Kentucky’s Dental Access Summit

In Kentucky, tooth decay affects 47% of preschoolers and nearly 50% of third graders. Twenty one percent of adults in Kentucky have lost more than 6 teeth, 21.4% have active dental decay, 36% have not visited a dentist for any reason in the past year, and 1.5 million adults have no dental coverage. Total tooth loss is over 44% among adults over 65, resulting in Kentucky being among the highest nationally. These statistics gave State dental leaders, legislators, state and local policy makers, community clinic directors, and educators the impetus to increase the dental awareness among stakeholders and the public and to develop strategies to deal with the widespread dental problems in Kentucky. Kentucky’s Dental Access Summit created a forum for a diverse group of concerned people to hear and offer solutions to improve the oral health of Kentucky children and adults. The Summit was sponsored by the Kentucky Dental Health Coalition and held on May 24-25, 2001. More than 100 people attended the Summit to hear presentations and to participate in workshop discussions. For the Summit’s first day, the morning session began with an opening address by Lt. Gov. Steve Henry and a keynote address on national trends in oral health and the U.S. Surgeon General’s Report. A state of the state address was presented. Other presentations highlighted problems of access faced by those who seek dental care and from those dental professionals providing dental care. In the afternoon, participants chose one of four workgroups to develop recommendations and strategies designed to address access problems in Kentucky: (1) Legislative actions that may be taken to improve oral health, (2) Public awareness and education initiatives to educate the public and raise awareness of oral health throughout the state, (3) Dental service delivery models for innovative programs to deliver dental services, and (4) Dental education initiatives for outreach to minority/disabled or disadvantaged. For the Summit’s 2nd day, participants were invited to prioritize recommendations and determine who would be responsible for these particular areas. The Dental Access Summit Planning Committee remained active to coordinate assignments necessary to implement the recommendations developed. Sponsors and partners with funding and significant in-kind services supported the summit; monetary costs for the summit exceeded $10,000. A final report (http://www.astdd.org/summitreports/Kentucky.pdf) of Kentucky’s Dental Access Summit is available on the Web. The following benefits are attributed to activities the Summit set in motion: (1) a statewide strategic planning conference in 2004; (2) a summit of the Western Kentucky Oral Health Coalition in 2003; (3) the state dental practice act amended in 2002 to allow dental hygienists to practice under indirect supervision; (4) smoking banned in all public places in Lexington, KY; (5) the Kentucky Children’s and Adult Oral Health Surveys completed in 2001-2002; (6) increase in volunteers for the Dental Sealant program at the annual Kentucky State Fair that resulted in 6000+ children screened and 3000+ children sealed in 2003; (7) increase in the state’s dental general practice and pediatric residency opportunities; (8) incorporation of oral health components into the health activities of many non-profit and church-related groups; and (9) oral health recognized as one of the top five issues to address statewide.

Contact Person(s) for Inquiries:

James C. Cecil, III, DMD, MPH , Administrator, Oral Health Program, Kentucky Department for Public Health Services, 275 E. Main Street, MS HS2W-B, Frankfort, KY 40621-0001, Phone: 502-564-3246, Fax: 502-564-8389, Email: james.cecil@ky.gov