Dental Public Health Activities
Descriptive Summaries

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Alabama Dental Summit:
Finding the Solution to the Problem – Dental Access for Alabama's Children

In Alabama, an estimated 39 percent of all school-age children have untreated cavities and account for more than 25,000 missed school days each year. Nearly 400,000 children qualify for dental services through Medicaid but have limited access due to a shortage of dental providers enrolled in Medicaid. The **Alabama Dental Summit** provided a two-day session on December 6-7, 2001 to explore new ideas to decrease the number of Alabama children suffering from poor oral health and its consequences and to increase the number of children receiving the dental care they need. Dental Summit sponsors included: Alabama Medicaid Agency, Association of State and Territorial Dental Directors, National Governors' Association Center for Best Practices, Blue Cross and Blue Shield of Alabama, and Alabama Dental Society. The Alabama Dental Summit invited a group of 75 civic, health and government leaders (public and private dental providers, physicians, and representatives of civic, faith-based, education, health and other organizations) to meet and shape initiatives to address dental access issues in the state. The Dental Summit brought together some of the nation's top experts in oral health policy and legislation and a diverse group of child health advocates in Alabama. Participants were given an opportunity to form small workgroups. Each workgroup was given the responsibility of identifying system, provider and patient education strategies that would ultimately result in increased access to dental care for all Alabama children. Facilitated by experts in oral health care, policy and system development, epidemiology and government policy, the workgroups met twice during the two-day meeting to focus on four key issues: (1) obtaining legislative and regulatory changes, (2) identification of funding resources, (3) building public awareness, and (4) surveillance and monitoring system development. Each workgroup developed recommendations and actions steps. See the Alabama Dental Summit's final report for details (http://www.astdd.org/docs/ALDentalSummit2001.pdf). Some outcomes of the first dental summit include the development and distribution of Measuring Our Progress to track the progress made in oral health, the identification/addition of members to the Oral Health Coalition, receipt of the Health Resources and Services Administration grant, and the development of additional oral health materials for use by alternative providers (primary care physicians and obstetrician/gynecologists). Costs associated with the summit included rental costs for the location, materials for the sessions, food for the breaks and meals, reception cost, and final proceedings report. The cost for the summit not including the costs of the speakers (travel, meals and honorariums) was $14, 500. Speaker costs were paid by the National Governors' Association Center for Best Practices, a supporting sponsor of the summit.

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