



Dental Public Health Activities Descriptive Summaries

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Ohio Access to Dental Care Summit

The Ohio Department of Health (ODH) planning process to improve access to dental care began with the Director of Health's Task Force (DTF) on Access to Dental Care that involved over 70 agencies and organizations. The resulting recommendations were the starting point for a smaller workgroup that developed a set of commitments by state agencies known as the State Agency Action Plan (SAAP) to improve access to dental care. Among the commitments of the SAAP was for a statewide access to dental care summit conference. The Ohio Access to Dental Care Summit was held on November 14-15, 2001. The summit integrated all four focus areas of the recommendations of the Director of Health's Task Force on Access to Dental Care. The summit itself was an awareness-raising effort aimed at communicating information about state level policy efforts and their potential local level impact. The specific objectives of the summit were to: (1) increase awareness of the problem of access to dental care and encourage local action and advocacy, (2) provide communities the opportunity to gain the skills needed to develop dental care access initiatives, (3) create a forum for networking and sharing experiences, and (4) catalyze new partnerships to address the access to dental care problem. The summit was of interest to a variety of audiences including city and county health commissioners, safety net dental clinic administrators and dental clinic staff, dentists and dental hygienists, public health and school nurses, as well as staff of Community Action Agencies, Federally Qualified Health Centers, County Departments of Job and Family Services, Ohio Family and Children First County Councils, Head Start health coordinators and anyone else concerned about access to dental care. The summit attendance was an impressive 251 people from 88 counties. Summit participants had the opportunity to participate in a town hall meeting and voice emerging issues with policy makers. Furthermore, the summit offered considerable skill building opportunities to catalyze new local and state dental care access activity and nurture community efforts that are underway. The multi-track design of the summit agenda offered an array of capacity building opportunities for people with various interests. ODH also mailed the summit attendee a list to all participants and encouraged networking between individuals and agencies. Comments by summit attendees led to the creation of a statewide oral health coalition called the Ohio Coalition for Oral Health (OCOH) in 2002. In 2003, the OCOH was instrumental in organizing and developing grassroots strategies that contributed to Medicaid adult dental services not being cut from the state budget. Since the summit, ODH through its OHIO Initiative has provided assistance to local oral health coalitions that formed in 15 communities. At least 12 coalitions spearheaded the establishment of new safety net dental clinics and other oral health improvement efforts in their communities. During the time just prior to and directly after the summit (1/00 - 12/03) oral health became a priority for at least 10 different charitable foundations and other funders in Ohio. Multiple funders have awarded approximately \$21 million in grants to 106 programs across the state. Updated 2004 recommendations of the reconvened DTF on Access to Dental Care are on the ODH website (<http://www.odh.ohio.gov/ASSETS/C304B61B57A04C50B0015195C804038D/DTFRpt04.pdf>).

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