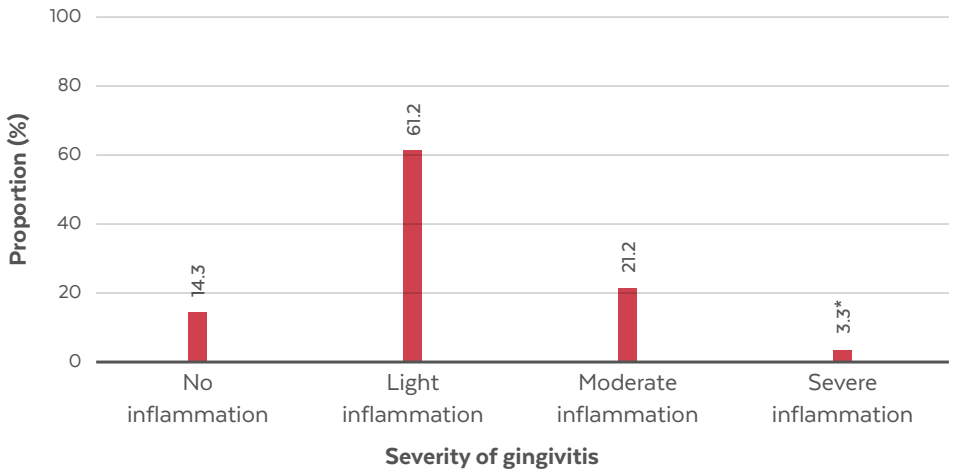
Gum, or gingival health, was assessed by considering gingivitis with the Gingival Index developed by Loë and Silness (1967), using 6 control teeth (2 molars, 2 premolars and 2 lateral incisors). Gingivitis can increase the risk of more serious gum problems that lead to tooth loss and was evaluated as light, moderate or severe inflammation.

Among dentate Nunavimmiut, 86% exhibited signs of gingivitis, whether light, moderate or severe (Table A39).

People who demonstrated signs of gingivitis were more often men, age 30 or younger or Hudson coast residents compared to women (93% vs. 78%), older people (88% vs. 83%) or Ungava residents (90% vs. 80%). People exhibiting gingivitis had more often attended but not completed secondary school compared to those who had completed secondary school or higher (88% vs. 81%). Nunavimmiut exhibiting gingivitis more often reported lower income, with those earning an income of less than $20 000 a year showing more frequent gingivitis than those with an annual income of $40 000 or more (89% vs. 77%). In the same way, those with an annual income between $20 000 and $40 000 exhibited more frequent gingivitis than those with a higher annual income (88% vs. 77%). People with gingivitis had more often consulted a dental professional less recently, compared to those who had consulted in the past 12 months (89% vs. 83%). As regards oral hygiene, weekly to never toothbrushers showed more frequent gingivitis than those who brushed daily (94% vs. 81%).

Looking at the degree of severity of gingivitis, about 14% of Nunavimmiut showed no gingival inflammation, 61% showed only light gingival inflammation, and 21% exhibited moderate inflammation (Figure 9 and Table A40). Less than one person in 20 had severe inflammation.

Figure 9 Distribution of dentate Nunavimmiut by severity of gingivitis



* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Gingival inflammation was absent more often among Ungava coast residents than Hudson residents (20% vs. 10%) and was more often absent among Nunavimmiut with the highest annual income compared to people with an annual income of less than $20 000 (23% vs. 11%).

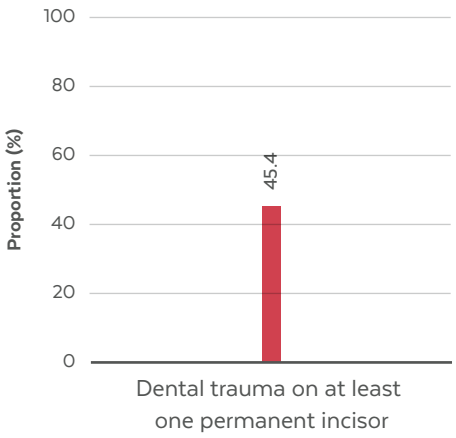
Moderate inflammation was also seen more often among younger people than among those over age 30 (25% vs. 17%). It was present more frequently among men than women (26% vs. 16%) and among Hudson coast residents compared to Ungava residents (26% vs. 15%). Moderate inflammation was seen more often among people brushing weekly to never compared to daily toothbrushers (29% vs. 17%).

4.8 DENTAL TRAUMA

Information about teeth that have experienced trauma was recorded using the Dental Trauma Index, which allows categorization of anterior (front) teeth that have been broken or injured (WHO, 2013). As anterior teeth are much more likely to be injured than posterior (back) teeth, this index only considers the eight incisor teeth at the very front of the mouth. In this survey, experience of dental trauma means having at least one incisor categorized as affected under the Dental Trauma Index.

About 45% of dentate Nunavimmiut had at least one incisor tooth that was injured or missing due to dental trauma (Figure 10 and Table A41). Dental trauma was seen more often among Hudson coast residents than Ungava residents (56% vs. 32%).

Figure 10 Proportion of dentate Nunavimmiut having at least one fractured or absent permanent incisor due to dental trauma

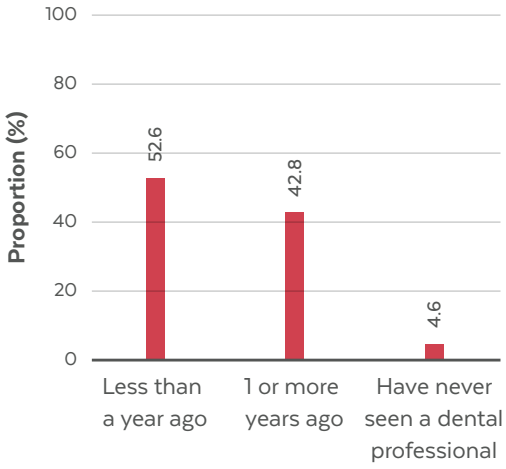


The mean number of traumatised incisors was about two teeth (2.24) in individuals experiencing dental trauma (Table A42). With an average of 2.48 teeth experiencing trauma, people over 30 had more dental trauma than younger people (2.00 teeth). Looking at coastal regions, Hudson coast residents who had experienced dental trauma exhibited more affected teeth than Ungava coast residents (2.40 vs. 1.88).

4.9 CONSULTATION WITH A DENTAL PROFESSIONAL

About half (53%) of Nunavimmiut reported having consulted a dental professional less than one year ago and very few (5%) had never consulted one (Figure 11 and Table A43).

Figure 11 Distribution of the Nunavik population according to last consultation with a dental professional



People who had consulted a dental professional less than one year ago were much more often dentate, younger, or women compared to edentulous people (55% vs. 31%), people over 30 (57% vs. 49%) or men (61% vs. 44%). Significant differences between all levels of education were noted in regard to consulting a dental professional less than one year ago. People who had completed secondary school or higher more often reported consulting less than a year ago compared to those who had attended but not completed secondary school (63% vs. 52%), or compared to those who had completed elementary school or less (63% vs. 35%). Likewise, people who had attended but not completed secondary school more often reported consulting a dental professional in the past year compared to those with an elementary school education or less (52% vs. 35%).

People who had consulted a dental professional a year or more ago were more often edentulous than dentate (57% vs. 42%) or men than women (49% vs. 36%).

5 DISCUSSION

The discussion of this report is divided into two sections: 1) how Nunavimmiut describe their oral health, and 2) what the clinical data say about their oral health.

5.1 HOW DO NUNAVIMMIUT DESCRIBE THEIR ORAL HEALTH?

The majority of Nunavimmiut aged 16 and over (70%) consider themselves to have good, very good or excellent oral health. Although this is favourable news, care should be taken in the interpretation of this result because it is possible that the cultural meaning of being in good, very good or excellent oral health signifies not currently having pain rather than not having oral problems. If people answered the question from this perspective it could explain the high proportion observed. It also cannot be ignored that there are still 30% of Nunavimmiut who perceive themselves to be in fair or poor oral health. These people are more often men, people aged 31 and over or Nunavimmiut who brush their teeth weekly to never.

Other indicators in this survey also show that Nunavimmiut 16 years of age and older describe their oral health in a positive manner. About 8 in 10 people say they rarely or never experience discomfort when eating food, and the same proportion rarely or never avoid eating certain foods because of problems with their mouths. Similarly, 8 in 10 people rarely or never have pain in their mouths. In 2004, about 30% of Nunavimmiut elders (50 years and older) had problems chewing meat or apples (Bélanger, 2007). In 2017, although the data are not comparable,[5] there were fewer than 20% of people aged 55 and over who reported avoiding eating certain foods or who experienced discomfort when eating due to a dental problem.

As part of this investigation, Nunavimmiut were also asked about some behaviours that help maintain good oral health, such as brushing teeth and regularly consulting a dental professional. Among Nunavimmiut aged 16 years and over, 63% report brushing their teeth or prostheses daily. However, relative to the Quebec population, the adoption of this oral hygiene habit is lower in Nunavik. Indeed, approximately 97% of Quebecers aged 15 and over report brushing their teeth or prostheses every day (Institut de la statistique du Québec, 2010). This gap with the Quebec population shows a need for oral health education. Dental professionals working in Nunavik clinics have little time to devote to prevention as the curative needs of the population are very high. As proposed in the Inuit Oral Health Action Plan "Healthy Teeth, Health Lives" launched by ITK (Inuit Tapiriit Kanatami, 2013) in 2013, promotion campaigns that originate from within communities and address the importance of oral health from a global health perspective are a promising avenue to consider.

Also, only about half of Nunavimmiut had consulted a dental professional less than a year ago. This relatively low rate of consultation may reflect difficulties in accessing care that is acceptable, sufficiently available, affordable and culturally safe.

5. The *Qanuippitaa?* 2004 and *Qanuilirpitaa?* 2017 surveys are not comparable due to methodological differences. However, a parallel between the results of the two surveys is made simply to give the reader a point of reference.

5.2 WHAT DO THE CLINICAL DATA SAY ABOUT THE ORAL HEALTH OF NUNAVIMMIUT?

With a few exceptions, the clinical oral health results of this survey do not show significant differences with the most recent results for the Quebec and Canadian populations published in 2010.[6] Indeed, the proportion of persons aged 16 and over in Nunavik who no longer have teeth in their mouths (12%) is not very far from that reported by the Enquête québécoise sur la santé de la population (EQSP) 2008 (Institut de la statistique du Québec, 2010) for Quebecers aged 15 and over (11%). According to the Inuit Oral Health Survey report (Health Canada, 2011), the proportion is also similar to that of Inuit adults aged 20 years and over from the three other Inuit Nunangat regions (10%).[6] However, a considerable proportion (33%) of edentulous Nunavimmiut do not wear a complete denture. This could be explained by challenges related to ensuring that dentures are properly adjusted and do not cause pain or discomfort. Without a denture, people must chew with their gums, possibly leading them to exclude certain foods from their diet, which can in turn negatively affect their health.

According to the European Commission (Bourgeois et al., 2005), a functional dentition is composed of 21 or more teeth allowing effective mastication of food. On average, dentate Nunavimmiut aged 16 and over have just the number of teeth required for a functional dentition (21.14 teeth). Since caries and periodontal diseases increase with age, it is not surprising to note that the average number of teeth present decreases with age: the 16-30 age group has 25.60 teeth present on average, the 31-54 year old age group 18.46 teeth and elders only 11.17 teeth. People who have never smoked also more frequently present at least 21 teeth (78%) compared to current smokers (68%) or former smokers (61%).

Looking at the whole population of dentate Nunavimmiut aged 16 and over, almost everyone (99%) has at least one tooth experiencing caries on the coronal part. The latter proportion is similar to that observed among Canadian adults aged 20 and over in 2007-2009 (96%) and Inuit adults aged 20 and over from the rest of Inuit Nunangat in 2008-2009 (99%) (Health Canada, 2010; Health Canada & Nunatsiavut Government, 2011). On average, dentate Nunavimmiut have around 14 teeth whose crowns are affected by caries in the form of advanced untreated caries, restorations or extracted teeth.

It is important to highlight that 79% of dentate Nunavimmiut have at least one tooth with untreated advanced caries on the coronal part, with an average of just over 4 affected teeth per person. Many of these people (38%) show consequences of untreated advanced caries such as pain, gum trauma and infections. The present survey also documents that 80% of people have had treatment for caries in the form of fillings, which is a positive finding, yet untreated disease remains quite present. Eight out of 10 Nunavimmiut exhibit untreated, advanced carious lesions, which is in stark contrast to the proportion of 2 out of 10 Canadian adults aged 20 years and over who were reported to have this condition by the Canadian Health Measures Survey in 2007-2009 (Health Canada, 2010). Moreover, 6 out of 10 Inuit adults aged 20 and older from the other three Inuit Nunangat regions had untreated advanced caries in 2008-2009 (Health Canada & Nunatsiavut Government, 2011). The high proportion of untreated advanced caries in Nunavik merits attention and may be explained in part by issues of access to preventive and curative dental care in Nunavik, i.e., issues relating to dental services that are not well adapted to the cultural context or are not sufficiently available, effective or affordable. Other factors may also explain this finding, including shame related to the condition of the teeth, cultural anxiety, fear of being judged by dental professionals and fear of treatments due to bad past experiences such as complex tooth extraction or pain during treatment. The cultural tradition of "living in the present" and not consulting a dental professional if there is no pain could also lead to the adoption of a curative and symptomatic care pathway which may influence the high rate of untreated decay. In addition, the consumption of lower nutritional quality (sugar-rich) food can also contribute to a high rate of active untreated caries, suggesting a need for more integrated public health interventions for improved health promotion. It is also important to note that around 8 out of 10 Nunavimmiut have teeth missing due to caries or periodontal disease.

The dental caries results also reveal that Nunavimmiut 16 years old and over living on the Ungava coast show, on average, fewer teeth with untreated advanced caries (4.04) on the coronal part or teeth extracted due to caries or periodontal diseases (4.64) than those living on the Hudson coast (4.67 and 5.35 respectively). Conversely, Nunavimmiut on the Ungava coast have more restored teeth crowns (5.36) on average than residents of the

6. The EQSP 2008, CHMS 2007-2009 and the Inuit Oral Health Survey 2011 are not comparable with *Qanuilirpitaa?* 2017 due to methodological differences. However, a parallel between the results of the two surveys is made simply to give the reader a point of reference.

Hudson coast (4.08). Similar findings are also observed for root decay: the caries experience is significantly higher on the Hudson coast ($D_{1-2}MFT_{28r}$ = 6.66) than the Ungava coast ($D_{1-2}MFT_{28r}$ = 5.22). These results again suggest that accessing care that is acceptable, sufficiently available, affordable and culturally safe may be more of an issue on the Hudson coast than on the Ungava coast.

An evaluation by the Nunavik Regional Board of Health and Social Services (Bouger & René, 2016) conducted in 2015 documented that Nunavik communities benefit from two major infrastructures for oral health care; the first one on the Hudson coast (IHC) and the second on the Ungava coast (UTHC). The report indicated that communication between dental professionals is not optimal and suggested documenting oral health care needs in order to better identify strategies for improving the effectiveness and accessibility of dental care. In this sense, the current survey highlights the significant need for preventive and curative caries care in both regions, with a more accentuated need on the Hudson coast.

In terms of oral hygiene, the vast majority of Nunavimmiut aged 16 and over have debris on their teeth. People have mostly moderate levels of debris (57%), but a significant percentage have severe levels (28%). These debris results are significantly higher than those reported in 2007-2009 for Canadian adults aged 20 years and older in the CHMS (Health Canada, 2010) (21% and 6% respectively). However, the majority of Nunavimmiut do not have any calculus on their teeth (60%), compared to 36% in the general Canadian population.

A direct link can be made between the presence of debris and calculus on the teeth and gingivitis. Due to the presence of dental debris, it is therefore not surprising to note that a large proportion of Nunavimmiut (86%) show gingivitis. However, it is reassuring to mention that most people present mild (61%) to moderate (21%) gingivitis. Only a small proportion exhibit severe gingivitis (3%*). The people most affected by these two conditions (severe debris level and moderate gingivitis) are men, younger people and those living on the Hudson coast. These results may reflect the need for oral health education among Nunavimmiut that engages people and corresponds to cultural values.

Finally, dental trauma is observed more frequently in Nunavimmiut 16 years of age and older (45%) than in Canadian adults aged 20 years and older (24%). Among those having experienced dental trauma, Nunavimmiut aged 30 and older showed more teeth involved (2.48) than younger people (2.00). It should be noted that that there is higher proportion of Nunavimmiut experiencing dental trauma on the Hudson coast than on the Ungava coast (56% vs. 32%). One of the hypotheses that may explain this higher proportion of dental trauma among Nunavimmiut than the Canadian general population is the consumption of traditional foods that require greater force to incise and chew food. If the teeth are weakened by cavities, they will thus be more prone to fracture. Other hypotheses can also be put forward concerning this result, namely, unintentional injuries on the land and in communities resulting, for example, from the use of motorised vehicles such as snowmobiles without wearing a protective helmet.

6 CONCLUSION

The oral health picture of Nunavimmiut shares some similarities with that of the Canadian and Québec populations and is comparable with the situation of other Inuit Nunangat regions. This is a positive finding. Most people perceive their oral health positively and do not report pain or avoidance of certain foods. However, there are some exceptions. Nunavimmiut aged 16 years and over have more untreated advanced caries and more dental trauma, brush their teeth less frequently and consult dental professionals less often than members of the general Canadian population. Differences can also be observed between the Hudson and Ungava coasts in favour of the Ungava coast. These results show that there is a need to improve access to and utilization of dental care services, better understand reluctance to consult dental professionals, and improve knowledge about healthy oral health habits.

REFERENCES

Bouger G. & René M. C. Dentistry services offered to Nunavimmiut: Final report on the visits made September 14 to 19, 2015 for the Nunavik Regional Board of Health and Social Services. 2016. 49 p.

Bélanger R. Nunavik Inuit Health Survey 2004: Qanuippitaa? How are we? Hearing loss and dental health report. Institut national de santé publique du Québec in partnership with the Nunavik Regional Board of Health and Social Services. 2007.

Bourgeois D. M., Christensen L. B., Ottolenghi L., Llodra J. C., Pitts N. B., Senakola E. Health Surveillance in Europe. European Global Oral Health Indicators Development Project. Oral Health Interviews and Clinical Surveys: Guidelines. European Commission. 2008.

First Nations Centre. OCAP®: Ownership, Control, Access and Possession. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa: National Aboriginal Health Organization. 2007.

Government of Canada. Determinants of Health. Accessed from: https://www.canada.ca/en/services/health/determinants-health.html last update 2018-5-22.

Hamel, D., Hamel, G., Gagnon, S. *Methodological Report.* Nunavik Inuit Health Survey 2017 *Qanuilirpitaa?* How are we now? Quebec: Nunavik Regional Board of Health and Social Services (NRBHSS) & Institut national de santé publique du Québec (INSPQ); 2020.

Health Canada. Report on the findings of the oral health component of the Canadian health measures survey, 2008-2009. Ottawa; 2010.

Health Canada in partnership with Nunavut Tunngavik Incorporated, Nunatsiavut Government, Inuvialuit Regional Corporation and Inuit Tapiriit Kanatami. Inuit oral health survey report 2008-2009. Ottawa; 2011.

Institut de la statistique du Québec. L'Enquête québécoise sur la santé de la population 2008 : pour en savoir plus sur la santé des Québécois. Gouvernement du Québec, Québec; 2010.

International Caries Classification and Management System. ICDAS: A simple, logical, evidence-based system for detection and classification of caries in dental education, clinical practice, dental research, and dental public health. Retrieved from: https://www.iccms-web.com/content/icdas on19 March 2019.

Inuit Tapiriit Kanatami. Healthy Teeth, Healthy Lives: Inuit Oral Health Action Plan. 2013.

Kenuajuak B. My village in Nunavik [short film]. Puvirnituq: National Film Board of Canada; 1999.

Landis J. R., Koch G. G. An application of hierarchical kappa-type statistics in the assessment of majority agreement among multiple observers. Biometrics 1977;33(2):363-74.

Loë H. The gingival index, the plaque index and the retention index systems. Journal of Periodontology. 1967;38(6):610-16.

Lougheed T. The changing landscape of arctic traditional food. Environ Health Perspect. 2010;118(9):a386-93.

Monse B., Heinrich-Weltzien R. & Benzian H. et al. PUFA – an index of clinical consequences of untreated dental caries. Community Dent Oral Epidemiol. 2010; 38: 77-82.

Reading C. L. & Wein F. Health Inequalities and Social Determinants of Aboriginal Peoples' Health. Prince George, BC: National Collaborating Centre of Aboriginal Health. 2009.

Statistics Canada. Canadian Community Health Survey Questionnaire, Cycle 2.1. 2003.

Statistics Canada. Canadian Health Measures Survey Questionnaire Cycle 1, 2007-2009: Oral Health (OHM). 2011.

World Health Organization. Oral health surveys: basic methods – 5th ed. Geneva. World Health Organization; 2013.

APPENDIX 1

DATA QUALITY ASSURANCE MEASURES

As mentioned in the Methodological Report, four days were set aside for the training session of dentist-examiners and data recorders at the end of July 2017. On those days, certain data quality activities took place to assure highly efficient and standardized data collection for the clinical oral health component of the survey. Statistical tests were carried out in order to evaluate and standardize the clinical judgments of all the dentist-examiners. The results of these tests are presented in this appendix.

METHODOLOGY

In order to standardize data collection and assure quality, all dentist-examiners underwent a two-day didactic training session given by experienced epidemiological research dentists from the Institut national de santé publique du Québec. The didactic training session included:

- a complete review of the dentist-examiner handbook: presentation of the examination process, description and images of the material and equipment needed for the dental examinations, participant exclusion criteria, clinical measures and coding of dentate status, dental trauma (Dental Trauma Index), oral hygiene (Simplified Oral Hygiene Index), gingival status (Gingival Index), dental caries and associated conditions according to ICDAS II and, finally, consequences of dental caries (PUFA);
- presentation of the data collection tool for both dentist-examiners and data recorders, as well as coding exercises.

At the end of the didactic training session, concordance tests of the dentist-examiners' clinical judgments were performed for dental conditions where repeated measurements could be taken, such as dental trauma, restorations and caries. These tests made it possible to assess the interpretation, understanding and application of the criteria and codes associated with the three dental conditions to be examined. Digital photos inserted in a PowerPoint file with a fixed display time for each photo and representing all of the codes of the evaluated conditions were used for the concordance measurements. Agreement percentage and kappa statistics (simple or weighted) were employed to report the variability between the clinical judgments of the dentist-examiners and the gold standard measures established through the consensus of the two dentist trainers.

Over the next two days, the dentist-examiners participated in a practical calibration session to ensure the reliability of their clinical judgments relative to a gold standard. This session took place in two subsidized housing facilities for low-income people. All participants first signed a consent form explaining the purpose of the examinations. They were then selected for examination on the basis of the medical exclusions applied for the oral clinical exam component in Nunavik. At the end of their dental examination, participants received the toothbrush that had been used to clean their teeth and became eligible for one of 20 participation prizes.

The calibration process involved the same exam procedures as in the study with regard to, for example, the exam sequence, instrumentation, and lighting. For the purposes of this exercise, the two training dentists began by identifying the teeth to be coded and striving to agree on the codes that were to be allocated to each of the faces of the selected teeth. Then, each of the four dentist-examiners coded the faces of the selected teeth. The purpose of this exercise was to consolidate and standardize the use of the various codes by encouraging discussion.

For the Nunavik survey, the two teams of dentists collected the clinical information one after the other. When the first team had finished, and before the second team began to work, the dentist-examiners received a quick review of the initial training and instructions. Clarifications were also made in light of the comments made by the first team.

Results

In general, the concordance between the clinical judgments of the dentist-examiners and the gold standard measures was excellent. More details on the results of the concordance analyses for dental trauma, restorations and dental caries are provided below.

Consistency of the dentist-examiners' clinical judgments for trauma according to the Dental Trauma Index

The results regarding the concordance between the clinical judgments of each dentist-examiner and the gold standard measure for dental trauma are shown in Table A1. These analyses were out carried using the 10 Dental Trauma Index categories. High agreement percentages, ranging from 94% to 97%, were obtained for the four dentist-examiners. The kappa statistic is also high (0.97 to 0.87), revealing excellent agreement[7].

Table A1 Percentage of agreement and simple kappa between each of the dentist-examiners' clinical judgments and the gold standard measure for dental trauma[1] before data collection

Dentist ID	Number of faces examined	Agreement percentage	Simple kappa	95% CI
1	70	97.1	0.9683	0.9249 – 1.0000
2	70	94.3	0.9365	0.8761 – 0.9969
3	70	95.7	0.9524	0.8998 – 1.0000
4	70	94.3	0.9365	0.8762 – 0.9968

1. Agreement based on 10 dental trauma codes: 0 = no trauma; 1 = unrestored enamel fracture that does not involve dentin; 2 = unrestored fracture that involves dentin; 3 = untreated damage – discoloration, swelling, fistula; 4 = fracture restored with a full crown; 5 = fracture restored with other restorations; 6 = lingual restoration as a sign of endodontic treatment; 7 = tooth with another condition related to trauma (e.g., splint); 8 = tooth missing due to trauma; 9 = tooth missing for a reason other than trauma (e.g., caries, gum disease)

Consistency of dentist-examiners' clinical judgments for restorations (combined coronal and root parts) according to ICDAS II

Table A2 presents the percentage of agreement and the simple kappa between each of the four trained dentist-examiners and the gold standard measure for restorations coded (6 categories) according to ICDAS II. As indicated, the percentages of agreement observed are high: between 91% and 95%. The simple kappa statistics vary from 0.88 to 0.94, which represents excellent reliability.[7]

7. The values of the simple and weighted kappa statistics are interpreted according to the concordance levels of Landis and Koch (1977): < 0.0 = poor; 0.0 – 0.20 = slight; 0.21 – 0.40 = fair; 0.41 – 0.60 = moderate; 0.61 - 0.80 = good; ≥ 0.81 = excellent.

Table A2 Percentage of agreement and simple kappa between each of the dentist-examiners clinical judgments and the gold standard measure for restorations[1] (combined coronal and root parts) before data collection

Dentist ID	Number of faces examined	Agreement percentage	Simple kappa	95% CI
1	42	92.9	0.9141	0.8206 – 1.0000
2	42	90.5	0.8855	0.7788 – 0.9921
3	42	90.5	0.8853	0.7789 – 0.9918
4	42	95.2	0.9427	0.8654 – 1.0000

1. Agreement based on 6 restoration codes (coronal and root parts), according to ICDAS II: 0 = sound; 3 = tooth coloured restoration; 4 = amalgam restoration; 5 = crown, veneer or inlay (porcelain, gold, porcelain-fused-metal or other materials); 6 = lost or broken restoration; 7 = temporary restoration

Consistency of dentist-examiners' clinical judgments for carious lesions (combined coronal and root parts) according to ICDAS II

Table A3 shows the concordance of clinical judgments for carious lesions coded according to ICDAS II. For the concordance analyses, the decay stages were grouped into 4 categories: category 1 (no decay which includes code 0 of the coronal and root parts); category 2 (non-obvious decay which includes code 1 of the root part); category 3 (obvious decay without cavitation which includes code 4 of the coronal part); and category 4 (obvious decay with cavitation which includes codes 5 and 6 of the coronal part and code 2 of the root part). The percentages of agreement observed are all above 88%. The four dentists obtained weighted kappa values between 0.84 and 0.97 inclusively; this corresponds to excellent reliability[8] of clinical judgments.

Table A3 Percentage of agreement and simple kappa between each of the dentist-examiners' clinical judgments and the gold standard measure for caries[1] (combined coronal[2] and root[3] parts) before data collection

Dentist ID	Number of faces examined	Agreement percentage	Weighted Kappa	95% CI
1	48	87.5	0.8389	0.7087 – 0.9692
2	48	87.5	0.8378	0.7119 – 0.9637
3	48	97.9	0.9698	0.9113 – 1.0000
4	48	95.8	0.9401	0.8494 – 1.0000

1. Agreement based on 4 code categories: separate codes 0, 1, 4 and grouped codes 2, 5 and 6.
2. Caries codes on coronal part of the tooth, according to ICDAS II: 0 = no evidence of caries and stages not considered; 4 = underlying dark shadow from dentine; 5 = distinct cavity with visible dentine (< 50% of the surface); 6 = extensive distinct cavity with visible dentine (≥ 50% of the surface).
3. Caries codes on root part of the tooth, according to ICDAS II: 0 = no evidence of caries; 1 = discoloration without cavity; 2 = discoloration with cavity.

8. The values of the simple and weighted kappa statistics are interpreted according to the concordance levels of Landis and Koch (1977): < 0.0 = poor; 0.0 – 0.20 = slight; 0.21 – 0.40 = fair; 0.41 – 0.60 = moderate; 0.61 – 0.80 = good; ≥ 0.81 = excellent.

APPENDIX 2

MOLAR SELECTION FOR DMFT INDEX

Table A4 Rules for selecting molars by sextant for DMFT index calculation

Presence of each molar on sextant			Molars selected
First	Second	Third (wisdom tooth)	
If all three molars are present			
Yes	Yes	Yes	First and second molars
If only two molars are present			
Yes	Yes	No	First and second molars
Yes	No	Yes	First and third molars
No	Yes	Yes	Second and third molars
If only one molar is present			
Yes	No	No	First and second molars
No	Yes	No	First and second molars
No	No	Yes	Third molar and another one with a code related to a missing component of the DMFT index, prioritizing in order codes 97, 93 and 91.
If all molars are missing			
No	No	No	First and second molars

APPENDIX 3
RESULTS TABLES

DENTATE STATUS AND PROSTHESIS USE

Table A5 Mean number of teeth present in the permanent dentition of dentate Nunavimmiut

Covariate	Covariate partial non-response[a]	Mean	95% CI	
(None)		21.14	(20.70 – 21.54)	
Sex				
Men		21.39	(20.72 – 22.00)	
Women		20.87	(20.38 – 21.29)	
Age group (2 categories)				
16-30 years		25.60	(25.24 – 25.98)	A
31 years and over		16.83	(16.16 – 17.47)	A
Age group (3 categories)				
16-30 years		25.60	(25.24 – 25.98)	B,C
31-54 years		18.46	(17.72 – 19.22)	B,D
55 years and over		11.17	(9.86 – 12.52)	C,D
Coastal region				
Hudson coast		20.72	(20.14 – 21.28)	E
Ungava coast		21.67	(21.17 – 22.16)	E
Education	1.7%			
Elementary school or less		16.49	(13.71 – 18.85)	F,G
Secondary school not completed		21.23	(20.63 – 21.84)	F
Secondary school or higher		22.16	(21.33 – 23.02)	G
Income	12.4%			
Less than $20 000		21.79	(21.12 – 22.49)	
$20 000 to less than $40 000		20.40	(19.15 – 21.58)	
$40 000 or more		20.27	(19.22 – 21.24)	
Last consultation of a dental professional	2.4%			
Less than a year ago		21.86	(21.39 – 22.40)	H,I
1 or more years ago		20.44	(19.67 – 21.24)	H,J
Have never seen a dental professional		15.62	(11.06 – 20.30)	I,J
Smoking status	1.5%			
Smoker		21.14	(20.56 – 21.63)	K
Ex-smoker		19.42	(17.82 – 20.97)	L
Never smoker		22.69	(21.42 – 23.84)	K,L

CI: Confidence interval
a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A6 Proportion of dentate Nunavimmiut having 21 or more teeth

Covariate	p-value	Covariate partial non-response[a]	Prop. (%)	95% CI	
(None)			68.3	(65.7 – 70.7)	
Sex					
Men			67.6	(63.5 – 71.5)	
Women			68.9	(65.9 – 71.8)	
Age group (2 categories)					
16-30 years			90.3	(87.4 – 92.5)	A
31 years and over			51.1	(47.1 – 55.1)	A
Age group (3 categories)	<0.0001				
16-30 years			90.3	(87.4 – 92.5)	B,C
31-54 years			52.8	(47.9 – 57.7)	B
55 years and over			47.0	(40.3 – 53.9)	C
Coastal region					
Hudson coast			65.6	(61.7 – 69.3)	D
Ungava coast			71.7	(68.5 – 74.7)	D
Education	0.0692	2.3%			
Elementary school or less			59.8	(49.6 – 69.1)	
Secondary school not completed			67.3	(63.7 – 70.8)	
Secondary school or higher			72.6	(67.0 – 77.5)	
Income	0.0119	13.1%			
Less than $20 000			72.3	(68.1 – 76.1)	E
$20 000 to less than $40 000			64.3	(56.9 – 71.1)	
$40 000 or more			60.9	(54.6 – 66.9)	E
Last consultation of a dental professional	0.0641	2.5%			
Less than a year ago			71.4	(67.6 – 74.9)	
1 or more years ago			64.0	(59.6 – 68.3)	
Have never seen a dental professional			66.7	(50.4 - 79.8)	
Smoking status	0.0262	1.6%			
Smoker			67.7	(64.6 – 70.7)	F
Ex-smoker			61.4	(52.8 – 69.3)	G
Never smoker			77.5	(69.1 – 84.1)	F,G

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A7 Distribution of Nunavimmiut dentate on maxillary arch by the number of permanent central incisors present on maxillary arch

Covariate	p-value	None		1 central incisor		2 central incisors	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		17.1	(14.6 – 19.9)	8.6	(6.8 – 10.8)	74.3	(71.2 – 77.1)
Sex	0.7368						
Men		17.8	(14.0 – 22.4)	9.0*	(6.3 – 12.8)	73.1	(68.2 – 77.5)
Women		16.3	(13.3 – 19.8)	8.1	(6.2 – 10.7)	75.6	(71.8 – 79.0)
Age group	<0.0001						
16-30 years		7.1*	(5.1 – 10.0) A	7.1*	(4.9 – 10.1)	85.8	(81.9 – 89.0) B
31 years and over		29.1	(24.5 – 34.1) A	10.5	(7.8 – 14.0)	60.4	(55.4 – 65.2) B

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A8 Distribution of Nunavimmiut dentate on mandibular arch by the number of permanent central incisors present on mandibular arch

Covariate	p-value	None		1 central incisor		2 central incisors	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		5.2	(3.9 – 7.0)	4.0*	(2.9 – 5.6)	90.7	(88.6 – 92.5)
Sex	0.2143						
Men		5.9*	(4.0 – 8.7)	5.0*	(3.2 – 7.7)	89.1	(85.6 – 91.8)
Women		4.5*	(3.1 – 6.6)	3.0*	(1.9 – 4.8)	92.4	(89.9 – 94.4)
Age group	<0.0001						
16-30 years		0.7**	(0.3 – 1.6) A	2.4**	(1.3 – 4.5) B	96.9	(94.8 – 98.2) C
31 years and over		9.7	(7.2 – 13.0) A	5.6*	(3.8 – 8.2) B	84.7	(81.0 – 87.7) C

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A9 Distribution of Nunavimmiut dentate on maxillary arch by the number of permanent lateral incisors present on maxillary arch

Covariate	p-value	None		1 lateral incisor		2 lateral incisors	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95CI
(None)		17.7	(15.2 – 20.6)	14.6	(12.2 – 17.4)	67.7	(64.3 – 70.9)
Sex	0.7899						
Men		18.4	(14.5 – 23.0)	15.0	(11.3 – 19.7)	66.6	(61.2 – 71.6)
Women		17.0	(14.2 – 20.4)	14.1	(11.6 – 17.1)	68.8	(65.1 – 72.4)
Age group	<0.0001						
16-30 years		9.3*	(6.7 – 12.8) [A]	9.3	(7.0 – 12.2) [B]	81.4	(77.5 – 84.8) [C]
31 years and over		27.9	(23.4 – 32.8) [A]	21.0	(16.7 – 26.1) [B]	51.1	(45.7 – 56.5) [C]

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A10 Distribution of Nunavimmiut dentate on mandibular arch by the number of permanent lateral incisors present on mandibular arch

Covariate	p-value	None		1 lateral incisor		2 lateral incisors	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		4.1*	(3.0 – 5.7)	4.3	(3.2 – 5.6)	91.6	(89.7 – 93.2)
Sex	0.2108						
Men		4.8*	(3.2 – 7.3)	3.4**	(2.0 – 5.7)	91.8	(88.7 – 94.1)
Women		3.4**	(2.0 – 5.5)	5.2*	(3.8 – 7.2)	91.4	(88.8 – 93.5)
Age group	<0.0001						
16-30 years		N.D.	N.D.	N.D.	N.D.	97.9	(96.1 – 98.8) [A]
31 years and over		7.5*	(5.3 – 10.3)	7.0*	(5.2 – 9.4)	85.5	(82.2 – 88.3) [A]

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A11 Distribution of Nunavimmiut dentate on maxillary arch by the number of permanent canines present on maxillary arch

Covariate	p-value	None		1 canine		2 canines	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		10.6	(8.7 – 13.0)	16.3	(14.0 – 18.9)	73.1	(70.1 – 75.9)
Sex	0.4303						
Men		10.1*	(7.2 – 14.1)	14.9	(11.4 – 19.2)	75.0	(70.1 – 79.3)
Women		11.2	(8.9 – 14.0)	17.8	(14.9 – 21.2)	71.0	(67.4 – 74.3)
Age group	<0.0001						
16-30 years		5.8*	(4.0 – 8.3) A	10.4	(8.1 – 13.2) B	83.8	(80.3 – 86.9) C
31 years and over		16.4	(12.7 – 21.1) A	23.4	(19.2 – 28.2) B	60.2	(55.0 – 65.2) C

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A12 Distribution of Nunavimmiut dentate on mandibular arch by the number of permanent canines present on mandibular arch

Covariate	p-value	None		1 canine		2 canines	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		1.3**	(0.8 – 2.4)	4.6*	(3.3 – 6.2)	94.1	(92.2 – 95.5)
Sex	0.3896						
Men		1.5**	(0.6 – 3.4)	5.5*	(3.6 – 8.4)	93.0*	(89.8 – 95.2)
Women		1.2**	(0.5 – 2.7)	3.6*	(2.4 – 5.3)	95.2	(93.2 – 96.7)
Age group	<0.0001						
16-30 years		N.D.	N.D.	N.D.	N.D.	98.3	(96.6 – 99.1) A
31 years and over		2.5**	(1.4 – 4.5)	7.5*	(5.3 – 10.5)	89.9	(86.6 – 92.6) A

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator

Table A13 Distribution of Nunavimmiut dentate on maxillary arch by the number of permanent premolars present on maxillary arch

Covariate	p-value	None		1 premolar		2 premolars		3 premolars		4 premolars	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		7.1	(5.7 – 8.9)	11.0	(9.1 – 13.2)	20.1	(17.3 – 23.3)	19.0	(16.2 – 22.3)	42.7	(39.2 – 46.3)
Sex	0.4603										
Men		6.0*	(4.1 – 8.7)	11.0*	(8.1 – 14.8)	18.8	(14.7 – 23.9)	19.1	(14.8 – 24.4)	45.1	(39.7 – 50.6)
Women		8.4	(6.4 – 10.9)	11.0	(8.9 – 13.6)	21.6	(18.3 – 25.3)	19.0	(15.8 – 22.6)	40.0	(36.2 – 44.0)
Age group	<0.0001										
16-30 years		1.0**	(0.5 – 2.1) A	4.3*	(2.8 – 6.6) B	18.0	(14.6 – 22.0)	18.2	(14.4 – 22.7)	58.4	(53.2 – 63.4) C
31 years and over		14.4	(11.4 – 18.1) A	19.0	(15.2 – 23.5) B	22.7	(18.3 – 27.7)	20.0	(15.9 – 24.9)	23.9	(19.7 – 28.6) C

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25 %. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A14 Distribution of Nunavimmiut dentate on mandibular arch by the number of permanent premolars present on mandibular arch

Covariate	p-value	None		1 premolar		2 premolars		3 premolars		4 premolars	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		3.6*	(2.6 – 4.9)	6.8	(5.2 – 8.7)	12.3	(10.3 – 14.7)	17.0	(14.7 – 19.6)	60.3	(57.2 – 63.3)
Sex	0.0201										
Men		3.8*	(2.3 – 6.1)	7.6*	(5.3 – 10.9)	8.9*	(6.1 – 12.8) A	16.9	(13.4 – 21.1)	62.8	(57.9 – 67.4)
Women		3.4*	(2.3 – 4.9)	5.8*	(4.2 – 8.0)	16.1	(13.5 – 19.1) A	17.2	(14.3 – 20.5)	57.6	(54.0 – 61.0)
Age group	<0.0001										
16-30 years		N.D.	N.D.	N.D.	N.D.	8.8*	(6.5 – 11.8) B	12.0	(9.2 – 15.3) C	78.2	(74.2 – 81.8) D
31 years and over		7.0*	(5.0 – 9.6)	12.4	(9.5 – 16.2)	15.8	(12.6 – 19.6) B	22.0	(18.4 – 26.0) C	42.7	(38.3 – 47.3) D

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A15 Distribution of Nunavimmiut dentate on maxillary arch by the number of permanent molars present on maxillary arch

Covariate	p-value	None		1 molar		2 molars		3 molars		4 to 6 molars	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		6.5	(5.1 – 8.4)	9.2	(7.2 – 11.7)	15.8	(13.3 – 18.7)	15.9	(13.4 – 18.8)	52.6	(49.3 – 55.9)
Sex	0.9369										
Men		6.6*	(4.5 – 9.6)	9.3*	(6.3 – 13.5)	16.1	(12.2 – 20.9)	14.8	(11.1 – 19.5)	53.3	(48.1 – 58.4)
Women		6.5*	(4.8 – 8.8)	9.1	(6.9 – 11.9)	15.5	(12.8 – 18.6)	17.1	(14.2 – 20.3)	51.9	(48.2 – 55.6)
Age group	<0.0001										
16-30 years		1.3**	(0.6 – 2.8) A	3.2**	(1.7 – 5.8) B	8.6*	(6.2 – 11.7) C	14.2	(11.1 – 17.9)	72.8	(67.9 – 77.2) D
31 years and over		12.8	(9.8 – 16.6) A	16.4	(12.6 – 21.1) B	24.4	(19.9 – 29.6) C	17.9	(14.2 – 22.4)	28.4	(23.9 – 33.3) D

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A16 Distribution of Nunavimmiut dentate on mandibular arch by the number of permanent molars present on mandibular arch

Covariate	p-value	None		1 molar		2 molars		3 molars		4 to 6 molars	
		Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		16.1	(13.9 – 18.4)	11.0	(9.1 – 13.2)	14.4	(12.1 – 16.9)	18.5	(16.2 – 21.1)	40.0	(37.0 – 43.1)
Sex	0.4667										
Men		15.2	(12.0 – 19.2)	10.7*	(7.8 – 14.4)	16.2	(12.6 – 20.5)	17.6	(14.0 – 21.9)	40.3	(35.7 – 45.1)
Women		17.0	(14.5 – 19.8)	11.4	(9.3 – 13.8)	12.4	(10.0 – 15.2)	19.6	(16.8 – 22.7)	39.7	(36.3 – 43.2)
Age group	<0.0001										
16-30 years		2.6**	(1.5 – 4.4) A	5.4*	(3.9 – 7.7) B	9.9	(7.5 – 13.1) C	22.1	(18.3 – 26.3) D	60.0	(55.1 – 64.6) E
31 years and over		29.2	(25.3 – 33.5) A	16.4	(13.2 – 20.3) B	18.7	(15.1 – 23.0) C	15.1	(12.4 – 18.3) D	20.5	(16.8 – 24.7) E

CI: Confidence interval
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note 1: Two statistically different modalities at the 5% threshold are identified by a common letter.
Note 2: There is no partial non-response on covariates for this indicator.

Table A17 Proportion of dentate Nunavimmiut wearing a partial denture on at least one arch

Covariate	p-value	Covariate partial non-response[a]	Prop. (%)	95% CI	
(None)			8.1	(6.7 – 9.8)	
Sex					
Men			3.9*	(2.4 – 6.2)	A
Women			12.8	(10.4 – 15.6)	A
Age group					
16-30 years			5.4*	(3.9 – 7.6)	B
31 years and over			10.7	(8.4 – 13.6)	B
Coastal region					
Hudson coast			7.0*	(5.0 – 9.5)	
Ungava coast			9.6	(7.6 – 12.1)	
Education	0.0048	1.7%			
Elementary school or less			4.6**	(1.9 – 11.0)	
Secondary school not completed			6.6	(5.0 – 8.7)	C
Secondary school or higher			12.1	(9.0 – 16.2)	C
Income	0.0006	12.4%			
Less than $20 000			5.1*	(3.4 – 7.5)	D
$20 000 to less than $40 000			8.5*	(5.2 – 13.7)	
$40 000 or more			14.3*	(10.5 – 19.1)	D
Last consultation of a dental professional	0.0002	2.4%			
Less than a year ago			11.0	(8.7 – 13.8)	E
1 or more years ago			4.9*	(3.4 – 7.1)	E
Have never seen a dental professional			N.D.	N.D.	
Smoking status	0.7339	1.5%			
Smoker			8.1	(6.4 – 10.2)	
Ex-smoker			9.9*	(6.0 – 16.0)	
Never smoker			7.4**	(3.8 – 14.1)	

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by this indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A18 Proportion of Nunavimmiut edentulous on two arches

Covariate	p-value	Covariate partial non-response[a]	Prop. (%)	95% CI	
(None)			12.0	(10.4 – 13.8)	
Sex					
Men			8.9*	(6.5 – 12.0)	A
Women			15.1	(13.0 – 17.5)	A
Age group (2 categories)					
16-30 years			1.4**	(0.7 – 2.8)	B
31 years and over			20.3	(17.4 – 23.5)	B
Age group (3 categories)	<0.0001				
16-30 years			1.4**	(0.7 – 2.8)	C,D
31-54 years			11.7	(8.9 – 15.2)	C,E
55 years and over			40.3	(33.7 – 47.3)	D,E
Coastal region					
Hudson coast			12.5	(10.2 – 15.3)	
Ungava coast			11.3	(9.2 – 13.9)	
Education	<0.0001	2.3%			
Elementary school or less			34.2	(25.6 – 44.1)	F,G
Secondary school not completed			9.8	(7.9 – 12.0)	F
Secondary school or higher			7.3*	(4.5 – 11.4)	G
Income	0.1091	13.1%			
Less than $20 000			13.0	(10.6 – 15.8)	
$20 000 to less than $40 000			10.8*	(7.3 – 15.8)	
$40 000 or more			8.2*	(5.5 – 12.2)	
Last consultation of a dental professional	<0.0001	2.5%			
Less than a year ago			7.0*	(5.1 – 9.5)	H,I
1 or more years ago			15.4	(12.6 – 18.7)	H,J
Have never seen a dental professional			38.5*	(25.3 – 53.7)	I,J
Smoking status	0.2024	1.6%			
Smoker			11.6	(9.7 – 13.7)	
Ex-smoker			9.5**	(5.5 – 16.1)	
Never smoker			16.9*	(11.1 – 24.9)	

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by this indicator. There is no non-response on the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A19 Distribution of Nunavimmiut edentulous on both arches wearing a complete denture

Covariate	p-value	Covariate partial non-response[a]	No complete denture		Complete denture on one arch only		Complete denture on both arches	
			Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			32.5	(24.9 – 41.3)	17.0*	(11.0 – 25.3)	50.4	(41.6 – 59.3)
Sex	0.0082							
Men			50.4*	(33.9 – 66.9) A	N.D.	N.D.	N.D.	N.D.
Women			21.9*	(15.2 – 30.5) A	22.1*	(14.6 – 32.0)	56.1	(46.3 – 65.4)
Age group (2 categories)	0.8182b							
16-30 years			N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
31 years and over			32.5	(24.6 – 41.5)	17.4*	(11.2 – 26.0)	50.1	(41.0 – 59.2)
Age group (3 categories)	0.1236b							
16-30 years			N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
31-54 years			34.5*	(21.9 – 49.7)	27.4**	(15.5 – 43.7)	38.1*	(26.1 – 51.8)
55 years and over			31.1*	(21.1 – 43.3)	10.6**	(5.4 – 19.9)	58.3	(46.0 – 69.6)
Coastal region	0.5925							
Hudson coast			29.3*	(19.7 – 41.2)	18.4**	(10.1 – 31.1)	52.3	(40.2 – 64.2)
Ungava coast			37.3*	(26.4 – 49.6)	15.0**	(8.6 – 24.7)	47.8	(36.2 – 59.5)
Education	0.8668	7.1%						
Elementary school or less			32.8**	(18.0 – 52.1)	11.7**	(4.5 – 27.3)	55.5*	(37.2 – 72.4)
Secondary school not completed			33.4*	(23.0 – 45.9)	20.3*	(12.5 – 31.3)	46.2	(34.9 – 58.0)
Secondary school or higher			30.4**	(13.8 – 54.4)	N.D.	N.D.	N.D.	N.D.
Income	0.1079b	18.2%						
Less than $20 000			35.8*	(25.5 – 47.7)	9.3**	(4.5 – 18.5)	54.8	(43.0 – 66.1)
$20 000 to less than $40 000			45.4**	(24.6 – 67.8)	N.D.	N.D.	N.D.	N.D.
$40 000 or more			N.D.	N.D.	N.D.	N.D.	58.3*	(37.3 – 76.7)
Last consultation of a dental professional	0.1251	3.0%						
Less than a year ago			21.9**	(11.6 – 37.4)	19.8**	(7.9 – 41.4)	58.4	(41.5 – 73.5)
1 or more years ago			30.6*	(20.5 – 42.9)	19.4*	(11.6 – 30.5)	50.0	(37.9 – 62.2)
Have never seen a dental professional			59.7*	(35.9 – 79.7)	N.D.	N.D.	N.D.	N.D.
Smoking status	0.0136b	2.4%						
Smoker			35.9	(26.7 – 46.2)	20.6*	(13.0 – 31.0)	43.5	(33.8 – 53.7)
Ex-smoker			N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Never smoker			N.D.	N.D.	N.D.	N.D.	N.D.	N.D.

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a Partial non-response: The percentage corresponds to the covariate, calculated on respondents concerned by this indicator. There is no non-response on the indicator.

b At least 20% of the table cells have expected values of less than 5. Therefore, the validity of the test is not certain. The results have to be interpreted carefully.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter

SELF-PERCEPTION OF ORAL HEALTH

Table A20 Distribution of the Nunavik population according to self-rated oral health

Covariate	p-value	Partial non-response		Excellent or very good		Good		Fair or poor	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		2.9%		25.6	(23.2 – 28.3)	44.5	(41.6 – 47.5)	29.9	(27.1 – 32.8)
Sex	0.0029	2.9%							
Men				25.4	(21.4 – 29.8)	40.1	(35.3 – 45.1) [A]	34.5	(30.0 – 39.3) [B]
Women				25.9	(22.9 – 29.1)	48.9	(45.3 – 52.5) [A]	25.2	(22.3 – 28.4) [B]
Age group	0.0037	2.9%							
16-30 years				25.0	(21.3 – 29.2)	50.0	(45.4 – 54.7) [C]	25.0	(21.1 – 29.3) [D]
31 years and over				26.1	(22.7 – 29.8)	40.3	(36.3 – 44.3) [C]	33.6	(29.8 – 37.7) [D]
Coastal region	0.0224	2.9%							
Hudson coast				22.3	(18.9 – 26.1) [E]	46.2	(42.0 – 50.4)	31.5	(27.5 – 35.8)
Ungava coast				30.0	(26.2 – 34.0) [E]	42.3	(38.2 – 46.5)	27.7	(24.0 – 31.9)
Education	0.2783	2.7%	2.4%						
Elementary school or less				32.8	(24.5 – 42.4)	37.8	(28.6 – 48.0)	29.4*	(21.3 – 39.0)
Secondary school not completed				23.6	(20.4 – 27.1)	47.0	(43.0 – 51.0)	29.4	(25.8 – 33.2)
Secondary school or higher				25.7	(21.0 – 30.9)	42.5	(37.0 – 48.1)	31.9	(26.7 – 37.5)
Income	0.5346	2.8%	13.2%						
Less than $20 000				24.9	(21.2 – 29.1)	45.6	(41.2 – 50.0)	29.5	(25.5 – 33.9)
$20 000 to less than $40 000				30.3	(23.5 – 38.0)	41.0	(33.6 – 48.8)	28.7	(22.3 – 36.2)
$40 000 or more				26.1	(21.2 – 31.8)	40.8	(34.7 – 47.2)	33.1	(27.3 – 39.4)
Teeth or denture brushing frequency	0.0005	0.7%	2.8%						
Daily				27.8	(24.5 – 31.3)	46.8	(43.1 – 50.5)	25.5	(22.2 – 29.0) [F]
Weekly to never				22.0	(18.0 – 26.6)	40.8	(35.9 – 45.9)	37.2	(32.2 – 42.4) [F]
Last consultation of a dental professional	0.0159	0.7%	2.9%						
Less than a year ago				28.3	(24.8 – 32.0) [G]	45.4	(41.4 – 49.4) [H]	26.3	(22.7 – 30.4) [J]
1 or more years ago				21.0	(17.2 – 25.5) [G]	45.8	(41.0 – 50.6) [I]	33.2	(28.6 – 38.1) [J]
Have never seen a dental professional				34.7*	(21.8 – 50.5)	27.0*	(16.3 – 41.3) [H,I]	38.3*	(25.2 – 53.3)

Covariate	p-value	Partial non-response		Excellent or very good		Good		Fair or poor	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Sense of belonging to the community	0.2941	1.4%	1.7%						
Strongly agree or agree				26.2	(23.6 – 29.1)	44.9	(41.7 – 48.2)	28.8	(25.9 – 32.0)
Neither agree nor disagree				19.7**	(11.7 – 31.2)	45.0	(34.5 – 56.0)	35.3*	(25.6 – 46.4)
Disagree or strongly disagree				22.0*	(13.3 – 34.2)	37.7*	(26.5 – 50.4)	40.3*	(27.6 – 54.4)
Smoking status	0.4635	1.4%	1.7%						
Smoker				25.2	(22.4 – 28.4)	43.7	(40.3 – 47.1)	31.1	(27.9 – 34.5)
Ex-smoker				25.0*	(18.0 – 33.5)	48.3	(39.4 – 57.2)	26.8*	(19.3 – 35.9)
Never smoker				28.7	(21.4 – 37.3)	47.9	(38.8 – 57.2)	23.4*	(16.2 – 32.5)
Presence of teeth (total population)	0.1503	2.5%							
Edentulous				29.0	(22.1 – 37.1)	49.4	(40.6 – 58.2)	21.7*	(14.5 – 31.0)
Dentate				24.8	(22.0 – 27.9)	45.1	(41.7 – 48.4)	30.1	(26.9 – 33.5)

CI: Confidence interval

a The percentage refers to the indicator, calculated on population.

b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

CARIES EXPERIENCE – CORONAL PART OF THE TEETH

Table A21 Distribution of dentate Nunavimmiut by the number of decayed (grades 4-6), missing (due to caries or periodontal disease) or filled (due to caries) teeth on the coronal part in the permanent dentition of dentate Nunavimmiut [$D_{4-6}MFT_{28c}$]

Covariate	p-value	Covariate partial non-response[a]	$D_{4-6}MFT_{28c}$ = 0		$D_{4-6}MFT_{28c}$ = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			1.0**	(0.6 – 1.8)	99.0	(98.2 – 99.4)
Sex						
Men			N.D.	N.D.	N.D.	N.D.
Women			1.1**	(0.6 – 2.1)	98.9	(97.9 – 99.4)
Age group						
16-30 years			2.0**	(1.1 – 3.6)	98.0	(96.4 – 98.9)
31 years and over			N.D.	N.D.	N.D.	N.D.
Coastal region						
Hudson coast			1.2**	(0.6 – 2.5)	98.8	(97.5 – 99.4)
Ungava coast			0.7**	(0.3 – 1.7)	99.3	(98.3 – 99.7)
Education		1.7%				
Elementary school or less			N.D.	N.D.	N.D.	N.D.
Secondary school not completed			1.1**	(0.6 – 2.3)	98.9	(97.7– 99.4)
Secondary school or higher			N.D.	N.D.	N.D.	N.D.
Income	0.0113[b]	12.4%				
Less than $20 000			1.6**	(0.8 – 3.2)	98.4	(96.8 – 99.2)
$20 000 to less than $40 000			N.D.	N.D.	N.D.	N.D.
$40 000 or more			N.D.	N.D.	N.D.	N.D.
Teeth or denture brushing frequency		2.0%				
Daily			0.7**	(0.3 – 1.6)	99.3	(98.4 – 99.7)
Weekly to never			1.5**	(0.6 – 3.6)	98.5	(96.4 – 99.4)
Last consultation of a dental professional	0.5210[b]	2.4%				
Less than a year ago			0.7**	(0.3 – 1.8)	99.3	(98.2 – 99.7)
1 or more years ago			1.2**	(0.5 – 2.8)	98.8	(97.2 – 99.5)
Have never seen a dental professional			N.D.	N.D.	N.D.	N.D.

Covariate	p-value	Covariate partial non-response[a]	$D_{4-6}MFT_{28c}$ = 0		$D_{4-6}MFT_{28c}$ = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Smoking status	0.4974[b]	1.5%				
Smoker			0.9**	(0.5 – 1.7)	99.1	(98.3 – 99.5)
Ex-smoker			N.D.	N.D.	N.D.	N.D.
Never smoker			N.D.	N.D.	N.D.	N.D.
General health perception	0.0670[b]	2.1%				
Excellent or very good			N.D.	N.D.	N.D.	N.D.
Good			1.7**	(0.9 – 3.5)	98.3	(96.5 – 99.1)
Fair or poor			N.D.	N.D.	N.D.	N.D.
Self-rated oral health	0.9331[b]	2.2%				
Excellent or very good			1.2**	(0.5 – 3.0)	98.8	(97.0 – 99.5)
Good			0.9**	(0.4 – 2.2)	99.1	(97.8 – 99.6)
Fair or poor			N.D.	N.D.	N.D.	N.D.
Discomfort when eating	<0.0001[b]	1.8%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			N.D.	N.D.	N.D.	N.D.
Rarely or never			1.3**	(0.7 – 2.4)	98.7	(97.6 – 99.3)
Painful aching	0.5072[b]	1.9%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			N.D.	N.D.	N.D.	N.D.
Rarely or never			1.0**	(0.5 – 1.8)	99.0	(98.2 – 99.5)
Avoidance of certain foods	0.5713[b]	1.8%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			N.D.	N.D.	N.D.	N.D.
Rarely or never			1.1**	(0.6 – 1.9)	98.9	(98.1 – 99.4)
Dental status (dentate population)	<0.0001[b]	1.8%				
Dentate on both arches			1.1**	(0.6 - 2.0)	98.9	(98.0 – 99.4)
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			N.D.	N.D.	N.D.	N.D.

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

b At least 20% of the table cells have expected values of less than 5. Therefore, the validity of the test is not certain. The results have to be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Table A22 Mean numbers of the $D_{4-6}MFT_{28c}$ index and components on the coronal part in the permanent dentition of dentate Nunavimmiut

Covariate	Covariate partial non-response[a]	$D_{4-6}MFT_{28c}$ index		D component		M component		F component	
		Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
(None)		14.07	(13.65 – 14.44)	4.40	(4.05 – 4.73)	5.04	(4.77 – 5.34)	4.64	(4.39 – 4.89)
Sex									
Men		14.11	(13.47 – 14.74)	5.38	(4.84 – 6.00) [A]	5.09	(4.70 – 5.49)	3.64	(3.27 – 4.03) [A]
Women		14.03	(13.53 – 14.47)	3.32	(3.02 – 3.62) [A]	4.99	(4.64 – 5.36)	5.72	(5.39 – 6.06) [A]
Age group (2 categories)									
16-30 years		11.68	(11.05 – 12.26) [A]	4.98	(4.51 – 5.50) [B]	2.40	(2.14 – 2.69) [A]	4.30	(3.94 – 4.68) [B]
31 years and over		16.39	(15.84 – 16.95) [A]	3.84	(3.42 – 4.31) [B]	7.60	(7.15 – 8.08) [A]	4.96	(4.56 – 5.33) [B]
Age group (3 categories)									
16-30 years		11.68	(11.05 – 12.26) [B,C]	Not analyzed		Not analyzed		Not analyzed	
31-54 years		16.42	(15.82 – 17.03) [B]	Not analyzed		Not analyzed		Not analyzed	
55 years and over		16.29	(15.18 – 17.36) [C]	Not analyzed		Not analyzed		Not analyzed	
Coastal region									
Hudson coast		14.10	(13.54 – 14.64)	4.67	(4.21 – 5.15) [C]	5.35	(4.95 – 5.77) [B]	4.08	(3.75 – 4.44) [C]
Ungava coast		14.04	(13.46 – 14.54)	4.04	(3.56 – 4.50) [C]	4.64	(4.28 – 5.02) [B]	5.36	(4.96 – 5.74) [C]
Education	1.7%								
Elementary school or less		13.63	(11.94 – 15.41)	4.52*	(3.15 – 6.10) [D]	6.81	(5.34 – 8.50) [C]	2.30*	(1.59 – 3.15) [D,E]
Secondary school not completed		14.53	(14.01 – 15.05) [D]	5.12	(4.71 – 5.60) [E]	5.22	(4.82 – 5.62) [D]	4.19	(3.89 – 4.54) [D,F]
Secondary school or higher		13.30	(12.59 – 13.96) [D]	2.86	(2.42 – 3.26) [D,E]	4.26	(3.74 – 4.72) [C,D]	6.18	(5.69 – 6.68) [E,F]
Income	12.4%								
Less than $20 000		13.39	(12.72 – 14.11) [E]	4.96	(4.45 – 5.51) [F]	4.68	(4.17 – 5.18)	3.75	(3.40 – 4.12) [G,H]
$20 000 to less than $40 000		14.56	(13.47 – 15.65)	4.16	(3.50 – 4.81)	5.60	(4.82 – 6.40)	4.80	(4.23 – 5.44) [G,I]
$40 000 or more		15.26	(14.57 – 16.03) [E]	3.48	(2.79 – 4.17) [F]	5.48	(4.93 – 6.06)	6.30	(5.63 – 6.91) [H,I]
Teeth or denture brushing frequency	2.0%								
Daily		13.42	(12.93 – 13.90) [F]	3.18	(2.85 – 3.49) [G]	4.55	(4.22 – 4.91) [E]	5.69	(5.35 – 6.03) [J]
Weekly to never		15.26	(14.46 – 16.09) [F]	6.38	(5.71 – 7.19) [G]	6.03	(5.45 – 6.69) [E]	2.84	(2.47 – 3.24) [J]
Last consultation of a dental professional	2.4%								
Less than a year ago		14.05	(13.53 – 14.55)	3.52	(3.17 – 3.87) [H,I]	4.62	(4.25 – 4.96)	5.91	(5.55 – 6.27) [K,L]
1 or more years ago		14.05	(13.34 – 14.78)	5.22	(4.58 – 5.85) [H]	5.49	(4.99 – 6.05)	3.34	(3.02 – 3.68) [K,M]
Have never seen a dental professional		15.68	(12.83 – 18.66)	6.78*	(4.08 – 9.76) [I]	7.79*	(5.04 – 11.56)	1.11**	(0.38 – 2.00) [L,M]

Covariate	Covariate partial non-response[a]	$D_{4-6}MFT_{28c}$ index		D component		M component		F component	
		Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Smoking status	1.5%								
Smoker		14.23	(13.76 – 14.68)	4.72	(4.35 – 5.14) J	5.15	(4.84 – 5.52)	4.35	(4.07 – 4.64) N,O
Ex-smoker		13.70	(12.60 – 14.69)	2.06*	(1.50 – 2.76) J,K	5.38	(4.43 – 6.29)	6.27	(5.41 – 7.03) N
Never smoker		13.36	(11.94 – 14.91)	3.85	(2.86 – 5.05) K	4.15	(3.28 – 5.14)	5.35	(4.53 – 6.33) O
General health perception	2.1%								
Excellent or very good		13.47	(12.79 – 14.21) G	4.26	(3.70 – 4.81)	4.28	(3.78 – 4.82) F	4.93	(4.42 – 5.53)
Good		13.96	(13.36 – 14.56)	4.54	(4.01 – 5.19)	4.81	(4.33 – 5.31) G	4.62	(4.18 – 5.07)
Fair or poor		14.86	(14.03 – 15.61) G	4.03	(3.44 – 4.70)	6.32	(5.71 – 6.95) F,G	4.51	(4.04 – 5.00)
Self-rated oral health	2.2%								
Excellent or very good		13.12	(12.29 – 13.98) H	3.63	(3.02 – 4.28) L	4.26	(3.68 – 4.92) H	5.23	(4.60 – 5.85) P
Good		13.39	(12.77 – 14.00) I	3.67	(3.26 – 4.05) M	4.80	(4.31 – 5.35) I	4.92	(4.53 – 5.29) Q
Fair or poor		15.90	(14.99 – 16.72) H,I	5.87	(5.11 – 6.65) L,M	6.16	(5.61 – 6.76) H,I	3.86	(3.41 – 4.35) P,Q
Discomfort when eating	1.8%								
Often		18.68	(16.39 – 20.89) J,K	7.83*	(5.41 – 10.45) N	7.75	(6.03 – 9.43) J,K	3.10*	(2.04 – 4.37) R
Sometimes		14.08	(13.08 – 14.87) J	5.68	(4.84 – 6.47) O	4.91	(4.25 – 5.55) J	3.49	(2.96 – 4.14) S
Rarely or never		13.82	(13.37 – 14.25) K	3.77	(3.42 – 4.14) N,O	4.97	(4.62 – 5.33) K	5.07	(4.75 – 5.39) R,S
Painful aching	1.9%								
Often		18.96	(16.78 – 21.26) L,M	7.86*	(5.01 – 10.71) R	6.89	(5.14 – 8.92)	4.21*	(2.50 – 6.01)
Sometimes		15.05	(13.90 – 16.20) L,N	6.16	(5.14 – 7.31) S	4.85	(4.13 – 5.63)	4.04	(3.35 – 4.73)
Rarely or never		13.76	(13.33 – 14.16) M,N	3.92	(3.58 – 4.23) R,S	5.05	(4.74 – 5.37)	4.79	(4.52 – 5.09)
Avoidance of certain foods	1.8%								
Often		16.25	(14.35 – 18.31)	5.63*	(4.01 – 7.35) P	7.64	(5.93 – 9.36) L,M	2.98*	(2.01 – 4.08) T
Sometimes		14.64	(13.51 – 15.80)	6.25	(5.15 – 7.30) Q	5.03	(4.25 – 5.84) L	3.36	(2.80 – 4.10) U
Rarely or never		13.90	(13.45 – 14.30)	3.97	(3.62 – 4.31) P,Q	4.98	(4.66 – 5.31) M	4.95	(4.66 – 5.23) T,U
Dental status									
Dentate on both arches		14.41	(13.97 – 14.83) O,P	4.64	(4.27 – 5.02) T,U	4.73	(4.43 – 5.08) N,O	5.03	(4.76 – 5.30) V,W
Dentate on upper arch only		13.62	(12.85 – 14.00) O,Q	1.32**	(0.51 – 2.11) T,V	11.51	(10.31 – 12.44) N,P	0.79**	(0.00 – 2.42) V
Dentate on lower arch only		11.30	(10.75 – 11.76) P,Q	2.57	(2.10 – 3.10) U,V	7.10	(6.51 – 7.61) O,P	1.63	(1.28 – 1.96) W

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The mean value should be interpreted carefully.

** The coefficient of variation is greater than 25%. The mean value is shown for information only.

Note 1: p-value < 0.05 wherever there are significant results.

Note 2: The table presents the results for 4 indicators, **so common letters**, indicating statistically different modalities at the 5% threshold, **should be read into each column separately**.

Table A23 Distribution of dentate Nunavimmiut by the number of decayed (grades 4-6) teeth on the coronal part in the permanent dentition of dentate Nunavimmiut [$D_{4\text{-}6}T_{28c}$]

Covariate	p-value	Covariate partial non-response[a]	$D_{4\text{-}6}T_{28c}$ = 0		$D_{4\text{-}6}T_{28c}$ = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			21.5	(19.1 – 24.2)	78.5	(75.8 – 80.9)
Sex						
Men			15.6	(12.3 – 19.7) [A]	84.4	(80.3 – 87.7) [B]
Women			27.9	(24.6 – 31.4) [A]	72.1	(68.6 – 75.4) [B]
Age group						
16-30 years			18.7	(15.4 – 22.6) [C]	81.3	(77.4 – 84.6) [D]
31 years and over			24.2	(20.6 – 28.2) [C]	75.8	(71.8 – 79.4) [D]
Coastal region						
Hudson coast			18.3	(15.1 – 22.1) [E]	81.7	(77.9 – 84.9) [F]
Ungava coast			25.6	(22.0 – 29.5) [E]	74.4	(70.5 – 78.0) [F]
Education	<0.0001	1.7%				
Elementary school or less			11.4**	(5.6 – 21.9) [G]	88.6	(78.1 – 94.4) [I]
Secondary school not completed			17.4	(14.7 – 20.5) [H]	82.6	(79.5 – 85.3) [J]
Secondary school or higher			32.4	(27.3 – 37.9) [G,H]	67.6	(62.1 – 72.7) [I,J]
Income	<0.0001	12.4%				
Less than $20 000			17.2	(13.9 – 21.1) [K]	82.8	(78.9 – 86.1) [M]
$20 000 to less than $40 000			17.2*	(12.5 – 23.2) [L]	82.8	(76.8 – 87.5) [N]
$40 000 or more			32.9	(26.7 – 39.6) [K,L]	67.1	(60.4 – 73.3) [M,N]
Teeth or denture brushing frequency		2.0%				
Daily			28.6	(25.2 – 32.3) [O]	71.4	(67.7 – 74.8) [P]
Weekly to never			9.8*	(7.1 – 13.3) [O]	90.2	(86.7 – 92.9) [P]
Last consultation of a dental professional	<0.0001	2.4%				
Less than a year ago			27.0	(23.5 – 30.9) [Q]	73.0	(69.1 – 76.5) [R]
1 or more years ago			16.2	(12.7 – 20.6) [Q]	83.8	(79.4 – 87.3) [R]
Have never seen a dental professional			N.D.	N.D.	N.D.	N.D.
Smoking status	<0.0001	1.5%				
Smoker			17.8	(15.2 – 20.8) [S,T]	82.2	(79.2 – 84.8) [V,W]
Ex-smoker			43.8	(34.6 – 53.4) [S,U]	56.2	(46.6 – 65.4) [V,X]
Never smoker			28.8*	(20.6 – 38.8) [T,U]	71.2	(61.2 – 79.4) [W,X]
General health perception	0.5217	2.1%				
Excellent or very good			22.5	(17.9 – 28.0)	77.5	(72.0 – 82.1)
Good			22.9	(19.2 – 27.0)	77.1	(73.0 – 80.8)
Fair or poor			19.4	(15.0 – 24.6)	80.6	(75.4 – 85.0)
Self-rated oral health	<0.0001	2.2%				
Excellent or very good			28.6	(23.2 – 34.7) [Y]	71.4	(65.3 – 76.8) [AA]
Good			24.6	(20.8 – 28.8) [Z]	75.4	(71.2 – 79.2) [BB]
Fair or poor			12.3*	(8.9 – 16.7) [Y,Z]	87.7	(83.3 – 91.1) [AA,BB]

Covariate	p-value	Covariate partial non-response[a]	$D_{4\text{-}6}T_{28c} = 0$			$D_{4\text{-}6}T_{28c} = 1$ or more		
			Prop. (%)	95% CI		Prop. (%)	95% CI	
Discomfort when eating	<0.0001	1.8%						
Often			10.3**	(4.0 – 23.9)		89.7	(76.1 – 96.0)	
Sometimes			12.7*	(8.6 – 18.4)	CC	87.3	(81.6 – 91.4)	DD
Rarely or never			24.9	(21.9 – 28.2)	CC	75.1	(71.8 – 78.1)	DD
Painful aching	0.0009	1.9%						
Often			17.6**	(6.8 – 38.5)		82.4	(61.5 – 93.2)	
Sometimes			10.5*	(6.5 – 16.4)	EE	89.5	(83.6 – 93.5)	FF
Rarely or never			23.9	(21.0 – 27.0)	EE	76.1	(73.0 – 79.0)	FF
Avoidance of certain foods	0.0021	1.8%						
Often			10.1**	(4.0 – 23.2)		89.9	(76.8 – 96.0)	
Sometimes			13.8*	(8.6 – 21.4)	GG	86.2	(78.6 – 91.4)	HH
Rarely or never			23.7	(20.9 – 26.7)	GG	76.3	(73.3 – 79.1)	HH
Dental status (dentate population)	0.4834							
Dentate on both arches			20.8	(18.3 – 23.6)		79.2	(76.4 – 81.7)	
Dentate on upper arch only			N.D.	N.D.		N.D.	N.D.	
Dentate on lower arch only			26.4*	(18.4 – 36.4)		73.6	(63.6 – 81.6)	

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter (or double letter).

Table A24 Distribution of dentate Nunavimmiut by the number of missing (due to caries or periodontal disease) teeth in the permanent dentition of dentate Nunavimmiut [MT_{28}]

Covariate	p-value	Covariate partial non-response[a]	MT_{28} = 0		MT_{28} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			22.7	(20.1 – 25.5)	77.3	(74.5 – 79.9)
Sex						
Men			23.9	(19.7 – 28.6)	76.1	(71.4 – 80.3)
Women			21.5	(18.7 – 24.5)	78.5	(75.5 – 81.3)
Age group						
16-30 years			39.7	(35.0 – 44.6) [A]	60.3	(55.4 – 65.0) [B]
31 years and over			6.3*	(4.4 – 9.0) [A]	93.7	(91.0 – 95.6) [B]
Coastal region						
Hudson coast			21.0	(17.7 – 24.7)	79.0	(75.3 – 82.3)
Ungava coast			25.0	(21.0 – 29.5)	75.0	(70.5 – 79.0)
Education	0.1013	1.7%				
Elementary school or less			13.9**	(7.0 – 25.6)	86.1	(74.4 – 93.0)
Secondary school not completed			21.7	(18.3 – 25.6)	78.3	(74.4 – 81.7)
Secondary school or higher			26.1	(21.1 – 31.8)	73.9	(68.2 – 78.9)
Income	0.0126	12.4%				
Less than $20 000			26.6	(22.6 – 31.0) [C]	73.4	(69.0 – 77.4) [D]
$20 000 to less than $40 000			18.3*	(12.4 – 26.1)	81.7	(73.9 – 87.6)
$40 000 or more			16.7*	(11.9 – 22.9) [C]	83.3	(77.1 – 88.1) [D]
Teeth or denture brushing frequency		2.0%				
Daily			23.7	(20.4 – 27.4)	76.3	(72.6 – 79.6)
Weekly to never			20.9	(16.6 – 25.8)	79.1	(74.2 – 83.4)
Last consultation of a dental professional	0.3606	2.4%				
Less than a year ago			21.7	(18.5 – 25.4)	78.3	(74.6 – 81.5)
1 or more years ago			24.4	(20.0 – 29.4)	75.6	(70.6 – 80.0)
Have never seen a dental professional			N.D.	N.D.	N.D.	N.D.
Smoking status	0.1822	1.5%				
Smoker			22.7	(19.9 – 25.7)	77.3	(74.3 – 80.1)
Ex-smoker			17.4*	(11.2 – 25.9)	82.6	(74.1 – 88.8)
Never smoker			28.4*	(20.1 – 38.5)	71.6	(61.5 – 79.9)
General health perception	0.0296	2.1%				
Excellent or very good			27.8	(22.5 – 33.8) [E]	72.2	(66.2 – 77.5) [F]
Good			22.5	(18.5 – 27.1)	77.5	(72.9 – 81.5)
Fair or poor			17.6	(13.6 – 22.5) [E]	82.4	(77.5 – 86.4) [F]
Self-rated oral health	0.0014	2.2%				
Excellent or very good			28.9	(23.1 – 35.6) [G]	71.1	(64.4 – 76.9) [I]
Good			24.6	(20.6 – 29.0) [H]	75.4	(71.0 – 79.4) [J]
Fair or poor			14.9	(11.1 – 19.8) [G,H]	85.1	(80.2 – 88.9) [I,J]

Covariate	p-value	Covariate partial non-response[a]	MT_{28} = 0		MT_{28} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Discomfort when eating	0.2584	1.8%				
Often			12.1**	(5.5 – 24.8)	87.9	(75.2 – 94.5)
Sometimes			22.6*	(16.4 – 30.2)	77.4	(69.8 – 83.6)
Rarely or never			23.2	(20.3 – 26.4)	76.8	(73.6 – 79.7)
Painful aching	0.0449	1.9%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			19.1*	(13.1 – 26.9)	80.9	(73.1 – 86.9)
Rarely or never			23.6	(20.8 – 26.7)	76.4	(73.3 – 79.2)
Avoidance of certain foods	0.2273	1.8%				
Often			13.0**	(5.6 – 27.4)	87.0	(72.6 – 94.4)
Sometimes			19.5*	(12.5 – 29.1)	80.5	(70.9 – 87.5)
Rarely or never			23.5	(20.7 – 26.5)	76.5	(73.5 – 79.3)
Dental status (dentate population)	<0.0001					
Dentate on both arches			25.5	(22.5 – 28.7)	74.5	(71.3 – 77.5)
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			N.D.	N.D.	N.D.	N.D.

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A25 Distribution of dentate Nunavimmiut by the number of filled (due to caries) teeth on the coronal part in the permanent dentition of dentate Nunavimmiut [FT_{28c}]

Covariate	p-value	Covariate partial non-response[a]	FT_{28c} = 0		FT_{28c} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			20.0	(17.4 – 22.9)	80.0	(77.1 – 82.6)
Sex						
Men			27.4	(22.9 – 32.3) [A]	72.6	(67.7 – 77.1) [B]
Women			12.0	(9.6 – 14.9) [A]	88.0	(85.1 – 90.4) [B]
Age group						
16-30 years			19.9	(16.2 – 24.3)	80.1	(75.7 – 83.8)
31 years and over			20.1	(16.6 – 24.1)	79.9	(75.9 – 83.4)
Coastal region						
Hudson coast			21.9	(18.4 – 25.8)	78.1	(74.2 – 81.6)
Ungava coast			17.7	(14.1 – 21.9)	82.3	(78.1 – 85.9)
Education	<0.0001	1.7%				
Elementary school or less			30.5*	(20.2 – 43.2) [C]	69.5	(56.8 – 79.8) [E]
Secondary school not completed			23.2	(19.7 – 27.2) [D]	76.8	(72.8 – 80.3) [F]
Secondary school or higher			10.4*	(7.4 – 14.5) [C,D]	89.6	(85.5 – 92.6) [E,F]
Income	0.0118	12.4%				
Less than $20 000			24.0	(20.1 – 28.5) [G]	76.0	(71.5 – 79.9) [H]
$20 000 to less than $40 000			16.3*	(10.8 – 23.8)	83.7	(76.2 – 89.2)
$40 000 or more			14.5*	(10.0 – 20.5) [G]	85.5	(79.5 – 90.0) [H]
Teeth or denture brushing frequency		2.0%				
Daily			11.5	(9.1 – 14.5) [I]	88.5	(85.5 – 90.9) [J]
Weekly to never			34.8	(29.5 – 40.5) [I]	65.2	(59.5 – 70.5) [J]
Last consultation of a dental professional	<0.0001	2.4%				
Less than a year ago			12.6	(10.1 – 15.8) [K,L]	87.4	(84.2 – 89.9) [N,O]
1 or more years ago			26.2	(21.4 – 31.6) [K,M]	73.8	(68.4 – 78.6) [N,P]
Have never seen a dental professional			63.0*	(42.8 – 79.5) [L,M]	37.0**	(20.5 – 57.2) [O,P]
Smoking status	0.0048	1.5%				
Smoker			21.9	(18.9 – 25.3) [Q]	78.1	(74.7 – 81.1) [R]
Ex-smoker			12.1**	(6.6 – 21.0)	87.9	(79.0 – 93.4)
Never smoker			12.6**	(7.4 – 20.6) [Q]	87.4	(79.4 – 92.6) [R]
General health perception	0.4756	2.1%				
Excellent or very good			18.8	(14.2 – 24.5)	81.2	(75.5 – 85.8)
Good			21.9	(17.7 – 26.7)	78.1	(73.3 – 82.3)
Fair or poor			17.9	(13.3 – 23.6)	82.1	(76.4 – 86.7)

Covariate	p-value	Covariate partial non-response[a]	FT_{28c} = 0		FT_{28c} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Self-rated oral health	0.0007	2.2%				
Excellent or very good			16.7	(12.6 – 21.7) S	83.3	(78.3 – 87.4) U
Good			16.2	(12.8 – 20.3) T	83.8	(79.7 – 87.2) V
Fair or poor			28.3	(22.8 – 34.5) S,T	71.7	(65.5 – 77.2) U,V
Discomfort when eating	0.0775	1.8%				
Often			33.4**	(18.4 – 52.7)	66.6	(47.3 – 81.6)
Sometimes			25.4*	(18.7 – 33.6)	74.6	(66.4 – 81.3)
Rarely or never			17.7	(14.9 – 20.8)	82.3	(79.2 – 85.1)
Painful aching	0.1584	1.9%				
Often			36.7**	(19.8 – 57.6)	63.3*	(42.4 – 80.2)
Sometimes			23.3*	(16.3 – 32.0)	76.7	(68.0 – 83.7)
Rarely or never			18.8	(16.1 – 22.0)	81.2	(78.0 – 83.9)
Avoidance of certain foods	0.0183	1.8%				
Often			32.8**	(18.3 – 51.6)	67.2	(48.4 – 81.7)
Sometimes			30.0	(22.3 – 39.0) W	70.0	(61.0 – 77.7) X
Rarely or never			17.8	(15.1 – 20.9) W	82.2	(79.1 – 84.9) X
Dental status (dentate population)	0.0003					
Dentate on both arches			16.9	(14.2 – 20.0) Y	83.1	(80.0 – 85.8) Z
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			41.2	(32.3 – 50.7) Y	58.8	(49.3 – 67.7) Z

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

CARIES EXPERIENCE – ROOT PART OF THE TEETH

Table A26 Distribution of dentate Nunavimmiut by the number of decayed (grades 1-2), missing (due to caries or periodontal disease) or filled (due to caries) teeth on the root part in the permanent dentition of dentate Nunavimmiut [$D_{1-2}MFT_{28r}$]

Covariate	p-value	Covariate partial non-response[a]	$D_{1-2}MFT_{28r} = 0$		$D_{1-2}MFT_{28r} = 1$ or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			20.5	(18.1 – 23.2)	79.5	(76.8 – 81.9)
Sex						
Men			21.7	(17.8 – 26.2)	78.3	(73.8 – 82.2)
Women			19.2	(16.7 – 22.0)	80.8	(78.0 – 83.3)
Age group						
16-30 years			37.1	(32.6 – 41.8) [A]	62.9	(58.2 – 67.4) [B]
31 years and over			4.5*	(3.1 – 6.6) [A]	95.5	(93.4 – 96.9) [B]
Coastal region						
Hudson coast			17.9	(14.9 – 21.3) [C]	82.1	(78.7 – 85.1) [D]
Ungava coast			23.9	(20.1 – 28.3) [C]	76.1	(71.7 – 79.9) [D]
Education	0.1083	1.7%				
Elementary school or less			13.3**	(6.6 – 25.1)	86.7	(74.9 – 93.4)
Secondary school not completed			19.2	(16.0 – 22.8)	80.8	(77.2 – 84.0)
Secondary school or higher			24.1	(19.3 – 29.7)	75.9	(70.3 – 80.7)
Income	0.0993	12.4%				
Less than $20 000			23.0	(19.3 – 27.2)	77.0	(72.8 – 80.7)
$20 000 to less than $40 000			16.4*	(10.9 – 24.1)	83.6	(75.9 – 89.1)
$40 000 or more			16.4*	(11.6 – 22.6)	83.6	(77.4 – 88.4)
Teeth or denture brushing frequency		2.0%				
Daily			21.8	(18.7 – 25.3)	78.2	(74.7 – 81.3)
Weekly to never			18.0	(14.1 – 22.6)	82.0	(77.4 – 85.9)
Last consultation of a dental professional	0.6961	2.4%				
Less than a year ago			20.4	(17.2 – 23.9)	79.6	(76.1 – 82.8)
1 or more years ago			20.9	(16.9 – 25.7)	79.1	(74.3 – 83.1)
Have never seen a dental professional			N.D.	N.D.	N.D.	N.D.
Smoking status	0.2729	1.5%				
Smoker			20.2	(17.6 – 23.1)	79.8	(76.9 – 82.4)
Ex-smoker			16.9*	(10.8 – 25.3)	83.1	(74.7 – 89.2)
Never smoker			26.1*	(18.1 – 36.1)	73.9	(63.9 – 81.9)
General health perception	0.1231	2.1%				
Excellent or very good			24.1	(19.2 – 29.8)	75.9	(70.2 – 80.8)
Good			20.5	(16.7 – 24.8)	79.5	(75.2 – 83.3)
Fair or poor			16.7	(12.7 – 21.5)	83.3	(78.5 – 87.3)

Covariate	p-value	Covariate partial non-response[a]	$D_{1\text{-}2}MFT_{28r} = 0$		$D_{1\text{-}2}MFT_{28r} = 1$ or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Self-rated oral health	0.0006	2.2%				
Excellent or very good			26.4	(21.0 – 32.6) E	73.6	(67.4 – 79.0) G
Good			22.6	(18.8 – 26.9) F	77.4	(73.1 – 81.2) H
Fair or poor			12.5*	(8.9 – 17.4) E,F	87.5	(82.6 – 91.1) G,H
Discomfort when eating	0.2554	1.8%				
Often			10.5**	(4.5 – 22.6)	89.5	(77.4 – 95.5)
Sometimes			20.4*	(14.6 – 27.7)	79.6	(72.3 – 85.4)
Rarely or never			21.0	(18.3 – 24.0)	79.0	(76.0 – 81.7)
Painful aching	0.0459	1.9%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			16.0*	(10.4 – 23.6)	84.0	(76.4 – 89.6)
Rarely or never			21.5	(18.8 – 24.5)	78.5	(75.5 – 81.2)
Avoidance of certain foods	0.2368	1.8%				
Often			13.0**	(5.6 – 27.4)	87.0	(72.6 – 94.4)
Sometimes			16.6*	(10.3 – 25.7)	83.4	(74.3 – 89.7)
Rarely or never			21.3	(18.7 – 24.1)	78.7	(75.9 – 81.3)
Dental status (dentate population)	<0.0001					
Dentate on both arches			23.1	(20.4 – 26.1)	76.9	(73.9 – 79.6)
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			N.D.	N.D.	N.D.	N.D.

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A27 Mean numbers of $D_{1-2}MFT_{28r}$ index and components on the root part in the permanent dentition of dentate Nunavimmiut

Covariate	Covariate partial non-response[a]	$D_{1-2}MFT_{28r}$ index		D component		M componentb		F component	
		Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
(None)		6.03	(5.73 – 6.37)	0.90	(0.77 – 1.03)	5.04	(4.77 – 5.34)	0.09*	(0.07 – 0.12)
Sex									
Men		6.32	(5.84 – 6.84)	1.12	(0.92 – 1.33) [A]	5.09	(4.70 – 5.49)	0.11*	(0.06 – 0.15)
Female		5.71	(5.35 – 6.11)	0.65	(0.52 – 0.79) [A]	4.99	(4.64 – 5.36)	0.08*	(0.05 – 0.11)
Age group (2 categories)									
16-30 years		2.69	(2.38 – 3.02) [A]	0.28*	(0.18 – 0.40) [B]	2.40	(2.14 – 2.69) [A]	0.01**	(0.00 – 0.02) [A]
31 years and over		9.26	(8.76 – 9.80) [A]	1.50	(1.27 – 1.72) [B]	7.60	(7.15 – 8.08) [A]	0.17*	(0.12 – 0.23) [A]
Age group (3 categories)									
16-30 years		2.69	(2.38 – 3.02) [B,C]	Not analyzed		Not analyzed		Not analyzed	
31-54 years		8.35	(7.77 – 8.97) [B,D]	Not analyzed		Not analyzed		Not analyzed	
55 years and over		12.43	(11.32 – 13.59) [C,D]	Not analyzed		Not analyzed		Not analyzed	
Coastal region									
Hudson coast		6.66	(6.21 – 7.18) [E]	1.21	(1.00 – 1.43) [C]	5.35	(4.95 – 5.77) [B]	0.09*	(0.06 – 0.14)
Ungava coast		5.22	(4.84 – 5.64) [E]	0.49	(0.40 – 0.59) [C]	4.64	(4.28 – 5.02) [B]	0.09*	(0.05 – 0.13)
Education	1.7%								
Elementary school or less		8.41	(6.55 – 10.54) [F,G]	1.45*	(0.92 – 2.22) [D]	6.81	(5.34 – 8.50) [C]	0.15**	(0.04 – 0.32)
Secondary school not completed		6.31	(5.87 – 6.78) [F,H]	1.00	(0.82 – 1.19) [E]	5.22	(4.82 – 5.62) [D]	0.10*	(0.06 – 0.13)
Secondary school or higher		4.85	(4.28 – 5.38) [G,H]	0.52	(0.38 – 0.65) [D,E]	4.26	(3.74 – 4.72) [C,D]	0.08**	(0.03 – 0.13)
Income	12.4%								
Less than $20 000		5.56	(4.99 – 6.13)	0.82	(0.65 – 1.02)	4.68	(4.17 – 5.18)	0.05**	(0.02 – 0.10) [B]
$20 000 to less than $40 000		6.79	(5.87 – 7.85)	1.01*	(0.70 – 1.36)	5.60	(4.82 – 6.40)	0.19*	(0.10 – 0.28) [B]
$40 000 or more		6.61	(5.87 – 7.35)	1.03*	(0.71 – 1.34)	5.48	(4.93 – 6.06)	0.11**	(0.06 – 0.18)
Teeth or denture brushing frequency	2.0%								
Daily		5.34	(4.96 – 5.75) [I]	0.68	(0.56 – 0.79) [F]	4.55	(4.22 – 4.91) [E]	0.10*	(0.07 – 0.14)
Weekly to never		7.37	(6.67 – 8.20) [I]	1.26	(0.96 – 1.59) [F]	6.03	(5.45 – 6.69) [E]	0.08**	(0.03 – 0.13)
Last consultation of a dental professional	2.4%								
Less than a year ago		5.44	(5.00 – 5.84) [J,K]	0.68	(0.56 – 0.81) [G]	4.62	(4.25 – 4.96)	0.14*	(0.09 – 0.19) [C,D]
1 or more years ago		6.66	(6.00 – 7.35) [J]	1.14	(0.89 – 1.41) [G]	5.49	(4.99 – 6.05)	0.04**	(0.01 – 0.06) [C]
Have never seen a dental professional		9.13*	(6.27 – 12.86) [K]	1.31**	(0.37 – 2.30)	7.79*	(5.04 – 11.56)	0.03**	(0.00 – 0.11) [D]

Covariate	Covariate partial non-response[a]	$D_{1-2}MFT_{28r}$ index		D component		M componentb		F component	
		Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Smoking status	1.5%								
Smoker		6.19	(5.81 – 6.59)	0.95	(0.80 – 1.12)	5.15	(4.84 – 5.52)	0.08*	(0.05 – 0.12)
Ex-smoker		6.15	(5.19 – 7.14)	0.63*	(0.37 – 0.95)	5.38	(4.43 – 6.29)	0.14**	(0.06 – 0.23)
Never smoker		4.89	(3.82 – 6.11)	0.63*	(0.40 – 0.88)	4.15	(3.28 – 5.14)	0.11**	(0.02 – 0.22)
General health perception	2.1%								
Excellent or very good		5.06	(4.44 – 5.74) L	0.71*	(0.51 – 0.94) H	4.28	(3.78 – 4.82) F	0.07**	(0.03 – 0.12)
Good		5.63	(5.08 – 6.16) M	0.75	(0.58 – 0.93) I	4.81	(4.33 – 5.31) G	0.08**	(0.04 – 0.12)
Fair or poor		7.76	(6.97 – 8.56) L,M	1.29	(0.96 – 1.60) H,I	6.32	(5.71 – 6.95) F,G	0.15**	(0.08 – 0.22)
Self-rated oral health	2.2%								
Excellent or very good		5.00	(4.34 – 5.72) N	0.70*	(0.49 – 0.96) J	4.26	(3.68 – 4.92) H	0.04**	(0.02 – 0.06) E,F
Good		5.59	(4.99 – 6.24) O	0.69	(0.53 – 0.85) K	4.80	(4.31 – 5.35) I	0.10*	(0.05 – 0.14) E
Fair or poor		7.63	(6.89 – 8.38) N,O	1.33	(1.00 – 1.71) J,K	6.16	(5.61 – 6.76) H,I	0.14**	(0.07 – 0.21) F
Discomfort when eating	1.8%								
Often		9.82	(7.59 – 12.05) P,Q	1.88*	(1.16 – 2.64) L,M	7.75	(6.03 – 9.43) J,K	0.19**	(0.00 – 0.47)
Sometimes		5.88	(5.05 – 6.74) P	0.90*	(0.57 – 1.25) L	4.91	(4.25 – 5.55) J	0.06**	(0.01 – 0.13)
Rarely or never		5.89	(5.51 – 6.33) Q	0.82	(0.69 – 0.96) M	4.97	(4.62 – 5.33) K	0.10*	(0.07 – 0.13)
Painful aching	1.9%								
Often		8.19*	(5.84 – 10.71)	1.30**	(0.38 – 2.38)	6.89	(5.14 – 8.92)	0.00**	(. – .) G,H
Sometimes		5.92	(5.06 – 6.91)	0.94*	(0.66 – 1.29)	4.85	(4.13 – 5.63)	0.13**	(0.02 – 0.25) G
Rarely or never		6.00	(5.63 – 6.37)	0.86	(0.73 – 1.00)	5.05	(4.74 – 5.37)	0.09*	(0.06 – 0.12) H
Avoidance of certain foods	1.8%								
Often		8.96	(7.03 – 11.04) R,S	1.32**	(0.71 – 1.97)	7.64	(5.93 – 9.36) L,M	0.00**	(. – .) I,J
Sometimes		5.76	(4.91 – 6.71) R	0.65*	(0.44 – 0.90)	5.03	(4.25 – 5.84) L	0.08**	(0.01 – 0.17) I
Rarely or never		5.98	(5.61 – 6.34) S	0.9	(0.76 – 1.05)	4.98	(4.66 – 5.31) M	0.10*	(0.07 – 0.13) J
Dental status									
Dentate on both arches		5.69	(5.34 – 6.06) T,U	0.88	(0.73 – 1.01)	4.73	(4.43 – 5.08) N,O	0.08*	(0.05 – 0.11) K,L
Dentate on upper arch only		11.93	(11.02 – 12.95) T,V	0.43**	(0.00 – 1.28)	11.51	(10.31 – 12.44) N,P	0.00**	(. – .) K,M
Dentate on lower arch only		8.42	(7.74 – 9.00) U,V	1.10	(0.81 – 1.39)	7.10	(6.51 – 7.61) O,P	0.22 **	(0.10 – 0.35) L,M

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

b The missing teeth component is the same for the coronal and root parts of the teeth (see Table A22).

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The mean value should be interpreted carefully.

** The coefficient of variation is greater than 25%. The mean value is shown for information only.

Note 1: p-value < 0.05 wherever there are significant results.

Note 2: The table presents the results for 4 indicators, **so common letters**, indicating statistically different modalities at the 5% threshold, **should be read into each column separately**.

Table A28 Distribution of dentate Nunavimmiut by the number of decayed (grades 1-2) teeth on the root part in the permanent dentition of dentate Nunavimmiut [$D_{1\text{-}2}T_{28r}$]

Covariate	p-value	Covariate partial non-response[a]	$D_{1\text{-}2}T_{28r}$ = 0		$D_{1\text{-}2}T_{28r}$ = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			67.8	(65.0 – 70.5)	32.2	(29.5 – 35.0)
Sex						
Men			63.6	(59.3 – 67.7) [A]	36.4	(32.3 – 40.7) [B]
Women			72.4	(68.9 – 75.7) [A]	27.6	(24.3 – 31.1) [B]
Age group						
16-30 years			86.2	(82.8 – 89.0) [C]	13.8	(11.0 – 17.2) [D]
31 years and over			50.1	(45.7 – 54.4) [C]	49.9	(45.6 – 54.3) [D]
Coastal region						
Hudson coast			58.3	(54.0 – 62.4) [E]	41.7	(37.6 – 46.0) [F]
Ungava coast			80.1	(76.7 – 83.2) [E]	19.9	(16.8 – 23.3) [F]
Education	0.0078	1.7%				
Elementary school or less			56.3	(43.1 – 68.7) [G]	43.7*	(31.3 – 56.9) [I]
Secondary school not completed			66.1	(62.1 – 69.8) [H]	33.9	(30.2 – 37.9) [J]
Secondary school or higher			75.0	(69.6 – 79.8) [G,H]	25.0	(20.2 – 30.4) [I,J]
Income	0.8570	12.4%				
Less than $20 000			67.8	(63.0 – 72.3)	32.2	(27.7 – 37.0)
$20 000 to less than $40 000			65.2	(56.8 – 72.7)	34.8	(27.3 – 43.2)
$40 000 or more			66.9	(60.3 – 72.9)	33.1	(27.1 – 39.7)
Teeth or denture brushing frequency		2.0%				
Daily			71.6	(67.9 – 75.0) [K]	28.4	(25.0 – 32.1) [L]
Weekly to never			60.6	(54.6 – 66.4) [K]	39.4	(33.6 – 45.4) [L]
Last consultation of a dental professional	0.0784	2.4%				
Less than a year ago			71.3	(67.4 – 74.8)	28.7	(25.2 – 32.6)
1 or more years ago			63.6	(58.3 – 68.6)	36.4	(31.4 – 41.7)
Have never seen a dental professional			57.7*	(35.6 – 77.2)	42.3**	(22.8 – 64.4)
Smoking status	0.1062	1.5%				
Smoker			66.4	(63.0 – 69.7)	33.6	(30.3 – 37.0)
Ex-smoker			76.5	(67.9 – 83.3)	23.5*	(16.7 – 32.1)
Never smoker			68.4	(58.1 – 77.2)	31.6*	(22.8 – 41.9)
General health perception	0.0069	2.1%				
Excellent or very good			69.1	(62.9 – 74.6) [M]	30.9	(25.4 – 37.1) [O]
Good			72.2	(67.6 – 76.3) [N]	27.8	(23.7 – 32.4) [P]
Fair or poor			59.2	(52.9 – 65.2) [M,N]	40.8	(34.8 – 47.1) [O,P]

Covariate	p-value	Covariate partial non-response[a]	$D_{1\text{-}2}T_{28r} = 0$		$D_{1\text{-}2}T_{28r} = 1$ or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Self-rated oral health	0.0015	2.2%				
Excellent or very good			72.1	(65.6 – 77.8) Q	27.9	(22.2 – 34.4) S
Good			71.8	(67.1 – 76.0) R	28.2	(24.0 – 32.9) T
Fair or poor			58.2	(51.9 – 64.3) Q,R	41.8	(35.7 – 48.1) S,T
Discomfort when eating	0.0120	1.8%				
Often			40.5*	(24.5 – 58.7) U,V	59.5*	(41.3 – 75.5) W,X
Sometimes			68.7	(61.4 – 75.1) U	31.3	(24.9 – 38.6) W
Rarely or never			69.1	(65.7 – 72.3) V	30.9	(27.7 – 34.3) X
Painful aching	0.6876	1.9%				
Often			62.6*	(43.0 – 78.8)	37.4**	(21.2 – 57.0)
Sometimes			65.2	(56.3 – 73.2)	34.8	(26.8 – 43.7)
Rarely or never			68.4	(65.2 – 71.4)	31.6	(28.6 – 34.8)
Avoidance of certain foods	0.3946	1.8%				
Often			56.3*	(38.8 – 72.3)	43.7*	(27.7 – 61.2)
Sometimes			69.7	(60.8 – 77.4)	30.3	(22.6 – 39.2)
Rarely or never			68.0	(64.7 – 71.1)	32.0	(28.9 – 35.3)
Dental status (dentate population)	0.0008					
Dentate on both arches			69.5	(66.6 – 72.3) Y	30.5	(27.7 – 33.4) Z
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			52.5	(43.1 – 61.8) Y	47.5	(38.2 – 56.9) Z

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A29 Distribution of dentate Nunavimmiut by the number of filled (due to caries) teeth on the root part in the permanent dentition of dentate Nunavimmiut [FT_{28r}]

Covariate	p-value	Covariate partial non-response[a]	FT_{28r} = 0		FT_{28r} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
(None)			94.6	(93.1 – 95.9)	5.4	(4.1 – 6.9)
Sex						
Men			94.6	(92.0 – 96.4)	5.4*	(3.6 – 8.0)
Women			94.7	(92.7 – 96.2)	5.3*	(3.8 – 7.3)
Age group						
16-30 years			98.9	(97.0 – 99.6) [A]	1.1**	(0.4 – 3.0) [B]
31 years and over			90.5	(87.7 – 92.8) [A]	9.5	(7.2 – 12.3) [B]
Coastal region						
Hudson coast			94.3	(91.8 – 96.0)	5.7*	(4.0 – 8.2)
Ungava coast			95.1	(92.8 – 96.7)	4.9*	(3.3 – 7.2)
Education	0.5099	1.7%				
Elementary school or less			91.6	(82.1 – 96.3)	8.4**	(3.7 – 17.9)
Secondary school not completed			94.5	(92.1 – 96.1)	5.5*	(3.9 – 7.9)
Secondary school or higher			95.4	(92.5 – 97.2)	4.6**	(2.8 – 7.5)
Income	0.0036	12.4%				
Less than $20 000			97.3	(95.1 – 98.5) [C,D]	2.7**	(1.5 – 4.9) [E,F]
$20 000 to less than $40 000			89.8	(84.5 – 93.4) [C]	10.2*	(6.6 – 15.5) [E]
$40 000 or more			92.5	(88.1 – 95.3) [D]	7.5*	(4.7 – 11.9) [F]
Teeth or denture brushing frequency		2.0%				
Daily			93.7	(91.6 – 95.3)	6.3	(4.7 – 8.4)
Weekly to never			96.3	(93.4 – 98.0)	3.7**	(2.0 – 6.6)
Last consultation of a dental professional	0.0015	2.4%				
Less than a year ago			92.5	(89.7 – 94.5) [G]	7.5*	(5.5 – 10.3) [H]
1 or more years ago			97.2	(95.2 – 98.4) [G]	2.8**	(1.6 – 4.8) [H]
Have never seen a dental professional			N.D.	N.D.	N.D.	N.D.
Smoking status	0.1334	1.5%				
Smoker			95.4	(93.5 – 96.7)	4.6*	(3.3 – 6.5)
Ex-smoker			90.3	(83.7 – 94.4)	9.7**	(5.6 – 16.3)
Never smoker			94.0	(87.6 – 97.2)	6.0**	(2.8 – 12.4)
General health perception	0.0453	2.1%				
Excellent or very good			96.1	(93.3 – 97.8) [I]	3.9**	(2.2 – 6.7) [K]
Good			95.6	(93.3 – 97.1) [J]	4.4*	(2.9 – 6.7) [L]
Fair or poor			91.4	(87.1 – 94.4) [I,J]	8.6*	(5.6 – 12.9) [K,L]

Covariate	p-value	Covariate partial non-response[a]	FT_{28r} = 0		FT_{28r} = 1 or more	
			Prop. (%)	95% CI	Prop. (%)	95% CI
Self-rated oral health	0.1572	2.2%				
Excellent or very good			97.0	(94.4 – 98.4)	3.0**	(1.6 – 5.6)
Good			94.2	(91.4 – 96.0)	5.8*	(4.0 – 8.6)
Fair or poor			93.3	(89.5 – 95.8)	6.7*	(4.2 – 10.5)
Discomfort when eating	0.3899	1.8%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			96.9	(92.3 – 98.8)	3.1**	(1.2 – 7.7)
Rarely or never			94.1	(92.4 – 95.5)	5.9	(4.5 – 7.6)
Painful aching	0.3149	1.9%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			94.0	(86.5 – 97.5)	6.0**	(2.5 – 13.5)
Rarely or never			94.5	(92.8 – 95.8)	5.5	(4.2 – 7.2)
Avoidance of certain foods	0.0999	1.8%				
Often			N.D.	N.D.	N.D.	N.D.
Sometimes			N.D.	N.D.	N.D.	N.D.
Rarely or never			94.2	(92.4 – 95.6)	5.8	(4.4 – 7.6)
Dental status (dentate population)	0.0346					
Dentate on both arches			95.2	(93.5 – 96.4) M	4.8*	(3.6 – 6.5) N
Dentate on upper arch only			N.D.	N.D.	N.D.	N.D.
Dentate on lower arch only			89.8	(83.5 – 93.9) M	10.2**	(6.1 – 16.5) N

CI: Confidence interval

N.D. Since some categories have less than 5 respondents, this value is not displayed.

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator. In addition to the covariate partial non-response, there is a 3.5% partial non-response on the indicator, calculated on population.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

CONSEQUENCES OF UNTREATED CARIES

Table A30 Proportion of dentate Nunavimmiut presenting consequences of untreated dental caries [PUFA]

Covariate	p-value	Covariate partial non-response[a]	Prop. (%)	95% CI	
(None)			38.0	(34.7 – 41.4)	
Sex					
Men			48.1	(42.5 – 53.8)	A
Women			26.9	(23.7 – 30.4)	A
Age group					
16-30 years			38.3	(33.6 – 43.3)	
31 years and over			37.6	(33.2 – 42.3)	
Coastal region					
Hudson coast			40.1	(35.3 – 45.0)	
Ungava coast			35.3	(31.0 – 39.8)	
Education	<0.0001	1.7%			
Elementary school or less			45.3	(33.2 – 58.0)	B
Secondary school not completed			43.6	(39.2 – 48.1)	C
Secondary school or higher			24.5	(19.8 – 29.9)	B,C
Income	0.0881	12.4%			
Less than $20 000			40.8	(35.6 – 46.1)	
$20 000 to less than $40 000			36.4	(28.6 – 45.1)	
$40 000 or more			31.2	(25.1 – 37.9)	
Teeth or denture brushing frequency		2.0%			
Daily			26.9	(23.5 – 30.7)	D
Weekly to never			57.7	(51.6 – 63.6)	D
Last consultation of a dental professional	<0.0001	2.4%			
Less than a year ago			29.4	(25.8 – 33.4)	E,F
1 or more years ago			46.4	(40.7 – 52.2)	E,G
Have never seen a dental professional			82.1	(63.7 – 92.3)	F,G
Smoking status	<0.0001	1.5%			
Smoker			41.6	(37.9 – 45.5)	H,I
Ex-smoker			22.4*	(15.3 – 31.5)	H
Never smoker			27.0*	(18.7 – 37.3)	I
Sense of belonging to the community	0.6044	1.6%			
Strongly agree or agree			38.1	(34.5 – 41.9)	
Neither agree nor disagree			34.0*	(24.6 – 44.8)	
Disagree or strongly disagree			42.8*	(29.7 – 56.9)	

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

DISCOMFORT, PAIN AND FOOD AVOIDANCE

Table A31 Distribution of the Nunavik population according to how often they found it uncomfortable to eat because of problems with their mouth in the past 12 months

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		2.2%		4.2*	(3.1 – 5.7)	19.3	(16.9 – 22.0)	76.4	(73.6 – 79.0)
Sex	0.0028	2.2%							
Men				5.2*	(3.4 – 7.9)	23.0	(19.0 – 27.5) [A]	71.8	(67.0 – 76.1) [B]
Women				3.3*	(2.2 – 4.7)	15.7	(13.3 – 18.4) [A]	81.0	(78.2 – 83.6) [B]
Age group (2 categories)	0.0730	2.2%							
16-30 years				3.0**	(1.7 – 5.1)	21.5	(17.9 – 25.7)	75.5	(71.2 – 79.3)
31 years and over				5.2*	(3.7 – 7.3)	17.7	(14.7 – 21.0)	77.1	(73.5 – 80.4)
Age group (3 categories)	0.0481	2.2%							
16-30 years				3.0**	(1.7 – 5.1) [C]	21.5	(17.9 – 25.7)	75.5	(71.2 – 79.3)
31-54 years				6.1*	(4.1 – 8.9) [C]	18.6	(15.0 – 22.8)	75.3	(70.7 – 79.4)
55 years and over				3.1**	(1.6 – 6.0)	15.4*	(10.8 – 21.5)	81.5	(75.3 – 86.4)
Coastal region	0.2457	2.2%							
Hudson coast				4.8*	(3.2 – 7.2)	17.9	(14.8 – 21.5)	77.3	(73.5 – 80.7)
Ungava coast				3.4*	(2.3 – 5.1)	21.3	(17.7 – 25.4)	75.3	(71.2 – 79.0)
Education	0.6067	2.0%	2.4%						
Elementary school or less				4.3**	(1.7 – 10.5)	21.3*	(14.0 – 31.0)	74.3	(64.5 – 82.2)
Secondary school not completed				5.0*	(3.5 – 7.1)	19.7	(16.7 – 23.0)	75.4	(71.7 – 78.7)
Secondary school or higher				2.8**	(1.4 – 5.5)	18.8	(14.4 – 24.1)	78.4	(73.0 – 83.0)
Income	0.9230	2.2%	13.2%						
Less than $20 000				4.2*	(2.7 – 6.3)	20.6	(17.0 – 24.8)	75.2	(70.9 – 79.1)
$20 000 to less than $40 000				4.1**	(1.9 – 8.8)	17.5*	(12.4 – 24.1)	78.4	(71.2 – 84.2)
$40 000 and over				4.8**	(2.6 – 8.6)	19.6	(14.7 – 25.8)	75.6	(69.2 – 81.0)

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Last consultation of a dental professional	0.0894	0.1%	2.9%						
Less than a year ago				3.5*	(2.3 – 5.3)	17.9	(14.9 – 21.3)	78.6	(75.2 – 81.7)
1 or more years ago				4.6*	(2.9 – 7.3)	22.4	(18.3 – 27.2)	72.9	(67.8 – 77.5)
Have never seen a dental professional				9.9**	(4.4 – 20.7)	11.1**	(4.7 – 24.2)	79.0	(65.4 – 88.2)
Smoking status	0.4249	0.7%	1.7%						
Smoker				4.4*	(3.2 – 6.1)	20.0	(17.3 – 23.1)	75.5	(72.3 – 78.4)
Ex-smoker				N.D.	N.D.	N.D.	N.D.	77.5	(69.4 – 83.9)
Never smoker				N.D.	N.D.	N.D.	N.D.	82.6	(75.1 – 88.2)
Presence of teeth (total population)	0.8557	1.9%							
Edentulous				4.7**	(2.2 – 9.5)	18.1*	(12.2 – 26.1)	77.2	(69.1 – 83.7)
Dentate				4.1*	(2.9 – 5.8)	20.0	(17.6 – 22.6)	75.9	(73.0 – 78.6)

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A32 Distribution of the Nunavik population according to painful aching in the past 12 months

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never		
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	
(None)		2.4%		2.4*	(1.7 – 3.4)	13.7	(11.6 – 16.1)	83.9	(81.4 – 86.1)	
Sex	0.8647	2.4%								
Men				2.4**	(1.3 – 4.3)	13.1	(9.9 – 17.2)	84.5	(80.3 – 87.9)	
Women				2.4*	(1.6 – 3.7)	14.3	(11.9 – 17.0)	83.3	(80.5 – 85.8)	
Age group (2 categories)	0.2417	2.4%								
16-30 years				2.4**	(1.4 – 4.2)	15.7	(12.5 – 19.4)	81.9	(78.1 – 85.2)	
31 years and over				2.4*	(1.6 – 3.7)	12.2	(9.6 – 15.3)	85.4	(82.1 – 88.2)	
Age group (3 categories)	0.1503	2.4%								
16-30 years				2.4**	(1.4 – 4.2)	15.7	(12.5 – 19.4)	81.9	(78.1 – 85.2)	
31-54 years				2.9**	(1.8 – 4.8)	13.2	(10.0 – 17.2)	83.8	(79.8 – 87.2)	
55 years and over				N.D.	N.D.	N.D.	N.D.	89.2	(83.6 – 93.0)	
Coastal region	0.7930	2.4%								
Hudson coast				2.6*	(1.6 – 4.2)	13.3	(10.5 – 16.7)	84.1	(80.6 – 87.1)	
Ungava coast				2.1**	(1.3 – 3.6)	14.3	(11.6 – 17.5)	83.6	(80.3 – 86.5)	
Education	0.0165	2.2%	2.4%							
Elementary school or less				N.D.	N.D.	N.D.	N.D.	93.0	(86.7 – 96.4)	A,B
Secondary school not completed				3.1*	(2.0 – 4.7)	15.0	(12.4 – 18.1)	81.9	(78.6 – 84.9)	A
Secondary school or higher				1.6**	(0.7 – 3.6)	14.4	(10.6 – 19.1)	84.0	(79.3 – 87.8)	B
Income	0.2740	2.2%	13.2%							
Less than $20 000				2.9**	(1.8 – 4.7)	14.4	(11.6 – 17.9)	82.7	(78.9 – 85.9)	
$20 000 to less than $40 000				N.D.	N.D.	N.D.	N.D.	87.7	(81.5 – 92.0)	
$40 000 or more				2.5**	(1.3 – 4.7)	13.2*	(9.1 – 18.7)	84.3	(78.8 – 88.6)	
Last consultation of a dental professional	0.6886	0.3%	2.9%							
Less than a year ago				2.6*	(1.7 – 4.0)	15.2	(12.2 – 18.8)	82.2	(78.5 – 85.3)	
1 or more years ago				2.2**	(1.1 – 4.2)	12.2	(9.3 – 15.7)	85.6	(81.7 – 88.8)	
Have never seen a dental professional				N.D.	N.D.	N.D.	N.D.	84.9	(71.7 – 92.6)	

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Smoking status	0.0669[c]	0.9%	1.7%						
Smoker				2.8*	(1.9 – 4.1)	14.5	(12.0 – 17.3)	82.8	(79.8 – 85.4)
Ex-smoker				N.D.	N.D.	N.D.	N.D.	85.5	(78.3 – 90.6)
Never smoker				N.D.	N.D.	N.D.	N.D.	90.9	(84.3 – 94.8)
Presence of teeth (total population)	0.1840	2.1%							
Edentulous				N.D.	N.D.	N.D.	N.D.	83.7	(74.9 – 89.8)
Dentate				2.8*	(1.9 – 4.1)	13.2	(11.0 – 15.7)	84.0	(81.4 – 86.4)

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
c At least 20% of the table cells have expected values of less than 5, Therefore, the validity of the test is not certain. The results have to be interpreted carefully.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A33 Distribution of the Nunavik population according to how often they avoided eating certain foods because of problems with their mouths in the past 12 months

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		2.2%		3.7*	(2.7 – 4.9)	13.2	(11.3 – 15.4)	83.1	(80.7 – 85.3)
Sex	0.0125	2.2%							
Men				3.6*	(2.2 – 5.8)	16.2	(13.0 – 20.1) A	80.2	(76.0 – 83.7) B
Women				3.7*	(2.6 – 5.3)	10.2	(8.2 – 12.5) A	86.1	(83.7 – 88.3) B
Age group (2 categories)	0.2531	2.2%							
16-30 years				2.6**	(1.5 – 4.3)	13.4	(10.5 – 16.8)	84.1	(80.4 – 87.2)
31 years and over				4.5*	(3.1 – 6.5)	13.1	(10.4 – 16.3)	82.4	(79.0 – 85.4)
Age group (3 categories)	0.3625	2.2%							
16-30 years				2.6**	(1.5 – 4.3)	13.4	(10.5 – 16.8)	84.1	(80.4 – 87.2)
31-54 years				5.0*	(3.2 – 7.7)	12.4	(9.5 – 16.0)	82.6	(78.6 – 86.0)
55 years and over				3.3**	(1.7 – 6.3)	14.8*	(10.1 – 21.1)	81.9	(75.4 – 86.9)
Coastal region	0.3204	2.2%							
Hudson coast				3.8*	(2.6 – 5.7)	11.9	(9.3 – 15.1)	84.2	(80.9 – 87.1)
Ungava coast				3.4*	(2.3 – 5.2)	14.9	(12.2 – 18.1)	81.7	(78.2 – 84.7)
Education	0.1215	2.0%	2.4%						
Elementary school or less				5.1**	(2.2 – 11.6)	10.7**	(6.0 – 18.6)	84.1	(75.4 – 90.1)
Secondary school not completed				3.9*	(2.8 – 5.6)	15.5	(12.9 – 18.6)	80.5	(77.1 – 83.5)
Secondary school or higher				2.8**	(1.4 – 5.7)	10.3*	(7.3 – 14.2)	86.9	(82.7 – 90.3)
Income	0.6333	2.2%	13.2%						
Less than $20 000				4.0*	(2.6 – 6.0)	14.1	(11.2 – 17.7)	81.9	(78.0 – 85.2)
$20 000 to less than $40 000				N.D.	N.D.	N.D.	N.D.	84.7	(78.6 – 89.3)
$40 000 or more				4.1**	(2.2 – 7.4)	11.7*	(8.0 – 16.7)	84.3	(78.8 – 88.6)
Last consultation of a dental professional	0.2342	0.1%	2.9%						
Less than a year ago				3.4*	(2.2 – 5.3)	11.7	(9.3 – 14.6)	84.9	(81.7 – 87.5)
1 or more years ago				3.5*	(2.2 – 5.6)	15.7	(12.3 – 19.7)	80.8	(76.4 – 84.6)
Have never seen a dental professional				N.D.	N.D.	N.D.	N.D.	81.5	(68.5 – 89.9)

Covariate	p-value	Partial non-response		Often		Sometimes		Rarely or never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Smoking status	0.8051	0.7%	1.7%						
Smoker				3.7*	(2.7 – 5.1)	13.6	(11.4 – 16.2)	82.7	(79.9 – 85.1)
Ex-smoker				N.D.	N.D.	N.D.	N.D.	86.9	(79.4 – 91.9)
Never smoker				4.3**	(1.9 – 9.5)	13.4*	(8.2 – 21.1)	82.3	(74.2 – 88.3)
Presence of teeth (total population)	0.3304	2.0%							
Edentulous				4.6**	(2.4 – 8.7)	17.3*	(11.6 – 25.1)	78.1	(70.1 – 84.4)
Dentate				3.5*	(2.5 – 4.8)	13.0	(10.7 – 15.7)	83.5	(80.5 – 86.0)

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

ORAL HYGIENE

Table A34 Distribution of dentate Nunavimmiut by level of debris

Covariate	p-value	Partial non-response		Null or low		Moderate		Severe	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		10.2%[aa]		15.1	(12.9 – 17.5)	57.2	(53.5 – 60.9)	27.7	(24.5 – 31.2)
Sex	0.0001	10.2%[aa]							
Men				10.8*	(7.7 – 14.8) [A]	56.7	(50.8 – 62.4)	32.6	(27.4 – 38.2) [B]
Women				19.6	(16.9 – 22.7) [A]	57.8	(53.7 – 61.8)	22.6	(19.3 – 26.3) [B]
Age group	0.0031	10.2%[aa]							
16-30 years				11.8	(9.3 – 14.8) [C]	57.0	(52.0 – 61.8)	31.2	(26.9 – 35.9) [D]
31 years and over				18.9	(15.5 – 22.8) [C]	57.5	(52.4 – 62.5)	23.6	(19.3 – 28.5) [D]
Coastal region	<0.0001	10.2%[aa]							
Hudson coast				7.2*	(5.1 – 10.1) [E]	56.4	(51.3 – 61.4)	36.4	(31.6 – 41.5) [F]
Ungava coast				25.0	(21.4 – 29.1) [E]	58.3	(53.4 – 63.1)	16.7	(13.1 – 20.9) [F]
Education	<0.0001	10.1%[aa]	1.7%						
Elementary school or less				4.5**	(1.7 – 11.5) [G]	57.7	(42.7 – 71.5)	37.8*	(24.9 – 52.6) [H]
Secondary school not completed				11.1	(9.0 – 13.7) [I]	58.6	(53.9 – 63.1)	30.3	(26.0 – 35.0) [J]
Secondary school or higher				25.5	(20.3 – 31.4) [G,I]	54.4	(47.9 – 60.8)	20.1	(15.3 – 25.8) [H,J]
Income	<0.0001	10.2%[aa]	12.4%						
Less than $20 000				8.4	(6.4 – 10.9) [K,L]	58.3	(53.0 – 63.4)	33.4	(28.5 – 38.6) [N]
$20 000 to less than $40 000				17.4*	(12.1 – 24.3) [K,M]	58.1	(49.3 – 66.4)	24.5*	(17.4 – 33.4)
$40 000 or more				29.7	(23.3 – 37.0) [L,M]	53.6	(46.2 – 60.7)	16.8*	(11.7 – 23.3) [N]
Teeth or denture brushing frequency	<0.0001	10.3%[aa]	2.0%						
Daily				19.8	(16.9 – 23.1) [O]	61.8	(57.6 – 65.9) [P]	18.4	(15.3 – 21.8) [Q]
Weekly to never				6.1**	(3.7 – 9.9) [O]	48.1	(41.6 – 54.7) [P]	45.8	(39.4 – 52.4) [Q]

Covariate	p-value	Partial non-response		Null or low		Moderate		Severe	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Last consultation of a dental professional	0.0001[c]	10.2%[aa]	2.4%						
Less than a year ago				18.9	(15.7 – 22.6) R	60.4	(55.8 – 64.8) S	20.7	(17.3 – 24.5) T
1 or more years ago				10.7*	(7.9 – 14.3) R	52.4	(46.2 – 58.6) S	36.9	(30.9 – 43.3) T
Have never seen a dental professional				N.D.	N.D.	60.0**	(27.5 – 85.6)	N.D.	N.D.
Smoking status	<0.0001	10.3%[aa]	1.5%						
Smoker				12.9	(10.6 – 15.6) U	56.2	(52.0 – 60.4)	30.9	(27.1 – 35.0) V,W
Ex-smoker				29.0	(21.4 – 38.1) U	60.7	(51.3 – 69.4)	10.3**	(5.5 – 18.2) V
Never smoker				19.2*	(12.6 – 28.0)	62.1	(50.9 – 72.1)	18.8*	(11.6 – 29.0) W

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
c At least 20% of the table cells have expected values of less than 5, Therefore, the validity of the test is not certain. The results have to be interpreted carefully.
aa The partial non-response percentage is greater than 10%. Deeper non-response analysis should be done for this indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A35 Proportion of dentate Nunavimmiut without debris

Covariate	p-value	Partial non-response		Prop. (%)	95% CI	
		Indicator[a]	Covariate[b]			
(None)		10.2%[aa]		2.2*	(1.5 – 3.2)	
Sex		10.2%[aa]				
Men				N.D.	N.D.	
Women				3.6*	(2.5 – 5.1)	
Age group		10.2%[aa]				
16-30 years				1.4**	(0.8 – 2.5)	A
31 years and over				3.1*	(1.9 – 4.8)	A
Coastal region		10.2%[aa]				
Hudson coast				N.D.	N.D.	
Ungava coast				4.0*	(2.8 – 5.8)	
Education	0.0003	10.1%[aa]	1.7%			
Elementary school or less				N.D.	N.D.	
Secondary school not completed				0.8**	(0.3 – 2.0)	B
Secondary school or higher				5.0*	(3.3 – 7.6)	B
Income	0.0031	10.2%[aa]	12.4%			
Less than $20 000				N.D.	N.D.	
$20 000 to less than $40 000				3.7**	(1.7 – 7.8)	
$40 000 or more				5.0**	(3.0 – 8.2)	
Teeth or denture brushing frequency		10.3%[aa]	2.0%			
Daily				3.3*	(2.3 – 4.8)	
Weekly to never				N.D.	N.D.	
Last consultation of a dental professional	0.3827	10.2%[aa]	2.4%			
Less than a year ago				2.7*	(1.8 – 4.2)	
1 or more years ago				1.4**	(0.7 – 3.1)	
Have never seen a dental professional				N.D.	N.D.	
Smoking status	0.0779[c]	10.3%[aa]	1.5%			
Smoker				1.8**	(1.1 – 3.0)	
Ex-smoker				5.3**	(2.7 – 10.0)	
Never smoker				N.D.	N.D.	

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
c At least 20% of the table cells have expected values of less than 5. Therefore, the validity of the test is not certain. The results have to be interpreted carefully.
aa The partial non-response percentage is greater than 10%. Deeper non-response analysis should be done for this indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A36 Distribution of dentate Nunavimmiut by level of supra-gingival calculus

Covariate	p-value	Partial non-response		Null or low		Moderate		Severe	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		10.2%[aa]		90.5	(88.2 – 92.4)	N.D.	N.D.	N.D.	N.D.
Sex	0.2143	10.2%[aa]							
Men				89.2	(85.4 – 92.2)	N.D.	N.D.	N.D.	N.D.
Women				91.9	(89.0 – 94.0)	N.D.	N.D.	N.D.	N.D.
Age group	0.0052	10.2%[aa]							
16-30 years				93.4	(90.4 – 95.5) [A]	N.D.	N.D.	N.D.	N.D.
31 years and over				87.2	(83.2 – 90.3) [A]	N.D.	N.D.		N.D.
Coastal region	<0.0001	10.2%[aa]							
Hudson coast				84.6	(80.8 – 87.8) [B]	N.D.	N.D.	N.D.	N.D.
Ungava coast				98.0	(96.1 – 98.9) [B]	N.D.	N.D.	N.D.	N.D.
Education	0.5044	10.1%[aa]	1.7%						
Elementary school or less				87.1	(76.4 – 93.3)	N.D.	N.D.	N.D.	N.D.
Secondary school not completed				90.1	(86.9 – 92.6)	N.D.	N.D.	N.D.	N.D.
Secondary school or higher				91.9	(87.6 – 94.8)	N.D.	N.D.	N.D.	N.D.
Income	0.2016	10.2%[aa]	12.4%						
Less than $20 000				87.9	(83.8 – 91.1)	N.D.	N.D.	N.D.	N.D.
$20 000 to less than $40 000				91.7	(86.1 – 95.1)	N.D.	N.D.	N.D.	N.D.
$40 000 or more				92.1	(87.1 – 95.2)	N.D.	N.D.	N.D.	N.D.
Teeth or denture brushing frequency	0.2936	10.3%[aa]	2.0%						
Daily				91.4	(88.4 – 93.7)	N.D.	N.D.	N.D.	N.D.
Weekly to never				88.7	(83.8 – 92.2)	N.D.	N.D.	N.D.	N.D.
Last consultation of a dental professional	0.0073	10.2%[aa]	2.4%						
Less than a year ago				93.7	(91.0 – 95.6) [C]	N.D.	N.D.	N.D.	N.D.
1 or more years ago				86.1	(81.0 – 90.0) [C]	N.D.	N.D.	N.D.	N.D.
Have never seen a dental professional				N.D.	N.D.	N.D.	N.D.	N.D.	N.D.

Covariate	p-value	Partial non-response		Null or low		Moderate		Severe	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Smoking status	0.3520	10.3%[aa]	1.5%						
Smoker				89.9	(87.1 – 92.2)	N.D.	N.D.		N.D.
Ex-smoker				92.2	(83.5 – 96.5)	N.D.	N.D.	N.D.	N.D.
Never smoker				94.0	(87.9 – 97.1)	N.D.	N.D.	N.D.	N.D.

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
aa The partial non-response percentage is greater than 10%. Deeper non-response analysis should be done for this indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A37 Proportion of dentate Nunavimmiut without supra-gingival calculus

Covariate	p-value	Partial non-response		Prop. (%)	95% CI
		Indicator[a]	Covariate[b]		
(None)		10.2%[aa]		59.7	(56.0 – 63.2)
Sex		10.2%[aa]			
Men				55.8	(49.8 – 61.7) A
Women				63.8	(59.8 – 67.6) A
Age group		10.2%[aa]			
16-30 years				62.4	(57.6 – 67.0)
31 years and over				56.5	(51.4 – 61.5)
Coastal region		10.2%[aa]			
Hudson coast				41.6	(36.7 – 46.7) B
Ungava coast				82.6	(77.8 – 86.5) B
Education	0.3796	10.1%[aa]	1.7%		
Elementary school or less				66.1	(51.3 – 78.3)
Secondary school not completed				58.3	(53.9 – 62.6)
Secondary school or higher				62.4	(55.9 – 68.5)
Income	0.1088	10.2%[aa]	12.4%		
Less than $20 000				54.7	(49.5 – 59.9)
$20 000 to less than $40 000				60.1	(51.2 – 68.4)
$40 000 or more				64.5	(56.9 – 71.4)
Teeth or denture brushing frequency		10.3%[aa]	2.0%		
Daily				61.0	(56.4 – 65.4)
Weekly to never				55.7	(49.3 – 62.0)
Last consultation of a dental professional	0.0221	10.2%a[aa]	2.4%		
Less than a year ago				63.7	(59.2 – 68.0) C
1 or more years ago				53.9	(47.4 – 60.2) C
Have never seen a dental professional				36.6**	(14.6 – 65.9)
Smoking status	0.0607	10.3%[aa]	1.5%		
Smoker				57.4	(53.1 – 61.5)
Ex-smoker				63.2	(52.1 – 73.0)
Never smoker				70.5	(59.5 – 79.5)

CI: Confidence interval

a The percentage refers to the indicator, calculated on population.

b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

aa The partial non-response percentage is greater than 10%. Deeper non-response analysis should be done for this indicator.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A38 Distribution of the Nunavik population according to teeth or denture brushing frequency

Covariate	p-value	Partial non-response		Daily		Weekly to never	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		2.8%		63.2	(60.1 – 66.1)	36.8	(33.9 – 39.9)
Sex		2.8%					
Men				50.5	(45.3 – 55.7) A	49.5	(44.3 – 54.7) B
Women				75.8	(72.6 – 78.8) A	24.2	(21.2 – 27.4) B
Age group		2.8%					
16-30 years				62.4	(57.8 – 66.8)	37.6	(33.2 – 42.2)
31 years and over				63.7	(59.8 – 67.5)	36.3	(32.5 – 40.2)
Coastal region		2.8%					
Hudson coast				60.5	(56.3 – 64.6) C	39.5	(35.4 – 43.7) D
Ungava coast				66.7	(62.5 – 70.6) C	33.3	(29.4 – 37.5) D
Education	<0.0001	2.6%	2.4%				
Elementary school or less				50.6	(40.8 – 60.3) E	49.4	(39.7 – 59.2) G
Secondary school not completed				58.5	(54.5 – 62.4) F	41.5	(37.6 – 45.5) H
Secondary school or higher				76.7	(71.5 – 81.2) E,F	23.3	(18.8 – 28.5) G,H
Income	<0.0001	2.7%	13.2%				
Less than $20 000				57.3	(52.5 – 62.0) I	42.7	(38.0 – 47.5) K
$20 000 to less than $40 000				61.4	(54.0 – 68.3) J	38.6	(31.7 – 46.0) L
$40 000 or over				77.6	(71.9 – 82.5) I,J	22.4	(17.5 – 28.1) K,L
Last consultation of a dental professional	<0.0001	0.3%	2.9%				
Less than a year ago				73.6	(69.9 – 77.0) M,N	26.4	(23.0 – 30.1) P,Q
1 or more years ago				54.8	(49.7 – 59.8) M,O	45.2	(40.2 – 50.3) P,R
Have never seen a dental professional				21.6**	(11.7 – 36.4) N,O	78.4	(63.6 – 88.3) Q,R
Smoking status	0.0007	1.3%	1.7%				
Smoker				60.4	(56.9 – 63.8) S,T	39.6	(36.2 – 43.1) U,V
Ex-smoker				75.4	(66.8 – 82.3) S	24.6*	(17.7 – 33.2) U
Never smoker				71.2	(61.6 – 79.2) T	28.8*	(20.8 – 38.4) V
Presence of teeth (total population)		2.2%					
Dentate on both arches				59.0	(50.0 – 67.4)	41.0	(32.6 – 50.0)
Dentate on lower arch only				64.6	(61.2 – 67.9)	35.4	(32.1 – 38.8)

CI: Confidence interval

a The percentage refers to the indicator, calculated on population.

b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%%. The proportion should be interpreted carefully.

** The coefficient of variation is greater than 25%. The proportion is shown for information only.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

GINGIVITIS

Table A39 Proportion of dentate Nunavimmiut demonstrating gingivitis

Covariate	p-value	Partial non-response		Prop. (%)	95% CI	
		Indicator[a]	Covariate[b]			
(None)				85.7	(83.5 – 87.5)	
Sex		3.2%				
Men				93.0	(90.0 – 95.2)	A
Women				77.8	(74.5 – 80.7)	A
Age group		3.2%				
16-30 years				88.0	(85.2 – 90.3)	B
31 years ad over				83.2	(79.8 – 86.1)	B
Coastal region		3.2%				
Hudson coast				90.0	(87.5 – 92.2)	C
Ungava coast				80.0	(76.5 – 83.1)	C
Education	0.0114	3.1%	1.6%			
Elementary school or less				90.4	(77.5 – 96.3)	
Secondary school not completed				87.6	(84.9 – 89.8)	D
Secondary school or higher				80.7	(76.3 – 84.4)	D
Income	<0.0001	3.5%	12.4%			
Less than $20 000				89.0	(86.0 – 91.4)	E
$20 000 to less than $40 000				88.0	(82.5 – 91.9)	F
$40 000 or more				77.2	(71.7 – 82.0)	E,F
Teeth or denture brushing frequency		3.1%	2.1%			
Daily				81.3	(78.2 – 84.1)	G
Weekly to never				94.4	(91.7 – 96.2)	G
Last consultation of a dental professional	0.0020	3.1%	2.5%			
Less than a year ago				83.1	(79.9 – 85.8)	H
1 or more years ago				88.6	(85.4 – 91.2)	H
Have never seen a dental professional				N.D.	N.D.	
Smoking status	0.0173	3.2%	1.5%			
Smoker				87.5	(85.2 – 89.4)	I
Ex-smoker				76.9	(68.1 – 83.9)	I
Never smoker				81.8	(73.6 – 87.9)	

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A40 Distribution of dentate Nunavimmiut by highest score for gingivitis

Covariate	p-value	Partial non-response		No inflammation		Light inflammation		Moderate inflammation		Severe inflammation	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)				14.3	(12.5 – 16.5)	61.2	(58.0 – 64.4)	21.2	(18.5 – 24.1)	3.3*	(2.2 – 4.8)
Sex	<0.0001	3.2%									
Men				7.0*	(4.8 – 10.0) [A]	61.7	(56.1 – 67.0)	25.9	(21.4 – 31.0) [B]	5.4*	(3.4 – 8.4) [C]
Women				22.2	(19.3 – 25.5) [A]	60.7	(57.0 – 64.4)	16.1	(13.4 – 19.2) [B]	1.0**	(0.5 – 2.0) [C]
Age group	0.0118	3.2%									
16-30 years				12.0	(9.7 – 14.8) [D]	59.1	(54.3 – 63.7)	24.7	(20.8 – 29.1) [E]	4.2*	(2.7 – 6.6)
31 years and over				16.8	(13.9 – 20.2) [D]	63.5	(58.7 – 68.1)	17.4	(13.7 – 21.9) [E]	2.3**	(1.1 – 4.8)
Coastal region	<0.0001	3.2%									
Hudson coast				10.0	(7.8 – 12.5) [F]	60.9	(56.3 – 65.3)	26.0	(22.1 – 30.4) [G]	3.1**	(1.7 – 5.7)
Ungava coast				20.0	(16.9 – 23.5) [F]	61.7	(56.7 – 66.4)	15.0	(11.6 – 19.1) [G]	3.4*	(2.1 – 5.5)
Education	0.1423	3.1%	1.6%								
Elementary school or less				9.6**	(3.7 – 22.5)	60.6	(44.7 – 74.5)	N.D.	N.D.	N.D.	N.D.
Secondary school not completed				12.4	(10.2 – 15.1)	62.5	(58.2 – 66.7)	21.0	(17.5 – 24.9)	4.1*	(2.5 – 6.5)
Secondary school or higher				19.3	(15.6 – 23.7)	59.2	(53.0 – 65.1)	N.D.	N.D.	N.D.	N.D.
Income	0.0005	3.5%	12.4%								
Less than $20 000				11.0	(8.6 – 14.0) [H]	60.5	(55.5 – 65.2)	23.7	(19.4 – 28.6)	4.8*	(3.0 – 7.6)
$20 000 to less than $40 000				12.0*	(8.1 – 17.5) [I]	65.6	(57.3 – 73.1)	N.D.	N.D.	N.D.	N.D.
$40 000 or more				22.8	(18.0 – 28.3) [H,I]	58.4	(51.1 – 65.5)	N.D.	N.D.	N.D.	N.D.
Teeth or denture brushing frequency	<0.0001	3.1%	2.1%								
Daily				18.7	(15.9 – 21.8) [J]	61.9	(57.8 – 65.9)	17.1	(13.9 – 20.9) [K]	2.2**	(1.2 – 4.1) [L]
Weekly to never				5.6*	(3.8 – 8.3) [J]	60.4	(54.0 – 66.6)	28.5	(22.7 – 35.0) [K]	5.5**	(3.3 – 9.0) [L]

Covariate	p-value	Partial non-response		No inflammation		Light inflammation		Moderate inflammation		Severe inflammation	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Last consultation of a dental professional	0.0183[c]	3.1%	2.5%								
Less than a year ago				16.9	(14.2 – 20.1) M	63.5	(59.4 – 67.5)	17.6	(14.4 – 21.2) N	2.0**	(1.1 – 3.5) O
1 or more years ago				11.4	(8.8 – 14.6) M	57.8	(51.8 – 63.6)	25.7	(20.7 – 31.4) N	5.1**	(2.9 – 8.8) O
Have never seen a dental professional				N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Smoking status	0.1301	3.2%	1.5%								
Smoker				12.5	(10.6 – 14.8)	63.6	(59.9 – 67.2)	20.7	(17.6 – 24.2)	3.2*	(2.0 – 5.0)
Ex-smoker				23.1*	(16.1 – 31.9)	55.9	(45.9 – 65.5)	N.D.	N.D.	N.D.	N.D.
Never smoker				18.2*	(12.1 – 26.4)	52.0	(41.5 – 62.2)	N.D.	N.D.	N.D.	N.D.

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
c At least 20% of the table cells have expected values of less than 5. Therefore, the validity of the test is not certain. The results have to be interpreted carefully.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

DENTAL TRAUMA

Table A41 Proportion of Nunavimmiut having at least one fractured or absent permanent incisor due to dental trauma among those having at least one permanent incisor present or lost

Covariate	p-value	Covariate partial non-response[a]	Prop. (%)	95% CI	
(None)			45.4	(42.2 – 48.8)	
Sex					
Men			47.5	(42.4 – 52.7)	
Women			43.2	(39.3 – 47.2)	
Age group					
16-30 years			45.0	(40.4 – 49.7)	
31 years and over			45.9	(41.2 – 50.7)	
Coastal region					
Hudson coast			56.4	(51.4 – 61.3)	A
Ungava coast			31.6	(27.3 – 36.1)	A
Education	0.4999	1.6%			
Elementary school or less			38.0*	(25.2 – 52.8)	
Secondary school not completed			45.7	(41.3 – 50.1)	
Secondary school or higher			47.2	(41.1 – 53.4)	
Income	0.8048	12.5%			
Less than $20 000			46.7	(42.0 – 51.5)	
$20 000 to less than $40 000			49.4	(41.0 – 57.8)	
$40 000 or more			46.0	(39.2 – 52.9)	

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A42 Mean number of permanent incisors fractured or lost due to dental trauma among Nunavimmiut having fractured or lost at least one permanent incisor

Covariate	Covariate partial non-response[a]	Mean	95% CI	
(None)		2.24	(2.08 – 2.41)	
Sex				
Men		2.36	(2.09 – 2.65)	
Women		2.10	(1.94 – 2.28)	
Age group				
16-30 years		2.00	(1.78 – 2.24)	A
31 years and over		2.48	(2.22 – 2.74)	A
Coastal region				
Hudson coast		2.40	(2.18 – 2.63)	B
Ungava coast		1.88	(1.70 – 2.07)	B
Education	1.2%			
Elementary school or less		3.33*	(2.17 – 4.59)	
Secondary school not completed		2.21	(2.03 – 2.42)	
Secondary school or higher		2.14	(1.87 – 2.42)	
Income	9.3%			
Less than $20 000		2.31	(2.03 – 2.60)	
$20 000 to less than $40 000		2.32	(1.98 – 2.73)	
$40 000 or more		2.01	(1.77 – 2.28)	

CI: Confidence interval

a The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.

* The coefficient of variation is greater than 15% and lower than or equal to 25%. The mean value should be interpreted carefully.

Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

Table A43 Distribution of Nunavimmiut according to the last consultation of a dental professional

Covariate	p-value	Partial non-response		Less than a year ago		1 or more years ago		Have never seen a dental professional	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
(None)		2.9%		52.6	(49.7 – 55.5)	42.8	(39.9 – 45.8)	4.6	(3.4 – 6.1)
Sex	<0.0001	2.9%							
Men				44.2	(39.3 – 49.1) [A]	49.4	(44.3 – 54.5) [B]	6.5*	(4.4 – 9.3) [C]
Women				61.1	(57.8 – 64.3) [A]	36.2	(33.0 – 39.6) [B]	2.7*	(1.7 – 4.1) [C]
Age group (2 categories)	0.0005	2.9%							
16-30 years				57.3	(52.9 – 61.6) [D]	40.5	(35.9 – 45.2)	2.2**	(1.1 – 4.4) [E]
31 years and over				49.0	(45.1 – 52.8) [D]	44.7	(40.9 – 48.5)	6.4*	(4.7 – 8.6) [E]
Age group (3 categories)	<0.0001	2.9%							
16-30 years				57.3	(52.9 – 61.6) [F]	40.5	(35.9 – 45.2) [H]	2.2**	(1.1 – 4.4) [K]
31-54 years				54.8	(50.0 – 59.4) [G]	41.4	(36.7 – 46.2) [I]	3.9**	(2.2 – 6.6) [L]
55 years and over				35.3	(29.1 – 42.0) [F,G]	52.4	(45.5 – 59.2) [H,J]	12.3*	(8.5 – 17.5) [K,L]
Coastal region	0.0882	2.9%							
Hudson coast				50.2	(46.1 – 54.4)	45.7	(41.6 – 49.9)	4.0*	(2.6 – 6.1)
Ungava coast				55.6	(51.5 – 59.7)	39.1	(34.8 – 43.6)	5.3*	(3.6 – 7.7)
Education	<0.0001	2.7%	2.4%						
Elementary school or less				35.2	(26.1 – 45.5) [M,N]	50.4	(40.4 – 60.4)	14.4*	(8.8 – 22.8) [P]
Secondary school not completed				51.5	(47.7 – 55.3) [M,O]	44.0	(40.2 – 48.0)	4.5*	(3.0 – 6.7) [P]
Secondary school or higher				62.8	(57.3 – 68.0) [N,O]	N.D.	N.D.	N.D.	N.D.
Income	0.0526	2.8%	13.2%						
Less than $20 000				49.9	(45.6 – 54.2)	44.5	(40.0 – 49.1)	5.6*	(3.7 – 8.3)
$20 000 to less than $40 000				52.7	(45.6 – 59.8)	44.1	(37.0 – 51.3)	3.2**	(1.4 – 7.2)
$40 000 or more				57.4	(51.1 – 63.4)	41.0	(35.0 – 47.3)	1.6**	(0.7 – 3.6)
Smoking status	0.1054	1.4%	1.7%						
Smoker				51.2	(47.8 – 54.5)	44.1	(40.7 – 47.6)	4.7*	(3.4 – 6.6)
Ex-smoker				59.1	(49.6 – 67.9)	N.D.	N.D.	N.D.	N.D.
Never smoker				58.1	(48.5 – 67.1)	35.7	(27.2 – 45.2)	6.2**	(3.1 – 11.9)

Covariate	p-value	Partial non-response		Less than a year ago		1 or more years ago		Have never seen a dental professional	
		Indicator[a]	Covariate[b]	Prop. (%)	95% CI	Prop. (%)	95% CI	Prop. (%)	95% CI
Presence of teeth (total population)	<0.0001	2.5%							
Edentulous				30.8	(23.2 – 39.5) Q	56.6	(47.6 – 65.2) J	12.6*	(7.9 – 19.5) R
Dentate				55.2	(51.9 – 58.6) Q	42.0	(38.7 – 45.4) J	2.7*	(1.8 – 4.2) R

CI: Confidence interval
N.D. Since some categories have less than 5 respondents, this value is not displayed.
a The percentage refers to the indicator, calculated on population.
b The percentage corresponds to the covariate, calculated on respondents concerned by the indicator.
* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.
** The coefficient of variation is greater than 25%. The proportion is shown for information only.
Note: Two statistically different modalities at the 5% threshold are identified by a common letter.

APPENDIX 4

QUESTIONS ABOUT ORAL HEALTH

ᐊᐱᖏᓂᐅᓪᓗᖏᑦ ᖃᓄᖏᐱᑦ ᖃᓄᐃᖅᑭᓯᐊᖏᓂᖅᓱᓕᕆᓪᓚᕆᑦ. **The following questions concern your oral health.**

1. ᐃᓕᓴᐃᔪᖏᓐ, ᖃᓄᖏᐱᑦ ᖃᓄᐃᖅᑭᓯᐊᖏᓂᖅᓱ ᖃᓄᐃᓕᕆᓪᓚᔨᓐᕙᒃ...
   - ◯ 1- ᐱᐅᔨᒪᓇᐊᔪᓂᖅ
   - ◯ 2- ᐱᐅᔨᒪᓇᓱᖅ
   - ◯ 3- ᐱᐅᔨᖅ
   - ◯ 4- ᖃᓄᐃᖅᑭᑐᖅ
   - ◯ 5- ᐱᐅᖅᑭᑐᖅ
   - ◯ 99- ᖃᐅᔨᒪᖅᖅᑭᑐᖅ-ᑭᐅᖅᑭᑐᖅ-ᑭᐅᔪᒪᖅᑭᑐᖅ

1. In general, would you say the health of your mouth is...
   - ◯ 1- Excellent
   - ◯ 2- Very good
   - ◯ 3- Good
   - ◯ 4- Fair
   - ◯ 5- Poor
   - ◯ 99- DK/NR/R

2. ᐊᓂᔪᖏᑐᓂ ᑕᖅᑭᓂ 12ᓂᑦ, ᖃᓄᓐᓇᐊᑎᑎᒋᓪᑦ ᐃᓱᐃᓐᓇᐅᑉᖃᓕᖅᑕᓂᖅᑭᑦ ᖃᓄᐃᔾᔨᑦ ᓱᓇᑐᐃᓐᓇᖅᓂᑦ ᓂᖅᑭᓂ ᓂᓪᓱᑎᑦ?
   - ◯ 1- ᐊᒥᓱᐃᖅᓱᓂ
   - ◯ 2- ᐃᓕᖅᓴᓂ
   - ◯ 3- ᓱᐊᓕᐅᖏᓱᒪᖅᑭᑐᖅ
   - ◯ 4- ᓕᐅᖏᓱᒪᖅᑭᑐᖅ
   - ◯ 99- ᖃᐅᔨᒪᖅᖅᑭᑐᖅ-ᑭᐅᖅᑭᑐᖅ-ᑭᐅᔪᒪᖅᑭᑐᖅ

2. In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth?
   - ◯ 1- Often
   - ◯ 2- Sometimes
   - ◯ 3- Rarely
   - ◯ 4- Never
   - ◯ 99- DK/NR/R

3. ᐊᓂᔪᖏᑐᓂ ᑕᖅᑭᓂ 12ᓂᑦ, ᖃᓄᓐᓇᐊᑎᑎᒋᓪᑦ ᐃᓱᐃᓐᓇᐅᑉᖃᓕᖅᑕᓂᖅᑭᑦ ᖃᓄᐃᔾᔨᑦ ᓱᓇᑐᐃᓐᓇᖅᓂᑦ ᓂᖅᑭᓂ ᓂᓪᓱᑎᑦ?
   - ◯ 1- ᐊᒥᓱᐃᖅᓱᓂ
   - ◯ 2- ᐃᓕᖅᓴᓂ
   - ◯ 3- ᓱᐊᓕᐅᖏᓱᒪᖅᑭᑐᖅ
   - ◯ 4- ᓕᐅᖏᓱᒪᖅᑭᑐᖅ
   - ◯ 99- ᖃᐅᔨᒪᖅᖅᑭᑐᖅ-ᑭᐅᖅᑭᑐᖅ-ᑭᐅᔪᒪᖅᑭᑐᖅ

3. In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth?
   - ◯ 1- Often
   - ◯ 2- Sometimes
   - ◯ 3- Rarely
   - ◯ 4- Never
   - ◯ 99- DK/NR/R

4. ᐊᓂᔪᖅᑐᓂ ᑕᖅᑭᓂ 12ᓂᑦ, ᖃᓄᐅᓕᐊᑎᒋᒪᑦ ᓄᐅᕗᔪᑐᐃᓐᓇᖅ ᖃᓄᐅᔪᑦ ᐋᓐᓂᐊᖃᑦᑕᓂᖅᑭᑦ? ᐅᖃᐅᓐᓇᖅᑭᑦ...

- 1- ᐊᒥᓱᐃᑦᓱᓂ
- 2- ᐃᓕᖃᒪᓂ
- 3- ᓱᐊᓕᐅᖅᓱᒪᖃᖅᑐᑐᖅ
- 4- ᓕᐅᖅᓱᒪᖃᖅᑐᑐᖅ
- 99- ᖃᐅᐅᔨᒪᖃᖅᑐᑐᖅ-ᑭᐅᖃᖅᑐᑐᖅ-ᑭᐅᔪᒪᖃᖅᑐᑐᖅ

4. During the past 12 months, how often have you had painful aching anywhere in your mouth? Would you say...

- 1- Often
- 2- Sometimes
- 3- Rarely
- 4- Never
- 99- DK/NR/R

5. ᑕᒪᑕᒪ ᐊᐱᖅᓯᑎᐅᓯᒪᔪᖅᑐᖅ ᑭᔪᓱᖅᓂᖏᓐᓄᓯᒪᓂᖅ ᑭᔪᓱᓯᖏᓐᓄᓯᒪᔪᑦ. ᖃᓄᐅᓕᐊᑎᒋᒪᑦ ᑭᔪᓱᓯᖏᔪᖅ ᑭᔪᑎᑎᓐᓂᑦ ᐊᒡᒪᓗ/ ᐅᓴᓂᓗᓐᓂᑦ ᑭᔪᑎᖅᖏᔪᐊᑎᓐᓂᑦ?

- 1- ᖃᐅᐅᑕᒧᑦ
- 2- ᐱᓇᓱᐊᑭᓱᑕᒧᑦ
- 3- ᑕᖅᑭᑕᒧᑦ
- 4- ᐊᖅᖏᔪᑕᒧᑦ
- 5- ᓕᐅᖅᓱᒪᖃᖅᑐᑐᖅ
- 99- ᖃᐅᐅᔨᒪᖃᖅᑐᑐᖅ-ᑭᐅᖃᖅᑐᑐᖅ-ᑭᐅᔪᒪᖃᖅᑐᑐᖅ

5. Now a question about your regular dental care habits. How often do you usually brush your teeth and/or dentures?

- 1- Daily
- 2- Weekly
- 3- Monthly
- 4- Yearly
- 4- Never
- 99- DK/NR/R

6 . ᖃᓄᖅ ᑭᖏᓕᕆᔨ ᑭᔪᑎᓕᓇᐅᒃ ᑕᑯᓐᓂᑭᑦ?

- 1- ᐊᖅᖏᔪᓕᒫᖅᑐᖅᑐᑐᖅ
- 2- ᐊᖅᖏᔪᐃᐃᑦ 1 ᒥ 3ᔪᑦ ᐊᑯᓐᓂᖅᑎᓐᓂ
- 3- ᐊᖅᖏᔪᐃᐃᑦ 3 ᐅᓄᒃᑲᓂ
- 4- ᑕᑯᓕᐅᖅᓱᒪᖃᖅᑐᑐᖅ ᑭᔪᑎᓕᓇᐅᒃ
- 99- ᖃᐅᐅᔨᒪᖃᖅᑐᑐᖅ-ᑭᐅᖃᖅᑐᑐᖅ-ᑭᐅᔪᒪᖃᖅᑐᑐᖅ

6. When was the last time you saw a dental professional?

- 1- Less than a year ago
- 2- 1 to 3 years ago
- 3- More than 3 years ago
- 4- Never saw a dental professional
- 99- DK/NR/R

ᓄᓇᕗᑦ ᐃᓚᖃᓕᓂᐊᕐᓇᖅ ᑲᑎᒪᔨᖅ
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES