The Iowa Dental Summit

The Iowa Dental Summit, sponsored by the Iowa Department of Public Health (IDPH), Bureau of Oral Health, was held on April 11, 2002. The purpose of the Dental Summit was to provide a collaborative planning opportunity for key stakeholders, partners (current and potential) and consumers to develop strategies for short and long term oral health improvement efforts. The Summit goals included: (1) Provide all state stakeholders with an overview of current challenges and areas of improvement regarding the oral health status of Iowans, (2) Familiarize all state stakeholders and attendees with the Oral Health Chapter of Healthy Iowans 2010, (3) Provide an opportunity for all state stakeholders to participate in developing a state oral health policy agenda, (4) Build partnerships to improve Children’s Access to Medicaid Oral Health Services, and (5) Cultivate working relationships with potential partners, local coalitions, businesses, and consumer groups. Each participant was given an information packet that included the Summit agenda, biographies of speakers and panelists, speaker/panelist presentation notes, Oral Health Fact sheets, update of Healthy Iowans 2010 Oral Health objectives, and a Summit evaluation form. The morning session provided information and shared knowledge that could be used for the afternoon session of brainstorming and included short presentations by selected panelists on relevant issues affecting oral health in Iowa. Each panelist brought a unique perspective to the oral health needs in Iowa. The afternoon roundtable discussions consisted of eleven tables; each table had a topic and a set of questions to be addressed. The topics included: Auxiliary Utilization, Social Marketing: Public, Oral Health Surveillance, Education: Public, Population-Based Services, Preventive Services, Demonstration Projects/Innovative Solutions, Learning Institutions/Curriculum, Safety Net Systems/Alternative Medicaid Provider, Eliminating Oral Health Disparities, Special Needs Populations, and Manpower. Eight or nine stakeholders participated at each table and were given the task to discuss ideas for solving their particular oral health problem. A representative from each table presented ideas and summarized their discussions for all participants. The Summit’s roundtable results have provided a source of ideas for grants and expanding program services. A Summit evaluation tool asked participants to score the Summit’s objectives, each speaker/panelist/facilitator, the roundtable format, and conference center facilities, as well as to add comments. The evaluation showed that over two-thirds of those answering the survey were very satisfied with all aspects of the Summit.

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