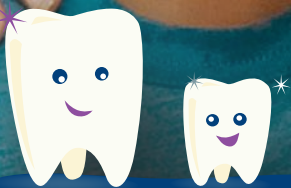


# Healthy Teeth, Healthy Kids

CAMPAIGN LAUNCH RECAP



Healthy Teeth  
Healthy Kids

Prepared by



A young girl with dark skin and braided hair is smiling and brushing her teeth with a green and white toothbrush. She is wearing a white t-shirt. The background is a light blue gradient with several starburst graphics in purple and white.

**Give**   
your child  
 a healthy mouth  
for life.



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## Background

Tooth decay is nearly 100 percent preventable, yet it remains the single-most common childhood disease nationwide. The statistics are staggering. Two out of every five children experience it by kindergarten, 52 million school hours are lost annually and sadly, five times the number of untreated children are low income. Tragically, in 2007, 12-year-old Maryland resident Deamonte Driver died from an untreated tooth infection that spread to his brain.

Stirred by this horrible incident, federal and state leaders have been dedicated to preventing another such case.

Through this lens, the Maryland Department of Health and Mental Hygiene's (DHMH) Office of Oral Health secured funding for a statewide oral health literacy campaign through a grant from the Centers for Disease Control and Prevention (CDC).





## Information Gathering

In creating the Healthy Teeth Healthy Kids campaign, it was critically important to rely on decisions that were evidence-based. To ensure that decisions were made based on the best information available, a multi-phased information gathering process was deployed:

- Literature review and review of other existing programs.
- Geo-mapping of target audience residential locations.
- A telephone survey of 803 individuals age 18 and older with a child age six or younger (conducted by Alice M. Horowitz, PhD, School of Public Health, University of Maryland).
- Four focus groups with individuals age 18 and older with a child age six or younger or if mother or guardian was pregnant (conducted by Alice M. Horowitz, PhD, School of Public Health, University of Maryland).
- Two focus groups with the same participant profile to explore messages and images that would resonate with the target population and motivate understand and action.
- A questionnaire to general dentists, pediatric dentists, and dental hygienists.
- A questionnaire to family practice physicians, pediatricians, and nurse practitioners; and outreach to WIC and Head Start directors.



**Free oral health screenings were offered at the campaign launch event.**



## Objectives

The goals of the Oral Health Literacy Campaign encompass public health and operational objectives.

### *Public Health Objectives:*

#### **1 Increase prevention of dental caries among target audiences (weighted 75 percent).**

##### *Understanding*

- Help mothers understand they have the power to impact their child's oral health and motivate them to take necessary action to achieve proper oral health.
- Oral health begins before birth and is important throughout life.
- Tooth decay is a preventable infectious disease that can be spread from mother to child through sharing food, drinks, and utensils.
- Fluoride is the key in preventing tooth decay.

##### *Action*

- As a parent, practice good personal oral hygiene.
- Do not lay your baby down with a bottle containing juice or milk.
- Do not share food, drinks or utensils to avoid spreading oral infections.
- Clean baby's gums and teeth.
- Brush using fluoride toothpaste.

#### **2 Increase number of dentist visits among target audiences (weighted 25 percent).**

- Visit a dentist during pregnancy.
- Get baby to a dentist or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) by baby's first birthday.

### *Operational Objective:*

#### **3 Demonstrate campaign impacts to facilitate further funding and support.**

## Guiding Principle

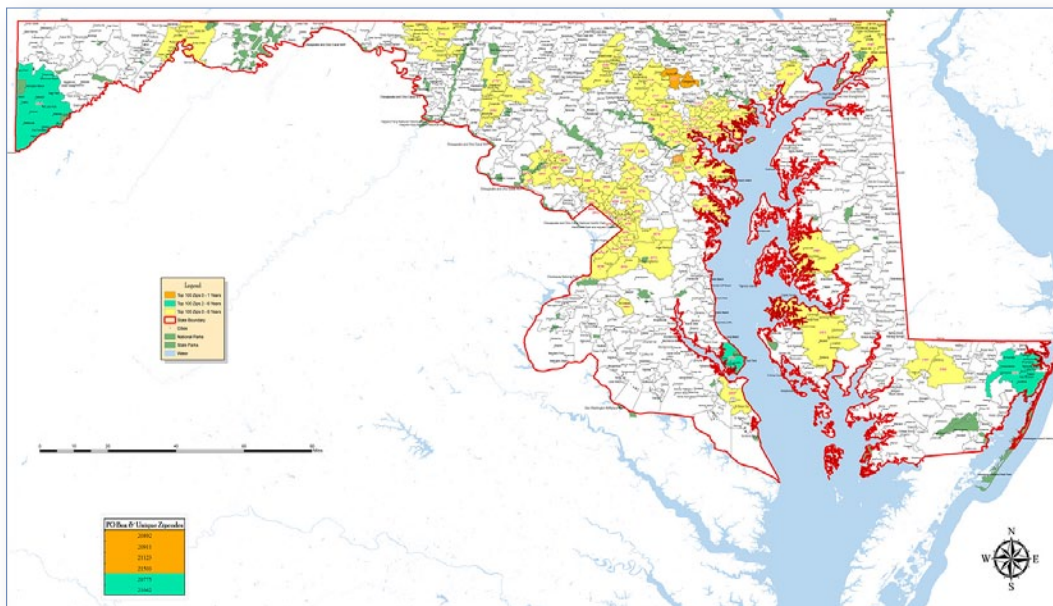
The Marketing and Communication Plan and implementation of the program will be guided by social marketing and health literacy principles. Strategies will be designed to increase awareness of proper oral care and on changing oral health behaviors among pregnant women and mothers and guardians of infants and children up to age six, with a specific focus on traditionally underserved populations. A three year plan (Appendix A, page 61) was designed to establish a programmatic infrastructure and road map for ongoing outreach and support for the program over the initial 18-month launch period captured in this report. It was assumed that campaign partners and their resources will extend the campaign beyond the initial 18 months with the hope that additional funding can be secured to provide essential continuing support.



## Target Audiences

The Oral Health Literacy Campaign will focus outreach efforts toward pregnant women and mothers or guardians of infants and children up to age six living in Maryland. DHMH and PRR will work with program partners, including healthcare providers, navigators and community organizations to reach our target audiences. Some campaign efforts will extend beyond these core groups, while others will be more targeted. The campaign target audiences include:

- **Primary:** pregnant women and mothers or guardians of infants and children up to age three enrolled in or eligible for Medicaid, State Children's Health Insurance Plan (SCHIP).
- **Secondary:** mothers or guardians of children age three to six enrolled in or eligible for Medicaid, SCHIP.



### Maryland Oral Health Literacy Campaign Top 100 zip codes for ages 0-6

The above map shows the top 100 zip codes which have the highest density of those individuals identified as the highest priority for the campaign. As the legend below indicates, Orange represents those zip codes with the highest density of children who are Medicaid eligible and are between the ages of 0-1. The green colored counties are those between the ages of two and six. The yellow colored zip codes are those that overlap, representing the highest priority. A larger version of this map is viewable (Appendix B, page 114).



## Building an Infrastructure

The following three groups were created to help guide the vision, development, and implementation of the initial campaign. These groups were also assembled with the hope that they would provide a solid foundation for the program beyond the initial funding horizon to ensure an ongoing legacy.

### *Working Group*

The first group to be established was the Working Group. The smallest of the three groups, these individuals were asked to provide strategic council and access to others who might have the ability to leverage the resources of this campaign. DHMH assembled 13 members. These individuals helped validate the program's parameters, confirm the campaign's duration, and identify roles and objectives. They also provided guidance on program outreach tactics, messaging, influencers, barriers, benefits, and potential partners.

### *Advisory Committee*

The second group established was the Advisory Committee. These individuals were asked to help provide strategic council, access to others with the ability to leverage the resources of this campaign, and policy guidance. DHMH assembled 25 members who validated the Working Group meeting and the initial research findings, including reasons why the campaign should take a social marketing approach, and next steps for the campaign, review and validate, modify and expand on the activities undertaken by the Working Group. The Advisory Committee met periodically throughout the campaign.

### *Strategic Partnership Council*

The third and largest group assembled was the Strategic Partnership Council, which included 160 individuals from a wide variety of organizations. These individuals and the organizations they represented provided guidance on opportunities around touch points, and committed to provide specific implementation support increasing program efficiency and effectiveness while leveraging the available resources.

### *MDAC Strategic Alliance*

In order to gain maximum value for the campaign, The Office of Oral Health at DHMH entered into a strategic alliance with the Maryland Dental Action Coalition (MDAC) to brand and to help facilitate the implementation of the campaign. The positioning of the campaign as an MDAC initiative allowed MDAC to seek partnerships with for-profit and nonprofit organizations that could leverage campaign funds and enhance the campaign's impact. The strategic alliance also served to enhance MDAC's reputation and to promote greater awareness of their brand.





## Campaign Launch Elements

Working with DHMH and MDAC, and guided by ongoing contributions from the campaign's working group, advisory committee, and strategic partnership council, an integrated and phased campaign launch was executed that featured:


- **Campaign Website** to provide residents with information about oral health and the steps they can take to ensure a healthy future for their family. The website also provides caregivers and advocates with campaign background and resources they can use with their patients and constituents.
- **Hotline** to take residents calls and provide them with additional information about oral health and information that would provide access to dental care.
- **96 Thousand Oral Health Kits** distributed through WIC, Head Start, and the 24 Maryland local health departments.
- **A Kick Off Event** that drew impressive media coverage and widespread participation from health experts, community members, and political leaders.
- **A Two-Pronged Media Relations Campaign** which generated in-depth and thoughtful stories in prominent print, television, radio, and online outlets.
- **A Paid Media Campaign** that successfully engaged the target audiences through multiple media partnerships and the development of radio, television, web, and outdoor ads.
- **A Paid Media Partnership** which leveraged the campaign's media dollars and included the participation of two perfectly-suited media outlets to extend to the community awareness.
- **Direct Mail** to 120,000 mothers of children 0 - 3 years old who are on Medicaid.
- **Community, Partnership and Sponsor Outreach** efforts that relied on inspiring and activating true allies to further the campaign's mission, as exemplified by their distribution of brochures, posters and oral health kits to those most in need.
- **The creation of a Facebook page** opened up and provided a two-way conversation surrounding childhood oral hygiene. Facebook allowed the program to reach the campaign's audience across the most established social network with relevant, shareable, multimedia content and conversation to inspire and motivate increased oral health literacy.





## Results

The post campaign survey revealed that:

- 
- 1 There was an increase in concern about oral health issues.
  - 2 Awareness of the message *Oral Health is Important for Overall Health* increased.
  - 3 Visits to the dentist increased.
  - 4 Twenty-five percent recalled receiving the program brochure with nearly fifty percent recalling receiving an oral health kit from their health center.
  - 5 Of those receiving Oral Health Kits, 100% reported using it.

### The Campaign by the Numbers

Earned Media Value	\$3,843,361
Media Relations Impressions	9,192,857 impressions
Media Partnerships and Paid Media Campaign*	\$316,922 value 17,835,511 impressions
Oral Health Kits	96,000
Educational Brochures	120,000 direct mailed 99,000 distributed
Sponsorship(s)	\$182,000
Posters	182
Organizations Involved	1,000+
Website Visits	2,000
Facebook Likes	110+
Call Center Calls	200
International Awards	A Silver Telly; A Videographer Award of Distinction

\*The media partnership and paid media strategy targeted underserved women with young children under the age of six. Media vehicles, programming, and listening dayparts were selected based on their lifestyle tendencies versus the general population.





Children from a local Head Start daycare were accompanied by their parents to the kick off media event.





# Building an Infrastructure

Three groups were created to further validate program assumptions and strategic approach while also building a solid foundation for the program to ensure an ongoing legacy beyond the initial launch.

## Working Group

The first group to be established was the Working Group. The smallest of the three groups, these individuals were asked to review research, identify barriers and opportunities, and to identify objectives, audiences, key tactics, and potential partners. DHMH assembled 13 individuals who made up the members of this group. They met formally for a half-day session in the first quarter of 2011. During this meeting, members provided strategic council and guidance on others with the ability to leverage the resources of this campaign. The meeting was designed to validate the program's parameters, confirm the campaign's duration, and identify roles and objectives. The discussion involved program outreach tactics, messaging, influencers, barriers, benefits, and potential partners. (Meeting agenda is included within Appendix C, beginning on page 116) The group continued to provide ongoing expert counsel up to the campaign launch. The group was comprised of:

- **John Welby, M.S.**, *Program Director Office of Oral Health*
- **Dr. Harry Goodman, M.S.**, *Director Office of Oral Health*
- **Chris Leo, RDH**, *Office of Oral Health*
- **Keith Roberts, M.S.**, *Office of Oral Health*
- **Stacy Costello, MPH**, *Office of Oral Health*
- **Daphne Alterma Johnson, MPH**, *Office of Oral Health*
- **Beth Lowe, R.D.H., M.P.H.**, *National Maternal and Child Oral Health Resource Center*
- **Burnette Rahmaan, M.S.**, *Baltimore City Head Start*
- **LaSandra Jackson**, *Administrative Assistant, Office of Oral Health*
- **Leigh Stevenson Cobb, JD/ MPH**, *Advocates for Children and Youth*
- **Alice Horowitz, PhD**, *University of MD, School of Public Health*
- **Lisa Bress, RDH, M.S.**, *University of Maryland Dental School*
- **Keri Shoemaker**, *PRR*
- **Mike Rosen**, *PRR (Meeting Facilitator)*
- **Colin Reusch**, *MPA*

## The Advisory Committee

The second group established was the Advisory Committee. These individuals were asked to review, validate, modify and expand on the activities undertaken by the Working Group as well as to provide strategic council and access to others, with the ability to leverage the resources of this campaign. DHMH assembled 25 members who reviewed the initial research findings, including reasons why the campaign should take a social marketing approach and next steps for the campaign. The Advisory Committee was formally convened on four occasions – March and August of 2011, and January and June of 2012. (Meeting agenda is included within Appendix D, beginning on page 175) The committee was comprised of:

- **John Welby**, *Office of Oral Health, DHMH*
- **Dr. Harry Goodman**, *Director, Office of Oral Health, DHMH*
- **Leslie Stevens, RDH, BS**, *Maryland Oral Health Association, Dental Program Administrator, Allegany County Health Department*
- **Keith Roberts, M.S.**, *Office of Oral Health, DHMH*
- **Katrina Holt**, *National Maternal and Child Oral Health Resource Center*
- **Rachel Plotnick, MD FAAP**
- **Tequila Terry**, *Executive Director, Maryland Healthy Smiles Dental Program, DentaQuest*
- **Barbara Klein**, *Associate Vice President, University of Maryland, Baltimore*
- **Leigh Stevenson Cobb**, *JD/MPH, Health Policy Director, Advocates for Children & Youth*
- **Winifred J. Booker, DDS**, *CEO and Director of Development, The Maryland Children's Oral Health Institute*
- **Peter J. Holmes, IOM, MS**, *Director of Governance & Public Policy MDTA*
- **Penny Anderson**, *Executive Director, Maryland Dental Action Coalition*
- **Dr. Mark D. Macek**, *Associate Professor, Program in Health Services Research Department of Health Promotion and Policy Director, Office of Instructional Evaluation, University of Maryland Dental School*
- **Salliann Alborn**, *CEO, Maryland Community Health System/Community Health Integrated Partnership*
- **Colin Reusch, MPA**, *Project Associate Children's Dental Health Project*
- **Miguel McInnis, MPH, CEO**, *Mid-Atlantic Association of Community Health Centers*
- **Jonathan Landers**, *Executive Director, National Museum of Dentistry*
- **Keri Shoemaker**, *PRR*
- **Karen Black, DHMH**, *Office of Communications*
- **Laurie Norris**, *Senior Policy Advisor & Coordinator, CMS Oral Health Initiative, Division of Quality, Evaluation, and Health Outcomes*
- **Alice Middleton, Esq.** *Acting Deputy Director of Planning, Office of Planning, Medical Care Programs*
- **Heidi Ross**, *Health Policy Advisor, Congressman Cummings Office*
- **Dr. Warren Brill, DMD, MS (HYG), FAAPD**
- **Alice M. Horowitz**, *Research Associate Professor, School of Public Health, University of Maryland School of Public Health*



## Strategic Partnership Council

The third and largest group was the Strategic Partnership Council, which included more than 160 individuals from a wide variety of health industry organizations. These individuals and the organizations they represented were invited to a half-day session in June 2011 to help further validate the information received through the research, working group and advisory committee, and to identify and confirm additional campaign partnerships and resources. During the meeting, participants provided feedback on strategies initially identified for the campaign and insights regarding existing resources and tools being used to communicate general and oral health messages to residents, and how they could be used as part of this campaign. Participants also provided DHMH with their initial commitments to the campaign, including resources, funding, training, and community outreach. The key components of the group's discussion were incorporated into the Marketing and Communication Plan and the initial campaign launch. DHMH then formed a strategic partnership with the Maryland Dental Action Coalition (MDAC) to help facilitate the implementation of the campaign.



Strategic Partnership Council



# The Creation of an Oral Health Literacy Plan and Brand



Based on the research, input from the Working Group, oversight by the Advisory Committee, and the additional guidance from the Strategic Partnership Council, a comprehensive and community-based statewide oral health literacy campaign plan was developed to guide the program implementation and overall vision.

## Strategic Foundation

Strategies and tactics were designed to reach the target audiences directly and through the use of “trusted advocates.” They were focused on the following five milestones, which provide significant touch point opportunities:

- 1 **During pregnancy**
- 2 **At birth**
- 3 **First tooth or first birthday**
- 4 **Entering school**
- 5 **Other health educable moments**

Foundational messaging was developed and tested that would invite and inspire families to understand the importance of building good oral health habits for life. This understanding was essential to the creation of the campaign brand, including and especially the campaign name Healthy Teeth, Healthy Kids, the logo, and the overall look and feel of every campaign element. And, the Healthy Teeth, Healthy Kids name and look of the logo were previewed with the Advisory Committee followed by testing with focus groups.



The final Healthy Teeth, Healthy Kids campaign was ultimately designed to seek to help parents and caregivers of at-risk children in Maryland to:

- 1 **Understand how to properly care for their child’s mouth as well as their own, and to understand why oral health is so important to overall health.**
- 2 **Take action – visit the dentist by their child’s first birthday and brush their child’s teeth twice a day with fluoride toothpaste as soon as teeth come.**
- 3 **Educate expectant mothers of the pregnancy-related changes that impact their oral health during pregnancy and encourage them to visit their dentist**

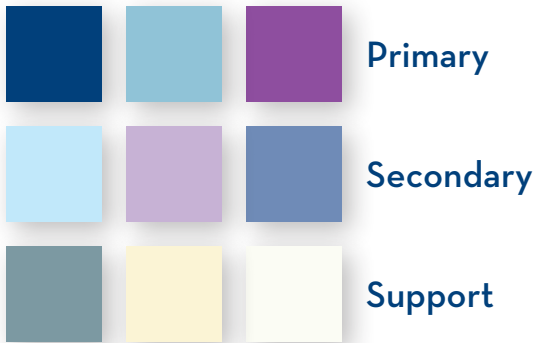


## Brand Assets

Determining the Healthy Teeth, Healthy Kids campaign name was merely the first step in the branding process. A brand icon and color palette were developed and tested with focus groups.



Brand icon



Color palette



Brand name only



Sample use of icons



## Messaging

Message maps were created to help articulate the overall program while creating a common language for all individuals and organizations that became engaged in advancing its vision. Messages were developed to be simple, benefit-driven, and resonate on an emotional level. Messaging emphasized that good oral health is an important part of overall health and protecting your child's oral health begins before birth and continues throughout life. It was also understood that messages must also be reinforced with images that would help reinforce the story while resonating with those with lower literacy levels.

Content for the four message maps included:

### 1 Overall Program

#### A Healthier Mouth Builds A Healthier Future

#### Maryland's Children Need Your Help: A Healthy Mouth is Key to Overall Health

##### Why Maryland, Why Now?

- One third of children entering school will have untreated decay in their primary teeth.
- Maryland leads the country in access to dental health for children, but needs to improve access for low-income families.
- This campaign was ignited by the young life lost to dental disease, 12-year-old Deamonte Driver. We all share responsibility to prevent this from happening.
- There are 300,000 Medicaid enrolled or eligible children under the age of 6 in Maryland who are not receiving dental care.
- Dental caries is predictable, preventable, and transmissible.

Help mothers take care of their own and their child's mouth by going to the dentist and having a dental home by child's first birthday.

##### Overarching Call-to-Action:

Help mothers take care of their own and their child's mouth by going to the dentist and having a dental home by child's first birthday.

### 2 Mothers / Caregivers

#### Good Oral Health is Necessary for Good Overall Health

##### Mothering begins before birth

- Taking care of yourself, especially your teeth and mouth, is one of the first ways you can care for your unborn child:
  - Brush twice a day with fluoride toothpaste; floss at least once.
  - Go to the dentist during your pregnancy, it is safe.
- Caring for your own teeth during pregnancy is just as important as eating well and taking prenatal vitamins.



- Your body is changing in many ways to support your pregnancy – these changes can cause dental problems if you do not brush with fluoride toothpaste and floss daily:
  - Gum disease, like pregnancy gingivitis, can be painful and unattractive, and is present in more than one third of pregnant women.
  - Studies show that gum diseases may contribute to triggering premature births or low birth-weight babies.
  - Eat healthy foods, including fresh fruits and vegetables and eliminate foods and beverages with added sugar, such as soda, cookies, candy, and juice drinks.

#### **Your baby needs your care**



- You have the power to prevent painful tooth decay that is expensive and time consuming to fix and hurts your child's health.
- Before teeth come in, after feedings and before bedtime, clean baby's gums with a soft clean cloth.
- In morning and before bedtime, gently brush teeth and gums with a smear of fluoride toothpaste and a small soft-bristled toothbrush.
- Give baby milk or water, never give baby juice drinks (i.e., Kool-Aid, punch) or soft drinks:
  - Once your baby is off the bottle, serve milk or water in an open cup to limit teeth's exposure time to potentially harmful sugars. Do not use a sippy cup.
  - Limit consumption of 100% fruit juice to 4 ounces a day served in an open cup, drank in one sitting.
- Tooth decay is infectious. Do not share food or utensils with your baby to avoid spreading disease-causing bacteria.
- Do not lay your baby down with a bottle.
- Fluoride prevents cavities; drink fluoridated water and brush with fluoride toothpaste.

#### **Visit dentist by first birthday**

- Whether teeth have appeared or not, take baby to the dentist by his/her first birthday:
  - Choose a regular dentist or "dental home" for you and your family and visit twice a year.
- Receive a free oral health kit and materials from your dentist or healthcare provider.
- To find a dentist that accepts Medicaid, call 1-800-000-0000 or visit [www.HealthyMouths4MD.org](http://www.HealthyMouths4MD.org).

#### **Overarching Call-to-Action:**

Care for your mouth and your baby's mouth to prevent dangerous tooth decay.



### 3 Health Care Professional

#### Talk To Pregnant Women & New Moms About Oral Health

#### Good Oral Health is Necessary for Good Overall Health and a Healthy Future

##### Oral health care matters in pregnancy

- Counsel and encourage moms to take care of themselves, especially their teeth, as one of the first ways to care for their unborn child:
  - Brush twice a day with fluoride toothpaste.
  - Floss at least once a day.
  - See the dentist while pregnant, it is safe.
- Warn of the high rates among pregnant women of painful and unattractive gum disease, such as pregnancy gingivitis.
- Studies show that gum diseases may contribute to triggering premature births or low birth-weight babies:
  - Oral disease is preventable.
- Eat healthy foods, including fresh fruits and vegetables and eliminate foods and beverages with added sugar, such as soda, cookies, candy, and juice drinks.



##### Babies need oral care

- Ask mom about her own and baby's daily oral health routine:
  - Highlight importance of drinking fluoridated water and brushing with fluoride toothpaste.
- At the 6- and 9-month check-up, encourage a visit to the dentist before baby's first birthday, regardless if teeth have appeared.
- Make sure mom knows to clean, and how to clean, baby's teeth and gums after feedings and before bedtime:
  - Recommend using a soft clean cloth for gums and small soft-bristled toothbrush.
- Avoid juice drinks (i.e., punch, Kool-Aid) and soft drinks; juice should be 100% fruit juice, no more than 4 ounces a day, drank in one sitting, served in an open cup.
- Oral disease is infectious—mom should not share food, drinks, or utensils with child.
- Do not lay baby down with a bottle.

##### Help spread the word

- Give mothers the campaign oral health kit.
- Dental caries is predictable, preventable, and transmissible:
  - With one third of children entering school expected to have untreated decay in their primary teeth, it's time to do more to prevent tooth decay.
- Early and simple interventions are key.
- Get your office involved in Maryland's oral health literacy campaign.
- Spread the word to other HCPs on importance of oral healthcare for pregnant women, babies, and young children.

##### Overarching Call-to-Action:

Help mothers care for their own and their baby's mouth.



## 4 Third Party Trusted Advocates

**Advocates Core Story: Good Oral Health is Necessary for Good Overall Health and a Healthier Future**

**Spread the Word: Maryland's Children Need Your Help to Have Healthy Mouths and Healthier Futures**

### Reaching caregivers

- Inform pregnant women/mothers/guardians that oral health is necessary for good overall health.
- Mom has the power to prevent tooth decay by making oral health care a priority for herself and her child.
- Tooth decay is expensive and time consuming to fix and can lead to dangerous infection.
- Relay the following messages:
  - See a dentist during pregnancy, it is safe! Studies show failing to treat oral diseases can trigger preterm birth or low birth-weight babies.
  - Brush with fluoride toothpaste! Mom and baby need to brush with fluoride toothpaste at least twice a day.
  - Fluoride is important! Drinking fluoridated water and brushing with fluoride toothpaste are key to preventing tooth decay.
  - Do not lay baby down with a bottle or sippy cup!

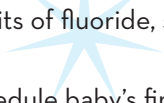


### Why Maryland, why now?

- One third of children entering school will have untreated decay in their primary teeth.
- Maryland leads the country in dental health, but needs to improve care for low-income families.
- This campaign was ignited by the young life lost to dental diseases, 12-year-old Deamonte Driver. We all share responsibility to prevent this from happening.
- There are 300,000 Medicaid enrolled or eligible children under the age of 6 in Maryland who are not receiving dental care.
- Tooth decay is predictable, preventable, and transmissible.

### Why Maryland, why now?

- Inform healthcare providers about the importance of oral healthcare for pregnant women and babies.
- Give providers campaign kit and materials; ask for them to distribute to Medicaid moms.
- Providers need to do the following:
  - Ask mom about her own and baby's daily oral health routine; must brush daily with fluoride toothpaste.
  - Encourage pregnant patients to see a dentist during pregnancy; possibility of increased risk of preterm labor or low birth-weight .

- 
- Educate mom about proper brushing for mom and baby, benefits of fluoride, signs and symptoms of poor oral health.
  - At the 6- and 9-month check up, add to mom's to-do list to schedule baby's first dentist visit by their first birthday.
  - Remind mom that early intervention is key.

**Overarching Call-to-Action:**

Help empower mothers to take care of their own and their child's mouth.



## Focus Groups – Lessons Learned

Prior to the launch of the Oral Health Literacy Campaign, two, two-hour focus groups were conducted. Each focus group consisted of 8 individuals who were selected at random from a list of women age 18 – 34 who care for a child between 0-6 years of age and/or are pregnant. Individuals selected for participation also met income qualifications for Medicaid eligibility. The focus groups were conducted to ensure that campaign messaging was appropriate, understood and resonated with the target audience. The focus groups were also essential in determining a campaign name, brand and creative approach that emotionally appealed to and engaged the audience.

### **The term “oral health” was described as encompassing everything involved with proper dental hygiene and health.**

- Group members expressed concern over receiving minimal or contradictory information regarding their children’s dental care needs.
- Group members really took to names that included the word “healthy”, including:
  - *Healthy teeth, healthy kids*
  - *Healthy mouths, healthy future*
  - *Start early, stay healthy*
- Participants felt that advertising should revolve more around oral hygiene and children, showing images of:
  - Teeth,
  - Toothbrushes, and
  - Kids brushing their teeth.

Participants didn’t like the language that told them to *never* do something, because they found the instructions to be irritating, rude, and unrealistic. The statement, *sadly, poor dental health has even led to death for a Maryland child*, was overwhelmingly disliked by group participants as well.

### **The messages that participants preferred most were informative and have the onus of control and power to parents, including:**

- *If left untreated, cavities can cause serious health problems, yet they are nearly 100% preventable.*
- *To prevent cavities, brush twice a day with fluoride toothpaste.*

Dental images resonate the strongest overall with group participants.



**The focus group participants agree that proper oral health care for children is of large import. They were also clear about what appeals to them and what does not with regard to encouraging proper juvenile oral health care.**

- The group members preferred messages that are:
  - Positive
  - Motivational
  - Focus on “health”
  - Easy to discuss with children
  - Involve more than just mothers
  - Credible
- The images they would prefer to see should:
  - Relate directly to oral health care
  - Engage and excite their children



Dr. Norman Tinanoff conducts an oral health screening with a child during the campaign launch event.



# Healthy Teeth, Healthy Kids Campaign Kick Off

More than 200 healthcare and government leaders attended the Healthy Teeth, Healthy Kids campaign kick off event on March 23, 2012 at the National Museum of Dentistry in Baltimore, featuring speakers Lt. Governor Anthony Brown, Senator Ben Cardin, and Congressman Elijah Cummings. The carefully planned and meticulously executed event included pediatric dentists providing free dental screenings to 15 preschoolers from Union Baptist Head Start daycare; a heart wrenching testimonial from a local mother about much-needed access to oral health care for her young son; short speeches from these local dignitaries; and of course brochures distributed to all.

The event was an excellent launching pad for driving campaign awareness. Four local television news stations attended the event, and numerous print and online outlets also covered the launch (see media relations section for full report).



**Maryland Lieutenant Governor Anthony Brown holds 4-year-old Marcus, whose mother spoke during the presentation.**



**Cameras from the media came out for the launch event.**

## Media Relations Campaign

In launching the campaign, PRR leveraged the campaign kick off event to generate coverage among targeted local print, online, and broadcast media. A full suite of press materials were developed, including a press release, campaign overview, media advisory, fact sheet, and additional resources. A local mother whose young son almost missed getting the care he needed was able to provide a personal story, which triggered interest and generated more in-depth coverage by a few key outlets.

Following the event, media relations activities continued in order to create surround-sound that was complementary with the paid media campaign. Feature stories focusing on oral health during pregnancy were secured in online, print, television and radio outlets. In total, the campaign generated 73 pieces of coverage over the course of six months, amounting to 9,192,857 impressions, and an estimated ad value of \$3,843,361.

### A Snapshot of the Launch Coverage:

- TV: WBAL, WMAR, WJZ, WNUV, WMDT
- Radio: WPGC, WKYS, FRESH 94.7, WEEA
- Print: *ADA News*, *The Washington Post*
- Associated Press ran nationwide, with stories in numerous outlets including *The Baltimore Sun* Ask the Expert blog, and Yahoo! News to *Saint Cloud Times* and *Sheboygan Press*
- Total: 61 media hits

### A Snapshot of the Launch Coverage:

A total of 3 TV news segments discussing oral health during pregnancy that aired on WBAL-TV in August

- An article, “Brush Up on Oral Health,” published in *Baltimore’s Child* magazine in July
- A public affairs feature interview on oral health during pregnancy, aired on WBAL-TV in September
- *The Baltimore Sun* Ask the Expert blog on dental care during pregnancy in September
- Online news sites, blogs and newsletters such as: Macaroni Kid, Maryland State Dental Association Newsletter Sept 2012, Frederic Memorial Hospital Blog, Western Maryland Area Health Education Center Newsletter, Partners for a Healthier Carol County Press Release
- Total: 73 media hits







Four-year-old Marcus practices his new skills and good oral care.

chesapeake  
**Family**

**Maryland launches 'Healthy Teeth, Healthy Kids' campaign**

March 23, 2012

Link: <http://www.chesapeakefamily.com/health/health-kids/3195-maryland-launches-healthy-teeth-healthy-kids-campaign>

Kids who aren't getting the imperative dental care they need now will thanks to the "Healthy Teeth, Healthy Kids" campaign just launched by the Maryland Dental Action Coalition.

Tooth decay is the single most common childhood disease nationwide but is completely preventable, according to a press release from the Maryland Dental Action Coalition. While Maryland is considered a national leader in addressing children's dental health needs, too many children eligible for dental care through the state's Medicaid program still have not accessed dental care, the release stated.



Media coverage on the campaign was detailed and often directed readers to learn more by visiting the **Healthy Teeth, Healthy Kids website.**





Smiles all around during the launch event.

“Making sure families eligible for dental care for their children take advantage of the opportunity is the aim of a new Maryland program.”

—The Washington Post

## Brush Up on Oral Health: Healthy Teeth, Healthy Kids Campaign

**F**ive years ago, Deamonte Driver had an abscess on one of his teeth. But his Medicaid coverage had lapsed, he didn't have dental coverage, and his mother didn't have the money to have the tooth pulled. The abscess led to a brain infection. Deamonte was 12 years old when he died.

Since then, the young boy from Prince George's County has become the face of the millions of Americans who do not have dental coverage, do not know how to access a provider, or are simply unaware of the dire importance of oral health. Though tooth decay is almost always preventable,

it remains the most common childhood disease nationwide.

To address the dental needs of children who come from low-income families or are homeless, Maryland has instituted a variety of initiatives, most recently the Healthy Teeth, Healthy Kids oral health literacy campaign, which launched in March. Funded by a grant from the Centers for Disease Control and Prevention, the campaign involves an alliance between the Maryland Dental Action Coalition and the Office of Oral Health in the Department of Health and Mental Hygiene.

John Welby, project director of the campaign, says its target audience is



**THE SUN**

www.baltimoresun.com

### State launches campaign to promote dental health

By: Andrea K. Walker

March 23, 2012

Link: <http://www.baltimoresun.com/health/blog/bal-poh-dental-campaign,0,5788168.story>

A coalition formed after a 12-year-old boy from Prince George's County died from an untreated infection will launch a healthy teeth campaign today aimed at families with children who can

**FrederickNewsPost.com**

### Maryland oral health program targets families not taking advantage of Medicaid dental care

By Associated Press

Friday, March 23

Link: <http://www.fredericknewspost.com/sections/news/displayUpdate.htm?storyid=133467>

BALTIMORE — Making sure families eligible for dental care for their children take advantage of the opportunity is the aim of a new Maryland program.

Rep. Elijah Cummings, Sen. Ben Cardin and Lt. Gov. Anthony Brown plan to be in Baltimore on Friday to launch the "Healthy Teeth, Healthy Kids" oral health literacy campaign. The program targets families with children eligible for dental care through the federal Medicaid program, but aren't taking advantage of it.

## **Pediatric dentist answers questions about pregnancy and oral health**

By Meredith Cohn

September 19, 2012

Link: <http://www.baltimoresun.com/health/blog/bs-hs-ask-the-expert-0920-20120919,0,4076879.story>

With so many things to think about, expectant mothers sometimes neglect their teeth, but this can have implications for their unborn babies. In response, the advocacy group Maryland Dental Action Coalition is educating women about proper oral hygiene and dietary habits through an effort called Healthy Teeth, Healthy Kids. The group's aim is to develop good habits by mothers and children and to reduce early childhood cavities, said Dr. Winifred J. Booker, an Owings Mills pediatric dentist who has served on several state committees and professional organizations and is currently a spokeswoman for the American Academy of Pediatric Dentistry.

### **What's different about teeth and gums during pregnancy?**

By far, the most common dental complaint of pregnant women is bleeding gingiva, or bleeding gums. During pregnancy, your gums may become inflamed or infected in part due to all of the hormonal changes. When your gums become inflamed, the condition is referred to as gingivitis, but untreated gingivitis can develop into periodontal disease, a serious form of gum disease. Periodontitis during pregnancy, if left untreated, has been shown to contribute to pre-term, low birth weight infants.

Tooth mobility is sometimes experienced by the expectant mother and can also be a sign of periodontal disease. Removal of plaque and local gingival irritants and delivery of the baby typically result in reversal of the tooth mobility experienced during pregnancy. Additionally, for women who experience morning sickness during pregnancy, the stomach acids coming into contact with teeth produce erosion which can eventually cause tooth enamel to wear away. Rinsing with a teaspoon of baking soda mixed with water can neutralize the acid insult to the teeth.

### **Is it safe to have dental cleanings, advanced dental work or X-rays while you're pregnant?**

Being pregnant comes with many responsibilities including vigilant oral hygiene care. It is important to continue seeing your dentist during pregnancy for oral examinations and cleanings. However, routine general dentistry should usually only be done in the second and third trimester of pregnancy. For most women, routine dental visits are safe during pregnancy, but keep your dental office updated when you make your appointment. Be sure to tell your dentist about any changes you have noticed in your oral health such as swelling, redness, or bleeding. Dental radiographs are safe for pregnant patients, provided protective measures for high-speed film, a lead apron and a thyroid collar are used. Dental x-rays are sometimes necessary if you suffer a dental emergency or need a dental problem diagnosed. Patients who are concerned about radiography during pregnancy should be reassured that in all cases requiring such imaging, the dental staff will practice the As Low As Reasonably Achievable (ALARA) principle and that only radiographs necessary for diagnosis will be obtained.

*Continues...*

### **What are some home care steps that are important to take?**

Good daily oral care is vital. Brush your teeth at least twice a day and after every meal if possible. Using a fluoride toothpaste, cleaning between your teeth using dental floss once a day, eating a balanced diet, and limiting between-meal snacks are important routine steps to follow. Visit your dentist regularly for a professional cleaning and checkup. If you need help controlling plaque, your dentist may recommend an antimicrobial or fluoride mouth rinse.

### **Are there nutritional steps to take to protect your teeth and your baby's oral health?**

It is always important to eat a well-balanced diet to preserve the health of your teeth. During pregnancy, what you eat affects the development of your baby, including the teeth. A baby's teeth begin to develop between the third and sixth months of the pregnancy. Make smart food choices to help you maintain good oral health throughout your pregnancy for your child have the best chance of developing strong teeth. If you snack, do so in moderation. When you do snack, choose foods that are nutritious for you and your baby such as raw fruits and vegetables, yogurt, or cheese, and make sure to follow your physician's advice regarding diet.

### **When do babies first need to see a dentist, and what's important to do at home even before they have teeth?**

Dental problems can begin early. The American Academy of Pediatric Dentistry encourages parents and other care providers to help every child establish a dental home by 12 months of age, or within six months of the eruption of the first tooth if that happens before their first birthday.

Here are key tips for the parent to help avoid early childhood caries (also known as baby bottle tooth decay): Do not allow children to fall asleep with a bottle, sippy or no-spill cup filled with milk or juice; avoid at-will nighttime breast-feeding after the first primary teeth begin to erupt; encourage children to drink from a cup as they approach their first birthday; never dip a pacifier into honey or anything sweet before giving it to a baby; even before the teeth come in, it's time to start brushing your baby's tongue using an ultra soft pediatric toothbrush; baby teeth should be brushed at least twice a day using a soft, age-appropriate sized toothbrush using a "smear" of fluoridated toothpaste; it is of major importance that parents and caregivers take care of their own teeth so that cavity causing bacteria are not as easily transferred to children; and cleaning bottle nipples, pacifiers and eating utensils with your own mouth before giving them to children must not be done because this can also transmit the adults' bacteria to the child.

### **Is there help in Maryland for adults and children who can't afford to see a dentist?**

The Maryland Healthy Smiles Program (Maryland's Medicaid Program) covers dental cost during pregnancy and for children from birth to 20 years old. For more information parents, guardians and expectant mothers can visit the [HealthyTeethHealthyKids.org](https://www.healthysteethhealthykids.org) website or call 1-855-45-TEETH toll free to find out how to become enrolled.

## Media Coverage



	Outlet	Date	Description	URL	Estimated Impressions	Estimated Value
	<b>Print</b>					
1	Chesapeake Family	3/23/2012	Maryland launches 'Healthy Teeth, Healthy Kids' campaign	<a href="http://www.chesapeakefamily.com/health/health-kids/3195-maryland-launches-healthy-teeth-healthy-kids-campaign">http://www.chesapeakefamily.com/health/health-kids/3195-maryland-launches-healthy-teeth-healthy-kids-campaign</a>	80,271	\$399,512
2	ADA News	4/23/2012	Maryland launches oral health literacy campaign	<a href="http://www.ada.org/news/7001.aspx">http://www.ada.org/news/7001.aspx</a>	345,756	\$2,772,978
3	Baltimore's Child	6/25/2012	Brush Up on Oral Health: Healthy Teeth, Healthy Kids Campaign	<a href="http://www.bluetoad.com/publication/?i=115917">http://www.bluetoad.com/publication/?i=115917</a>	110,000	\$358,449
	<b>TOTAL - 3 Hits</b>				<b>536,028</b>	<b>3,530,939</b>
	<b>Online</b>					
1	Appleton Post Crescent	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.postcrescent.com/usatoday/article/38870141">http://www.postcrescent.com/usatoday/article/38870141</a>	5,647	\$158
2	The Baltimore Sun	3/23/2012	State launches campaign to promote dental health	<a href="http://www.baltimoresun.com/health/blog/bal-poh-dental-campaign,0,5788168.story">http://www.baltimoresun.com/health/blog/bal-poh-dental-campaign,0,5788168.story</a>	42,523	\$1,191
3	Beaumont Enterprise	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.beaumontenterprise.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php">http://www.beaumontenterprise.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php</a>	1,058	\$30
4	Central Ohio	3/23/2012	Maryland promoting oral health literacy	<a href="http://content.usatoday.net/dist/custom/gci/InsidePage.aspx?cld=centralohio&amp;sParam=38870141.story">http://content.usatoday.net/dist/custom/gci/InsidePage.aspx?cld=centralohio&amp;sParam=38870141.story</a>	583	\$16
5	Chesapeake Family	3/23/2012	Maryland launches 'Healthy Teeth, Healthy Kids' campaign	<a href="http://www.chesapeakefamily.com/health/health-kids/3195-maryland-launches-healthy-teeth-healthy-kids-campaign">http://www.chesapeakefamily.com/health/health-kids/3195-maryland-launches-healthy-teeth-healthy-kids-campaign</a>	940	\$26
6	Coschocton Tribune	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.coshoctontribune.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFrontpage%7Cs">http://www.coshoctontribune.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFrontpage%7Cs</a>	1,048	\$29
7	DelMarvaNOW.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.delmarvanow.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7Cz%20frontpage%7Cs">http://www.delmarvanow.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7Cz%20frontpage%7Cs</a>	4,280	\$120
8	Dr. Bicuspid	3/23/2012	Md. oral health campaign targets moms, young kids	<a href="http://www.drbcuspid.com/index.aspx?sec=nws&amp;sub=rad&amp;pag=dis&amp;ItemID=310133">http://www.drbcuspid.com/index.aspx?sec=nws&amp;sub=rad&amp;pag=dis&amp;ItemID=310133</a>	1,180	\$33
9	FOX Reno	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.foxreno.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.foxreno.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	614	\$17
10	Frederick News Post	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.fredericknewspost.com/sections/news/displayUpdate.htm?storyid=133467">http://www.fredericknewspost.com/sections/news/displayUpdate.htm?storyid=133467</a>	3,880	\$109
11	Greenwich Time	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.greenwichtime.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php">http://www.greenwichtime.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php</a>	3,555	\$100
12	Healthcare Industry Today	3/23/2012	Maryland promoting oral health literacy	<a href="http://health.einnews.com/news/baltimore-health">http://health.einnews.com/news/baltimore-health</a>	370	\$10



	Outlet	Date	Description	URL	Estimated Impressions	Estimated Value
13	Healthy Reporter	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.healthyreporter.net/?p=29292">http://www.healthyreporter.net/?p=29292</a>	26	\$1
14	Herald Times Reporter	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.htrnews.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs">http://www.htrnews.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs</a>	2,600	\$73
15	KFOX-TV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.kfoxtv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.kfoxtv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	1,754	\$49
16	KTVU	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.ktvu.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.ktvu.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	12,502	\$350
17	Mansfield News Journal	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.mansfieldnewsjournal.com/print/usatodayarticle/38870141">http://www.mansfieldnewsjournal.com/print/usatodayarticle/38870141</a>	3,410	\$95
18	Marion Star	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.marionstar.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFrontpage%7Cs">http://www.marionstar.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFrontpage%7Cs</a>	1,940	\$54
19	Marshfield News Herald	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.marshfieldnews herald.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs">http://www.marshfieldnews herald.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs</a>	1,840	\$52
20	Medicaid	3/23/2012	Healthy Teeth, Healthy Kids Launch	<a href="http://medicaid.symptomsinfection.com/2012/03/21/healthy_teeth_healthy_kids_launch/">http://medicaid.symptomsinfection.com/2012/03/21/healthy_teeth_healthy_kids_launch/</a>	120	\$3
21	NECN.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.necn.com/03/23/12/Maryland-promoting-oral-health-literacy/landing_politics.html?&amp;apID=b675dce4ad18498496715fb11b0ffb5c">http://www.necn.com/03/23/12/Maryland-promoting-oral-health-literacy/landing_politics.html?&amp;apID=b675dce4ad18498496715fb11b0ffb5c</a>	9,440	\$264
22	News Talk Radio WHIO	3/23/2012	Maryland promoting oral health literacy	<a href="http://m.newstalkradiowhio.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://m.newstalkradiowhio.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	700	\$20
23	News Times	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.newstimes.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php">http://www.newstimes.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php</a>	6,900	\$193
24	Saint Cloud Times	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.sctimes.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CUmbrella%7Cs">http://www.sctimes.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CUmbrella%7Cs</a>	3,341	\$94
25	San Antonio Express News	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.mysanantonio.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php">http://www.mysanantonio.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php</a>	21,017	\$588
26	Sheboygan Press	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.sheboyganpress.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs">http://www.sheboyganpress.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs</a>	3,200	\$90
27	Stamford Advocate	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.stamfordadvocate.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php">http://www.stamfordadvocate.com/news/article/Maryland-promoting-oral-health-literacy-3428868.php</a>	6,251	\$175
28	The Northwestern	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.thenorthwestern.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs">http://www.thenorthwestern.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs</a>	2,677	\$75
29	The Washington Post	3/23/2012	Maryland oral health program targets families not taking advantage of Medicaid dental care	<a href="http://www.washingtonpost.com/local/maryland-oral-health-program-targets-families-not-taking-advantage-of-medicare-dental-care/2012/03/23/gIQAJ6t6US_story.html">http://www.washingtonpost.com/local/maryland-oral-health-program-targets-families-not-taking-advantage-of-medicare-dental-care/2012/03/23/gIQAJ6t6US_story.html</a>	955,087	\$26,742





	Outlet	Date	Description	URL	Estimated Impressions	Estimated Value
30	Wausau Daily Herald	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wausaudailyherald.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs">http://www.wausaudailyherald.com/usatoday/article/38870141?odyssey=mod%7Cnewswell%7Ctext%7CFRONTPAGE%7Cs</a>	4,102	\$115
31	WFTV.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wftv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wftv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	15,909	\$445
32	WGAU	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.1340wgau.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.1340wgau.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	100	\$3
33	WHIO-TV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.whiotv.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.whiotv.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	7,514	\$210
34	WHLT	3/23/2012	Maryland promoting oral health literacy	<a href="http://www2.whlt.com/news/2012/mar/23/maryland-promoting-oral-health-literacy-ar-3462799/">http://www2.whlt.com/news/2012/mar/23/maryland-promoting-oral-health-literacy-ar-3462799/</a>	74	\$2
35	WHTM-TV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.abc27.com/story/17235920/maryland-promoting-oral-health-literacy">http://www.abc27.com/story/17235920/maryland-promoting-oral-health-literacy</a>	3,007	\$84
36	WJACTV.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wjactv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wjactv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	3,285	\$92
37	WJZ	3/23/2012	'Healthy Teeth, Healthy Kids' Campaign Aims To Promote Dental Health For Toddlers	<a href="http://baltimore.cbslocal.com/2012/03/23/maryland-promoting-oral-health-literacy/">http://baltimore.cbslocal.com/2012/03/23/maryland-promoting-oral-health-literacy/</a>	13,457	\$377
38	WMDT-TV	3/23/2012	Healthy Teeth, Healthy Kids Campaign	<a href="http://www.wmdt.com/story/17242386/healthy-teeth-healthy-kids-campaign">http://www.wmdt.com/story/17242386/healthy-teeth-healthy-kids-campaign</a>	680	\$19
39	WOKV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wokv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wokv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	1,186	\$33
40	WPXI.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wpxi.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wpxi.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	9,584	\$268
41	WSB Radio	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wsbradio.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wsbradio.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	3,152	\$88
42	WSB-TV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wsbtv.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wsbtv.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	19,295	\$540
43	WSLS.com	3/23/2012	Maryland promoting oral health literacy	<a href="http://www2.wsls.com/lifestyles/2012/mar/23/maryland-promoting-oral-health-literacy-ar-1787715/">http://www2.wsls.com/lifestyles/2012/mar/23/maryland-promoting-oral-health-literacy-ar-1787715/</a>	3,231	\$90
44	WSOC-TV	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wsocvtv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wsocvtv.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	9,605	\$269
45	WSTC	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wstcwnl.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wstcwnl.com/ap/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	102	\$3
46	WTOV-9	3/23/2012	Maryland promoting oral health literacy	<a href="http://www.wtov9.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/">http://www.wtov9.com/news/ap/kids-family/maryland-promoting-oral-health-literacy/nLbD4/</a>	3,620	\$101
47	Yahoo! News	3/24/2012	Healthy Teeth, Healthy Kids' Campaign Aims To Promote Dental Health For Toddlers	<a href="http://in.news.yahoo.com/video/health-15749655/healthy-teeth-healthy-kids-campaign-aims-to-promote-dental-health-for-toddlers-28712297.html">http://in.news.yahoo.com/video/health-15749655/healthy-teeth-healthy-kids-campaign-aims-to-promote-dental-health-for-toddlers-28712297.html</a>	6,694,913	\$187,458
48	University of Maryland	3/26/2012	First Statewide Children's Oral Health Literacy Campaign Launched Here	<a href="http://www.oea.umaryland.edu/communications/news/?ViewStatus=FullArticle&amp;articleDetail=16935">http://www.oea.umaryland.edu/communications/news/?ViewStatus=FullArticle&amp;articleDetail=16935</a>	105	\$3

	Outlet	Date	Description	URL	Estimated Impressions	Estimated Value
49	Mom is Best	3/28/2012	Healthy Teeth, Healthy Kids'	<a href="http://www.momisbest.com/articles/1419/20120328/healthy-teeth-kids.htm">http://www.momisbest.com/articles/1419/20120328/healthy-teeth-kids.htm</a>	200	\$6
50	ADA News	4/23/2012	Maryland launches oral health literacy campaign	<a href="http://www.ada.org/news/7001.aspx">http://www.ada.org/news/7001.aspx</a>	5,870	\$164
51	Baltimore's Child	6/25/2012	Brush Up on Oral Health: Healthy Teeth, Healthy Kids Campaign	<a href="http://www.bluetoad.com/publication/?i=115917">http://www.bluetoad.com/publication/?i=115917</a>	180	\$5
52	Mountain Health Alliance	8/1/2012	Phone or Link to Medicaid Dentists	<a href="http://campaign.r20.constantcontact.com/render?llr=yydjsljab&amp;v=0013to5slcjKK-B7QiNjIVz3Oooh-jhggVPmS4EsWBihYRfKsDpkDC-ShRYgM1FWjwy246eoCTIzgKXN-C6oNgCnnDO4eaRwg8NsfDfDfgL-LArfsP9CFYr64TPpeyvFCVcWP7T-opXFuvWe_uSruHH6Ruwe5sjgKsykMKCQTRD7Wl7Ez68xoipBVPg%3D%3D">http://campaign.r20.constantcontact.com/render?llr=yydjsljab&amp;v=0013to5slcjKK-B7QiNjIVz3Oooh-jhggVPmS4EsWBihYRfKsDpkDC-ShRYgM1FWjwy246eoCTIzgKXN-C6oNgCnnDO4eaRwg8NsfDfDfgL-LArfsP9CFYr64TPpeyvFCVcWP7T-opXFuvWe_uSruHH6Ruwe5sjgKsykMKCQTRD7Wl7Ez68xoipBVPg%3D%3D</a>	178,754	\$5,005
53	Macaroni Kid - Timonium North Baltimore	8/15/2012	Dental Health for Children	<a href="http://timonium.macaronikid.com/article/339695/dental-health-for-children">http://timonium.macaronikid.com/article/339695/dental-health-for-children</a>	42	\$1
54	The Partnership for a Healthier Carroll County	8/16/2012	Maryland Healthy Teeth, Healthy Kids Campaign	<a href="http://www.healthycarroll.org/08-2012/HealthyTeeth-HealthyKids_16-Aug-2012.pdf">http://www.healthycarroll.org/08-2012/HealthyTeeth-HealthyKids_16-Aug-2012.pdf</a>	N/A	N/A
55	WBAL-TV	9/9/2012	Oral health especially important for pregnant women	<a href="http://www.wbaltv.com/news/health/Oral-health-especially-important-for-pregnant-women/-/9379230/16539194/-/hw9oi4/-/index.html">http://www.wbaltv.com/news/health/Oral-health-especially-important-for-pregnant-women/-/9379230/16539194/-/hw9oi4/-/index.html</a>	7,739	\$217
56	The Baltimore Sun	9/19/2012	Ask the Expert: Group urges pregnant women to maintain good dental care	<a href="http://www.baltimoresun.com/health/blog/bs-hs-ask-the-expert-0920-20120919,0,4076879.story">http://www.baltimoresun.com/health/blog/bs-hs-ask-the-expert-0920-20120919,0,4076879.story</a>	335,273	\$76,053
<b>TOTAL - 56 Hits</b>					<b>8,461,985</b>	<b>\$303,601</b>
<b>Broadcast: Per :30*</b>						
1	DMDT-TV	3/23/2012	WMDT 47 News at 10		4,194	190
2	WBAL-TV	3/23/2012	News at 5PM		54,978	2,489
3	WJZ-TV	3/23/2012	Eyewitness News at 6 (2/2)		43,472	1,968
4	WJZ-TV	3/23/2012	Eyewitness News at 5 (2/2)		37,249	1,686
5	WMAR-TV	3/23/2012	ABC2 News Good Morning Maryland 5:30am		12,590	570
6	WMDT-TV	3/23/2012	WMDT 47 News at 11:00 (1/2)		2,923	132
7	WMDT-TV	3/23/2012	WMDT 47 News at 6:00PM		5,275	239
8	WJZ-TV	3/24/2012	Eyewitness News Morning Weekend (2/4)		34,163	1,547
9	WPGC-FM	4/8/2012	John Welby & Debony Hughes Interview		N/A	N/A
10	WYCB-FM	7/7/2012	John Welby Interview		N/A	N/A
11	WEAAA-FM	7/11/2012	John Welby & Winifred Booker Interview		N/A	N/A
12	WPGC-FM	7/11/2012	John Welby & Debony Hughes Interview		N/A	N/A
13	WKYS-FM	7/2/12 (Has not aired yet)	John Welby & Debony Hughes Interview		N/A	N/A
14	WBAL-TV	9/9/2012	John Welby & Dr. Diana Cheng Interview		N/A	N/A
<b>TOTAL - 14 Hits</b>					<b>194,844</b>	<b>\$8,821</b>
<b>GRAND TOTAL - 73 HITS</b>					<b>9,192,857</b>	<b>\$3,843,361</b>

\*Impressions and Values within this section are estimations and speak to a :30 news segment.

# The Paid Media Campaign

A two-phased paid media campaign was used to increase awareness of the program during the formal launch and in June to correspond with the media partnerships. Radio, TV, and transit shelter advertising ran over a total of nine weeks across four Maryland markets (Baltimore, D.C., Hagerstown, and Salisbury) and aired nearly 4,000 radio and TV spots. The radio stations and TV programs used were selected based on their cost efficiency and how effectively they reached the target audience. The 33 transit shelter ads were placed throughout the greater metropolitan-Baltimore area in specific geographical areas where the target audiences tend to reside. Over the course of the campaign the advertising garnered more than 17.5 million impressions. The advertising budget of \$190,052 was leveraged by 67 percent (\$126,870!) through added value including: banner ads, social media, PSAs, transit shelter space, and on-air radio interviews. Resulting in a total advertising value of \$316,922.

In addition, media sponsorships were secured with Baltimore’s FOX and Radio One affiliates, resulting in campaign sponsorship that increased the reach of the campaign without losing the power of the messaging. These sponsorships helped secure the TV and radio media buys, direct-mail brochures, and oral health kits to be distributed to the target audience (more on kits and brochures in the community outreach section). The sponsorship with Amerigroup totaled \$50,000 for our :30 spot to run followed by a :30 Amerigroup spot on WERQ-FM, and included Amerigroup’s logo on web banner ads and the TV spot.

## Detail on Phase One

Phase One of Healthy Teeth, Healthy Kids paid media campaign rolled out with a launch event held at the National Museum of Dentistry in Baltimore that was attended by more than 200 people. Speakers included Maryland Lt. Gov. Anthony Brown, U.S. Senator, Ben Cardin, and U.S. Representative Elijah Cummings. The event was followed by a three week flight of TV and radio advertising supported by brochures, a website, a Facebook page, and a telephone hotline. Beginning March 26 and ending on April 13, the TV and radio campaigns aired in four distinct Maryland markets: Baltimore, Suburban D.C., Salisbury, and Hagerstown. A total of more than 900 radio and TV ads ran over the three week period.

Media	Baltimore	Suburban D.C.	Salisbury	Hagerston
Television	TWBAL, WMAR WJZ, WNUV	BET, BRAVO, MTV	EBOC, EMDT, WBOC, WMDT	WHAG
Radio	WERQ	WPGC, WKYS	WSBY, WOCQ	WDLD



## Detail on Phase Two

Phase Two of the Healthy Teeth, Healthy Kids paid media campaign followed Phase One and included a six week flight of TV, radio, and transit advertising supported by the distribution of 96,000 oral health kits distributed through WIC, Head Start and the 24 Maryland local health departments. A direct mailing of 120,000 Healthy Teeth, Healthy Kids brochures were mailed to mothers of children 0 - 3 years old who are on Medicaid. Also 99,000 additional brochures were distributed to a number of Federally Qualified Health Centers, Dental offices, social service, and advocacy organizations. The campaign advertising and print materials directed individuals to the campaign website, Facebook, and call center. The six week advertising flight began on June 4, 2012 and ended on July 16, 2012, and once again the TV and radio campaigns aired in four distinct Maryland markets: Baltimore, Suburban DC, Salisbury, and Hagerston. A total of 2,100 radio and TV ads ran over the six week period. The transit ads were posted in 33 transit shelters throughout the Baltimore-metropolitan area (see sample web banners below).

Media	Baltimore	Suburban D.C.	Salisbury	Hagerston
Television	WNUV, The CW	BET, BRAVO, MTV	EBOC, EMDT, WBOC, WMDT	WHAG
Radio	WERQ	WPGC, WKYS	WSBY, WOCQ	WHAG



Banner Ads

# Media Partnerships



92QJams Baltimore Timeline Now Highlights

Al B Sure Says "Powerful People Are Trying To Kill Him" [bit.ly](#)

Click so just in case you're not sure who Al B Sure is he is known for his distinctive falsetto and undeniable melodies, the

Like · Comment · Share

2 people like this.

BabyPlease Pleasebelieveit Moss He is simple Yesterday at 2:58pm via mobile · Like · 1

Write a comment...

92QJams Baltimore Yesterday via HootSuite

We are a proud partner of Maryland's @Healthy Teeth, Healthy Kids program! Check out their helpful tips on how to give your child a healthy mouth for life: <http://www.facebook.com/HealthyTeethHealthyKids>

Healthy Teeth, Healthy Kids [www.facebook.com](http://www.facebook.com)

Maryland Dental Action Coalition's Healthy Teeth, Healthy Kids program.

Share · via HootSuite

Like · Comment

2 people like this.

Write a comment...

92QJams Baltimore shared a link via SocialFlow. Yesterday

EXCLUSIVE ALBUM PREVIEW: NAS "LIFE IS GOOD"

92QJams Baltimore Yesterday via HootSuite

ATTN ALL LOCAL ARTISTS [ENTER NOW] Upload your orig. track, no longer than 2 mins & radio edited, to win an artist development package, studio time and more w/Mania Ray Records. See official rules here! <http://ow.ly/c21Y7>

Who's Got Next? [ow.ly](#) (LPIQEM)

Share · via HootSuite

Like · Comment

Love Lovely Kia likes this.

Write a comment...

92QJams Baltimore shared a link via SocialFlow. Yesterday

NEW MUSIC KENDRICK LAMAR "SWIMMING POOLS" <http://bit.ly/MUC0m>

NEW MUSIC KENDRICK LAMAR "SWIMMING POOLS" [bit.ly](#)

Fresh off "The Recipe" K-Dot is back with another track called "Swimming Pools" aka "Drank". The record Swimming Pools talks about Kendrick's

Like · Comment · Share

92QJams Baltimore shared a link via SocialFlow. Yesterday

Lil Wayne's New "Boo" Exposes Him <http://bit.ly/P4t6t7>

Navigation: Home, Create A Page

Navigation: Now, June, 2012, 2011, Joined Facebook

Sponsored #91

SmBiz Merchant Services [unitedpaymentsservice...](#)

Free to get started! No set-up fees! Free Equipment! Lowest cost Guaranteed! Voted Best Processor 2011!

The Ragnar Relay Series

Need a new challenge? Run overnight with 11 friends during Ragnar DC, Sept 21-22. Like · Craig Haas likes this.

The Executive MBA [caryy.jhu.edu](#)

Business as Applied to Health Care. As Only Johns Hopkins Can Do It.

## Facebook

WBFF FOX 45 We are a proud partner of Maryland's Healthy Teeth, Healthy Kids program! Check out their helpful tips on how to give your child a healthy mouth for life: <http://www.facebook.com/HealthyTeethHealthyKids>.

Healthy Teeth, Healthy Kids <http://www.facebook.com/HealthyTeethHealthyKids>

Maryland's Healthy Teeth, Healthy Kids program

Today at 12:35:31 PM via Publisher [View thread](#)

Show History (0) Promote Story

0 People Talking About This

0 People Reached	0% Feedback
0 Impressions	2 Shares

0 · 6 · 1

## Fox News





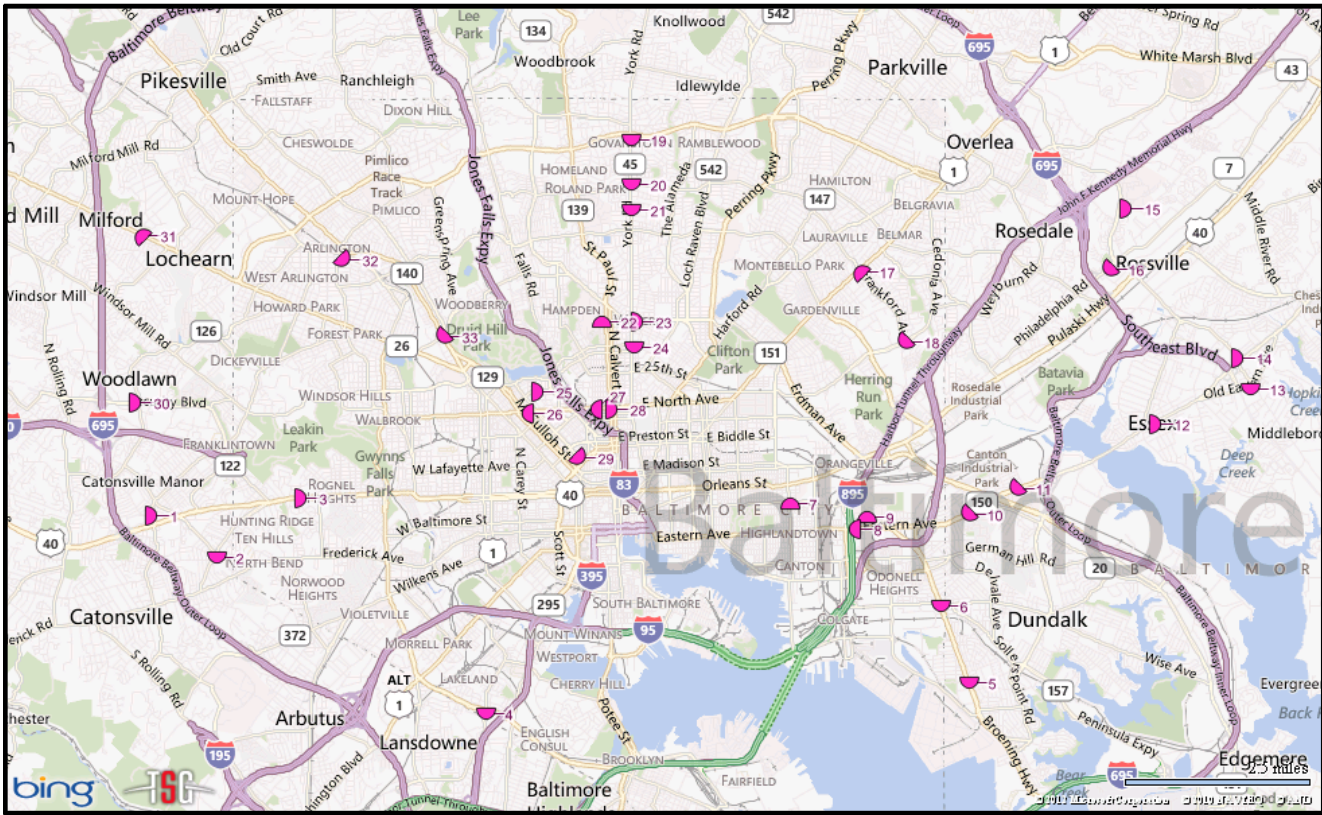
Sky Watch



CW Baltimore



92 QJam



Icon #	Unit	Location Description	Media	Market
1	518VI	Craigmont Rd. S/O Ingleside Ave. W/S	Transit Shelters	Baltimore
2	517VO	Edmondson Ave. E/O Academy Rd. S/S	Transit Shelters	Baltimore
3	603VO	N/L Edmondson Ave W/O Swann Ave	Transit Shelters	Baltimore
4	255VO	Hollins Ferry Rd. E/O Patapsco Ave. S/S	Transit Shelters	Baltimore
5	526VI	Dundalk Ave. W/O Center Place S/S	Transit Shelters	Baltimore
6	19VI	Dundalk Ave. W/O Holabird Ave. S/S	Transit Shelters	Baltimore
7	609VO	E/L Highland Ave N/O Baltimore St	Transit Shelters	Baltimore
8	244VI	Eastern Ave. N/O Cassell Dr. W/S	Transit Shelters	Baltimore
9	602VO	W/L Bayview Blvd S/O Commons Drive	Transit Shelters	Baltimore
10	556VI	Eastern Ave. N/O Westham Way W/S	Transit Shelters	Baltimore
11	611VI	N/L Eastern Ave E/O 54th St	Transit Shelters	Baltimore
12	548VI	Eastern Ave. S/O Taylor Ave. W/S	Transit Shelters	Baltimore
13	525VO	Old Eastern Ave at Stemmers Run Road	Transit Shelters	Baltimore
14	528VO	Stemmers Run Road at Eastern Blvd.	Transit Shelters	Baltimore
15	523VO	Franklin Square Dr. N/O Rossville Blvd. E/S	Transit Shelters	Baltimore
16	541VO	Philadelphia Rd. S/O Fontana Lane W/S	Transit Shelters	Baltimore
17	18VI	Frankford Ave. E/O Belair Rd. S/S	Transit Shelters	Baltimore
18	490VI	Sinclair La. N/O Frankford Ave. E/S	Transit Shelters	Baltimore
19	488VO	York Rd. E/O Belvedere Ave. S/S	Transit Shelters	Baltimore



These locations are not on hold, this list is for proposal purposes only. For availabilities contact your sales representative.





Transit shelter ad



🍷	20	466VO	York Rd. E/O Woodbourne Ave. S/S
🍷	21	487VI	York Rd. W/O Winston Ave. N/S
🍷	22	470VI	Charles St. E/O 33rd St. N/S
🍷	23	95VI	33rd St. S/O Old York Rd. W/S
🍷	24	329VO	Greenmount Ave. E/O Exeter Hall S/S
🍷	25	625VI	Whitelock Street at Brookfield Ave.
🍷	26	225VO	North Ave. S/O Mcculloch St. E/S
🍷	27	144VO	North Ave. S/O Howard St. E/S
🍷	28	198VI	North Ave. S/O St. Paul St. W/S
🍷	29	43VI	Eutaw St. W/O Preston St. S/S
🍷	30	561VO	6600 Security Blvd.
🍷	31	562VO	Liberty Rd. S/O Essex Rd. E/S
🍷	32	64VI	Dolfield Ave. S/O Garrison Blvd. E/S
🍷	33	62VI	Druid Park Dr. N/O Reisterstown Rd. W/S



### CBS Location Map

MD Dental Action Coalition

Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore
Transit Shelters	Baltimore





## Extending the Message Through Community, Partnerships, and Sponsor Outreach

Media relations and paid media successfully informed much of the population, but activation into behavior change is best accomplished when there is grassroots outreach underway concurrently. The campaign designed and produced 270,000 campaign brochures that DHMH and MDAC distributed to healthcare centers and clinics throughout Maryland.

Two key sponsors were engaged - Henry Schein and DentaQuest. Working with Henry Schein, the campaign created 60,000 oral health kits that were distributed to Maryland's WIC and Head Start centers. Working with DentaQuest, the campaign created 120,000 brochures that were mailed to households with young children enrolled in Maryland's Medicaid Dental program.

And finally, DHMH leadership secured meetings, presentations, and publications on the campaign or the campaign key messages through ongoing partner and stakeholder outreach. Through this outreach, thousands of health professionals, parents, and caregivers were reached with the campaign's key messages through sources they trust and rely on for accurate and timely health information.

In total, the campaign partnerships with DentaQuest, Amerigroup, Henry Schein, Inc., and The Maryland Office of Maternal and Child Health were instrumental in bringing \$175,000 of added value to the campaign.



Direct Mail

## How to Care for Your Child's Mouth

- 1 Clean.** Clean your baby's gums before teeth come in. Once teeth come in, brush with fluoride toothpaste twice a day, every day, especially before bed.
- 2 Visit dentist.** First visit by first birthday. To find a dentist, call 1-855-45-TEETH (83384).
- 3 No bottle in bed.** Do not lay your baby down with a bottle at nap time or at night.
- 4 Give milk or water.** Give your child milk or water; do not give your child drinks with added sugar, such as soda, juice, or punch.
- 5 Do not share food, spoons, or forks.** If you put food or eating utensils in your mouth, do not put them in your child's mouth to avoid spreading germs that can cause cavities.

**Find a dentist** and schedule an appointment for your child today.

**Learn more** about caring for your child's mouth.

**Spread the word,** let others know it is important to care for their child's mouth.

[www.HealthyTeethHealthyKids.org](http://www.HealthyTeethHealthyKids.org)  
1-855-45-TEETH (83384)



DentaQuest

Maryland Dental Action Coalition 6410 Dobbin Road  
Columbia, MD 21045

**Give**  
your child  
a healthy mouth  
for life.



**Healthy Teeth  
Healthy Kids**

1-855-45-TEETH  
[www.HealthyTeethHealthyKids.org](http://www.HealthyTeethHealthyKids.org)

## Keep Your Child's Mouth Healthy

**Healthy mouths are important—even for babies and young children.**

- Poor oral health can cause your child to have problems eating, speaking, and learning.
- Baby teeth hold space for adult teeth.

**A healthy mouth is necessary for overall health.**

- Cavities can cause your child pain and serious health problems.
- You can help prevent cavities by taking care of your child's mouth every day.

### Dental Health Coverage

Maryland Healthy Smiles Dental Program (Maryland's Medicaid Dental Program) covers dental visit costs for pregnant women and children up to age 20. For more information, go to [www.HealthyTeethHealthyKids.org](http://www.HealthyTeethHealthyKids.org) or call 1-855-45-TEETH (83384).



## How to Care for Your Mouth While You are Pregnant

Caring for your mouth while you are pregnant is important. The health of your mouth can affect you and your baby.

**Brush.** Brush your teeth twice a day (especially before bed) with fluoride toothpaste.

**Floss.** Floss your teeth once a day. Use about a foot and a half of dental floss and wrap the ends around your fingers. Gently slide the floss up and down between each tooth.

**Go to the dentist.** It is safe to visit the dentist while you are pregnant.

**Eat fruits and vegetables.** Avoid foods or drinks with added sugar, such as soda, juice, cookies, and candy.

Keep your child's mouth healthy; give your child a healthy mouth for life.

Brochure

## Brochures

Brochures were sent to various organizations in an effort to ensure those already interacting with the target audiences would have sharable information at the ready. In total, 24 local health departments within Maryland participated by assembling the brochures with sponsor-donated toothbrushes and toothpaste into oral health toolkits. In addition to this, the following is a summary of other brochures and posters shared:

Distributed To	# of English Brochures	# of Spanish Brochures	Total Brochures	Total Posters
Montgomery County Health Department	N/A	1 Box (Spanish)	1,800	N/A
Ann Arundel County Health Department	N/A	1 Box (Spanish)	1,800	N/A
Cheryl DeAtley - Judy centers	4 Boxes (English)	1 Box (Spanish)	6,000	N/A
Heather Ross - Baltimore Healthy Start	1 Box (English)	6 packs (Spanish)	1,800	N/A
Salliann Alborn - Brochures for FQHC	8 Boxes (English)	N/A	9,600	N/A
Bernadette Johnson - FQHC	1 Box (English)	N/A	1,200	N/A
Judy Gaston - OOH Eastern Shore	8 Packs (English)	4 Packs (Spanish)	1,200	N/A
Vinnie	4 Packs (English)	2 Packs (Spanish)	600	N/A
Maryland Family Network	3 Packs (English)	1 Pack (Spanish)	400	N/A
Head Start Southern MD, Tri-County Community Services	8 Packs (English)	2 Packs (Spanish)	1,000	N/A
Colleen Phebus	8 Packs (English)	4 Packs (Spanish)	1,200	N/A
Sharron Chambers - TLC Health Centers	10 Packs (English)	2 Packs (Spanish)	1,200	N/A
Stacy Costello - Donna Barends Health Fair	2 Packs (English)	N/A	200	N/A
Paula Minsk - Med Chi	9 Packs (English)	3 Packs (Spanish)	1,200	N/A
Beth McKinney - Montgomery County Health Clinics	1 Box (Spanish)	N/A	1,200	3
Celest Camerino - Charles County Health Department	8 Packs (English)	4 Packs (Spanish)	1,200	6
Marion Mansky - MDHA	7 Packs (English)	3 Packs (Spanish)	1,000	1
Jess - MDAC	1 Box (English)	1 Box (Spanish)	2,400	5
Shelly Andrews - Choptank Health Center	6 Packs (English)	6 Packs (Spanish)	1,200	6
Emily Dashiell - Maiden Choice Dental	1 Box (English)	2 Packs (Spanish)	1,400	2
Peter Holmes - MSDA	3 Boxes (English)	N/A	3,600	N/A
Peggy Funk - MPhA	1 Pack (English)	N/A	100	N/A
Stacy Costello - Bay Sox Health Fair	2 Packs (English)	1 Pack (Spanish)	300	N/A
Theresa Herring RDH	6 packs (English)	6 packs (Spanish)	1,200	1
Cheryl DeAtley - Judy Centers	5 Boxes (English)	1 Box (Spanish)	6,000	N/A
Dr. Chilo Obianwu - Dentist	2 Boxes (English)	N/A	2,400	2
Dr. Claudia Conerly - Ped. Dentist	1 Box (English)	1 Box (Spanish)	2,400	2
Dr. Marla Prokop, Pediatric Dentistry	8 Packs (English)	4 Packs (Spanish)	1,200	N/A
MSDA Access to Care Day	N/A	N/A	300 brochures (English)	
Eugene Watson - Maternal and Infant Care - GE Healthcare	N/A	N/A	400 Brochures (English)	
Mt. Airy Children's Dental Associates	N/A	N/A	800 (200 English + 800 Spanish)	1
Dr. Sarah Bowling - Blue Heron Dental,	N/A	N/A	1,200 (1,000 English + 200 Spanish)	2
Mt. Airy Children's Dental Associates	N/A	N/A	800 (600 English + 200 Spanish)	1
Children's Dental Office	600 Brochures (English)	100 Brochures (Spanish)	700	2
Children's Dental Office	N/A	N/A	700 (600 English + 100 Spanish)	2

Distributed To	# of English Brochures	# of Spanish Brochures	Total Brochures	Total Posters
Herschel S. Horowitz Center for Health Literacy	30	25	55	N/A
FQHC	1200	N/A	1200	N/A
Montgomery County Dental	N/A	1200	1200	3
Choptank Community Health System	800	400	1200	N/A
Harford County Health Department	1200	N/A	1200	N/A
Charles County Department of Health	850	25	875	6
Oral Health Program	100	25	125	N/A
Judy Centers	9800	2400	12200	N/A
Children's Dental Office	1200	200	1400	2
All Smiles Dental Care	2400	N/A	2400	2
Eastern Shore OOH	200	50	250	N/A
City of Greenbelt	200	N/A	200	N/A
Claudia Conerly	1200	1200	2400	2
Colleen Phebus	800	400	1200	N/A
CentroNia	600	600	1200	12
Carroll County Health Department	2400	1200	3600	10
Frederick County Health Department- Dental	100	100	200	N/A
Donna Bahrens	200	N/A	200	N/A
Garrett County Health Dept.	1200	N/A	1200	3
Pediatric Dental Center	1200	1200	2400	3
Blue Heron Dental	1000	200	1200	2
Maiden Choice Dental	1200	200	1400	2
Ge Health Care; Maternal and Infant Care	400	N/A	400	N/A
Tri-County Community Services	800	200	1000	N/A
Baltimore Healthy Start, Inc.	1200	600	1800	N/A
JHU School of Nursing	50		50	N/A
Maryland Dental Action Coalition MDAC	1200	1200	2400	5
Joan Kater, DDS	1100	100	1200	N/A
Greenbelt CARES Youth and Family Services Bureau	1200	200	1400	N/A
Eastern Shore Oral Health Education	800	400	1200	N/A
Walnut St. Community Health Center	1000	200	1200	2
Small Smiles Dental	50	25	75	N/A
Allegany County Health Department	N/A	N/A	N/A	50
Lower Shore Child Care Resource Center	800	400	1200	20
Maria Prokop	800	400	1200	N/A
Dental Hygiene Association	700	300	1000	1
Priority Partners	500	300	800	N/A
MCDH and Private Practice	50	10	60	N/A
Maryland Family Network	300	100	400	N/A
Kent County Health Department	N/A	N/A	N/A	10
Head Start of Washington County	200	N/A	200	5

Distributed To	# of English Brochures	# of Spanish Brochures	Total Brochures	Total Posters
Mt. Airy Children's Dental Associates	600	200	800	1
OOH Health Fairs/Events	200	100	300	N/A
Washington County Health Dept	600	600	1200	8
Med Chi	900	300	1200	N/A
MPhA	100	N/A	100	N/A
Maryland State Dental Association	4200	300	4500	N/A
GBMC Pediatric Group	300	N/A	300	N/A
Mountain Health Alliance	2400	N/A	2400	6
FQHC	9600	N/A	9600	N/A
TLC Dental	4000	700	4700	12
Choptank Community Health System	600	600	1200	6
Theresa Herring	600	600	1200	1
Central Child Find Assessment at White Oak School	50	25	75	N/A
St. Jerome's Head Start	500	100	600	10





Oral Health Kit

“Both federal and state leaders have worked together to ensure that Deamonte Driver’s death would not be in vain. Through the involvement of all of these stakeholders, I believe this campaign will help to prevent oral disease and educate the public about how to best access the care. I am proud to support the campaign.”

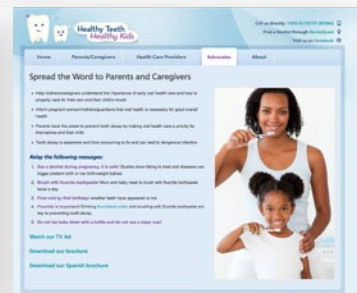
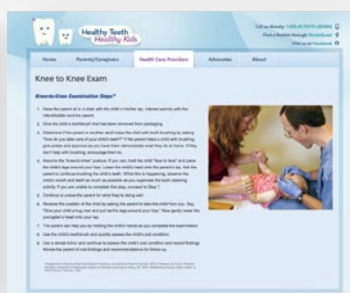
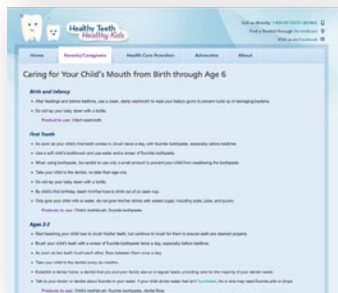
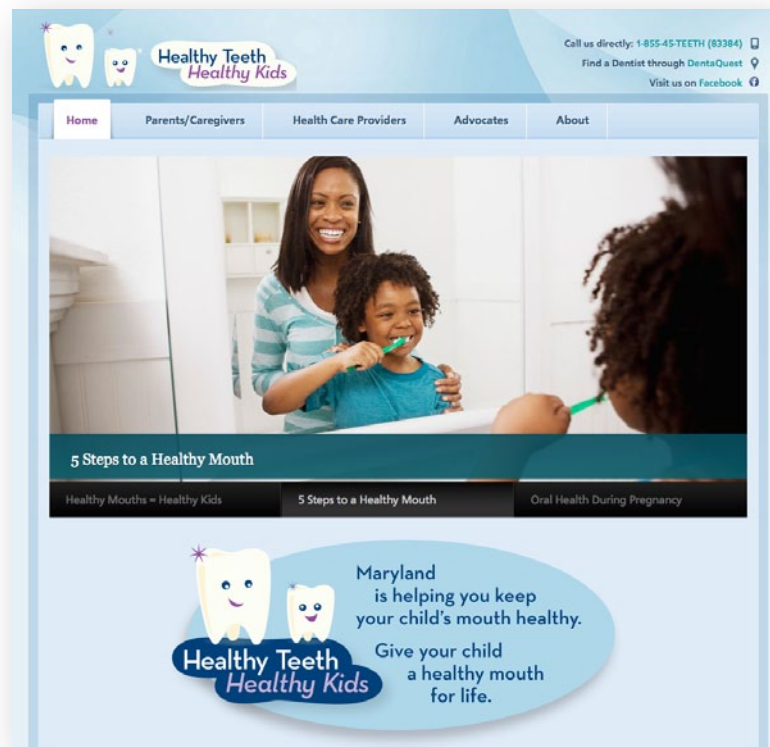
*Representative Elijah Cummings*



# Digital Media Elements and a Hotline

PRR launched and maintained the campaign's Facebook page and website, both of which proved a valuable resource for many in the target audience. This resource was very important given the audience's overwhelming preference for finding information via the web (according to focus group findings). Although the Facebook content is more broad spectrum, the website includes oral health information for parents and caregivers, healthcare providers, and advocates; a link to an online database of dentists in Maryland who accept Medicaid insurance; the campaign brochure in English and Spanish; the campaign's TV ad; and the campaign hotline number (English and Spanish).

The campaign hotline received nearly 200 calls over the course of six months. Although a somewhat low figure, the largest spike in call volume occurred just following the airing of the WBAL-TV news stories, indicating the station and segment have a good following among our target audience.





“We want to do better and believe the Healthy Teeth, Healthy Kids oral health literacy program will enable us to do that.”

*Dr. Diane Romaine, president of the Maryland State Dental Association*





## Research

Research was integral to the entire campaign, including to the planning process, in message testing, in identifying target media, and in evaluating the impact of the launch. A number of information gathering methodologies were deployed and included review of other programs; pre- and post-telephone surveys; four focus groups; a questionnaire to general dentists, pediatric dentists, and dental hygienists; a questionnaire to family practice physicians, pediatricians, and nurse practitioners; and outreach to WIC and Head Start directors. In addition, the campaign conducted GIS mapping to identify specific geographic areas in the state that had residents most at risk.

The post-campaign survey revealed that there was an increase in awareness that oral health is important to overall health. There was an increase in awareness to take children to the dentist for the first time at an early age and visits to the dentist increased. Twenty-five percent recalled receiving the program brochure with nearly fifty percent recalling receiving an oral health kit from their health center. A summary of findings include:

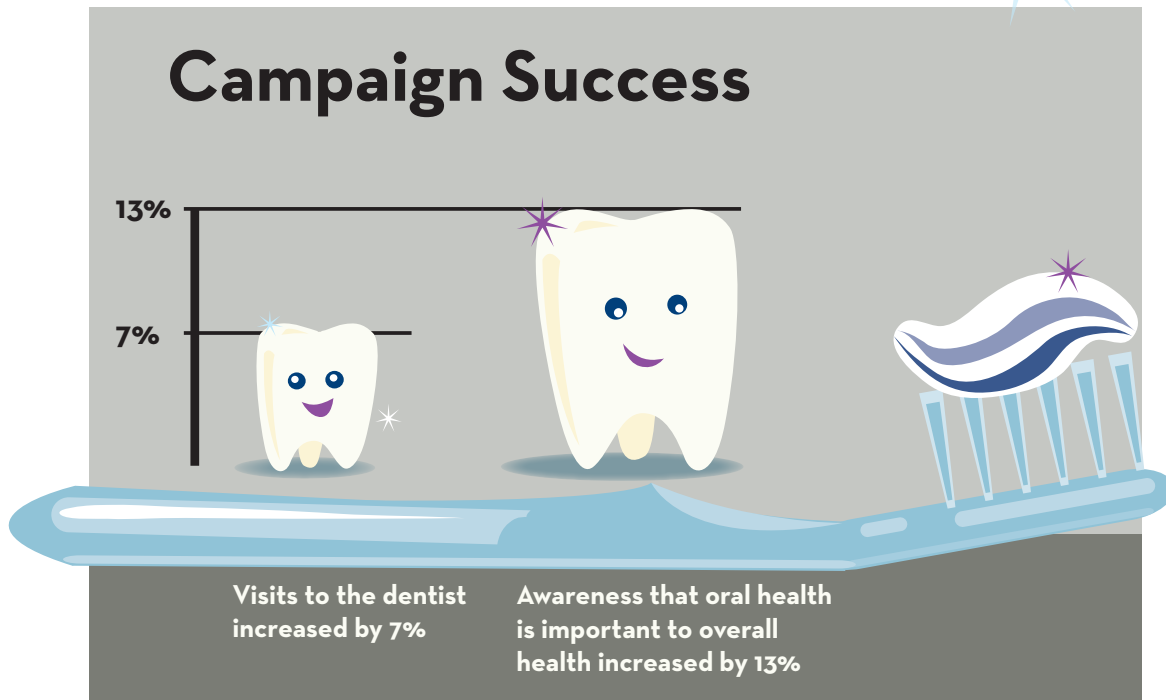
- When asked, at what age do you believe a child should have their first dental visit, more individuals responded that this visit should occur within the first year or at first tooth in the post campaign survey.
- When asked, what campaign messages you recall reading, hearing or seeing, there was a 13 percent post campaign increase in awareness of the message “oral health is important to overall health” and a 4 percent post campaign increase in awareness of the message “take your child to the dentist by his or her first birthday.”
- When asked where you recall hearing, reading or seeing the message, there was a marked increase in post campaign awareness in Television and Radio.
- Just under two thirds of the post-campaign respondents reported having heard of Healthy Teeth, Healthy Kids and one quarter of post-campaign respondents recall receiving a brochure in the mail.
- Just under half of post-campaign survey respondents recall receiving an oral health kit from their health center.

**Of those who recalled receiving a brochure, 72 percent found the information to be helpful.**

**Of those who received an oral health kit from their health center, 100 percent say they used the products in the kit.**

## Conclusions

The campaign increased oral health awareness in its target audience and provided promising results that support the need to sustain the campaign moving forward, periodically reevaluating it for effectiveness.



“Mankind owes to the child the best it has to give.”

*United Nations Convention on the Rights of the Child*





**Dr. Winifred J. Booker, who conducted oral health screenings at the campaign launch event, shows a child how to brush.**



# Observations and Recommendations

The following observations and recommendations are made at the request of the Maryland Office of Oral Health (OOH). They are intended to provide the reader with anecdotal observations of the Healthy Teeth, Healthy Kids 2012 campaign that might provide additional council beyond the documentation provide throughout this program recap. These recommendations are based on lessons learned from the 2012 campaign and provide future guidance for continued success of the campaign in 2013 and beyond.

## Observation 1

Multiple stakeholders, with multiple expectations, representing multiple interests, made it difficult to reach consensus.

### Recommendations

- Ensure the decision-making process is adhered to and allows those with authority to make ultimate decisions regarding resource allocation.
- Establish one individual who ultimately has the authority to make decisions and commit to the campaign. OOH to provide oversight to this individual.

## Observation 2

Multiple audiences were identified as priorities causing the limited budget to be stressed even further. This impacted awareness among all targeted audiences. Primary audience included pregnant women, mothers or guardians of infants, and children up to age three enrolled in or eligible for Medicaid, State Children's Health Insurance Plan (SCHIP). Secondary audience included mothers or guardians of children age three to six enrolled in or eligible for Medicaid, SCHI.

### Recommendation

- We would recommend focusing as narrowly as possible. An example would include focusing only parents and guardians of children in their first year, when brushing should start. By narrowing the audience, the campaign can spend more resources on reaching more of these individuals, more times.



### Observation 3

Multiple messages were required to be included in the campaign which diluted the ability for any message to cut through and decreased audience ability to recall specifics. Messages included:

- Poor oral health can cause your child to have problems eating, speaking, and learning.
- Clean your baby's gums before teeth come in.
- Brush your child's teeth with fluoride toothpaste twice a day.
- Take your child to the dentist by age one.
- No Bottle in bed.
- Do not give drinks with added sugar, such as soda, juice, or punch.
- Do not share food, spoons, or forks.
- Next steps:
  - To find a dentist call 1-855-45-TEETH
  - Go to [HealthyTeethHealthyKids.Org](http://HealthyTeethHealthyKids.Org) or call 1-855-45-TEETH

### Recommendation

- Focus on the problem, the **single** action and a single call-to-action that will return the greatest benefit.

## Observation 4

Multiple touch points were planned but not all were deployed. Limited resources and limited time both contributed to prioritization for the initial wave of the campaign. Specific touch points included:

- During pregnancy.
- At birth.
- First tooth or first birthday.
- Entering school.
- Other health educable moments.

## Recommendations

- This strategy is still sound for a more mature campaign. However, with limited resources we would recommend that more resources be placed into even fewer opportunities, for example, “First tooth and other educable moments (i.e. during pediatric exams or OBGYN visits during pregnancy).”
- Utilize communication channels that are desirable and preferred by each audience.
- Utilize stakeholders and council members to push out key messages during key time frames identified above.
- Recruit and work hard with partners who “own” these touch points and are in a position to effectively execute outreach on your behalf.
- Continue to solicit sponsorships to help fund these types of initiatives.

## Observation 5

Partnering organizations with critical roles were not always able to meet their commitment in time for use by the campaign.

## Recommendations

- Draft a Memorandum of Understanding (MOU) - not a contract - which clearly outlines critical dates and milestones in enough detail that it will be possible to create alternative opportunities should partners not be in a position to meet their commitments.
- Work well in advance of campaign launch with partners to ensure ample time for planning and implementing activities over the course of the campaign year.

## Observation 6

Market research, including focus groups with members of priority audiences, provided guidance on audience preferences such as:

- The term “oral health” was described as encompassing everything involved with proper dental hygiene and health.
- Group members expressed concern over receiving minimal or contradictory information regarding their children’s dental care needs.
- Group members really took to names that included the word “healthy”, including:
- Advertising should revolve more around oral hygiene and children.
- Avoid language that told them to never do something.
- Avoid statements such as “Sadly, poor dental health has even led to death for a Maryland child”.
- Utilize messages that are positive, motivational, focusing on health is easy to discuss with children.
- Utilize images that relate to oral health care.

### Recommendation

- Continue to utilize research to validate existing campaign awareness of understanding levels, images, and messages. Research should include baseline (pre-campaign) and post-campaign awareness surveys, as well as focus groups with target audiences.

## Observation 7

National, statewide, and local organizations are also addressing pediatric oral health issues presenting competition for attention and confusion over messages (i.e. fluoride).

### Recommendation

- The old saying “The whole is greater than the sum of its parts” is especially true in marketing and in health literacy efforts. When agencies do not cooperate and collaborate, their voice is smaller than if united. There is inconsistency in messages and potential confusion by the audience. We believe that significant opportunity could exist for creating:
  - A national data center which would store research and programs for all to draw from and to which they could contribute.
  - A single national campaign.
  - A national coalition.
  - Pooled funds.
  - A partnership of public private sector organizations including multiple sectors such as government, dental industry, commercial, nonprofit, media etc.



## Observation 8

Partnerships specific to this campaign did, and could - if continued - leverage the efficiency and effectiveness of the campaign.

### Recommendation

- Identify and recruit partners who can:
  - Provide in-kind resources such as promotional items or staff resources.
  - Have the ability to distribute materials and information directly to your target audience.
  - Provide financial resources.
  - Do more than one of the above.

## Observation 9

During the campaign there were unplanned opportunities and needs that required staff or financial resources. Examples range from small things (helping to prepare materials for an unanticipated presentation) to assembling the Strategic Partnership Council, which was not foreseen during development of the original scope.

### Recommendation

- Provide a contingency fund in the budget to serve as a buffer that will allow greater flexibility in responding to changing conditions and the ability to respond to unanticipated needs and opportunities.

## Observation 10

PRR performed tasks that might have been more efficiently performed by OOH or partner agency staff.

### Recommendations

- Do whatever you can internally to maximize resources. Identify and allocate as many resources as possible, or keep a small amount of funds to hire part time administrative support or secure an intern to handle such things as document and presentation changes.
- Aggressive recruitment and cultivation with community groups is perhaps one of the single most effective activities that in-house staff can perform to increase program effectiveness and ensure the legacy of this program.

## Observation 11

Contracting requirements required financial investments that were not in the best interest of the program.

### Recommendation

- Provide internal program manager with the flexibility to move funds as conditions and information changes.

## Observation 12

Internal processes caused significant time delays and impacted financial resources.

### Recommendation

- All internal requirements should be vetted as early in the process as possible, if not prior to issuing an RFP including such requirements as IRBs.

## Observation 13

It was difficult to facilitate getting resources such as oral health kits directly in the hands of our audience.

### Recommendation

- Identify internal opportunities such as storage, existing relationships, distribution methodologies that can be deployed to help high priority projects such as this.

## Observation 14

Tools such as the kit were well received and appreciated by the target audience.

### Recommendation

- Continue to find opportunities to put the tools families need directly in their hands with as little effort required as possible.

## Observation 15

Throughout the campaign budget, variances caused the client team to be surprised.

### Recommendation

- Consultant should provide more frequent budget tracking and reporting. Track in real-time all variances and client directives regarding the amount and change orders reflecting scope changes required to fund the variances.

## Observation 16

Crest and other potential private partners for sponsorships were enthusiastic about the subject matter, but competing causes made them unable to participate. Some had their own pediatric oral health campaigns.

### Recommendations

- Further lead time to provide time to find common ground to overcome barriers would help.
- Look for opportunities to leverage their existing efforts in a way that is meaningful and can leverage campaign resources. This can also leverage their authority with the audience as they have, and will have a long-term relationship and dialogue with the audience.

## Observation 17

Being in the “Kit” business can be very expensive. The purchasing, production, delivery, shipping, sourcing, storing all have hard costs and labor cost associate with them.

### Recommendation

- Work with stakeholders, partners, and existing campaigns to identify collaborative opportunities.

## Observation 18

Retailers didn't have the footprint to store the kits while giving them away as was originally envisioned. The idea of coupons was attractive to them for sponsorship. However, manufacturers were worried about coupon gaming and did not want to offer coupons.

### Recommendation

- Both were receptive to an in-store promotion that offered a percentage off on certain pediatric oral health items during a specific timeframe. This type of promotion would need a year's advance notice for proper execution and implementation but might be worth considering.

## Observation 19

Individuals at all levels who participated in this campaign took great pride in their role as a part of this landmark program.

### Recommendation

- Provide key stakeholders and those who contributed significantly with personal recognition. An idea that was explored early in the campaign was to create a plaster handprint from a Maryland child that would be mounted to a plaque and presented as a way to express thanks for their contribution. By being visible in the offices of these individuals the plaques would also serve as an ongoing reminder of the importance of this issue and the need for ongoing support and action.

## Observation 20

The campaign attracted support from a wide, large, and prestigious group of individuals and organizations. However, when seeking partnership support, these groups were not fully utilized to provide and leverage their relationships for this purpose.

### Recommendation

- Be more aggressive about engaging every individual in the campaign to help identify and solicit potential program partners.

## Observation 21

Because the campaign started with a blank page, it took significant resources for research, planning, material development, and organizational development. Past experience demonstrates that when awareness diminishes so does action. This has been demonstrated with environmental activities, traffic safety, and many other initiatives.

### Recommendations

- Now that the foundation is built, acquire financial resources to help increase awareness while providing ongoing cultivation and support to trusted third part advocates. Utilize multiple awareness mediums such as paid advertising, PR, social media, retail partnerships, community outreach, school-based programs through WIC, health care providers outreach, and direct one-on-one outreach to Medicaid moms.
- Continue to do promotions and utilize both earned and paid media in “waves” to keep awareness high and sustained.

## Observation 22

Providing parents with convenient, easy, free, and meaningful educational moments can provide awareness, education, and action all at the same time.

### Recommendation

- Look for opportunities to perform frequent and free oral health screenings (and referrals) at locations frequented by the target population.

## Observation 23

Because of the sophistication of this campaign and its many moving parts, it is difficult to know what pieces are working and will require additional resources and what pieces should be abandoned or modified.

### Recommendation

- Utilize multiple metric for evaluation such as:
  - Tracking of responses by medium used (paid ads, PR, materials distribution).
  - Intercept surveys with audiences at key locations (doctor's office, dentist, schools, etc).
  - Sales data from retail partnership.
  - Anecdotal feedback from partners.
  - Pre- and post-campaign surveys to measure awareness.
  - Self-reported behavior change.
  - Increases in reimbursement requests.
  - Tracking of the # of toolkits received- possibly include a coupon offer (with a tracker) in the tool kit for a discount off purchase of fluoride toothpaste.

## Observation 24

The plan was written and informed using the best possible information and resources available. It was also intended to project out over multiple years and increased program maturity.

### Recommendation

- Revisit the plan to make course corrections based on experience and resources.

## Observation 25

The Healthy Teeth, Healthy Kids campaign was well planned and executed.

### Recommendation

- The beginning of any good story is only as strong as the end, which in this case, is yet to be written. Keep the campaign alive.



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# Appendix A:

## Oral Health Literacy Campaign Marketing and Communications Plan



Maryland Department of Health and Mental Hygiene | Office of Oral Health | Family Health Administration

Oral Health Literacy Campaign

## Marketing and Communications Plan



July 2011



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**“Mankind owes to the child the best it has to give.”** United Nations Convention on the Rights of the Child

**Unless things change:**

Dental caries will continue to increase among young children. A third of children entering school will have untreated decay in their primary teeth. More children will suffer, be deprived of their potential and face premature death.

Things must change. Things can change. Dental caries is predictable, preventable and suppressible.

# PLAN PURPOSE

This plan provides a road map for the marketing and communications efforts of the Maryland Department of Health and Mental Hygiene (DHMH) Office of Oral Health's Oral Health Literacy Campaign. This three-year plan is designed to support the program over 18 months, but will rely on the campaign's partners and their resources to extend the campaign beyond the initial 18 months.

This plan exists for the use of DHMH staff, statewide planning council members, consultants, strategic advisors, program partners and others who may have an interest in elements of the plan, including partner agencies, corporations and private-sector partners. It outlines the Oral Health Literacy Campaign's goals, objectives, strategies and tactics. Throughout, DHMH's contracted social marketing firm, PRR, has identified priority tactics that will be the responsibility of DHMH as well as suggestions on tactics that partners would implement using their resources. DHMH will develop the tools necessary for its partners to use to sustain the campaign.

This plan is intended for the broadest possible audience and contains explanatory language in addition to tactical details. It is based on a social marketing approach and identifies strategies designed to increase awareness of proper oral care and change oral health behaviors among pregnant women and mothers and guardians of infants and children up to age six with a specific focus on traditionally underserved populations.

# PLAN CREATION

The strategies and tactics outlined in the following pages were guided and informed through the following approaches:

## I. Research

Historically, health education campaigns have been driven primarily by three variables: evidence, values and resources. This campaign is being implemented during a period of economic turmoil and uncertainty. Perhaps, more than ever before, it is important to rely on decisions that are evidence-based and driven by empirical evidence.

- Adult telephone survey of individuals age 18 and older with a child age six or younger (conducted by Alice M. Horowitz, PhD, School of Public Health, University of Maryland)
- Four focus groups with individuals age 18 and older with a child age six or younger or if mother or guardian was pregnant (conducted by Alice M. Horowitz, PhD, School of Public Health, University of Maryland)
- Geo mapping of target audience residential locations (included in Appendix B)
- Literature review

## 2. Working Group

To help provide strategic council and access to others with the ability to leverage the resources of this campaign DHMH assembled a 13-member Working Group. (Member list is included in Appendix C.) On April 7, 2011, DHMH and PRR facilitated a working group meeting to initiate planning for the campaign. The meeting was designed to validate the program's parameters, confirm the campaign's duration and identify roles and objectives. The discussion involved program outreach tactics, messaging, influencers, barriers, benefits and potential partners.



### 3. Advisory Group

To help provide strategic council, access to others with the ability to leverage the resources of this campaign and policy guidance, DHMH assembled a 25-member Advisory Group. (Member list is included in Appendix B.) On April 28, 2011, DHMH and PRR led an Advisory Group meeting designed to build on and validate the working group meeting and the initial research findings, including reasons why the campaign should take a social marketing approach and next steps for the campaign.

### 4. Statewide Oral Health Strategic Partnership Council

To further validate the information received through the previous three described activities, and to identify and confirm additional campaign partnerships and resources, on June 23, 2011, DHMH assembled a group of more than 110 health industry professionals from a cross-section of disciplines. (Participant list is included in Appendix C.) During the meeting, participants provided feedback on strategies initially identified for the campaign and insights regarding existing resources and tools being used to communicate general and oral health messages to residents and how they could be used as part of this campaign. Participants also provided DHMH with their initial commitments to the campaign, including resources, funding, training and community outreach. The key components of the group's discussion have been incorporated into this plan.

This plan will be reviewed and modified by DHMH staff and its consultant team as conditions change or as new opportunities arise. Partnership commitments and requirements may also modify the strategies and tactics in this plan.

DHMH wishes to acknowledge and thank the several hundred individuals and organizations for their support, contributions, insights, advice and editing to the campaign strategies.

# BACKGROUND

## National Look

Tooth decay is our nation's single most common childhood disease. It is more common than asthma and continues to increase among children two- to five-years-old. If left untreated, tooth decay can cause serious health problems, yet it is nearly 100% preventable. According to the National Call to Action to Promote Oral Health in 2003, published by the United States Department of Health and Human Services (HHS), over 50% of five- to nine-year-olds have at least one cavity or filling. This is a potential risk for younger children as well, as 25% of poor children do not see a dentist before entering kindergarten.

Low health literacy has been shown to contribute to an inadequate use of preventive practices and increased use of emergency services.<sup>1</sup> There are profound differences in dental disease as a result of income. Children in low-income families suffer twice as many dental caries as their counterparts and the disease is more likely to be untreated among this group than any other group. Since one out of four children in America is born into poverty, the prevalence of dental care among this demographic group is low. Tens of millions of children have dental coverage through either private insurance or a public program such as Medicaid or the Children's Health Insurance Program (CHIP). Unfortunately, for many kids this does not translate into actual care. Nationwide, access to care continues to be a serious problem, especially for children in low-income households. An estimated 16.5 million kids go without even basic care each year. While Medicaid has attempted to increase these numbers, it has not been able to alleviate the problem. Less than one in five Medicaid-covered children received a single dental visit in a recent year-long study<sup>2</sup>.

The consequences of poor oral health extend beyond medical issues and have an impact leading to problems in eating, speaking, learning and socializing. Research shows that kids who do not receive needed dental care miss a significant number of school days, use expensive emergency room services more often and face worsened job prospects as adults compared with their peers who do receive care.

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- 1 Nielsen-Bohlman L, Panzer, AM, Kindig DA (eds.), Board on Neuroscience and Behavioral Health, Committee on Health Literacy. 2004. *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies Press.
  - 2 U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003. <http://www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.html>

## State Look

Maryland is the birthplace of the Doctor of Dental Surgery degree and home to the first dental college in the world. Nationwide, Maryland is leading the way in oral health care programs. On May 24, 2011, The Pew Center on the States released *The State of Children's Dental Health: Making Coverage Matter* by the Pew Children's Dental Campaign, which unveiled the status of each state's dental program for children by giving each a letter grade (A, B, C, D or F). Maryland was at the top of the list, receiving an "A," followed by six states, including AK, CT, ME, MA, MN and SC.

Even with this stellar foundation, the State of Maryland found itself in the limelight of dental issues given the untimely and tragic death of Maryland resident Deamonte Driver, a 12-year-old boy who died in 2007 due to an untreated dental infection. This devastating tragedy brought light to similar deaths of children in other states, unfathomable in a nation with the resources of ours. In Maryland, Deamonte Driver's death stimulated a series of major state events, including this campaign.

There is more work to do, particularly among traditionally underserved, low-income populations. According to the Maryland Oral Health Plan for 2011-2015, The Maryland Dental Action Coalition noted that the prevalence of untreated dental caries was highest among school children whose parents were not college graduates, and the prevalence of dental sealants was lower among school children eligible for free or reduced-price meals<sup>3</sup>. There is a challenge for improving health outcomes of low-income and minority populations, including parents and children enrolled in Medicaid. However, Maryland currently has the best rates of any state for reimbursing dentists who serve Medicaid-enrolled children.

The Survey of The Oral Health Status of Maryland School Children 2005-2006, asserted that children living in non-fluoridated communities have nearly 50% more decayed teeth than children living in communities with fluoridated water.<sup>4</sup> In Maryland, 93.8% of residents live in communities with fluoridated water. While the national call to action said that more than 50% of five- to nine-year-olds have at least one cavity or filling, in Maryland, only 29.7% of third graders and 32.6% of kindergartners had untreated dental caries.<sup>5</sup> Additionally, while the national reports state that 25% of poor children had not seen a dentist before entering kindergarten, The Burden of Oral Diseases in Maryland reported that 83.1% of parents reported that their child visited a

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<sup>3</sup> *Maryland Oral Health Plan 2011-2015*. Columbia, MD: Maryland Dental Action Coalition.

<sup>4</sup> Manski, R., Chen, H., Chenette, R.R., and Coller, S., *Survey of The Oral Health Status of Maryland School Children 2005-2006*. Family Health Administration, Maryland Department of Health and Mental Hygiene; Baltimore, Maryland 2007.

<sup>5</sup> *Survey of Oral Health Status of Maryland Public School Children 2000-2001, 2005-2006*. [http://fha.maryland.gov/pdf/oralhealth/Burden\\_Oral\\_DiseasesinMaryland\\_May2010.pdf](http://fha.maryland.gov/pdf/oralhealth/Burden_Oral_DiseasesinMaryland_May2010.pdf)

dentist within the last 12 months.<sup>6</sup> While Maryland is on the right track, it is important to continue the momentum and do all that can be done to prevent tragedies through oral health literacy and access to care.

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6 *The Burden of Oral Diseases in Maryland*. May 2010. [http://fba.maryland.gov/pdf/oralhealth/Burden\\_Oral\\_DiseasesinMaryland\\_May2010.pdf](http://fba.maryland.gov/pdf/oralhealth/Burden_Oral_DiseasesinMaryland_May2010.pdf)

# GUIDING PRINCIPLES

- This plan is guided by a spirit of flexibility and will be modified and amended to reflect changing market conditions and information as it becomes available.
- Consumers and the consumer environment can change significantly and with little notice.
- Many strategies are intentionally written in broad terms with the understanding that updates will occur when funding, additional research and implementation support have been secured.
- Messages will be packaged and put in hierarchal order to ensure they are simple, direct and will focus on values and benefits that are most important to the target audience.
- Resources are varying and there are many that share the same mission as the campaign. Strategies and tactics are designed in such a way that they can be ranked, prioritized and funded when funds are available.

# PROGRAM PARAMETERS

## Program duration

- 18 months, ending July 31, 2012

## Program funds available

- Total program budget:
  - \$845,000 for the base period
  - \$20,000 for each of two one-year options (option years are intended to support ongoing hotline and website activities)



# TARGET AUDIENCES

The Oral Health Literacy Campaign will focus outreach efforts toward pregnant women and mothers or guardians of infants and children up to age six living in Maryland. DHMH and PRR will work with program partners, including healthcare providers, navigators and community organizations to reach our target audiences. Some campaign efforts will extend beyond these core groups, while others will be more targeted. The campaign target audiences include:

- Primary – pregnant women and mothers or guardians of infants and children up to age three enrolled in or eligible for Medicaid, State Children’s Health Insurance Plan (SCHIP)
- Secondary – mothers or guardians of children age three to six enrolled in or eligible for Medicaid, SCHIP

# CAMPAIGN OBJECTIVES

The goals of the Oral Health Literacy Campaign encompass public health and operational objectives.

## Public Health Objectives:

1. Increase prevention of dental caries among target audiences (weighted 70%).

### *Understanding*

- Help mothers understand they have the power to impact their child's oral health and motivate them to take necessary action to achieve oral health.
- Oral health begins before birth and is important throughout life.
- Tooth decay is a preventable infectious disease that can be spread from mother to child through sharing food, drinks and utensils.
- Fluoride is key in preventing tooth decay.

### *Action*

- As a parent, practice good personal oral hygiene.
- Do not lay your baby down with a bottle containing juice or milk.
- Do not share food, drinks or utensils to avoid spreading oral infections.
- Clean baby's gums and teeth.
- Brush using fluoride toothpaste.

2. Increase number of dentist visits among target audiences (weighted 30%).

- Visit a dentist during pregnancy.
- Get baby to a dentist or Early and Periodic Screening, Diagnostic and Treatment (EPSDT) by baby's first birthday.

## Operational Objective:

- Demonstrate campaign impacts to facilitate further funding and support.

# CAMPAIGN FACTORS

## Barriers

- General lack of awareness of the importance of oral health care
- Do not understand the need for and benefits of prevention
- Competing financial and time priorities
- Access – lack of transportation, Medicaid does not cover, too expensive
- Lack of urgency
- Parents and guardians do not know financial support is available
- Fear of government and residency requirements
- Language – 117 languages are spoken in Maryland
- Lower levels of literacy
- Emergency room meets their needs
- Preference for non-western medical practices
- Medicaid process is confusing
- Reluctance of many dentists to participate in publicly-financed programs
- Scarcity of pediatric dentists
- Bad experiences with dentists
- Cannot find a suitable provider or don't know how to find a dentist
- Concerns about confidentiality

## Benefits

- Dental caries are predictable and preventable – prevention does not hurt
- You are a good parent and protector of your child
- Save money in the long run
- Healthy teeth let your child eat correctly and sleep well, allowing them to learn and grow
- Can reduce the number of missed school days
- Will help prevent bad breath
- Can reduce the risk of bad speech
- Help improve your child's self-perception and confidence
- Starting good behaviors early increases the chances they will extend through life

## Influencers

- Community organizations (WIC, Head Start)
- Media (TV, radio, web, social media)
- Peers
- Religious leaders
- OBGYNs
- Pediatricians
- Primary care physicians
- Nurses
- Dentists/hygienists
- Beauty shops/salons
- Schools
- Employers
- Outreach workers
- Social service agencies
- Local health departments

# CAMPAIGN OUTREACH STRATEGIES AND TACTICS

## Strategic Foundation

Strategies and tactics are designed to reach the target audiences directly and through the use of “trusted advocates.” They are focused on the following five milestones, which provide significant touchpoint opportunities:

1. During pregnancy
2. At birth
3. First tooth or first birthday
4. Entering school
5. Other health educable moments

The following six strategies are built on this foundation:

1. Define and promote a call to action
2. Create a favorable environment and a sense of urgency
3. Reach mothers during critical milestones
4. Develop an oral health kit
5. Evaluate campaign effectiveness
6. Provide a foundation for future work; continuation of tactics past the initial 18-months of the campaign

## Tactic Prioritization Color Key

**Red Font:** Primary

**Blue Font:** Secondary

**Green Font:** Tertiary



## Strategy 1: Define and promote a call to action

### Tactic 1: Develop a messaging platform

- A messaging platform will be created and will include key messages to reach pregnant women, mothers and guardians during critical oral health milestones. The messages will be simple, benefit driven and resonate on an emotional level. Messaging will emphasize that good oral health is an important part of overall health and protecting your child's oral health begins before birth and continues throughout life. It will define what good oral health is, why it is important and how to accomplish it. The language used in the messaging will be very basic, easy to understand and culturally sensitive. Materials will include images to help communicate to low-literacy levels.
- The campaign's call to action will focus on encouraging pregnant women and mothers to carry out the following two actions:
  1. Care for your own and your child's mouth.
  2. Get your child to the dentist by their first birthday or first tooth, whichever is first.

### Tactic 2: Develop campaign tools and resources

Make it easy for the target audience to obtain the information and tools necessary to practice good oral hygiene with their child.

- **Campaign website**
  - Oral health information organized according to audience:
  - Mother or guardian by oral health milestone: prenatal, newborn, first tooth, age one to three, age three to six and entering school
    - How to care for child's teeth at each oral health milestone.
    - Database of pediatric dentists or EPSDT-trained physician in Maryland who accept Medicaid.
    - Order a free oral health kit
  - Service providers and trusted third-party advocates
    - Basic information about oral health care for infants and children up to age six.
    - Tools and materials for campaign outreach.
  - Sponsors and partners
    - Benefits of becoming a campaign sponsor or partner.
    - How to become a sponsor or partner and what's involved.
- **Toll-free phone hotline**
  - For Medicaid-enrolled pregnant women, mothers and guardians of infants and children up to age six to call to locate a dentist, request information and order a free oral health kit.

- **Free oral health kit**
  - Develop a free oral health kit that will include oral hygiene education information and tools for the mother and child.
  - Kit materials will be solicited from corporate sponsors and branded to reflect the campaign look, feel and messaging.
  - Kits will be distributed in person at events, by service providers, retail stores, clinics, community organizations and via mail.
- **Trusted third-party advocates**
  - There are many organizations and individuals that have personal relationships with, and are trusted by, the campaign’s target audience. These organizations and individuals are in a unique position to have a one-on-one, face-to-face discussion with pregnant women and mothers of young children. DHMH will develop relationships with these organizations ask them to provide training for their staff, to include oral health messaging in their discussions and to distribute oral health education materials and kits to the target audience.
  - Potential advocates include: Local Health Departments, community centers and health clinics, faith-based organizations, employers, WIC, Head Start, Early Head Start, The Center for Maternal and Child Health, Advocates for Children and Youth, Center for Urban Families, Maryland Family Network and Maryland Alliance for the Poor.
  - The following process will be used to identify trusted advocates and to build and sustain relationships with them:
    - Develop prospect lists
    - Establish outreach priorities
    - Identify appropriate contacts
    - Meet with each organization
    - Identify opportunities
    - Create roundtable of advisors
    - Develop support materials
    - Provide tracking and feedback loops
    - Ongoing monitoring
    - Ongoing outreach

## Strategy 2: Create a favorable environment and a sense of urgency

### Tactic 1: Develop a paid advertising campaign

Use paid advertising to increase overall awareness of the need and urgency for oral hygiene, the positive impacts of taking action and the potential risks if no action is taken. Mass media provides the opportunity to target our audiences, control the message and have confidence in the reach and frequency received for the investment.

The media plan will include the following:

*Diverse Media Mix:* The campaign's audience is extremely diverse, driving the need to use a variety of media to increase message exposure. Media formats could include:

- Television (both broadcast and cable)
- Radio
- Print
  - Community and local newspapers and magazines
  - Ethnic and minority publications
- Transit
  - Bus shelter ads, interior bus ads, metro rail ads in stations and inside trains.

*Solid Reach and Frequency:* Ensure a strong reach and frequency for each advertising medium. Rationale: People are constantly bombarded with a lot of messages and traditionally rely on more than one medium for information. Our message must be placed in the media formats and outlets used by our audiences in such a way to ensure we reach as many individuals as possible, as many times as possible for the least cost per person.

*Third-Party Research Tools:* Utilize media research tools to evaluate the appropriate media formats and outlets for reaching the target audiences. Research will be conducted using data from Arbitron (radio), Nielson (TV), ComScore (online) and Media Audit (total audience). Rationale: Increases efficiency of ad dollars by honing in on specific media, day of week, day part, program, etc.

### **Tactic 2: Develop a media partnership program**

- Establish media partnerships to leverage the campaign's advertising presence into a larger, more visible force. This is also beneficial for partners because it positions them as a community and health leader, while increasing their advertising buying power. Media partners will be asked to collaboratively identify and recruit local companies that can help spread the campaign's messages through a collective media campaign. The partnership program would work as follows:
- Work with potential media partners to secure three to four paid partners to enhance exposure of the overall advertising campaign. Partners could be recruited from categories, such as: 1) Retail, 2) Food Providers, 3) Medical, and 4) Product manufacturers.
- Partners would be asked to contribute dollars to an advertising buy. In order to participate, they would also be asked to display point-of-purchase (POP) materials and promote the campaign's message in their stores and through social media channels.
- Partners would also be asked to provide pricing incentives on oral hygiene products, which can include desirable food products.
- In order to participate, participants would be required to invest a predetermined monetary amount.

### **Tactic 3: Work with text4baby**

Reach mothers through the mobile information service text4baby ([text4baby.org](http://text4baby.org)), a successful and free text-message service that delivers informational messages to expectant mothers and mothers of infants to help them properly care for their baby and connects them to prenatal and infant care services. The service is available in English and Spanish.

- Develop oral health text messages for text4baby to deliver to Maryland residents.
- Tailor the messages to oral health milestones.
- Provide the campaign website URL and toll-free hotline number.

### **Tactic 4: Develop an earned media program (public relations)**

Media outreach is very effective for educating multiple audiences and changing social norms. PRR will work with DHMH to develop a proactive media outreach strategy to national and regional media outlets to reach and engage the campaign's target audiences, as well as policymakers, organizations, professionals and communities. Below is a list of potential media relations tactics.

- **Develop a National Pitching Strategy.**
  - Highlight Maryland's nationwide leadership in oral health by leveraging the May 2011 PEW Center on the State's report, *The State of Children's Dental Health: Making Coverage Matter*.
  - Develop a case study (and success story) around the Oral Health Literacy Campaign.

- Develop relationships with and pitch medical and dental industry trade and association publications and member newsletters.
  - o Highlight the campaign resources available for medical providers.
  - o Place authored articles about Maryland's oral health progress and the campaign. Dental and medical experts like Dr. Warren Brill, Dr. Harry Goodman or a medical expert from the American Academy of Pediatric Dentistry would be asked to author articles.
- Potential media outlets:
  - o Mainstream national media outlets include: CNN American Morning, USA Today, National Public Radio (NPR), New York Times, Washington Post, Scientific American
  - o National trade and association publications include: American Family Physician and AAFP News Now magazine (American Academy of Family Physicians), General Dentistry and AGA Impact (Academy of General Dentistry), Access (American Dental Hygienists' Association) Pediatrics (American Academy of Pediatrics), The ADA News and Woman Dentist Journal (American Dental Association), Pediatric Dentistry (American Academy of Pediatric Dentistry), AGD Impressions newsletter (Academy of General Dentistry – Maryland Chapter's), Ob. GYN. News Online, Mdental (University of Maryland Dental School), Oracle (Southern Maryland Dental Society).
- **Develop a Local Pitching Strategy.**
  - The strategy would include print, broadcast and online media.
  - Develop articles for submission to local daily newspapers, written by medical and dental experts on behalf of the campaign. The articles will highlight the campaign tools and resources, including the toll-free hotline number and website address. Possible article topics include:
    - o **Oral Health is Critical for Overall Health.** Focus on the importance of regular oral care and how it relates to overall health. Teeth and gums hold important clues to other health issues.
    - o **Baby Bottle Tooth Decay Crisis.** What is baby bottle tooth decay, otherwise known as dental caries, and how to prevent it?
    - o **Healthy Teeth, Happy Babies.** Moms, taking care of your health will improve your baby's dental health.
    - o **Get it Done in Year One.** A delayed first visit to the dentist can affect a child's lifelong oral health. Experts recommend visiting the pediatric dentist by the time the first baby tooth appears, enabling the child to begin a lifetime of preventative dental health, which can minimize tooth decay and other dental problems.
    - o **Pregnancy and Oral Health.** Dentist care is required during pregnancy for a healthy mom and baby.
    - o **The Power of the Bottle.** Do not lay your baby down with a bottle containing juice or milk.

- Potential media outlets: *The Baltimore Sun*, *Baltimore Magazine*, *Baltimore’s Child*, *Washington Post*, *Washington Times*, *Baltimore Examiner*, *Harford County Weekender*, *Carroll Standard*, *Avenue News Essex*, *East County Times*, *Gaithersburg Gazette*, *Frederick News-Post*, *Cumberland Times-News*, *Carroll County Times*, *Maryland Gazette*, *The Daily Record* and *Frederick County Gazette*.
- **Work with Local TV Stations.** Provide a personal story of a child impacted by dental caries by identifying mothers who can talk to the impacts of not taking action. This will create a visual story about the impacts of tooth decay on a child’s health as part of their overall health; emphasize the Oral Health Literacy Campaign’s mission to increase oral care of infants and young children.
  - Develop personal profiles.
  - Recruit and secure professional spokespeople.
  - Highlight oral health tips and steps for mothers during prenatal, at birth and at child’s first birthday.
  - Potential media outlets include: WMAR-TV (ABC-Baltimore), WBAL-TV (NBC-Baltimore), WJZ-TV (CBS), WBFF-TV (FOX), WMPB-TV (PBS-Baltimore), WHAG-TV (NBC-Hagerstown), WBOC-TV (CBS-Salisbury), WMDT-TV (ABC-Salisbury).
- **Develop an Ethnic and Minority Media Pitching Strategy.** Develop a media outreach strategy targeting key ethnic and minority media to reach ethnic (specifically English as a Second Language populations) and minority moms enrolled in Medicaid throughout Maryland.
  - Demonstrate how certain populations are even more at risk than their counterparts.
- **Work with a local program partner to help identify families who would be willing to tell their stories to help motivate others.**
  - Develop personal profiles.
  - Recruit and secure professional spokespeople.
  - Highlight oral health tips and steps for mothers during prenatal, at birth and at child’s first birthday.
  - Potential media outlets include: Washington Hispanic and Latin Opinion newspaper, Univision Television Network, Telemundo and WILC-AM (Hispanic music, news and pop), the Larry Young Morning Show, Baltimore Afro-American, Heart and Soul and Baltimore Times newspaper, Take Pride community magazine and WERQ-AM (African American, Gospel and Religious), On Time - WJZ-TV.



- **Develop a Blog Pitching Strategy.** To help engage medical professionals in reaching out to target populations, we need to reach them where they access information, including local health and dental blogs. Establish an ongoing relationship with local and national bloggers who cover health and wellness, dental and Medicaid topics. Blogs will also help ensure that we reach healthcare providers, including dentists, hygienists, nurse and family practitioners who might not have been reached directly through other strategies implemented by the Oral Health Literacy Campaign. In addition, moms might access the blogs when researching information about their child's health.
  - Potential blogs include: Picture of Health (baltimoresun.com), Health Affairs Blog (healthaffairs.org/blog), MedlinePlus en espanol, MomsLikeMe, MomTini Lounge, Charm City Moms (baltimoresun.com), Baby Blog (carrollcountytimes.com), Baltimore's Child (blog and email newsletter), Baltimore Magazine's parenting blog.
- **Develop a Press Kit.** Press kit materials will include information about the campaign, such as a backgrounder, stock images, fact sheet and articles. The materials will be made available on the campaign website.
- **Develop a Statewide Media List.** The statewide media list will include the name and type of publication, editor/reporter contact information and preferred method of contact.
- **Develop an Editorial Calendar.** The year-long calendar will be used to pitch community and local newspapers and magazines, and will follow the national and local news cycle as well as long-lead deadlines. Below are examples of stories that might be pitched:

**Fall 2011:**

- Campaign launch (detailed below)
- Back to School Check Up: How good oral health is part of overall health. Highlight what schools are doing through programs like Head Start and DHMH to ensure that all children returning to school are getting dental screening and have access to toothbrushes and toothpaste.
- Information on why young children should avoid sugary snacks and drinks in school as part of good dental health
- Halloween Tips That Scare Away Cavities and Promote a Healthy Holiday

**Winter 2011 and 2012:**

- Tips for parents: "Get it Done in Year One" for a lifetime of good oral health
- Family habits that are key to preventing cavities
- Holiday tips for dealing with holiday sweets and treats
- New Year, New Smile
- National Children's Dental Health Month (February)

**Spring 2012:**

- Emphasis on oral health and wellness during Family Wellness Month (May)
- Oral health tips and stories, such as the importance of fluoride and brushing baby teeth.
- End of school: What grade did you get for your child's oral health?

**Summer 2012:**

- Summer babies: Highest birth rates are in the summer, making it a time to reinforce prenatal and at-birth messages to media.
  - Checklist for moms of specific steps to be done for good oral health for their children.
  - Back to school: Summer is the perfect time to ensure your child's oral health, beat the rush of back-to-school appointments and get it done early.
- **Hold a Press Event at Campaign Launch.** Plan and implement a press event to launch the campaign to statewide print, broadcast and online media outlets.
    - The event can feature elected officials, including Congressman Cummings and Senator Mikulski as well as dental and medical experts, Medicaid-eligible families, representatives from the Department of Health, WIC, Head Start and MDAC.
    - Potential event locations include: The National Museum of Dentistry, local hospitals or pediatric dentistry clinics like Johns Hopkins or Calvert Community Dental Care (Calvert Memorial Hospital), University of Maryland or other highly visible locations throughout the Baltimore region.
    - Visuals will be critical and could include children receiving free dental screenings.
    - The press event plan will include spokespeople, roles, specific talking points, visuals, show flow document, which outline the order of the press event and the plan to get media to attend.
    - PRR will work with DHMH Office of Public Affairs to develop a press release and press kit materials to distribute to media covering the event. Press kit will include: program fact sheets, campaign backgrounder, press release, spokesperson bios and tips as well as a copy of the PEW Report and a one-sheet that outlines the State's Oral Health Plan. For regional media outlets that cannot attend the event, PRR will work with DHMH to distribute the release via a local newswire service.

### **Tactic 5: Develop a social media program**

The Maryland health community and its partners are plugged into social media channels. This audience will be integral to the campaign and relaying a consistent oral health message to mothers of infants and young children. Social media will be used to keep them informed on oral health events and activities, and keep oral health top-of-mind to increase clinic referrals and healthy oral behavioral advice. All social media activities will be targeted towards trusted third-party advocates using Facebook and Twitter to increase the reach of the campaign's messaging.

- PRR will work with DHMH and its Office of Public Affairs to create a campaign Facebook page and Twitter account to engage trusted third-party advocates.
- Create oral health messages specific to oral health milestones.
- Develop and use Facebook ads to target trusted third-party advocates to encourage them to “like” the Facebook page or follow on Twitter to learn valuable oral information to communicate at oral health milestones.

### **Tactic 6: Engage in community events**

Many individuals are most comfortable in their own community in the presence of their friends and neighbors. Depending on resources available and partnership commitments, DHMH will engage in community events, particularly those that target pregnant women or mothers of young children. DHMH will communicate the importance of oral health, distribute oral health kits and informational materials that provide the website address and toll-free hotline number.

- Establish an ongoing presence at existing community events, sponsored by government, neighborhoods, community centers and churches to pass out materials and to encourage mothers to call the toll-free number.
- Hold community oral health screening events
  - Work with dentists, dental hygienists and Smile Maryland Mobile Dentist to conduct free dental screenings in high-priority neighborhoods.
  - Demonstrate how to correctly brush, floss and care for teeth, gums and mouth.
  - Distribute oral health kits and literacy materials that will include the campaign website and toll-free number.
  - Refer children who are found to have issues to a dentist.

### **Tactic 7: Partner with local organizations**

Partner with trusted local organizations to distribute oral health literacy materials and assist with events to help reach the campaign's target audiences with a consistent message and to drive traffic to the campaign website and toll-free hotline. Local organization partners may also be trusted third party advocates for the campaign.

- Potential partner organizations include:
  - Organizations against sugary juice, sodas and sports drinks.
  - Health organizations, such as community health clinics, WIC, Healthy Start, Head Start.
  - Community groups, such as Boys and Girls Clubs, community centers, churches and faith-based organizations.
  - Libraries: Have story time for infants, children and their mothers with books focused on teeth; distribute oral health materials and kits.

### **Tactic 8: Partner with an existing oral health van**

Seek a partnership with an existing oral health van to conduct free oral screenings in high-priority zip code neighborhoods.

- Dental professionals will travel to at-risk neighborhoods and attend events to provide a free service, which will:
  - Demonstrate how to properly care for teeth and mouth, especially of infants and children.
  - Distribute oral health kits and informational materials that include campaign website address and toll-free hotline number.
  - Provide resources for pregnant women, mothers and guardians to find a dentist, learn about Medicaid's dental offerings, the importance of prevention and costs associated with oral health care.
- Existing programs:
  - The Deamonte Driver Dental Project uses a specially customized dental van to visit schools to provide dental examinations, cleanings and preventative and restorative dental services.
  - Smile Maryland Mobile Dentists traveling dentistry program that brings comprehensive dental care to numerous venues.

### **Tactic 9: Partner with retailers and manufacturers**

Work with retailers and manufacturers to reach pregnant women and mothers of young children where they shop with messages to assist them in caring for their and their baby's mouth and incentives to purchase the necessary oral health tools.

- Establish partnership with retailers, such as CVS pharmacy, Safeway and Walmart in targeted geographic areas. Retailers will be asked to include the promotion and messaging in their advertising, provide POP displays to help attract the attention of their customers and to work with manufacturers to offer price incentives.

- Existing partnerships between retail stores and oral health organizations include:
  - Rite Aid and the American Dental Association promote oral health through a national public health campaign supported by free education guides found in Rite Aid stores and online at 111.riteaid.com.
  - Kroger and Procter and Gamble aligned with the Academy of General Dentistry to launch a free visual dental screening program aimed at educating children and teens about oral health.
- Baby registry (Babies r Us, Buy Buy Baby): register for dental appointment and oral health tools for the baby.

#### **Tactic 10: Partner with a local restaurant chain**

Secure a partnership with a local restaurant chain. In exchange for inclusion in the program’s advertising and program website, the partner will be asked to provide some or all of the following:

- Create a specialty themed kid’s meal that focuses on a health snack with their overall lunch and a special toy and messaging that promotes key messaging.
- Distribute tip cards educating families on early oral health care.
- Utilize in-store signage (posters, window clings, placemats) to educate customers about early oral health care.
- Promote the program’s website and key messages through their social media channels.
- Utilize their existing advertising opportunities to promote the campaign’s message.

### **Strategy 3: Reach mothers during critical oral health milestones**

#### **During Prenatal**

##### **Tactic 1: Partner with trusted third-party advocates**

Develop relationships with trusted third-party advocates to communicate the importance of oral health care during pregnancy and what mothers need to do to properly care for their own oral health.

- Identify trusted individuals and organizations that come into regular contact with pregnant women.
- Build and sustain relationships with the trusted advocate through regular communication (via phone, email, in person, social networking) about the importance of oral health during pregnancy.
- Create tools and provide them to trusted advocates to help them communicate the campaign’s oral health literacy messages to pregnant women. The tools will increase the efficiency, effectiveness and reach of trusted advocates as they connect with pregnant women.

- Potential advocates include: employers, OBGYNs, community health clinics, WIC, dentists and hygienists, groups targeting pregnant moms – midwives, prenatal and Lamaze classes (Special Beginnings Birthing Center, Bay Area Midwifery Center, Center for Maternal and Child Health).

### **Tactic 2: Conduct media outreach**

- Pitch local newspapers and magazines. Work with a news syndicate distribution network like North American Precis Syndicate (NAPS) or PR Newswire to disseminate articles or press releases with prenatal tips to community newspapers throughout the state.
  - Publications can include small neighborhood papers, community news magazines or local newsletters (including Medicaid newsletters) and listservs targeting moms during pregnancy.
  - Non-English publications will be asked to translate the articles and make them culturally appropriate.
  - Potential media targets include: The Capitol, Frederick News-Post, The Gazette Newspapers, Macaroni Kid West Baltimore Newsletter, Baltimore’s Child Newsletter and Washington Parent Newsletter.
- Pitch trade publications targeting OBGYNs. Work with publications that target OBGYN offices or birthing centers that directly influence the campaign target audience. Stories should emphasize campaign messages, including oral health tips for expecting moms and resources available for OBGYNs through the campaign.
  - Potential targets include: OBGYN & Reproduction Week, OBGYN Watch Blog, OBGYN.net, Contemporary Ob/Gyn, Ob. Gyn. News.
- Pitch local news portals or blogs for mothers. Pitch campaign messages and pre-written content targeted to expecting moms who are seeking information on health tips during pregnancy.
  - Potential targets include: News portal and blogs such as BabyCenter.com, HealthLine.com, PrenancyHealthyInfo.com, MomsLikeMe; magazines that are commonly found in OBGYN offices, such as Parent, SELF, Redbook, Better Homes & Gardens, Prevention.
- Pitch local TV news stations. As part of a paid media partnership with one of the local TV networks, request a health segment around proper dental care during pregnancy. This segment will feature local moms, OBGYNs and dental professionals.
- Pitch text4baby. Develop and disseminate messages about how mothers should care for their teeth and mouth during pregnancy. Provide the link to campaign website and toll-free hotline number.



### **Tactic 3: Use social media**

Develop and use Facebook ads to target trusted third-party advocates to encourage them to “like” the Facebook page or follow on Twitter to learn valuable oral information to communicate at general health milestones.

- Twitter and Facebook
  - Engage OBGYNs, dentists and other service providers with cultural competency messages, including how to effectively care for underserved populations.
  - Encourage them to talk with pregnant women about the importance of oral health and provide the link to the website and the toll-free hotline number.

### **When Baby is Born**

#### **Tactic 1: Partner with trusted third-party advocates**

Develop relationships with trusted individuals, organizations and businesses that are in direct contact with the mother once she gives birth.

- Identify trusted individuals and organizations that come into regular contact with mothers of newborns.
- Build and sustain relationships with the trusted advocate through regular communication (via phone, email, in person, social networking) about the importance of mom and baby’s oral health.
- Create tools and provide them to trusted advocates to help them communicate the campaign’s oral health literacy messages to mothers of newborns. The tools will increase the efficiency, effectiveness and reach of trusted advocates as they connect with mothers of newborns. The advocates would be asked to include oral health in their existing materials, to distribute campaign materials and the oral health kit.
- Potential advocates include: birthing centers, employers, community health centers, WIC, lactation consultants, hospital delivery nurses, Program for Early Parent Support (PEPS) groups and faith- based organizations.

#### **Tactic 2: Partner with retailers, manufacturers and community organizations**

Focus on companies and organizations that sell or provide products, such as diapers, formula, baby food, toys, bottles and baby clothes to new mothers.

- Retailers will be asked to display and distribute oral health materials throughout stores. Examples of targeted retailers include:
  - Goodwill, Value Village or consignment stores
  - CVS Pharmacy
  - Walmart
  - Safeway

- Work with community and faith-based organizations to provide oral health information and tips bundled with other products, including diapers, formula and baby clothes. Include information about the importance of mom and baby’s oral health by disseminating brochures, tip cards and flyers. Materials will include the link to campaign website and toll-free hotline number.
  - Potential organizations:
    - Food banks
    - WIC
    - Churches
    - YMCA
    - Social Service Agencies

### **Tactic 3: Conduct media outreach**

Pitch local newspapers, magazines and Maryland mom forums to reach mothers of newborns.

- Pitch local newspapers, parenting magazines and mom forums that target news content and tips to new mothers.
  - Potential outlets include: *Baltimore’s Child, Baltimore Magazine, Maryland Mommy, FrederickMommies, Baltimore Sun.*
- Pitch trade publications to reach the dental and medical community and ethnic publications.
  - Target news content to pediatricians and family practitioners about proper dental care for new moms and their babies
  - Provide tips for hygienists, dentists and family practitioners for opening up the dialogue on oral health as part of their patient care.
  - Potential outlets include: *Contemporary Pediatrics, Dentistry Today, Journal of Pediatric Dentistry, American Family Physician and Healthy Childcare Washington Hispanic, Washington’s La Voz, La Nacion USA.*
- Pitch local TV news stations. Identify potential segments for local TV news broadcasting as part of paid-media partnership. Use visuals to illustrate the various tips and behavior changes that new moms need to practice to take good care of their baby’s oral health.
  - Potential outlets include: WMAR-TV (ABC-Baltimore), WBAL-TV (NBC-TV), WJZ-TV (CBS), WBFF-TV (FOX), WMPB-TV (PBS-Baltimore), WHAG-TV (NBC-Hagerstown), WBOC-TV (CBS-Salisbury), WMDT-TV (ABC-Salisbury).
- Pitch text4baby. Develop and disseminate messages about how mothers of newborns should care for their baby’s teeth and mouth, especially after feeding. Provide the link to campaign website and toll-free hotline number.

#### **Tactic 4: Use social media**

- Create and share a video that is an oral health 101 for mothers of newborns. The video can be pushed through trusted third-party advocates to reach the general Maryland health community with the campaign's messaging.
- Twitter and Facebook
  - Engage OBGYNs, dentists and other service providers and encourage them to talk with mothers of newborns about how to care for their baby's mouth.

#### **First Tooth (no later than baby's first birthday)**

##### **Tactic 1: Partner with trusted third-party advocates**

Develop relationships with trusted individuals, organizations and businesses that are in direct contact with the mothers of teething babies (four months to one year old).

- Identify trusted individuals and organizations that come into regular contact with mothers of teething babies.
- Build and sustain relationships with the trusted advocate through regular communication (via phone, email, in person, social networking) about the importance of mom and baby's oral health.
- Create tools and provide them to trusted advocates to help them communicate the campaign's oral health literacy messages to mothers of teething babies. The tools will increase the efficiency, effectiveness and reach of trusted advocates as they connect with mothers. The advocates would be asked to include oral health in their existing materials and to distribute campaign materials and the oral health kit.
- Potential advocates include: employers, community health centers, WIC, pediatricians, Program for Early Parent Support (PEPS) groups and faith-based organizations.

##### **Tactic 2: Develop and distribute "First Tooth Fairy Kit"**

Turn a family tradition around by celebrating the appearance of the first tooth rather than celebrating the disappearance of the first tooth. A private-sector organization will be solicited to co-brand and package a fun "First Tooth Fairy Kit" as a gift in exchange for when the baby's first tooth appears. The kit would contain many of the same contents as the oral health kit mentioned above. Promotion for the kit could be done by the sponsor, by a community health center, through media outreach and social media.

### **Tactic 3: Develop and distribute First Birthday Cards**

DHMH can partner with Medicaid providers, WIC and Head Start programs to distribute the card to mothers of babies celebrating their first birthday. The card can include information to make mothers and guardians aware of the importance of beginning oral health no later than their baby's first birthday. The cards can come with a free oral health kit, including oral health tools, tips and the campaign website link and toll-free hotline number.

### **Tactic 4: Work with service providers to deliver consistent oral health messages**

Service providers, including family practitioners, pediatricians, dentists and hygienists, play an important role in the delivery of oral health information to their patients.

- Communicate with pediatricians, primary care physicians and community clinics to incorporate oral health educational materials as part of first year check-up appointments. Send mom home with an oral health kit.
  - Outreach will take place through professional organizations, colleges, conferences and trade publications.
  - A sponsor will be solicited to host breakfast briefings for pediatricians and dentists.
  - Major companies with extensive sales force networks will be asked to provide educational materials when making face-to-face visits with their customers and prospects.

### **Tactic 5: Conduct media outreach**

Messaging will take advantage of the challenges presented by teething babies and include how moms should care for baby's new teeth.

- Pitch local newspapers and magazines that reach new mothers. These publications can overlap with those targeted for prenatal and after birth messages.
  - Potential outlets include: *Baltimore's Child, Baltimore Magazine, Maryland Mommy, FrederickMommies, Baltimore Sun.*
- Pitch trade publications. Reach dental and health professionals to extend messages about oral health pertaining to teething and how to care for baby's first teeth, including the importance of first visit to the dentist, tips for brushing incoming baby teeth and how to prevent baby bottle tooth decay.
  - Potential outlets include: *Contemporary Pediatrics, Dentistry Today, Journal of Pediatric Dentistry, American Family Physician and Healthy Childcare.*

- Pitch local TV news stations. Identify potential segments for local TV news broadcasting as part of paid-media partnership. Use visuals to illustrate the various tips and behavior changes that new moms need to practice to take good care of their baby’s oral health.
  - Potential outlets include: WMAR-TV (ABC-Baltimore), WBAL-TV (NBC-TV), WJZ-TV (CBS), WBFF-TV (FOX), WMPB-TV (PBS-Baltimore), WHAG-TV (NBC-Hagerstown), WBOC-TV (CBS-Salisbury), WMDT-TV (ABC-Salisbury).
- Pitch text4baby. Develop and disseminate messages about teething and how to care for new teeth, especially after feeding or eating. Provide the link to campaign website and toll-free hotline number.

#### **Tactic 6: Use social media**

- Create and share a video that is an oral health 101 for mothers of baby’s that are teething and have received their first tooth. This video can be pushed through trusted third-party advocates to reach the general Maryland health community with the campaign’s messaging.
- Twitter and Facebook
  - Engage OBGYNs, dentists and other service providers and encourage them to talk with mothers of babies about teething how to care for their baby’s primary teeth.

### **Entering School**

#### **Tactic 1: Outreach through schools**

When children and their siblings enter school, this presents an opportunity to introduce the subject of oral health to mothers. Schools will be targeted to ask that they utilize this educable moment to reach out to mothers and guardians with oral health messages and materials. They will be asked to include the campaign messaging in their discussions with mothers and guardians of young children and to distribute materials and oral health kits.

- Outreach to school nurses and physical education and health teachers at elementary schools in the targeted zip codes, providing them with oral health literacy materials and kits.
- Reach parents through backpack mailers given to young children, especially those on the subsidized school lunch program, containing information about oral health, the campaign website and toll-free hotline.
- Outreach at school events to distribute campaign materials.

### **Tactic 2: Outreach through health service providers**

Before entering school, Maryland requires children to have an annual physical and receive several immunizations. This is an ideal time for health providers conducting the physical to discuss oral health and to distribute oral health literacy materials.

- Reach service providers with oral health literacy information via email, mail, events and in-person.
- Potential health service providers include community health clinics, nurses and pediatricians.

### **Tactic 3: Partner with after school programs**

Work with after school programs to reach parents through materials given to young children containing information about oral health, the campaign website and toll-free hotline.

- Potential programs include Boys and Girls Clubs, Kids After Hours, YMCA and county recreational centers and leagues.

## **Reach Mothers During Other Educable Moments**

### **Tactic 1: Outreach through trusted third-party advocates**

Develop relationships with trusted individuals, organizations and businesses that are in direct contact with low-income pregnant women and mothers of young children.

- Identify trusted individuals and organizations that come into regular contact with pregnant women and mothers of young children.
- Build and sustain relationships with the trusted advocate through regular communication (via phone, email, in person, social networking) about the importance of mom and baby's oral health.
- Create tools and provide them to trusted advocates to help them communicate the campaign's oral health literacy messages to mothers of teething babies. The tools will increase the efficiency, effectiveness and reach of trusted advocates as they connect with mothers. The advocates would be asked to include oral health in their existing materials and to distribute campaign materials and the oral health kit.
- Potential advocates include: employers, community health centers, WIC, pediatricians, nurses, Program for Early Parent Support (PEPS) groups, faith-based organizations, community groups.



### **Tactic 2: Utilize other health milestones through service providers**

Opportunities to discuss oral health exist when mothers interface with a health service provider.

- Outreach will take place through professional organizations, colleges, conferences and trade publications.
- A sponsor will be solicited to host breakfast briefings for pediatricians.
- Major companies with extensive sales force networks will be asked to provide educational materials when making face-to-face visits with their customers and prospects.

### **Tactic 3: Utilize opportunities that arise through the secondary target audience**

When older children are receiving care, this presents an opportunity to introduce the subject of oral health for the younger sibling. Dentists and pediatricians will be targeted to utilize this educable moment to reach out to the mother with oral health messages and materials. They will be asked to include the campaign messaging in their discussions with mothers of young children and distribute materials and oral health kits.

### **Tactic 4: Target food-based holidays**

Utilize major holidays, such as Halloween, Thanksgiving, Christmas and Easter to reinforce the importance of oral health care both in the choices of what is consumed and the care taken after eating.

### **Tactic 5: Conduct media outreach**

- Pitch local TV, radio and print publications. (See previous sections for potential outlets and additional story ideas.)
  - Stories can include:
    - Healthy dental tips for the holidays
    - Sugary holiday treats to avoid
    - Stocking stuffer ideas, such as toothpaste and toothbrushes
    - Charity organizations focusing on oral health during the holiday season
    - Child on Medicaid benefitting from dental care
- Pitch text4baby. Develop and distribute messages that include a simple call to action on how to care for new teeth during holidays when sugary foods and drinks are consumed. Provide number for toll-free hotline and link to campaign website.

#### **Tactic 6: Use social media**

- Place content on Facebook and Twitter accounts that equip physicians and partners with valuable information that can be delivered at meaningful moments to patients and clients.
- Potential messages:
  - Facebook: “Young babies and small children seem to be more willing and enjoy brushing more at bath time.”
  - Twitter: “R yr #Parent patients having a bad time getting thr #kid brushing? Have them brush in front of their kid to get the child xcited to brush.”

#### **Strategy 4: Develop oral health kit**

The oral health kit will include oral hygiene education information and tools for the mother’s personal oral care and that of their infant or young child. It is intended to be free and available to every one of the 290,000 targeted children. The kit will be branded to reflect the campaign look, feel and messaging.

##### **Tactic 1: Develop and test oral health kit concept**

To ensure the most user-friendly and effective oral health kit, the kit will be tested with the target audiences prior to finalizing and distributing.

##### **Tactic 2: Secure corporate sponsorships**

The oral health kits will only be possible with donated oral health materials from corporate sponsors. PRR will compile sponsorship packages targeted at organizations that benefit from working in partnership and spreading the message of early childhood oral health. Sponsorships would focus on the following:

- Placement and messaging on packaging
- Product sampling
- Cross-promotion in advertising
- Shared spokespeople or persons
- Visibility in collateral and other materials
  - Potential sponsors include: Colgate, Crest, GUM, Oral B and Reach. Pampers Diapers could have special messaging in age appropriate diapers and drive parents in for their first visit to the dentist.

##### **Tactic 3: Develop educational materials**

Print materials will be highly visual, include plain language and the campaign website link and toll-free hotline number.

## Strategy 5: Evaluate campaign effectiveness

### Tactic 1: Pre- and post-campaign surveys

Pre- and post-campaign surveys will provide statistically-valid baseline data on awareness and self-reported behaviors. Post-campaign surveys will allow us to measure any changes generated through campaign activities against these two metrics (awareness and self-reported behavior).

### Tactic 2: Test messaging through focus groups

At least two focus groups will be conducted to ensure that campaign messages are appropriate, understood and resonate with the targeted demographic.

### Tactic 3: Services provided

- A major objective is to increase patient visits before age one. Medicaid reimbursements will be used to compare visitation levels against previous periods.
- The number of individuals reached through free screenings will be tracked.

### Tactic 4: Individuals reached

- Many of the strategies and tactics described above allow for detailed statistical analysis.
  - Paid advertising in television, radio, print, online and outdoor will allow us to track total numbers of individuals reached.
  - Individuals reached through media relations are tracked utilizing the same approaches as paid advertising.
  - Third-party organizations will be asked to provide reach numbers, such as the number of people who received a newsletter or email distribution, number of individuals reached through their advertising, number of participants at an event.

### Tactic 5: Materials distributed

The following items will be tracked:

- The number of oral health kits distributed.
- The number of products sold through partner promotions.
- The number of individuals who visit specific pages of the website.

### Tactic 6: Funds leveraged

The following will be tracked:

- The added value achieved through paid advertising.
- The value of articles acquired through media relations.
- Any sponsorship funds donated.
- The value of any free products provided.
- The value of any incremental promotions provided by partners.

### **Tactic 7: Monitoring and course correction**

Many of the above approaches allow virtually real-time monitoring. Other tools will also be used to ensure that the program is being implemented effectively while providing the opportunity to change direction quickly, if required. This can include using secret shoppers to test all systems including the website, hotline, promotions and commitments from others.

## **Strategy 6: Provide a foundation for future work; continuation of tactics past the initial 18-months of the campaign**

### **Tactic 1: Establish a brand foundation**

One critical opportunity to ensure the impact of the program will continue beyond the term limits of the funds available is to create a messaging platform that is used by the entire community, constantly. These critical brand elements will include the following:

- Name and tagline
- Website
- Toll-free hotline
- Brand and messaging platform
- Style guide

### **Tactic 2: Community organization outreach**

Those organizations that have ongoing personal relationships and are trusted by the individuals we are targeting are in the best position to have a long-term impact on introducing oral health care to mothers. A partner organization will be secured to take the lead in providing ongoing cultivation and servicing of organizations previously recruited as well as recruitment of additional organizations.

### **Tactic 3: Work with universities**

To help all medical service providers understand the issue, the need, the required solutions and their place in this continuum, universities training the next generation of dentists and pediatricians will be targeted and approached to incorporate oral health literacy into their curriculum.

# APPENDICES

## APPENDIX A

### **Project Research**

The University of Maryland School of Public Health (UMSPH) received a grant from the CDC to conduct research on behalf of DHMH to determine the understanding and practices regarding prevention and early detection of dental caries of Maryland adults who have children in the household six years of age and younger.

As part of the research methodology, UMSPH conducted a telephone survey that reached 803 Maryland adults 18 and older with a child six years or younger. Four focus groups were also conducted with these adults 18 and older with a child six or younger or if the mother or guardian was pregnant. UMSPH also distributed paper questionnaires to general dentists, pediatric dentists and dental hygienists as well as family practice physicians, pediatricians and nurse practitioners.

Maryland adults have limited knowledge about how to prevent tooth decay. Adults with lower levels of education and whose child has no dental insurance, or is enrolled in Medicaid, have the lowest levels of understanding. Initial research findings demonstrate:

- 98% said they had heard of fluoride
- Only 58% knew the purpose of fluoride
- 65 % had heard of dental sealants
- Of those, only 46% knew their purpose
- Only 23% could identify an early sign of tooth decay
- 77% could not identify an early sign of tooth decay
- Adults with high school or less education, under age 35, single, female, African American and whose child was on Medicaid were significantly more likely to put their child to bed with a bottle.

- Adults with the lowest level of education and whose child is on Medicaid were significantly less likely to have had a dental appointment in the past 12 months.
- Adults with lower levels of education, African Americans and whose child is on Medicaid were significantly less likely to drink tap water.
- 61% of adults reported their primary source of dental information was their dentist.
- 88% replied that having accurate information about preventing tooth decay was “very important.”
- 46% responded “yes” that someone spoke with them about preventing tooth decay for one of their children at their last dental appointment.
- 40% were “very concerned” about their child getting tooth decay in the future.
- 21% were “not at all concerned.”
- Adults with private dental insurance were significantly more likely than those with Medicaid to report favorably about their providers listening practices.
- Respondents with lower levels of education were significantly more likely to respond less favorably about the communication practices of dentists and staff.
- African Americans were significantly more likely to express lower satisfaction with the amount of time their dentist spent with them.
- African Americans were more than twice as likely to report they were treated unfairly due to their race, ethnicity or level of education.

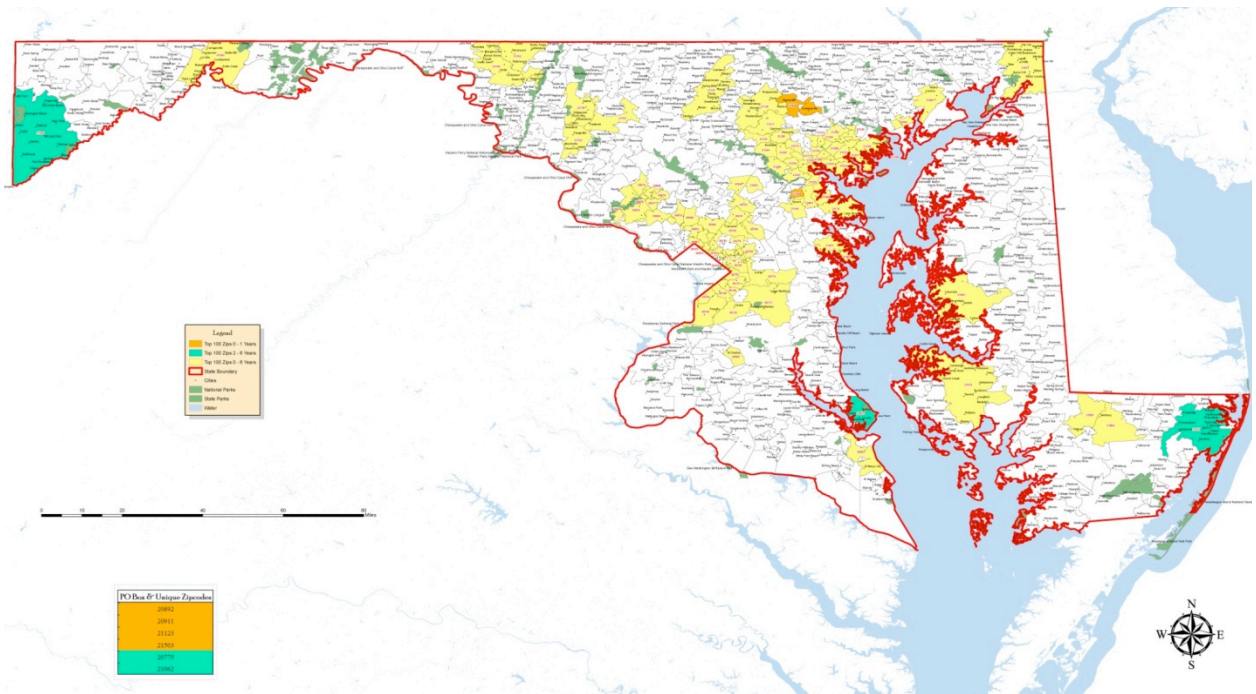
Initial research findings from the focus groups (analysis not completed) indicate that respondents:

- Do not know what to ask their providers
- Primarily rely on family members for information
- Moms are not drinking the public water – concerns about lead, etc.
- Do not know if toothpaste had fluoride (bought cheapest)
- Don’t believe primary (baby) teeth are important.

In addition, UMSPH is currently working with Women, Infants and Children (WIC) and Head Start directors to gather input through additional focus groups.

## APPENDIX B

Zip code map illustrating the top 100 zip codes where the target audience resides





## APPENDIX C

### Working Group (April 7, 2011)

#### Meeting Participants:

John Welby, MS, Office of Oral Health, DHMH  
Mike Rosen, PRR (meeting facilitator)  
Keri Shoemaker, PRR  
Dr. Harry Goodman, Office of Oral Health, DHMH  
Chris Leo, RDH, Office of Oral Health, DHMH  
Keith Roberts, MS, Office of Oral Health, DHMH  
Stacy Costello, Office of Oral Health, DHMH  
Daphene Alterma Johnson, MPH, Office of Oral Health, DHMH  
Beth Lowe, National Maternal and Child Oral Health Resource Center  
Burnette Rahmaan, Baltimore City Head Start  
LaSandra Jackson, Office of Oral Health, DHMH  
Leigh Stevenson Cobb, Advocates for Children and Youth  
Alice Horowitz, University of MD, School of Public Health  
Lisa Bress, University of Maryland Dental School

### Advisory Group (April 28, 2011)

#### Meeting Participants:

John Welby, Office of Oral Health, DHMH  
Mike Rosen, PRR  
Keri Shoemaker, PRR  
Leslie Stevens, RDH, BS, Maryland Oral Health Association, Dental Program  
Administrator, Allegany County Health Department  
Dr. Harry Goodman, Director, Office of Oral Health, DHMH  
Keith Roberts, M.S., Office of Oral Health, DHMH  
Katrina Holt, National Maternal and Child Oral Health Resource Center  
Rachel Plotnick, MD FAAP  
Tequila Terry, Executive Director, Maryland Healthy Smiles Dental Program,  
DentaQuest  
Barbara Klein, Associate Vice President, University of Maryland, Baltimore  
Leigh Stevenson Cobb, JD/MPH, Health Policy Director, Advocates for Children &  
Youth  
Winifred J. Booker, DDS, CEO and Director of Development, The Maryland Children's  
Oral Health Institute  
Peter J. Holmes, IOM, MS, Director of Governance & Public Policy MDTA  
Penny Anderson, Executive Director, Maryland Dental Action Coalition

Dr. Mark D. Macek, Associate Professor, Program in Health Services Research  
Department of Health Promotion and Policy Director, Office of Instructional Evaluation,  
University of Maryland Dental School  
Salliann Alborn, CEO, Maryland Community Health System/Community Health  
Integrated Partnership  
Colin Reusch, MPA, Project Associate Children's Dental Health Project  
Miguel McInnis, MPH, CEO, Mid-Atlantic Association of Community Health Centers  
Jonathan Landers, Executive Director, National Museum of Dentistry  
Karen Black, DHMH, Office of Communications  
Laurie Norris, Senior Policy Advisor & Coordinator, CMS Oral Health Initiative,  
Division of Quality, Evaluation, and Health Outcomes  
Alice Middleton, Esq. Acting Deputy Director of Planning, Office of Planning, Medical  
Care Programs  
Heidi Ross, Health Policy Advisor, Congressman Cummings Office  
Dr. Warren Brill, DMD, MS (HYG), FAAPD

## **Statewide Oral Health Strategic Partnership Council (June 23, 2011)**

### **Meeting Participants:**

1. John Welby, MS, Office of Oral Health, DHMH
2. Dr. Harry Goodman, Office of Oral Health, DHMH
3. Keith Roberts, MS, Office of Oral Health, DHMH
4. Mike Rosen, PRR
5. Keri Shoemaker, PRR
6. Courtney Long, PRR
7. Chris Leo, Office of Oral Health, DHMH
8. Frank McLaughlin, Maryland State Dental Association
9. Rachel Plotnick, American Academy of Pediatrics Maryland Chapter
10. Penny Anderson, Maryland Dental Action Coalition
11. Jess Donohue, Maryland Dental Action Coalition
12. Cindy Kaiser, Maryland Oral Health Association
13. Peggy Funk, Maryland Pharmacists Association
14. Deborah Cartee, Maryland Dental Hygienists Association
15. Dr. Hazel Harper, Robert T. Freeman Dental Society Foundation
16. Giselle Thelemaque, DHMH
17. Stacy Costello, DHMH
18. Jane Casper, DHMH
19. Shaonna Gorhna, Baltimore City Health Department
20. Dr. Patricia L. Bell-McDuffie, Baltimore City Health Department
21. Leslie D. Stevens, Alleghany County Health Department
22. Patti Schwartz, Howard County Health Department

23. Jeffrie Normoyle, Frederick County Health Department
24. Monica Grant, Frederick County Health Department
25. Bonnie Edwards, Kent County Health Department
26. Leslie R. Grant, Maryland State Board of Dental Examiners
27. Salliann Alborn, Community Health Integrated Partnership
28. Gabrielle Givens, Mid-Atlantic Association of Community Health Centers
29. Brooks Woodward, Chase Brexton Health Services, Inc.
30. Dennis Cherot, Total Health Care, Inc.
31. Dr. Bianca Braxton Smith, Total Health Care, Inc.
32. Diane James-Medina, Total Health Care, Inc.
33. Dr. Lisa King-Baker, Family Health Centers of Baltimore
34. Joanne Robinson, Family Health Centers of Baltimore
35. Megan Holthoff, Eastern Shore Area Health Education Center
36. Jennifer Thomas, Western Maryland AHEC
37. Katharine Lyter, MCDHHS Public Health Dental Programs
38. Beth McKinney, MCDHHS Public Health Dental Programs
39. Paola Fernan Segra, MCDHHS Public Health Dental Programs
40. Lynn Harris, Lifebridge Health
41. DeDe Severn, Pediatric Emergency Department, St. Agnes Hospital
42. Wendy Camlin, Union Hospital of Cecil County
43. Martha Gurzick, Department of Nursing Professional and Clinical Development, Frederick Memorial Hospital
44. Lisa Brown, Union Primary Care of Elkton
45. Yvette McEachern, Center for Maternal and Child Health
46. Marcia Clemmons, Prince George's Hospital Center
47. Dr. Nathan Fletcher, Fletcher & Fletcher Family Dentistry
48. Krista Hill, Worcester County Dental Center
49. Colin Reusch, Children's Dental Health Project
50. Linda Zang, HeadStart Department of Education
51. Kimberly Whitaker, Baltimore City Head Start
52. Burnette Rahmaan, Baltimore City Head Start
53. Marsha Dawson, St. Jerome's Head Start
54. Mary Beth Preston, Human Resources Development Commission Head Start
55. Faith Miller, Maryland Family Network
56. Cheryl DeAtley, Judy Centers
57. Patsy Marks-Poole, Judy Center at Hilltop Elementary
58. Janice Lane, Family Center and Newborn Nursery
59. Diana Chaffee, Cradle Rock Children's Center
60. Lindi Mitchell Budd, MSDE Office of Child Care

61. Colleen Phebus, WIC (DHMH)
62. Gene Nadonly, WIC (DHMH)
63. Connie Richardson, Walnut Street Community Health Center
64. Dr. Robert Johnson, Walnut Street Community Health Center
65. Jeanie Holtz, Choptank Community Health System
66. Sara Rich, Choptank Community Health Systems
67. Scott Wolpin, Choptank Community Health System
68. Allen Bennett, Park West Health System, Inc
69. Katherine Murray, Frederick Memorial Healthcare System
70. Erica Serrano, Community Clinic, Inc.
71. Gloria Rivera, Community Clinic, Inc.
72. Celeste M. Camerino, Charles County Department of Health
73. Verna Richardson, Department of Health and Human Services
74. Jill E. Dorsey Greene, Anne Arundel County Department of Health
75. Lisa Bress, University of Maryland Dental School
76. Clemencia Vargas, University of Maryland Dental School
77. Go Matsuo, University of Maryland Dental School
78. Susan Coller, University of Maryland Dental School
79. Brad Langley, University of Maryland Dental School
80. Jenifer O. Fahey, University of Maryland School of Medicine
81. Catherine Maybury, Herschel S. Horowitz Center for Health Literacy
82. Alice Horowitz, University of Maryland School of Public Health
83. Laura W. Koo, University of Maryland Baltimore School of Nursing
84. Dan Hammer, University of the Pacific Arthur A. Dugoni School of Dentistry
85. Alice Middleton, DHMH Medicaid
86. Shannon Jones, Maryland Physicians Care
87. Kathy Pettway, Johns Hopkins HealthCare
88. Tequila Terry, Maryland Health Smiles Dental Program
89. Leigh Stevenson Cobb, Maryland Advocates for Children and Youth
90. Al Passarella, Maryland Advocates for Children and Youth
91. Winifred J. Booker, Maryland Children's Oral Health Institute
92. Crystal Holland, Maryland Dental Case Management Pilot Project
93. Karen Purnell, Mid-Shore Dental Case Manager Project
94. Pamela Bush-Jones, Y of Central Maryland
95. Rachel Dodge, The Match Program
96. Sharron Lewis, TLC Dental
97. Dr. Celeste Ziara, TLC Dental
98. Mary Otto, Former Washington Post Reporter
99. Pat Van Story
100. LaShonda Johnson, Public Health Dentistry

101. Alberta Stokes
103. Jerry Casper, Pediatric Dentist
104. Stephanie Scharpf, Jai Medical Systems Managed Care Organization
105. Dianne Houston Crockett, Amerigroup Community Care
106. Lisa Wright, UnitedHealthcare
107. Eric Bryant, Rifkin Law Firm on Behalf of DentaQuest
108. Debbie Fleming, Colgate
109. Kyle Adam Gardner, Robert Wood Johnson Foundation Scholar
110. Theresa Herring, Charles County Health Department
111. James Davis, Riverside Consulting
112. Peter Holmes, Maryland State Dental Association
113. Brenda McQuay, UnitedHealthcare
114. Sheryl Tidd, Lourie Center Early Head Start
115. Julie DiMaggio, Catholic Charities Head Start
116. Janie Charleston, National Dental Association
117. Mary Adkins, Talbot County Public Schools
118. Al Passarella, Advocates for Children and Youth
119. Rita Ford-Farmer, St. Bernardine's Head Start

## Meeting Participants' Overview of Commitments to the Campaign

Commitment	Individuals & Organizations
Develop a list of dentists	Marsha Dawson (Head Start), Colleen Phebus (WIC Program), Brenda McQuay (United HealthCare), Mary Adkins (Talbot County Public Schools)
Distribute information that is provided to them	Burnette Rahmaan (Baltimore City Head Start), Laura Koo (Nurse Practitioner Association of Maryland), Diana Chaffee (Cradlerock Childrens Center), Karen Purnell (Maryland Dental Case Management Project), Lisa King-Baker (Family Health Centers of Baltimore), Janice Lane (Frederick Memorial Hospital), Alice Middleton (Medicaid, Office of Planning), Jeffrie Normoyle (Frederick County Dental Program), Patsy Marks-Poole (Judy Center), Martha Gurzick (Frederick Memorial Hospital), Katharine Lyter (Montgomery County Health and Human Services), Sara Rich (Choptank Community Health), Chris Leo (Eastern Shore Oral Health Education Center), Peter Holmes (Maryland State Dental Association), Sheryl Tidd (Lourie Center Early Head Start), Julie DiMaggio (Catholic Charities HeadStart), Al Passarella (Advocates for Children and Youth), Erica Serrano (Community Clinic, Inc), Salliann Alborn (Community Health Integrated Partnership), Leslie Stevens (Allegany County Health Department), Lynn Harris (Lifebridge Health), Stephanie Scharpf (Jai Medical Systems Managed Care Org)
Time to educate others, both within their organization and outside of it	Kyle Adam Gardner (National Dental Association Scholar), Bonnie Edwards (Kent County Health Dept), Jenifer Fahey (University of Maryland SOM), Celeste Camerino (Charles County Department of Health), Theresa Herring (Charles County Health Dept), Catherine Maybury (School of Public Health – UMD), Patricia Bell-McDuffie (Baltimore City Health Dept), Jane Casper (DHMH), Alice Horowitz (UMD SPH), LaShonda Johnson (PGCHD Dental), Rachel Dodge (MATCH Program), Bianca Braxton Smith (Total Health Care, Inc), Diane James-Medina (Total Health Care, Inc), Penny Anderson (MD Dental Action Coalition), Jess Donohue (MD Dental Action Coalition), Scott Wolpin (Choptank Community Health System), Pat Van Story (Washington County Health Dept), Lisa Brown (Union Primary Care, Cecil County), Mary Beth Preston (Allegany County Head Start), Cindy Kaiser (Baltimore County Health Department)

Provide Dental Care/Dentists/ Experts	Connie Richardson (Walnut Street Community Health - **Dental van coming in Oct 2011), Nathan Fletcher (Fletcher & Fletcher Family Dental), Joanne Robinson (Family Health Centers of Baltimore), Deborah Cartee (Maryland Dental Hygienist Association), Monica Grant (Frederick County Health Department), Patsy Marks-Poole (Judy Center), Bianca Braxton Smith (Total Health Care, Inc), Leslie Grant (MSBDE), Pat Van Story (Washington County Health Dept), Erica Serrano (Community Clinic, Inc), Gloria Rivera (CCI Org)
Add or post information on their own website, social media sites, newsletters, etc	Gabrielle Givens (Mid-Atlantic Association of Community Health Centers), Debbie Fleming (Colgate – Bright Smiles Bright Futures), Monica Grant (Frederick County Health Department), Lisa Wright (UnitedHealthcare Community Plan), Penny Anderson and Jess Donohue (MD Dental Action Coalition), Sara Rich (Choptank Community Health), Brenda McQuay (United HealthCare), Mary Adkins (Talbot County Public Schools), Lindi Budd (Md. State Dept of Education), Dianne Houston Crockett (Amerigroup Community Care), Jen Thomas (Western Maryland AHEC), Colin Reusch (Children’s Dental Health Project), Stephanie Scharpf (Jai Medical Systems Managed Care Org), Shannon Jones (Maryland Physicians Care)
Update requirements and curriculum for students to incorporate the goals of this campaign	Lisa Bress (UMD Dental Hygiene Program), Laura Koo (Nurse Practitioner Association of Maryland), Diana Chaffee (Cradlerock Children’s Center), Wendy Camlin (Union Hospital of Cecil County), Patsy Marks-Poole (Judy Center), Megan Holthoff (Eastern Shore Area Health Education Center), Dianne Houston Crockett (Amerigroup Community Care)
Distribute Dental Kits	Joanne Robinson (Family Health Centers of Baltimore), Wendy Camlin (Union Hospital of Cecil County), Chris Leo (Eastern Shore Oral Health Education Center), Jeanie Holtz (Eastern Shore Area Health Education Center), Cheryl DeAtley (MD State Dept of Education)
Design messaging and materials	Giselle Thelemaque (OOH), Colin Reusch (Children’s Dental Health Project), Celeste Camerino (Charles County Dept of Health)



Serve on committee formed for planning purposes	Susan Coller (UMD Dental School)
Provide marketing advice on how to reach minority audiences	Paola Fernan-Zegarra (Montgomery County - DHHS), Clemencia Vargas (UMB Dental School)
Offer facilities for care and meetings	Brooks Woodward (Chase Brexton Health Services, Inc), Penny Anderson (MD Dental Action Coalition), Rita Ford-Farmer (St. Bernardine's Head Start)
Dress up as the tooth fairy to give presentations to WIC, Daycares, Schools, Health Fairs, etc	Jeanie Holtz (Eastern Shore Area Health Education Center)
Give demonstrations – brushing, flossing, sugar in drinks display, etc/training	Jeanie Holtz (Eastern Shore Area Health Education Center), Jen Thomas (Western Maryland AHEC)
Provide funding for supplies for start-up dental clinic	Jen Thomas (Western Maryland AHEC)
Focus group facilitator	Jen Thomas (Western Maryland AHEC)
Political and grassroots organizing	Eric Bryant (Rifkin Law firm on behalf of DentaQuest)

SEATTLE  
1109 First Ave. #300  
Seattle, WA 98101  
T 206.623.0735 F 206.623.0781

WASHINGTON DC  
1000 Potomac St NW, 5th Floor  
Washington, DC 20007  
T 202.3381961 F 202.338.1960

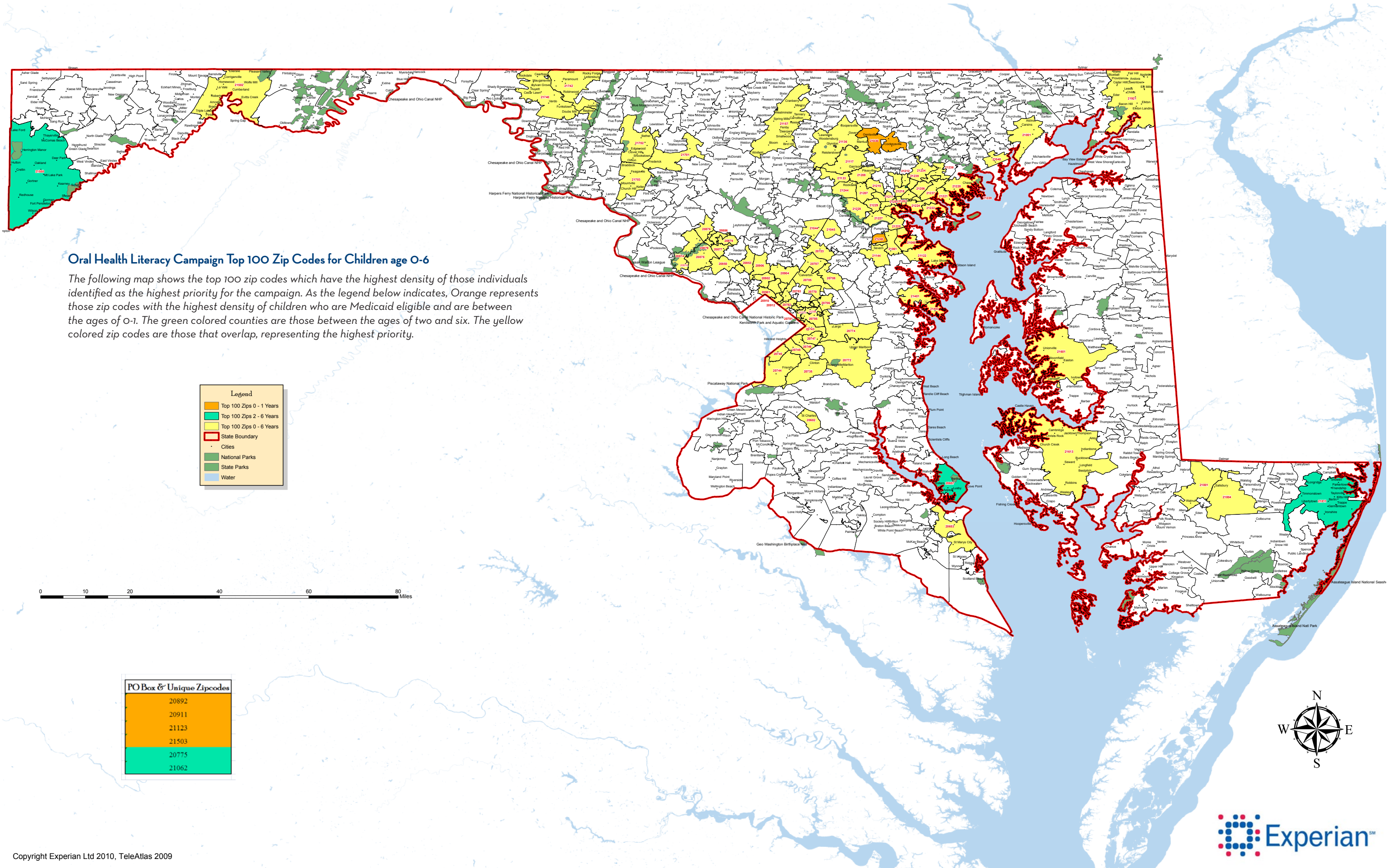


[www.prrbiz.com](http://www.prrbiz.com)

# Appendix B:

Oral Health Literacy Campaign

Top 100 Zip Codes for Children age 0-6

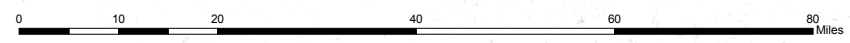


**Oral Health Literacy Campaign Top 100 Zip Codes for Children age 0-6**

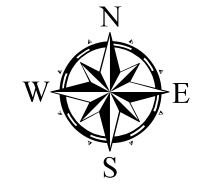
The following map shows the top 100 zip codes which have the highest density of those individuals identified as the highest priority for the campaign. As the legend below indicates, Orange represents those zip codes with the highest density of children who are Medicaid eligible and are between the ages of 0-1. The green colored counties are those between the ages of two and six. The yellow colored zip codes are those that overlap, representing the highest priority.

**Legend**

- Top 100 Zips 0 - 1 Years
- Top 100 Zips 2 - 6 Years
- Top 100 Zips 0 - 6 Years
- State Boundary
- Cities
- National Parks
- State Parks
- Water



PO Box & Unique Zipcodes	
	20892
	20911
	21123
	21503
	20775
	21062



# Appendix C:

## Work Group Materials

Agenda, Power Point presentation & notes (Apr 7, 2011)



STATE OF MARYLAND

DHMH

---

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## Oral Health Literacy Campaign Working Group

### AGENDA

April 7, 2011

10:00 a.m. – 2:00 p.m.

- 10:00 INTRODUCTIONS**
- 10:05 WELCOME**
- 10:10 BACKGROUND AND MEETING GOALS**
- 10:15 REVIEW AGENDA**
- 10:20 VALIDATE PROGRAM PARAMETERS / ASSUMPTIONS**
- 10:50 OUR UNIQUE ROLE**
- 11:05 BREAK**
- 11:15 PRESENTATION OF RESEARCH**
- 11:45 BARRIERS (WORKING LUNCH)**
- 12:00 BREAK & EAT LUNCH**
- 12:10 BENEFITS**
- 12:20 IDENTIFY POTENTIAL INFLUENCERS:**
- 12:30 FRAMING THE MESSAGE**
- 12:40 TACTICS**
- 1:25 POTENTIAL PARTNERS**
- 1:35 FINAL THOUGHTS**
- 1:50 NEXT STEPS**
- 1:55 CLOSING COMMENTS**
- 2:00 ADJOURN**



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## Oral Health Literacy Campaign Working Group

### ANNOTATED AGENDA

April 7, 2011

10:00 a.m. – 2:00 p.m.

**10:00 INTRODUCTIONS** (*John Welby*) (*Duration 5 minutes*)

- *General introductions of the whole group to get sense of who is in room*

**10:05 WELCOME** (*Harry Goodman*) (*Duration 5 minutes*)

- *The group is welcomed and the parameters of their involvement in the Oral Health Literacy Campaign is explained*

**10:10 BACKGROUND AND MEETING GOALS** (*John Welby*) (*Duration 5 minutes*)

- *Purpose of meeting; and what we hope to accomplish by end of today, introduce Mike Rosen as meeting facilitator and Keri Shoemaker*
  - *Hear any concerns with assumptions made to date*
  - *Get a first look at research being undertaken and initial results*
  - *Identify barriers and opportunities to reach our target audience*
  - *Identify potential, campaign messages, outreach tactics and partners*

**10:15 REVIEW AGENDA** (*Mike Rose*) (*Duration 5 minutes*)

- *Review of agenda & structure of meeting*

**10:20 VALIDATE PROGRAM PARAMETERS / ASSUMPTIONS** (*Mike*) (*Duration 30 minutes*)

- *Review and understand those decisions that have been previously made and inform the activities of today*
  - *Program duration*
  - *Program budget*
  - *Objective(s) – outcomes and desired actions*
  - *Primary and secondary Audience(s)*



- 10:50 OUR UNIQUE ROLE (Mike) (Duration 15 minutes)**
- Identify organizations external to DHMH also working on this issue in Maryland
  - Identify our unique role in order to avoid duplication of efforts, while also looking for opportunities to collaborate and leverage resources
- 11:05 BREAK (All) (Duration 10 minutes)**
- 11:15 PRESENTATION OF RESEARCH (Alice) (Duration 30 minutes)**
- Alice reviews research findings that will inform identification of influencers, messages, tactics and potential partners
- 11:45 BARRIERS (Mike) (Duration 15 minutes)**
- Identify barriers preventing our priority audiences from taking the requested Closing Comments action(s)
  - Rank and weigh the barriers
- 12:00 BREAK & EAT LUNCH (All) (Duration 10 minutes)**
- 12:10 BENEFITS (WORKING LUNCH) (Mike) (Duration 10 minutes)**
- Identify existing (or required) benefits strong enough to overcome the major barriers
  - Rank and weight the benefits (if required)
- 12:20 IDENTIFY POTENTIAL INFLUENCERS: (Mike) (Duration 10 minutes)**
- Identify those who can have significant influence over our audience(s)
- 12:30 FRAMING THE MESSAGE (Mike) (Duration 10 minutes)**
- Solicit initial guidance on how best to frame our messages
- 12:40 TACTICS (Mike) (Duration 45 minutes)**
- The group will identify potential public outreach tactics they believe might be most effective given the realities of this initiative and the timeframe
- 1:25 POTENTIAL PARTNERS (Mike) (Duration 10 minutes)**
- Are there others that we should seek to solicit as partners/collaborators?
- 1:35 FINAL THOUGHTS (Mike) (Duration 15 minutes)**
- Each group member will be given the opportunity to very briefly share overall impressions and recommendation
- 1:50 NEXT STEPS (John) (Duration 5 minutes)**
- Summarize and distribute the notes
  - Run this by the Advisory Committee
  - Create a draft outreach plan
  - (Others?)
- 1:55 CLOSING COMMENTS (Harry) (Duration 5 minutes)**
- The group is thanked for their time, wisdom and ongoing support

**2:00 ADJOURN**

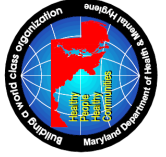


**WELCOME**

**Oral Health Literacy Campaign**  
**Working Group Meeting**

**4.7.2011**

# Introductions



# Welcome

## Harry Goodman, DMD, MPH

Director, Office of Oral Health, Family Health  
Administration



# Background & Meeting Goals

**John Welby, MS**

Project Director, Oral Health Literacy Program



# Background & Meeting Goals

- Validate program parameters and assumptions made to date
- Get a first look at research being undertaken and initial results
- Identify barriers and opportunities to reach our target audience
- Identify potential, campaign messages, outreach tactics and partners





# Agenda

✓ 10:00 – 10:05	Introductions
✓ 10:05 – 10:10	Welcome
✓ 10:10 – 10:15	Background & Meeting Goals
10:15 – 10:20	Review Agenda
10:20 – 10:50	Validate Program Parameters / Assumptions
10:50 – 11:05	Our Unique Role
11:05 – 11:15	Break
11:15 – 11:45	Presentation of Research
11:45 – 12:00	Barriers
12:00 – 12:10	Break & Eat Lunch
12:10 – 12:20	Benefits (Working Lunch)
12:20 – 12:30	Identify Potential Influencers
12:30 – 12:40	Framing The Message
12:40 – 1:25	Tactics
1:25 – 1:35	Potential Partners
1:35 – 1:50	Final Thoughts
1:50 – 1:55	Next Steps
1:55 – 2:00	Closing Comments
2:00	Adjourn



We each get between **3,000** and **5,000** marketing messages each day



There is a lot to absorb

More information has been produced in  
the last **30** years than in the previous  
**5,000**.



How we communicate has changed.

**117** prime-time spots are required to reach **80%** of Americans.

Compared to just **3** in 1979



**And... others have WAY more money than we do**

- **Coca-Cola** \$2,400,000,000
- **L'Oreal** \$4,560,000,000
- **Nestle** \$2,620,000,000
- **Toyota** \$2,310,000,000
- **Proctor & Gamble** \$8,680,000,000

*Media spending in 2009*



# Our Universe

## Age Groups

	0-2	3-6	TOTALS
Maryland Population	231,000	298,729	1,123,770
Medicaid-Eligible	116,081	123,250	470,970
<u>Receiving Dental Services</u>	<u>12,888</u>	<u>55,226</u>	<u>180,813</u>

**Our Target Audience 103,193 68,024 290,157**

% Medicaid eligible 50.25% 41.26%

% Receiving dental services 11.10% 44.81%



# Validate Program Parameters / Assumptions





# Validate Program Parameters / Assumptions

- Program duration
- Program budget
- Objective(s) – outcomes and desired actions
- Primary and secondary Audience(s)



# Validate Program Parameters / Assumptions

- **Program duration**

18 months ending July 31, 2012

*Any desired extension will require additional funding*



# Validate Program Parameters / Assumptions

- **Program budget**
- Funds available through the PRR contract:
  - \$845,000.00 for the base period
  - \$20,000 for each of two one-year options

*Option years are intended to support ongoing hotline and website activities.*



# Validate Program Parameters / Assumptions

- **Objective(s)** – **outcomes and desired actions**
  - I. Public Health Objectives
  - II. Operational Objective



# Validate Program Parameters / Assumptions

- **Objective(s) – outcomes and desired actions**
  - I. Public Health Objectives:
    - Prevention and access (*Weighted 70% prevention and 30% access*)
    - Prevention (*Following our health tips*)
      1. Mothers have power to impact child's oral health
      2. Oral health is important throughout life
      3. Oral health begins before birth
      4. After birth it starts immediately
      5. Once baby teeth appear start cleaning them
      6. Get fluoride on the teeth
      7. Decay is an infectious disease
    - Access - Get to dentist or EPSDT by first birthday



# Validate Program Parameters / Assumptions

- **Objective(s) – outcomes and desired actions**
  - I. Operational Objective:
    - Demonstrate campaign impacts to facilitate further funding and support



# Validate Program Parameters / Assumptions

- **Primary and secondary Audience(s)**

- **Primary:**

- Mothers/Guardians of children up to age two who are on Medicaid

- Subset of this audience includes pregnant women

- **Secondary:**

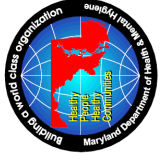
- Children ages two to six

- WIC, Early Head Start and Head Start, Medicaid EPSDT well-child visits (with medical practitioners) and into elementary school





# Our Unique Role



# Our Unique Role

1. What organizations external to DHMH are also working on this issue in Maryland?
2. What is our unique role?



# Our Unique Role

## 1. What organizations external to DHMH are working on this issue in Maryland?

- Area Health Education Centers
- State County Health Departments (With Oral Health “Children’s’ Clinics)
- Oral Health Impact Project
- National Maternal and Child Oral Health Resource Center
- ADA dental health coordinator project
- Children’s Dental Health Project
- Children’s oral health program
- The Maryland Children’s Oral Health Institute
- Oral health Initiative – a program of the American Academy of Pediatrics
- Kool Smiles
- Small Smiles
- CDC Oral Health – Children Health-e-Card
- Maryland’s Mouths Matter – Fluoride Varnish and Oral Health Screening
- Deamonte Driver Dental Project
- Mighty Tooth – Dental Sealant Program
- Dental Home Initiative – DentaQuest
- Maryland Healthy Smiles Program - DentaQuest
- EPSDT – Physicians
- MSDA Medicaid /SCHIP Dental Association
- Maryland healthy Kids Program



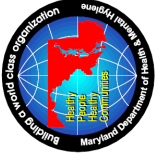
# Our Unique Role

2. What is our unique role?

*What can we do that is better, different or more efficient, will avoid confusion and duplication while also facilitating collaboration and leveraged resources?*



# Break



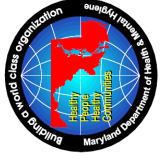
# Presentation of Research

**Alice M. Horowitz, PhD**

Research Associate Professor  
School of Public Health University of Maryland



# Barriers



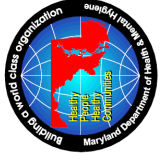
# Barriers

- Do not understand the need/risk/benefits
- Competing priorities
- Competing financial priorities
- No sense of urgency
- Parents/guardians do not know financial support is available
- Fear of government / fear of residency
- 117 languages are spoken in Maryland
- Illiteracy
- Kids are not sick so prevention / treatment is not perceived to be needed
- The use of emergency rooms meet their needs
- Preference for non-western medical practices
- Medicaid process is confusing
- Have had bad experiences
- Awareness does not ensure action
- Cannot find a suitable provider
- Concerns about confidentiality
- Multiple efforts could create confusion

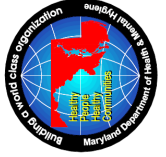




# Break & Lunch



# Benefits – Working Lunch



# Benefits

- Dental caries is predictable and preventable
- Healthy teeth let your child eat right and sleep right, allowing them to learn
- Can reduce the number of missed school days
- Will help prevent bad breath
- Can reduce the risk of bad speech
- Help improve your child's self-perception
- Can increase their employability when they are older
- Starting good behaviors early increases the chances they will extend through life
- You are among the majority of parents who understand dental health
- Talking action demonstrates that you are a sincere protector of your child



# Identify Potential Influencers

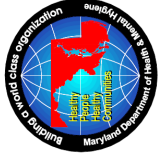


# Potential Influencers

- Schools
- Media
- Peers
- Religious leaders
- Tribal leaders
- Pediatricians
- Primary care physicians
- Nurses
- Dentists
- Hygienists
- Web/social media sites
- Employers
- Outreach workers
- Community organizations
- Social service agencies
- Local health departments

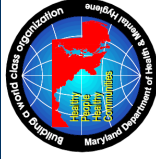


# Framing the Message



# Messages

What messages will overcome current barriers/shift priorities and increase perceived value and preference for oral healthcare?



# Tactics



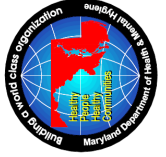


# Tactics

What tactics will best deliver those messages to the right audiences, in the right way, at the right time, to create the right understanding and the right action?



# Potential Partners



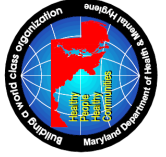
# Potential Partners

Who or what organization(s):

- Is already talking to these audiences?
- Is most trusted?
- Can help leverage our resources?



# Final Thoughts



# Next Steps

**John Welby, MS**

Project Director, Oral Health Literacy Program

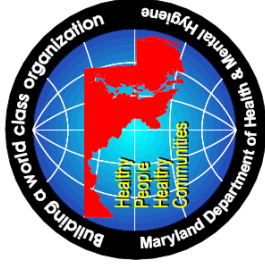


# Closing Comments

**Harry Goodman, DMD, MPH**

Director, Office of Oral health, Family Health  
Administration





**Thank You**

**Oral Health Literacy Campaign**  
**Working Group Meeting**

**4.7.2011**

## **Oral Health Literacy Campaign Working Group Meeting Notes**

**April 7, 2011**

### **Call to Order:**

The first meeting of Oral Health Literacy Campaign Work Group was held at the Maryland State Dental Association located in Columbia, Maryland on April 7, 2011. The meeting convened at approximately 10:10 a.m.

### **Attendees Present & Introductions:**

John Welby, M.S., Program Director Office of Oral Health  
Dr. Harry Goodman, M.S., Director Office of Oral Health  
Chris Leo, RDH, Office of Oral Health  
Keith Roberts, M.S., Office of Oral Health  
Stacy Costello, MPH, Office of Oral Health  
Daphne Alterma Johnson, MPH, Office of Oral Health  
Beth Lowe, R.D.H., M.P.H, National Maternal and Child Oral Health Resource Center  
Burnette Rahmaan, M.S., Baltimore City Head Start  
LaSandra Jackson, Administrative Assistant, Office of Oral Health  
Leigh Stevenson Cobb, JD/ MPH, Advocates for Children and Youth  
Alice Horowitz, PhD, University of MD, School of Public Health  
Lisa Bress, RDH, M.S., University of Maryland Dental School  
Keri Shoemaker, PRR  
Mike Rosen, PRR (Meeting Facilitator)

### **Absent:**

Colin Reusch, MPA

### **Background Meeting Goals Review –John Welby**

1. Creating awareness & belief that oral health is important
2. Provide tips for healthy behaviors
3. Provide easier access to care

### **Validate Program Parameters /Assumptions:**

- Validate program parameters and assumptions made to date
- Get a first look at research being undertaken and initial results
- Identify barriers and opportunities to reach our target audience
- Identify potential, campaign messages, outreach tactics and partners

### **Program Duration:**

18 months ending July 31, 2012



*Any desired extension will require additional funding*

**Program Objectives:**

**1. Public Health Objectives**

**Prevention 70% Access 30%**

- Alice thinks it should be weighted 80% Prevention/20% Access
- Beth: Suggests looking at more assessable points. Get claims data. There are a lot of counties now that has some kind of safety net clinic, would expect those numbers to increase.
- Leigh Stevens Cobb – Talked about how few kids see a dentist a year. Less than 50 percent get treatment. The Legislature is going to look at us and wonder what we have done with access care. It is not the end all be all. Perhaps 75% percent Prevention/25% Access. We need a metric. School kids are where there is understanding of oral health and homecare.
- Need to educate policy markers on what matters

Consensus seemed to be reached around 75% Prevention / 25% Access

**Prevention Wish List**

1. Mothers have the power to impact – 4 said first choice/ 3 said second choice \*\*
2. Oral health is important throughout life – 4 said first choice/ 2 said second choice
3. Oral health begins before birth – 2 said first choice/ 1 said second choice
4. After birth, oral care begins immediately
5. Once baby teeth appear, start cleaning them
6. Get fluoride on the teeth
7. Tooth decay is an infectious disease
8. Appropriate use of fluoride

Access – Get to dentist or EPSDT (Early Pediatric Screening Diagnosis) by first birthday (group had no concerns).

**2. Operational Objective:**

Demonstrate campaign effectiveness to facilitate further funding and support for sustainability

**Identify Target Audiences:**

**Primary**

Motion made by Alice Horowitz to change target age to 0-3, motion accepted

Mothers/Guardians of children ages 0-3 who are on Medicaid

- Subset of this audience includes pregnant women

**Secondary**

- Children age 2 to 6
- WIC, Early Head Start & Head Start, Medicaid EPSDT, well-child visits (with medical practitioners) and into elementary school

Mike asked the group to vote:

0-2:

2-6:

Up to 6:

Beth: Thinks groups in secondary audience should fall under primary (WIC kids) – Parents with children up to age 6. Group only wants one audience and prefers parents of children up to age 6.

From PowerPoint: What organizations external to DHMH are working on this issue?

- Area Health Education Centers
- State County Health Departments (With Oral Health “Children’s’ Clinics)
- Oral Health Impact Project
- National Maternal and Child Oral Health Resource Center
- ADA dental health coordinator project
- Children's Dental Health Project
- Children’s oral health program
- The Maryland Children’s Oral Health Institute
- Oral health Initiative – a program of the American Academy of Pediatrics
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- Mighty Tooth – Dental Sealant Program
- Dental Home Initiative – DentaQuest
- Maryland Healthy Smiles Program - DentaQuest
- EPSDT – Physicians
- MSDA Medicaid /SCHIP Dental Association
- Maryland healthy Kids Program

Added by participants

- FQHCs
- Nurse and Family Practitioners
- OBGYNs
- Mobile dentists
- Childcare Centers
- Judy Centers (part of Head Start)
- Head Start Programs
- WIC (part of DHMH)
- Adventure Dental
- University of Maryland School of Public Health
- University of Maryland Dental School
- Johns Hopkins School of Medicine
- George Washington School of Public Health and Health Services
- Maryland State Department of Education
- Maryland Department of the Environment (DOE)
- Maryland Department for the Aging
- Department of Social Services (county wide)
- State Oral Health Plan
- MCH
- Congressman Cummings office
- Senator Mikulski’s office

- Parents Place (special needs)
- The American Dental Association
- Nurse Practitioner Association of Maryland
- Maryland Academy of Family Physicians
- Maryland Hospital Association
- Maryland Dental Society
- Maryland State Dental Association
- American Academy of Pediatrics
- Maryland Academy of General Dentistry
- Robert T. Freeman Dental Society Foundation (Deamonte Driver Dental Project)
- Discharge Planning Nurses
- Text for Babies program
- B'More for Healthy Babies (advocates for children's use)

**Our Unique Role: What the program should do**

- Recommendations were made to target at birth, prenatal and/or preconception
- Facilitate Partnerships
- Target women as soon as they give birth (Leigh: Discharge is very important)
- Urge prenatal as the time to educate women
- Start impacting pregnant women about oral health and how they can transfer bacteria in their own mouths to their child while pregnant
- Target women at preconception
- Target Judy Center partners – social worker, school, Board of Education, Head Start –Jump Start. Chris is there talking about oral health needs.
- Suggestion perhaps there would be a benefit to convening a statewide dental and medical organizations summit/ forum with the hope of creating an 18 month unified effort

**Presentation of Research by Alice Horowitz, Research Associate Professor, School of Public Health, University of Maryland.**

- Review of Oral Health phone survey conducted in summer of 2010 which was designed to determine the understanding and practices regarding prevention and early detection of dental caries [tooth decay] of Maryland adults who have children in the household six years of age and younger. Alice noted: Because more than 60 percent of the respondents were college graduates these results are likely better than they are in reality.
- Focus of survey :
  - What do adults and caregivers practice with respect to oral health?
  - What is their perception of the communication skills of their oral health provider?
- 4 focus group surveys - results will be available this summer.
- Areas of concern:
  - Some Dentist, Hygienist and Nurse Practitioners do not believe in water fluoridation.
- Highlights:
  - Lower levels of Education / On Medicaid
  - Significantly less likely to have a dental appointment in the last 12 months (those over the age of 21 won't have access to dental care through Medicaid)
  - Children on Medicaid are less likely to drink tap water

- Most MD adults reasonably satisfied with dental communication
- African Americans expressed – more than twice as likely to report that they were treated differently and dentist don't provide all the info

**Questions asked:**

- Have you ever heard of fluoride?
- Do you know the purpose of fluoride? Only 58% knew the answer of this question
- Pit and fisher sealants: almost 65% claimed they heard of sealants
- Lower income on Medicaid – less likely to have kids signed up for Maryland DHMH Sealant program
- 70-75% could not recognize white spots – early tooth decay
- How many people actually use water units (filters) that take the fluoride out – growing number of these throughout MD.
- Almost everyone said that it is important to have correct information
- Over 60% indicated that they received their info from the dentist
- 46% said at their last dental appointment someone spoke to them about dental decay

**Dental Community**

- Be in the chair by age one – majority did want to see these kids
- Pediatricians not sending this message or referring children to dentist – not enough dentists to refer the kids to. Only a handful of pediatric dentists.

**Side Discussion:** In California they are teaching Head Start moms to apply varnish  
 Challenge: Getting kids to a dentist

**Barriers (working lunch):**

Identify barriers preventing our priority audiences from taking the requested action:

- Do not understand the need/risk/benefits
- Competing priorities
- Competing financial priorities
- No sense of urgency
- Parents/guardians do not know financial support is available
- Fear of government / fear of residency
- 117 languages are spoken in Maryland
- Lower levels of literacy
- Kids are not sick so prevention / treatment is not perceived to be needed
- The use of emergency rooms meet their needs
- Preference for non-western medical practices
- Medicaid process is confusing
- Have had bad experiences
- Awareness does not ensure action
- Cannot find a suitable provider
- Concerns about confidentiality
- Multiple efforts could create confusion

**Other Barriers that Group Identified:**

- Lack of provider knowledge and understanding
- Don't value oral health

- Health beliefs & Health practices – water is bad, lack of understanding about fluoride
- People don't value oral health as they don't know any better
- Anti-fluoride attitude
- Adults and their kids love soda
- Transportation issues (rural areas)
- Head Start – families who are not from this country, especially Hispanics – their feeling about oral health is that it is not important (cultural differences and attitudes)
- Seeing a dentist is painful – parent passes this fear onto child
- Adults don't have access to Medicaid unless pregnant

Critical Few (ranked by first choice and second choice by group):

1. Health values and beliefs (lack of self-perceived need) 6/1
2. Don't understand the need/risk benefit or impact 2/1
3. Competing priorities is big 0/3
4. Lack of skills and empowerment to do it 1/2
5. Understand need but just don't know how 0/2
6. No sense of urgency 1/0
7. Parents don't know that financial support is available 0/0
8. Dentists are not available when I am 0/0

First Choice: #1 Biggest Barrier

- Health values and beliefs (lack of self-perceived need)

Second Choice # 2 Biggest Barrier

- Competition for priorities

**Benefits:**

- Dental caries is predictable and preventable
- Healthy teeth let your child eat right and sleep right, allowing them to learn
- Can reduce the number of missed school days
- Will help prevent bad breath
- Can reduce the risk of bad speech
- Help improve your child's self-perception
- Can increase their employability when they are older
- Starting good behaviors early increases the chances they will extend through life
- You are among the majority of parents who understand dental health
- Talking action demonstrates that you are a sincere protector of your child

**Other Benefits that Group Identified:**

- Improve Parents & Child's Health
- Save money
- You will raise a healthier family
- Stop the rot and save lives
- Avoid the DD experience
- Infection in child's mouth vs. wording of tooth decay, Stop the infection before it starts
- Piece of mind
- Prevention/ keeps you ahead of the game
- Happy Child, kids will sleep better and won't be in pain

- Your child will thrive

Critical Few (ranked by first choice and second choice by group):

Prevention doesn't hurt 6/1

Prevention – keeps you ahead of the game – avoid painful fillings 2/2

You are a good parent/ protector 1/3

Your child will thrive 0/2

You are your child's first dentist and teacher 0/1

Taking action

Your child is dependent on you 0/0

Caries free at three 0/0

Two is too late

Disease of poverty

First Choice: #1 Biggest Benefit

- Prevention Doesn't Hurt

Second Choice # 2 Biggest Benefit

- You are a good parent and protector of your child

**Potential Influencers:**

- Schools
- Media
- Peers
- Religious leaders
- Tribal leaders
- Pediatricians
- Primary care physicians
- Nurses
- Dentists
- Hygienists
- Web/social media sites
- Employers
- Outreach workers
- Community organizations
- Social service agencies
- Local health departments

**Other Influencers that Group Identified:**

- Parents and Caregivers (Grandparents)
- Politicians, Midwives
- Hospital Discharge Planning Nurse
- Signs in high traffic places (grocery stores and pharmacies)
- Text for Babies Program
- Community Leaders (pastors)
- Home Visitors (outreach workers)
- MCOs (DentaQuest)

- Prenatal Classes at Hospitals
- OBGYN and Postpartum Hospital Units and Nurses
- Beauty and Barber Shops
- Walmart: Baby Days

### **Framing the Message:**

What messages will overcome current barriers/shift priorities and increase perceived value and preference for oral healthcare?

Alice: “Stop the Rot”

Caries free by 3

Two is too late

Leigh: Pictures of Baby Bottle mouth – very compelling to show a comparison of healthy teeth vs. rotten teeth

The Forgotten Orifice

Feed them right from the start

Prevention is painless

You can do it!

You are the most powerful weapon

You can prevent this disease

Beth: Prevention pays off

Stacy: Tell the DD story (don’t let that be your child)

Burnette: The word on the street about African Americans is the largest percentage of people affected, however this is not true. It’s not just a disease of poverty

Leigh: Feed them right from the start. Linking dietary risk factors to (juvenile diabetes) to oral health

Alice: The “F” word (fluoride)

The Evolution of care in the form of an Acronym (spell out the words)

Leigh: No juice before a year of age – a lot of parents are getting the message but giving it to them way too early (no juice in the bottle). If you must use a bottle at bed, give your child water

### **Program Outreach Tactics:**

How are we going to do this?

- Create a Dental Pyramid
- Provide discharge planners with outreach tools on oral health
- Text for mom’s who just delivered, following up with tips on oral health
- Birthing Centers – every parent gets a tooth survival kit
- Short video that moms watch about dental care in hospital rooms before or after delivery
- Include messages and hotline info in WIC Food Vouchers
- Follow-up messages with each tactic (don’t just give things to people once – we need to do more with messaging to really have an impact)
- Package message so that it is emotional and real
- Program needs an identifiable logo/image
- Early Head Start: when they register for Head Start include messaging about oral health program and show video during orientation
- Toolkit for medical providers
- Waiting rooms of obstetricians – video/ TVs and in FQACs
- Radio (reach and frequency – getting a bigger reach buy more radio)

- TV or PSA
- Talking to media to get news stories
- Paid media will use up all our dollars
- Video on website walking people through the tips
- Creative approach – go viral
- Elementary schools get automated phone messages
- Backpack mailers in schools
- John: reinforce emotional aspect – not going to be as effective with just getting information in front of them
- Toolkits for healthcare providers
- Pediatrician visits (choose one while you are pregnant)
- Summit of medical/dental community in May
- Call in radio shows like Larry Young, Mark Steiner Show
- Movie trailer for G rated – Tooth Fairy – Stand up boards where you could put your face in the hole for a picture
- Congressman Cummings involvement at a press event or speak at Summit
- Involve Athletes (Ravens, Orioles)
- Point of Purchase displays at pharmacy or grocery store
- Using kids to reach audience (kids influence their parents) Perhaps use kids similar to the Puget Sound Clean Air Agency TV spot PRR showed to influence their parents and speak on behalf of the issue
- Use “Baltimore” celebs like Michael Phelps, USA Olympic Swim Team
- Boys and Girls Club
- YMCA, Parks and Playgrounds
- Dental and Medical schools
- Same message in the same way but moving and exciting (a toolkit won’t work, they will use it initially and dump it)

**Where are these people already and which tactics can reach them?**

- Transit – bus, trains and bus stops
- Bus goes by with a bus wrap of a bombed out mouth or picture of tooth rot
- John: when you show the disease you turn people away. More positive results when highlight the benefits vs. an extreme case.
- Use more emotional messages as a way to easily understand the message
- Harry/Mike: Transit – Interior ads with telephone hotline and tear pad
- Harry: Billboard - I-95 to DC and another one on I-50 to Annapolis (route 50 on the way to Ocean City)
- Keith: Oral Health Facebook page
- Let’s not pay for it if we can (PSAs and earned media vs. paid advertising)
- Bulletin boards at churches, community centers, YMCA, Boys and Girls Clubs, daycare centers
- Videos and brochures in delivery room at the hospital
- Prenatal classes , hand out materials

**Potential Partners:**

- Proctor and Gamble
- Local Health Departments
- FQHCs
- OBGYNs



- Early head Start & Head Start
- Colgate
- DentaQuest, health Insurance
- CHIP (may have resources)
- Contests with school children about fluoride – through Head Start
- Population Health
- George Mason University Health Communications program
- GW public health program
- Hopkins research projects or Health Communications Departments
- Experts with Health Organizations
- Water System Providers at Municipalities - water engineers
- Rural water association
- Fluoridated water – nursery water (Deer Park)
- Solid Waste divisions
- Department of Ecology – get them to drink bottled fluoride water - something on the bottle that indicate a fluoride symbol
- Dental Schools
- Dental Supply Companies
- Foundations

#### **Final Thoughts:**

Each member of the Oral Health Literacy group gave final remarks about the campaign and the important components of the campaign.

**Lisa:** Message needs to be electronic, bright and different and in their face. Working on a project on an IT person oral health game for iPad – child and caregiver will learn while they do. Something like this could be used in a dental office or clinic waiting room.

**Alice:** Evidence based reviews of what prevents dental caries. Fluoride is the primary solution for our age groups. Preventative Services task force – you have to use fluoride and fit and Fisher sealants. Reinforce on getting more people to use fluoride appropriately. It is good for everyone as long as we have one natural tooth. Key message! Fluoride is one of the best kept secrets there is but we have not educated everyone

**Leigh:** She remembers the Washington State program where they highlighted specific things to remember in context of fluoride, water, varnish and used Building Blocks to spell out steps. Something you fall back to. Discussing up to – 3, if we collect data within the year or within six months to see what's happening to people – that is how we measure this. We really want to know what is happening to the three year olds vs. two on a county basis. You can't change what you can't measure. We have to break out the data within communities or race and ethnic groups to see if we are effective reaching these groups. It is for us to decide how to evaluate this campaign. Medicaid will need this data.

**Burnette:** Send a message that makes a real impact and inclusive of ALL ethnic and racial groups.

**Beth:** Biggest focus has to be on prevention. Beth agrees with Alice about fluoride and dental sealants. The most important person who implements the prevention is a parent who plays a key role. The messages should be inundated for specific groups and targeted for these groups and presented in vehicles where those groups tap into.

**Daphne:** Focus on evidence and what data is showing currently to target groups. Being targeted will give us a bigger bang for the buck. Prevention is key. Parents are critical to prevention. Start at home, start now and don't wait for someone else to take care of your child.

**Stacy:** Help people make the connection that the mouth is part of the body. Don't carry your childhood fears or bad experiences with the dentist over to your child. That emotion with mom and caregiver – make a personal connection.

**Keith:** Personal connection creates a sense of urgency. It's routine. You know you should do it. Creative is viral – plant the seeds it grows on its own. Tap MD Dental Action Coalition in to Summit.

**Chris:** Reinforce the 3 P's. Prevention, Partnering, Parents (spell fluoride with a P). Likes strong image, something catchy like ABC's blocks. One unified message across the state.

**Harry:** Wants parents and families to feel that they are empowered to solve this problem. Cross-cutting messages at all ages. Messages that everyone can get something out of. Fluoride affects everyone (adults and kids). He would also like to see kids and families in testimonials, advertisements to effectively target populations.

**John:** Message has to have heart and resonate emotionally with target audience. Need to give them a reason to believe it. Kids educating parents about fluoride (I can be caries free but mom I can't do it without you). John wants to get the group's thoughts on educable moments targeting moms.

- Depends on the age of mom (Alice). We have a lot of teenage mothers in Maryland
- Pre-K registration for elementary school and Head Start. Parents have to come in. needOpp to get messages out to them (Chris)
- School based clinics in MD (Beth)
- Elevate in Baltimore City (Leigh)

#### **Closing Comments:**

Closing comments present by Dr. Harry Goodman and John Welby, Project Director.

John: Thanked the group. DHMH goal is to launch in September (will utilize partnerships, communications techniques and messages we talked about today). The plan is to communicate with this working group regularly or contact you directly.

Harry: This is sort of a dream come true in MD. Always thought this was a missing link along with case management – get kids connected to prevention, education, treatment. MD first out there for a model.

#### **Meeting Afterthoughts:**

Alice: asked about toolkits. Harry: We hope campaign goes beyond 2012 – create products that endure. We have to continue. We need to think now how that is going to happen. Look at partners who can carry messages for us. Website and hotline.

Alice: Thinks we need to rattle cages of public and providers to keep this program funded beyond the 18 months. We have to be consistent and loud to cut through clutter

Mike: It's about Longevity: You don't want to pay us a dime for things that anyone else can do. That too will help stretch and ensure a foundation.

Think about ways to measure: this is how you help make it sustainable  
Message of prevention is a tough one to measure

How many kids have fluoride treatments and varnish, how many prevention kits went out, follow-up?  
Already have the pre-campaign survey (wants surveys as they are statistically valid). Do a better job with low SCS. Low income on cell phone and don't want to give up minutes to do a survey.

**Next Steps:**

- Review Minutes (PRR and DHMH)
- Follow-up meeting (may re-convene before campaign launch)
- Synthesize the information to develop comprehensive plan
- Goal is the launch campaign in September 2011
- Continued communication
- Sustainability-Partnerships

**1:35pm Meeting adjourned**

Minutes submitted by LaSandra Jackson, DHMH and Keri Shoemaker, PRR

# Appendix D:

## Advisory Committee Materials

Agenda, Power Point presentation & notes (Apr 28, 2011)



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## **A Vision for Maryland – Creating the Oral Health Literacy Campaign**

### **Advisory Committee Meeting at MDTA**

#### **AGENDA**

**April 28, 2011**

- 5:30 p.m. – 5:45 p.m. Introductions & Welcome
- 5:45 p.m. – 5:55 p.m. Background
- 5:55 p.m. – 6:10 p.m. Marketing Realities
- 6:10 p.m. – 6:25 p.m. Initial Research Findings
- 6:25 p.m. – 7:10 p.m. Guidance From Working Group
- 7:10 p.m. – 7:25 p.m. Additional Thoughts From Advisors
- 7:25 p.m. – 7:30 p.m. Next steps
- 7:30 p.m. Adjourn



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
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## A Vision for Maryland – Creating the Oral Health Literacy Campaign

### Advisory Committee

#### ANNOTATED AGENDA

April 28, 2011

- 5:30 - 5:45 15 Introductions & Welcome** **Harry**
- Welcome
  - Introductions
- 5:45 – 5:55 10 Background** **John**
- What is an Oral Health Literacy Social Marketing Initiative?
  - Why is an Oral Health Literacy Social Marketing Initiative needed?
  - What has taken place?
  - What is your charge?
- 5:55 – 6:10 15 Why a Social Marketing Approach?** **Rosen**
- Agenda review
  - When information is NOT enough
  - Setting the tone
  - Information vs. Emotional Communication / Understanding vs. Feeling
  - The reality of someone hearing your message
  - Cutting through the noise
  - The Need to Focus (campaign can not communicate everything to everyone)
  - Limited funds w/broad message spread over a wide audience = limited results
  - Limited funds w/targeted message focused on a specific audience = significant results
- 6:10 – 6:25 15 Initial Research Findings** **Keri**
- Summarize Alice's findings from the 2 page document she sent us

**6:25 – 7:10 45 Guidance From Working Group**

**Rosen**

- What have we learned (Review Work Group progress)
- Program parameters:
  - Budget – Resources – What we are spending vs. What others are spending
  - Duration
  - Public Health Goals: Prevention and Access
    - Prevention and access (*Weighted 70% prevention and 30% access*)
  - Operational Goal
    - Demonstrate campaign impacts to facilitate further funding and support
  - Audience – (focus) Everyone vs. tightly defined, specific
    - Primary – At risk children – Age 0 – 3 Mothers/Guardians on Medicaid, SCHIP
    - Secondary - three to 6
  - Our Unique Roll
  - Barriers
  - Benefits
  - Influencers
  - Outreach Tactics
  - Potential Partners

**7:10 – 7:25 15 Additional Thoughts From Advisors**

**Rosen**

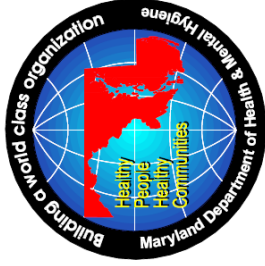
**7:25 – 7:30 5 Next steps**

**John**

- Convene Oral Health Literacy Strategic Partnership Council
- Create comprehensive communication plan w/time line
- Develop and refine creative approach
- Create and produce outreach materials
- Launch campaign – September

**7:30**

**Adjourn**



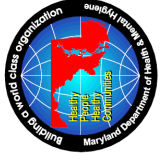
**WELCOME**

**Oral Health Literacy Campaign**  
**Advisory Group Meeting**

**4.28.2011**



# Introductions



# Introductions & Welcome

**Harry Goodman, DMD, MPH**

Director, Office of Oral Health, Family Health  
Administration



# Background

**John Welby, MS**

Project Director, Oral Health Literacy Program



# What is an Oral Health Literacy Social Marketing Initiative?



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## Health literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.



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The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

## Marketing

It is an integrated process through which companies and organizations build strong customer relationships and create value for their customers and themselves.



# What is an Oral Health Literacy Social Marketing Initiative?

## Health literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

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It is an integrated process through which companies and organizations build strong customer relationships and create value for their customers and themselves.

## Social marketing

The systematic application of marketing along with other concepts and techniques, to achieve specific behavioral goals for a social good.



# What is an Oral Health Literacy Social Marketing Initiative?

## Health literacy

The degree to which individuals have the capacity to obtain, process and **understand basic health information** and services needed to **make appropriate health decisions**.

## Marketing

It is an integrated process through which companies and organizations **build strong customer relationships and create value** for their customers and themselves.

## Social marketing

The systematic application of marketing along with other concepts and techniques, to **achieve specific behavioral goals for a social good**.





# Why is an Oral Health Literacy Social Marketing Initiative needed?

- Tooth decay is the single most common childhood disease nationwide
- Dental disease continues to increase among children
- One third of children entering school will have untreated decay in their primary teeth
- Dental disease can affect a child's wellbeing and self esteem – It can cause serious health problems and even death
- Maryland has made great progress – but not enough



## What has taken place?

- Issued RFP and the response
- Hired Project Director
- Choose Social Marketing Firm
- Worked with University of Maryland School of Public Health
- Created Work Group – Held first session
- Created and assembled Advisory Group
- In the process of assembling stakeholders and creating partnerships



# What is your charge?

- Maintain a broad vision of the Oral Health Literacy Campaign
- Provide guidance, direction
- Make sure our content is accurate, our message is clear, and our impact strong
- See to it that the project stays on track and reaches its goals

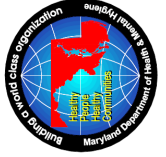


# Agenda

- ✓ 5:30 – 5:45 Introductions & Welcome
- ✓ 5:45 – 5:55 Background
- 5:55 – 6:10 Marketing Realities
- 6:10 – 6:25 Initial Research Findings
- 6:25 – 7:05 Guidance From Working Group
- 7:05 – 7:25 Additional Thoughts From Advisors
- 7:25 – 7:30 Next Steps
- 7:30 Adjourn



# Marketing Realities



We each get between **3,000** and **5,000** marketing messages each day



There is a lot to absorb

More information has been produced in  
the last **30** years than in the previous  
**5,000**.



# People already have a lot on their mind

- Existing Health
- Money
- Family
- Job
- Relationships
- Safety
- Education





## And...

- Natural disasters
- The economy
- War
- Crime
- Terrorism
- Outsourcing
- Religion
- Chores at home
- World hunger
- The environment



# We have lost confidence in...

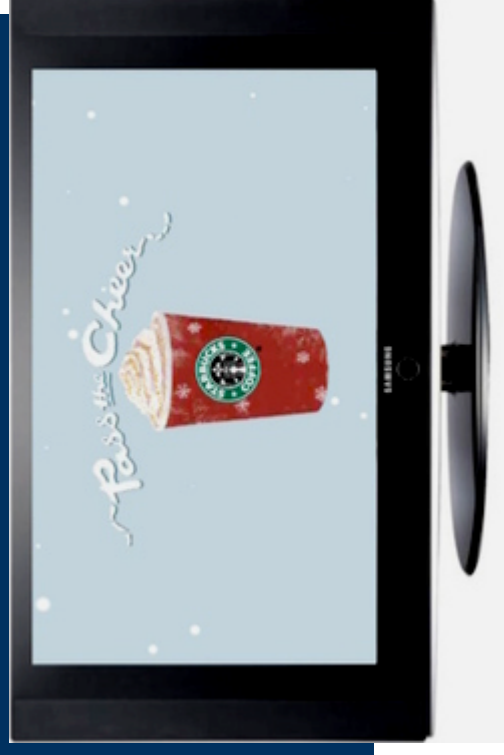
- Financial institutions
- Employers
- Day care providers
- Elderly care providers
- Religious leaders
- Pharmaceutical companies
- Republicans
- Democrats
- Pit bulls
- The judicial system
- Plastic
- Health care providers
- Social Security
- Safe water
- Martha Stewart
- Carbs
- FDA
- Ourselves
- Stock market



How we communicate has changed.

**117** prime-time spots are required to reach **80%** of Americans.

Compared to just **3** in 1979



## Others have **WAY** more \$ than we do

- Coca-Cola \$2,400,000,000
- L'Oreal \$4,560,000,000
- Nestle \$2,620,000,000
- Toyota \$2,310,000,000
- Proctor & Gamble \$8,680,000,000

*Media spending in 2009*



# The way to change The world

is friend-to-friend  
face-to-face



**3.5 BILLION** branded Word-of-Mouth  
conversations per day



The typical American takes part in  
**125 CONVERSATIONS** per week that  
discuss products or services



# 92% PREFER WORD OF MOUTH RECOMMENDATION





**14,000**  
Positive  
Referrals

**70%** → **Tell 2** =

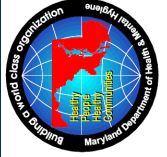
Satisfied



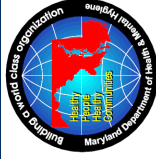
**10,000**  
Customers  
Served

**18,000**  
Negative  
Referrals

**30%** → **Tell 6** =  
Dissatisfied

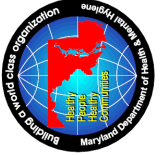


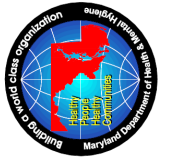
Bad news moves three times as quickly.



Feature.3 **Promotion**  
No.Look.Over.HERE  
Sign.Up.Now <sup>Feature.2</sup> **Services**  
<sup>Promotions</sup> **Best** <sup>Feature.4</sup> **Products**  
Click.Here **Special.Offer**  
Look.Over.Here  
Try.It.Free







**6 to 9 OPEN**

The joint is jumpin'!

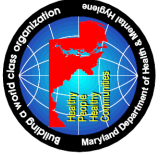
Established 1916

The San Diego Zoo

OVER 5000 ANIMALS

Admission  
 Adults \$13.00  
 Children \$6.50

**Take 163 to Park Blvd. and turn left.**

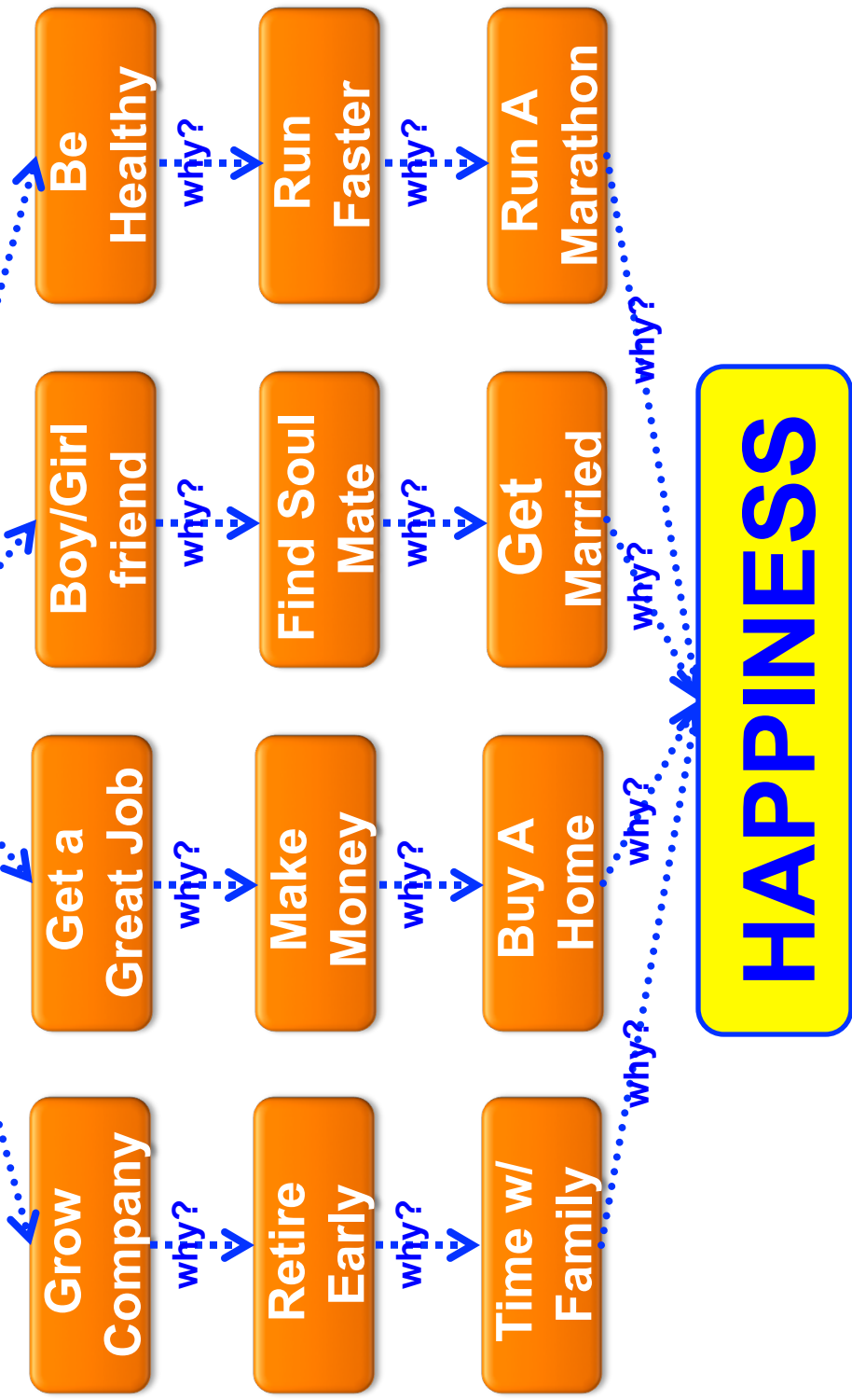


**The way to the head  
is through the heart**

80 percent of decision making is emotional



# What is your goal in life?





# Initial Research Findings



# Methodology

1. **Adult telephone survey – 803 adults**  
Age 18+ with a child 6 or younger
2. 4 focus groups conducted  
Age 18+ with a child 6 or younger or if mother or guardian was pregnant
3. Questionnaire to General Dentists, Pediatric Dentists, Dental Hygienists
4. Questionnaire to Family Practice Physicians, Pediatricians, Nurse Practitioners
5. WIC and Head Start Directors (Focus groups have not yet been conducted)



# Research objective

Determine the understanding and practices regarding prevention and early detection of dental caries [tooth decay] of Maryland adults who have children in the household six years of age and younger.

*Limitations: Because more than 60 percent of the respondents were college graduates these results are likely better than they are in reality.*



# Initial Research Findings

Maryland adults have limited knowledge about how to prevent tooth decay. Adults with lower levels of education and whose child has no dental insurance, or is on Medicaid, have the lowest levels of understanding.



# Initial Research Findings

- 98% said they had heard of fluoride
- Only 58% knew the purpose of fluoride
- 65 % had heard of dental sealants
- Of those, only 46% knew their purpose
- Only 23% could identify an early sign of tooth decay
- 77% could not identify an early sign of tooth decay



# Initial Research Findings

- Adults with high school or less education, under age 35, single, female, African American and whose child was on Medicaid were **significantly more likely to put their child to bed with a bottle.**
- Adults with the lowest level of education and whose child is on Medicaid were **significantly less likely to have had a dental appointment in the past 12 months.**
- Adults with lower levels of education, African Americans and whose child is on Medicaid were **significantly less likely to drink tap water.**



# Initial Research Findings

- 61% of adults reported their **primary source of dental information was their dentist.**
- 88% replied that having accurate **information about preventing tooth decay was ‘very important.’**
- 46% responded ‘yes’ that **someone spoke with them about preventing tooth decay for one of their children** at their last dental appointment.
- 40% were **‘very concerned’** about their child getting tooth decay in the future.
- 21% were **‘not at all concerned.’**



# Initial Research Findings

- Adults with private dental insurance were significantly more likely than those with Medicaid to report favorably about their **providers listening practices**.
- Respondents with lower levels of education were significantly more likely to respond less favorably about the **communication practices of dentists and staff**.
- African Americans were significantly more likely to express lower satisfaction with the amount of **time their dentist spent with them**.
- African Americans were more than twice as likely to report they were **treated unfairly due to their race, ethnicity or level of education**.





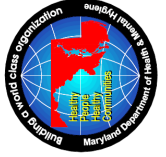
# Initial Research Findings

Focus Groups (Analysis not completed)

- Did not know what to ask their providers
- Primarily rely on family members for information
- Moms are not drinking the public water – concerns about lead, etc
- Did not know if toothpaste had fluoride (Bought cheapest)
- Don't believe primary (baby) teeth are important.



# Guidance From Working Group



# Working Group Members

**Beth Lowe, R.D.H., M.P.H.** Health Education Specialist  
National Maternal and Child Oral Health Resource Center

**Colin Reusch, MPA** Project Associate  
Children's Dental Health Project

**Alice M. Horowitz, PhD** Research Associate Professor  
School of Public Health University of Maryland

**Chris Leo, RDH, BS** Field Program Coordinator  
Office of Oral Health Maryland Department of Health and Mental Hygiene

**Lisa Bress, RDH, MS** Senior Clinic Coordinator  
Division of Dental Hygiene University Of Maryland Dental School

**Stacy Costello, MPH, CHES** Health Educator  
Office of Oral Health Maryland Department of Health and Mental Hygiene

**Burnette Rahmaan, MHS** Baltimore City Head Start  
Asst Coordinator Preschool Programs – Health

**Leigh Stevenson Cobb, JD/MPH** Health Policy Director  
Advocates for Children & Youth

**Daphene Altema-Johnson, MPH, MBA** Epidemiologist/Evaluation Scientist  
Office of Oral Health Maryland Department of Health and Mental Hygiene



# Guidance From Working Group

- **Program budget**
    - Funds available through the PRR contract:
      - \$845,000.00 for the base period
      - \$20,000 for each of two one-year options
- Option years are intended to support ongoing hotline and website activities.*



# Guidance From Working Group

- **Program duration**

18 months ending July 31, 2012

*Any desired extension will require additional funding*



# Guidance From Working Group

- **Objective(s)** – outcomes and desired actions
  - I. Public Health Objectives
  - II. Operational Objective



# Guidance From Working Group

- **Objective(s)** – outcomes and desired actions

## I. Public Health Objectives

*Prevention*

*Access*



# Guidance From Working Group

- Objective(s) – outcomes and desired actions

## I. Public Health Objectives

*Prevention* 75%

*Access* 25%





# Guidance From Working Group

- **Objective(s) – outcomes and desired actions**

## I. Public Health Objectives

*Prevention 75%*

1. *Empower mothers (You can have an impact)*
2. *Oral health is important throughout life*
3. *Oral health begins before birth*
  - *After birth oral health begins immediately*
  - *Once the teeth appear – start cleaning them*
  - *Appropriate us of fluoride*
  - *Avoid sleeping with baby bottle/sippy cups (only water)*
  - *Tooth decay is an infectious disease*



# Guidance From Working Group

- **Objective(s) – outcomes and desired actions**

- I. Public Health Objectives

Access

*Get to the dentist or EPSDT by first birthday*



# Guidance From Working Group

- **Objective(s)** – outcomes and desired actions

- I. Operational Objectives

*Demonstrate campaign impacts to facilitate further funding and support*



# Guidance From Working Group

- **Primary and secondary Audience(s)**

- **Primary:**

- Mothers/Guardians of children up through age three who are on Medicaid, SCHIP
- Subset of this audience includes pregnant women

- **Secondary:**

- Mothers/Guardians of children ages four to six



# Guidance From Working Group

- **Our unique role**  
Organizations also working this issue in Maryland?



Area Health Education Centers  
State County Health Departments w/Oral Health Clinics  
Oral Health Impact Project  
National Maternal and Child Oral Health Resource Center  
ADA dental health coordinator project  
Children's Dental Health Project  
Children's oral health program  
The Maryland Children's Oral Health Institute  
Oral health Initiative (AAP)  
Kool Smiles  
Small Smiles  
CDC Oral Health  
Maryland's Mouths Matter  
Deamonte Driver Dental Project  
Mighty Tooth – Dental Sealant Program  
Dental Home Initiative – DentaQuest  
Maryland Healthy Smiles Program - DentaQuest  
EPSDT – Physicians  
Mobile dentists  
Childcare Centers  
Judy Centers (part of Head Start)  
Head Start Programs  
WIC (part of DHMH)  
Adventure Dental  
University of Maryland School of Public Health  
University of Maryland Dental School

Johns Hopkins School of Medicine  
George Washington School of Public Health & Health Services  
Maryland State Department of Education  
Maryland Department of the Environment (DOE)  
Maryland Department for the Aging  
Department of Social Services (county wide)  
State Oral Health Plan  
MCH  
Congressman Cummings office  
Senator Mikulski's office  
Parents Place (special needs)  
The American Dental Association  
Maryland Dental Society  
Maryland State Dental Association  
American Academy of Pediatrics  
Maryland Academy of General Dentistry  
Robert T. Freeman Dental Society Foundation  
Discharge Planning Nurses  
Text for Babies program  
B'More for Healthy Babies  
MSDA Medicaid /SCHIP Dental Association  
Maryland healthy Kids Program  
FQHCs  
Nurse and Family Practitioners  
OBGYNs  
Nurse Practitioner Association of Maryland  
Maryland Academy of Family Physicians  
Maryland Hospital Association



# Guidance From Working Group

- **Our unique role**

*What can we do that is better, different or more efficient, will avoid confusion and duplication while also facilitating collaboration and leveraged resources?*



# Guidance From Working Group

- **Our unique role**

*What can we do that is better, different or more efficient, will avoid confusion and duplication while also facilitating collaboration and leveraged resources?*

1. Act as a facilitator for collaboration of other groups
2. Target women as soon as they give birth





# Guidance From Working Group

- **Barriers (primary)**

#1 Lack of perceived need

#2 Competition for priorities



# Guidance From Working Group

- Barriers (others)



Anti-fluoride attitude  
Parent passes fear onto child  
Lack of skills / empowerment  
No sense of urgency  
Competing financial priorities  
No sense of urgency  
Don't know financial support is available  
Fear of government / residency  
117 languages spoken in Maryland  
Lower levels of literacy  
Kids aren't sick / no perceived need  
Emergency rooms meet needs  
Prefer non-western medicine  
Medicaid process is confusing

Have had bad experiences  
Reduces bad breath  
Concerns about confidentiality  
Multiple efforts create confusion  
Dentists not available when I am  
Lack of provider knowledge  
Don't value oral health  
Believe water is bad  
Adults and their kids love soda  
Transportation issues (rural areas)  
No access to Medicaid unless pregnant  
Awareness does not ensure action  
Cannot find a suitable provider



# Guidance From Working Group

- **Benefits (primary)**

#1 Prevention is painless

#2 You are a good parent and protector of your child



# Guidance From Working Group

- Benefits (others)



Keeps you ahead of the game/avoid painful fillings  
They can improve their health as well as child's health  
You are your child's first dentist and teacher  
Dental caries is predictable and preventable  
Healthy teeth let your child eat/sleep right, allowing them to learn  
Can reduce the number of missed school days  
Infection not decay. Stop the infection before it starts  
Happy Child, kids will sleep better and won't be in pain  
Can reduce the risk of bad speech  
Help improve your child's self-perception  
Can increase their employability when they are older  
Starting early increases the chances they will extend through life  
You're among the majority of parents who understand dental health  
Your child is dependent on you  
Save money  
Caries free at three  
Will help prevent bad breath  
You will raise a healthier family  
Avoid the DD experience  
Piece of mind  
Keeps you ahead of the game  
Your child will thrive



# Guidance From Working Group

- Influencers



Social service agencies  
Local health departments  
Grandmother / caregiver  
Politicians, Midwives  
Hospital Discharge nurses  
Text for babies program  
Community Leaders (pastors)  
Home visitors (outreach workers)  
MCOs (DentaQuest)  
Prenatal classes at hospitals  
OBGYN  
Beauty and Barber shops  
Walmart: Baby Days

Schools  
Media  
Peers  
Religious leaders  
Tribal leaders  
Pediatricians  
Primary care physicians  
Nurses  
Dentists  
Hygienists  
Web/social media sites  
Employers  
Outreach workers  
Community organizations





# Guidance From Working Group

- Potential Tactics



Create a Dental Pyramid  
Toolkit for discharge planners  
Toolkit for medical providers  
Utilize athletes (Ravens, Orioles, Phelps)  
Text for mom's who just delivered  
Follow-up tips for new moms  
Parent receives survival kit from birthing center  
Video for use at birthing center  
Include info in WIC Food Vouchers  
Use emotional and real messages  
Program needs identifiable logo/image  
Education when register for Head Start  
Paid media TV/radio/billboard/transit  
Utilize others  
Boys and Girls Club  
YMCA  
Parks  
Churches  
Daycare  
Prenatal care

Bus tear-off pads  
Earned media  
Automated school phone messages  
Backpack mailers in schools  
Summit of potential partner community  
Movie trailers/lobby displays  
Utilize Congressman Cummings  
Video on website  
POP at pharmacy or grocery store  
Using kids as spokespeople in ads  
Dental and Medical schools  
Facebook page



# Guidance From Working Group

## ■ Other potential partners

P & G	Hopkins research /health communications departments
Local health dept, FQHC, OB	George Mason University health communications program
Colgate	Dental supply companies
DentaQuest, health Insurance	Experts with Health Organizations
CHIP	Water system providers - water engineers
School contests about fluoride	Rural water association
Population health	Fluoridated water – nursery water (Deer Park)
Part access to care	Solid Waste divisions at counties and cities
Foundations	DOE- bottle labels indicating fluoride symbol
GW public health program	Dental school – do outreach work for free



# Your Thoughts?



# Next Steps

**John Welby, MS**

Project Director, Oral Health Literacy Program



# Next Steps

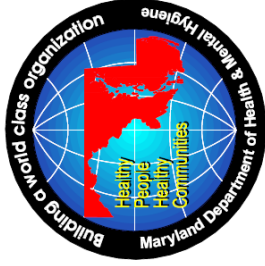
- Convene Oral Health Literacy Strategic Partnership Council
  - Create comprehensive communication plan (with time line)
  - Create and place media buy
  - Develop and refine the creative approach
  - Create and produce materials
  - September – Launch campaign and mobilize partnerships
- 
- Next Advisory Group meeting



# What is your charge?

- Maintain a broad vision of the Oral Health Literacy Campaign
- Provide guidance, direction
- Make sure our content is accurate, our message is clear, and our impact strong
- See to it that the project stays on track and reaches its goals





**Thank You**

**Oral Health Literacy Campaign**  
**Advisory Group Meeting**

**4.28.2011**



**A Vision for Maryland - Creating the Oral Health Literacy Campaign  
Advisory Committee Meeting at MDTA  
April 28, 2011**

**Advisory Committee Attendees:**

- Mike Rosen, PRR
- John Welby, Office of Oral Health, DHMH
- Leslie Stevens, RDH, BS, Maryland Oral Health Association, Dental Program Administrator, Allegany County Health Department
- Dr. Harry Goodman, Director, Office of Oral Health, DHMH
- Keith Roberts, M.S., Office of Oral Health, DHMH
- Katrina Holt, National Maternal and Child Oral Health Resource Center
- Rachel Plotnick, MD FAAP
- Tequila Terry, Executive Director, Maryland Healthy Smiles Dental Program, DentaQuest
- Barbara Klein, Associate Vice President, University of Maryland, Baltimore
- Leigh Stevenson Cobb, JD/MPH, Health Policy Director, Advocates for Children & Youth
- Winifred J. Booker, DDS, CEO and Director of Development, The Maryland Children's Oral Health Institute
- Peter J. Holmes, IOM, MS, Director of Governance & Public Policy MDTA
- Penny Anderson, Executive Director, Maryland Dental Action Coalition
- Dr. Mark D. Macek, Associate Professor, Program in Health Services Research Department of Health Promotion and Policy Director, Office of Instructional Evaluation, University of Maryland Dental School
- Salliann Alborn, CEO, Maryland Community Health System/Community Health Integrated Partnership
- Colin Reusch, MPA, Project Associate Children's Dental Health Project
- Miguel McInnis, MPH, CEO, Mid-Atlantic Association of Community Health Centers
- Jonathan Landers, Executive Director, National Museum of Dentistry
- Keri Shoemaker, PRR
- Karen Black, DHMH, Office of Communications
- Laurie Norris, Senior Policy Advisor & Coordinator, CMS Oral Health Initiative, Division of Quality, Evaluation, and Health Outcomes

**Joining by Phone:**

- Alice Middleton, Esq. Acting Deputy Director of Planning, Office of Planning, Medical Care Programs

**A Vision for Maryland - Creating the Oral Health Literacy Campaign  
Advisory Committee Meeting at MDTA  
April 28, 2011**

- Heidi Ross, Health Policy Advisor, Congressman Cummings Office
- Dr. Warren Brill, DMD, MS (HYG), FAAPD

**Absent:**

- Alice M. Horowitz, Research Associate Professor, School of Public health, University of Maryland School of Public Health

**Introductions and Welcome (Harry Goldman, DHMH)**

- Harry Goodman, Director, opens meeting at 5:30pm

**Background (John Welby, DHMH)**

- What is an Oral Health Literacy Social Marketing Initiative?
- Why is an Oral Health Literacy Social Marketing Initiative Needed?
- What has taken place?
- What is your charge?

**Why a Social Marketing Approach? (Mike Rosen, PRR)**

- Agenda review
- When information is NOT enough
- Setting the tone
- Information vs. Emotional Communication/ Understanding vs. Feeling
- The reality of someone hearing your message
- Cutting through the noise

**Initial Research Findings (Keri Shoemaker, PRR)**

Summarize the University of Maryland's Research Findings conducted on behalf of the Office of Oral Health.

**Research Objective:**

Determine the understanding and practices regarding prevention and early detection of dental caries of Maryland adults who have children in the household six years of age and younger.

**Research Methodology:**

- Adult Telephone Survey – 803 Maryland adults age 18+ with a child 6 or younger

**A Vision for Maryland - Creating the Oral Health Literacy Campaign  
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- Four focus groups were conducted with adults age 18+ with a child 6 years or younger to find out what people have heard about preventing cavities.
- Questionnaires to general dentists, pediatric dentists, dental hygienists
- Questionnaire to family practice physicians, pediatricians, nurse practitioners
- WIC and Head Start directors (focus groups have not been conducted)

**Initial Research Findings:**

Maryland Adults have limited knowledge about how to prevent tooth decay. Adults with lower levels of education and whose child has no dental insurance or is on Medicaid, have the lowest levels of understanding.

**Guidance from the Working Group (Mike Rosen)**

What we have learned (review of Working Group progress)

- Budget Resources- what we are spending vs. what others are spending (budget for first 18 months is \$845,000)
- Program duration (18 months)
- Public Health Goals: Prevention and Access (Weighted 70% Prevention and 30% Access)

Mike asked the group to for feedback on Public Health Goals

- o Miguel. Feels access should be at a higher percentage. Depending on where you are in the state.
- o Mark: Agreed with Miguel and felt Access should be higher
- o Barbara: Thinks that access has been enhanced and that we need to put more emphasis on prevention
- o John W: Suggested that access be tabled until a discussion of audience has occurred.
- Audience - (focus) Everyone vs. tightly defined, specific audience
  - o Primary – at risk children – age 0-3 (Mothers/Guardians on Medicaid, SCHIP)
  - o Secondary – 3-6

Mike asked the group to for feedback on Public Health Goals. Here's what the group said:

**A Vision for Maryland - Creating the Oral Health Literacy Campaign  
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- Miguel: Female headed households. Access/prevention makes sense within context.
- Katrina: A subset of pregnant woman is important. Sets the stage for reinforced oral health behavior throughout pregnancy. Focus on prevention and shift behaviors and attitudes about Oral Health. Women are eager to hear messages during pre-natal. AND THEY HAVE ACCESS WHILE THEY ARE PREGNANT
- Tequila: at the Maryland Healthy Smile's program we see very few pregnant woman
- Salliann: Start with woman who are pregnant and on Medicaid. At what month are they getting pre-natal care and target them at this stage.
- Laurie: It's a numbers question. Not doing a good job seeing pregnant woman on the dental side. It will be midwife or nurse who will influence this group.

**Additional Thoughts from Advisors:**

**Target these two groups:**

- Give Kids a Smile – ADA Program
- Dental Hygienists Association

**- Barriers:**

The group identified additional barriers that were not listed previously.

These include:

- Lack of alternatives
- Perception of norm is different
- Economics – in the case of the families Jonathon Landers see's at the National Museum of Dentistry in Maryland is a trade off. If the kid does not have teeth, I'm not going to buy an expensive toothbrush. Trade off. How you present immediacy.

**- Benefits:**

The group identified additional benefits that were not listed previously.

These include:

**A Vision for Maryland - Creating the Oral Health Literacy Campaign**  
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**April 28, 2011**

- Mark: We need to empower these parents (locus of control). Messages need to reinforce that “you can do this”. These things are simple. This is all you have to do to do this. Create a sense of urgency (similar to Deamonte Driver).  
How do we raise the noise level?
- Laurie: Reminded about where we started. We are looking for behavior change and we need to make it simple. In all the years working with homeless families we’ve always had toothbrushes and toothpaste at our disposal. We would show up with these products even if the purpose of our visit was to discuss education. Kids get more excited about toothbrushes and toothpaste. Suggestion: Give a toothbrush and toothpaste to each woman after OB-GYN or pre-natal appointment. Help them have the tools to change behavior.
- Miguel: Messages need to be positive
- Katrina: Parents say over and over that there are inconsistencies in messages. What their immediate family says is different info from what a provider will tell them. We can agree on a few simple messages. Parents need to hear the same message from ALL of us.
- Rachel: Amazing things have been done for children’s health including vaccines. How are we going to ask parents to care for their kids teeth similar to getting their child vaccinated?
- Leslie: Alice Horowitz gave a presentation about keeping messages simple and focused on fluoride. She remembers how big of a response she received.
- Tequila: We need to create a sense of urgency with messages
- John L: show what it looks like when it’s bad. When you put it in those terms you up the stakes, to give them more immediacy. This is what can happen to your child if you don’t do anything about it. I don’t want my kids to end up like I did. Legacy is a strong motivator.
- Winifred: MD no longer needs to ask physicians to let kids to go to ER. Show a picture of more pain with tooth decay in a child’s mouth. Morphing video. Have that mother’s attention while she is pregnant. After the baby is born, her concern is around how she is going to feed her child and herself. This is an issue she will address when child’s

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tooth comes in – that’s when you show her the picture of baby bottle tooth decay (more insertion points to be educable).

- Salliann – There are significant problems if you don’t have good oral health while you are young. Rachel thinks that is too far out.

- Influencers:

Mike asked the group for feedback on influencer groups in addition to the list agreed upon by the Working Group. Here’s what the group said:

- Add WIC to this list and Head Start
- Depend on which stage they are on the continuum of care – OB-GYN resource at that stage. After baby, PCP or church – provide different touch points along continuum.
- Beauty shops, malls or consignment stores
- WIC coupon for toothbrush and jumbo size toothpaste. Grocery store that caters to Medicaid population - drugstores tend to be more egalitarian in terms of neighbors.
- Community leaders, pastors (health ministry). Help engage them about oral health and good health among pastors. Help them make the connection for their congregations.
- Link prevention back to access. Make sure OBGYN and Pediatrician gives it out.
- John L suggests reaching out directly to teachers vs. the school districts as teachers spend \$150 of their own money to supplement in a class and they’ll be more effective influencer group for this message.

- Outreach Tactics:

Mike asked the group to review the list of outreach tactics the Working Group identified and to weigh in / provide additional ideas to consider.

- Katrina: Milk or water – partner with manufacturer (back to sleep) simple message to put on a bottle.

- Other potential partners:

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Mike asked the group to review the list of outreach tactics the Working Group identified and to weigh in / provide additional ideas to consider.

- Winifred. Bottles for Brushes (time to wean the baby off the bottle or breastfeeding). Partner throws in the toothpaste.
- Dollar Stores
- Group that supports breast feeding (reinforce other oral habits – good nutrition) as part of Medicaid.

**You're Thoughts:**

**Mike asked each person to share a final thought before the conclusion of the meeting:**

- Laurie: What other things do women do that is network oriented. Avon/Mary Kay. Why can't Medicaid pay for fluoridated toothpaste?
- Leslie: Does not like the Prevention is painless message is it implies negative dental pain. Many members of the Advisory Committee agreed.
- Tequila. Create a sense of urgency. Audience understands it's critical
- Salliann: Needs to be Economical enough to be repeated!
- Winifred: Get physicians to sign up for Medicaid providing care for kids.
- John L: Need to find a distribution partner to help DHMH deliver information to their audiences. Look at McDonalds for example, they need some halo polishing. There is someone that needs a positive view and you get each audience. Also, children have an influence on younger siblings. Get schools to get their kids to brush their teeth. So that older kids learn about these behaviors in class and then become missionaries to their family members.
- Rachel: look at other public health issues and to see how they got their message across. Similar to vaccines or getting kids to sleep on their backs.
- Mark: Giving them something rather than teaching them what fluoride used to do. Give someone something they know how to use immediately.

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Keep it simple means keep it simple. Don't try to give them too much information. It's also about the transmission of bacteria in the first place when the mother is pregnant. Brushing teeth comes later

- Salliann: What we really want them to do is brush their teeth. This needs to be the first and most important message. Two behaviors we want to reinforce. Brush with fluoridated toothpaste. Something else instead of Kool-Aid in bottle or Sippy cup.

**Next Steps:**

John Welby will follow-up with the next meeting date.

**Meeting Adjourned at 7:45pm**



# Appendix E:

## Strategic Partnership Council Materials

Agenda, Power Point presentation & notes (Jun 23, 2011)



STATE OF  
MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**A Vision for Maryland – Creating the Oral Health Literacy Campaign**

***Oral Health Strategic Partnership Council***

**AGENDA**

June 23, 2011

<u>TIME</u>		<u>DURATION</u>	<u>ACTIVITY</u>
9:00 a.m.	– 9:15 a.m.	15 min	Welcome
9:15 a.m.	– 9:30 a.m.	15 min	Background
9:30 a.m.	– 9:45 a.m.	15 min	Barriers
9:45 a.m.	– 10:15 a.m.	30 min	Initial plan concepts
10:15 a.m.	– 11:00 a.m.	45 min	Roundtable work sessions
11:00 a.m.	– 11:30 a.m.	30 min	Report-out
11:30 a.m.	– 11:40 a.m.	10 min	Report-out feedback
11:40 a.m.	– 11:55 a.m.	15 min	Opportunity commitment
11:55 a.m.	– Noon.		Next steps
Noon			Adjourn



**STATE OF  
MARYLAND**

**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**A Vision for Maryland – Creating the Oral Health Literacy Campaign**

***Oral Health Strategic Partnership Council***

**ANNOTATED AGENDA**

June 23, 2011

- 9:00 – 9:15**      **Welcome**      **Harry**
- Welcome
  - Thank you for your time, wisdom and upcoming commitments
  - The problem we are trying to solve
  - We ALL must work together
  - We ALL must commit to help
- **What has happened so far**      **John**
- Research (we will provide some insights in just a few minutes)
  - Working Group
  - Advisory Group
  - Initial strategies for the statewide Oral Health Literacy Campaign outreach plan (we will address these in more detail later in the meeting as well)
  - Thank you for your time and upcoming commitments
  - Review agenda
  - Housekeeping
- 9:15 – 9:30**      **Program Background**      **Rosen**
- Objectives
  - Audiences
  - Health Milestones that provide critical touch points
  - Research headlines
  - Communication challenges
- 9:30 – 9:45**      **Barriers**
- Barrier exercise (individuals will each be given three post-it notes and asked to write one word on each that they feel is the most significant barrier we face. Post-it notes will be placed on the wall and clustered by topic area)

9:45 – 10:15 Initial Outreach Plan Concepts

Participants will be asked to provide a “yes or no” (green or red) response to the following initial concepts. Note to participants that many of the proposed strategies will require their help for the campaign to be effective and sustainable. As you hear these strategies, please also make notes as to how they and their organization can contribute.

Strategy: Make the first step (call to action) easy for the target audience.

- Campaign website
- Toll-free phone hotline
- Use the free oral health kits

Strategy: Create a favorable environment and a sense of urgency.

Tactic 1: Paid Advertising

Tactic 2: Earned Media Outreach (Public Relations)

Tactic 3: Social Media

Tactic 4: Community Events

Tactic 5: Partnerships with organizations such as the media, advocacy organizations (sugar loaded beverages etc.)

Tactic 6: Oral health van / dental screenings

Strategy: Reach Medicaid-enrolled pregnant women and mothers with infants and children up to age three during critical oral health milestones.

During pre-natal

When child is born

When child’s first tooth comes in (no later than child’s first birthday)

During pre-natal:

Tactic 1: Work with community health clinics, WIC, Healthy Start, OB/GYNs, dentists and dental hygienists

Tactic 2: Partner with retailers, restaurants and manufacturers

Tactic 3: Partner with midwives, pre-natal classes – Lamaze classes

Tactic 4: Paid Advertising

Tactic 5: Earned media

Tactic 6: Social Media (to reach target audience and service providers and trusted third-party advocates)

When child is born:

Tactic 1: Partner with primary caregivers, birthing centers, community health centers, WIC, lactation consultants, hospital delivery nurses

Tactic 2: Partnership with retailers and manufacturers

Tactic 3: Paid Advertising

Tactic 4: Earned media (public relations)

Tactic 5: Social Media (to reach target audience and service providers and trusted third-party advocates)

When child’s first tooth comes in (no later than child’s first birthday):

Tactic 1: Develop and distribute First Tooth Fairy Kit

- Tactic 2: Develop and distribute First Birthday Cards
- Tactic 3: Work with pediatricians, primary care physicians and community clinics
- Tactic 4: Paid Advertising
- Tactic 5: Earned media
- Tactic 6: Social Media (to reach target audience and service providers and trusted third-party advocates)

Strategy: Reach mothers during health “educable” moments  
 Tactic 1: Increase awareness around Halloween, Thanksgiving, Christmas and Easter

Strategy: Evaluate campaign effectiveness  
 Tactic 1: Pre- and post-campaign survey  
 Tactic 2: Test messaging and creative concepts through focus groups  
 Tactic 3: Track Medicaid reimbursements, funds leveraged, individuals reached, materials distributed

Strategy: Provide a foundation for future work  
 Tactic 1: Establish a brand foundation (name/tagline, website, toll-free hotline, Brand platform style guide)  
 Tactic 2: Develop key messages  
 Tactic 3: Community organization outreach to help campaign and to help ensure program extends beyond 18 months  
 Tactic 4: Face-to-face visits with trusted third-party advocates  
 Tactic 5: Transition Plan

**10:15 – 11:00 Round table work sessions** **Rosen**  
 • Table assignments  
 • Instructions

**11:00 – 11:30 Report-out** **Rosen**  
 • One individual from each group reports back to all meeting participants on the activities their group identified as priorities. For time reasons, we will ask that only the top three of their ideas be presented.

11:30 – 11:40 Report-out Feedback  
 • Based on the information the participants heard from each group, they will be encouraged to identify additional opportunities to leverage these ideas and/or introduce new ideas.

**11:40 – 11:55 Opportunity Commitment** **Rosen**  
 • We will provide each participant with a “my next step commitment” form for them to complete, detailing commitment(s) they are willing to make to the campaign. These will be collected and used for follow-up.

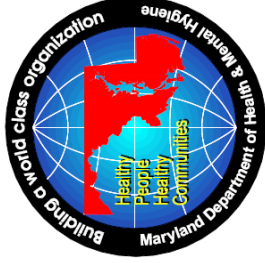
**11:55 – noon**    **Next steps**

**John**

- We will email notes from today
- We will modify the plan based on your commitments
- We will follow up with you to discuss your kind commitments
- We will follow up to help facilitate coordination
- Thank you for your time, ideas and most importantly... your commitments

Noon

Adjourn



**WELCOME**

**Oral Health Literacy Campaign**  
**Strategic Partnership Council**

**6.23.11**

# Welcome

## Harry Goodman, DMD, MPH

Director, Office of Oral Health, Family Health  
Administration





# Purpose of Session

**John Welby, MS**

Project Director, Oral Health Literacy Program



# What is an Oral Health Literacy Social Marketing Campaign?

- Comprehensive Communication Campaign
- Reach at risk populations
- Appropriate messaging
- Increase healthy behaviors
- Reduce dental (oral) disease
- Increase access to dental care in Maryland



# Why is it needed?

- Tooth decay is the single most common childhood disease nationwide
- Dental disease continues to increase among children 2 – 5 years of age
- One third of children entering school will have untreated decay in their primary (baby) teeth
- Dental disease can cause serious health problems and can affect a child's well-being and self-esteem
- Tooth decay is almost 100% preventable



# Activities to Date

- Project Director
- Social Marketing Firm - PRR, Inc.
- Research – University Maryland (SPH)
- Work Group
- Advisory Committee
- Develop Communication Plan
- Build Partnerships – We need your help



# The Campaign

- Launch – Fall 2011
- Multi-faceted
- Statewide
- Emotional Driven
- Sustainable
- We need your help
- We can fix this problem together



# Background

**Mike Rosen**

Managing Principal PRR



# Agenda

TIME	DURATION	ACTIVITY
✓ 9:00 a.m. – 9:15 a.m.	15 min	Welcome
9:15 a.m. – 9:30 a.m.	15 min	Background
9:30 a.m. – 9:45 a.m.	15 min	Barriers
9:45 a.m. – 10:15 a.m.	30 min	Initial plan concepts
10:15 a.m. – 11:00 a.m.	45 min	Roundtable work sessions
11:00 a.m. – 11:30 a.m.	30 min	Report-out
11:30 a.m. – 11:40 a.m.	10 min	Report-out feedback
11:40 a.m. – 11:55 a.m.	15 min	Opportunity commitment
11:55 a.m. – Noon.		

Next steps



# Program Parameters

## Program duration

- 18 months ending July 31, 2012

*Any desired extension will require additional funding.*





# Program Parameters

# Objectives

- I. Public Health Objectives
- II. Operational Objective



# Objectives

## I. Public Health Objectives:

- Prevention (Weighted 70% )

### *Understanding and action*

- Mothers have power to impact child's oral health
- Oral health begins before birth and is important throughout life
- Tooth decay is an infectious disease
- Clean baby's gums and once baby teeth appear start cleaning them
- Brush using fluoride toothpaste

- Access (Weighted 30%)

*Get to dentist or EPSDT by first birthday*



# Objectives

- II. Operational Objective:
  - Demonstrate campaign impacts to facilitate further funding and support beyond initial 18 months.



# Target Audiences

## Target Audiences

- **Primary:**  
Mothers of at-risk infants and children up to age three on Medicaid (or eligible), on State Children's Health Insurance Plan (SCHIP) (or eligible)
- **Secondary;**  
Mothers of at-risk children age three to six on Medicaid eligible / SCHIP (or eligible)
- **Tertiary:**  
Pregnant women enrolled in or eligible for Medicaid



# Our Universe

## Age Groups

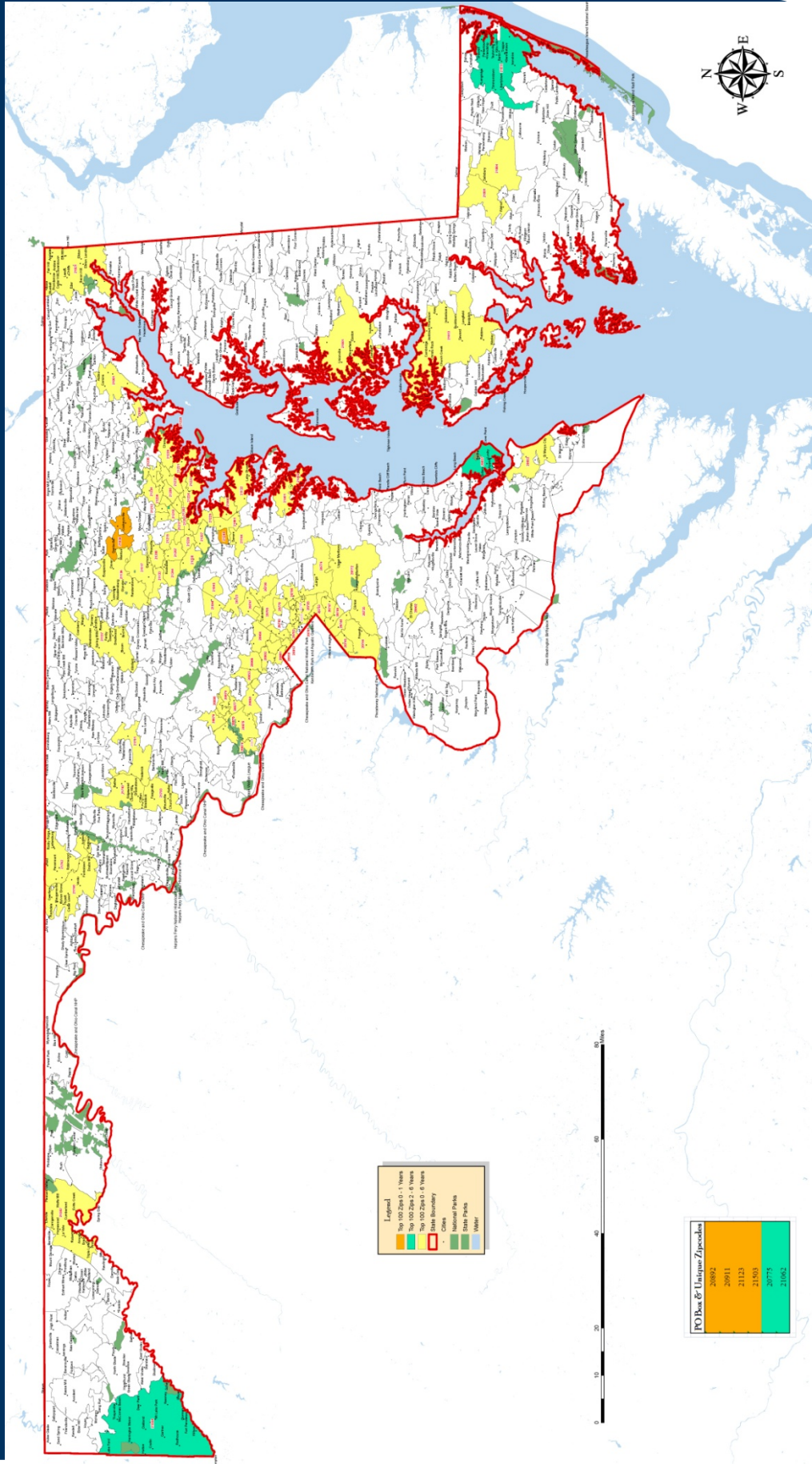
	0-2	3-6	TOTALS
Maryland Population	231,000	298,729	1,123,770
Medicaid-Eligible	116,081	123,250	470,970
<u>Receiving Dental Services</u>	<u>12,888</u>	<u>55,226</u>	<u>180,813</u>
<b>Our Target Audience</b>	<b>103,193</b>	<b>68,024</b>	<b>290,157</b>

% Medicaid eligible 50.25% 41.26%

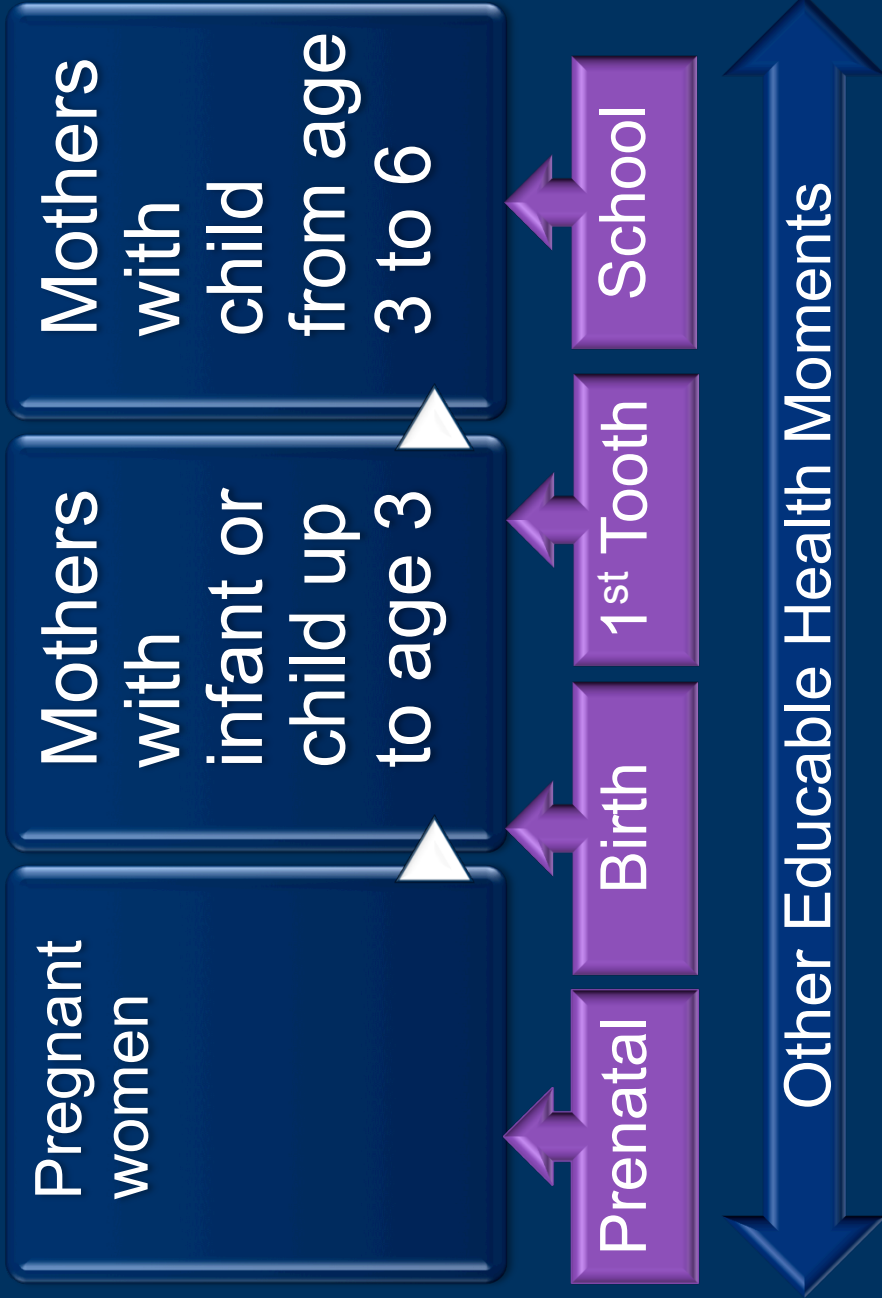
% Receiving dental services 11.10% 44.81%



# Top 100 zip codes



# Touch Points





# Research



# Methodology

1. Adult telephone survey – 803 adults
2. Four focus groups
3. Questionnaire to General Dentists, Pediatric Dentists, Dental Hygienists
4. Questionnaire to Family Practice Physicians, Pediatricians, Nurse Practitioners
5. WIC and Head Start Directors (Focus groups have not yet been conducted)



# Research objective

Determine the understanding and practices regarding prevention and early detection of dental caries [tooth decay] of Maryland adults who have children in the household six years of age and younger.

*Limitations: Because more than 60 percent of the respondents were college graduates these results are likely better than they are in reality.*



# Initial Research Findings

Maryland adults have limited knowledge about how to prevent tooth decay.

Those with lower levels of education and whose child has no dental insurance, or is on Medicaid, have the lowest levels of understanding.



# Initial Research Findings

- 98% had heard of fluoride
- 42% did not know its purpose
- 65% had heard of dental sealants
- 46% (of the 65%) knew sealants' purpose
- 23% could identify an early sign of tooth decay
- 77% could not identify an early sign of tooth decay



# Initial Research Findings

- Adults with the lowest level of education and whose child is on Medicaid were **significantly less likely to have had a dental appointment in the past 12 months.**



# Initial Research Findings

- 61% of adults reported their **primary source of dental information was their dentist.**
- 46% responded ‘yes’ that **someone spoke with them about preventing tooth decay for one of their children at their last dental appointment.**



# Initial Research Findings

- Respondents with lower levels of education were significantly more likely to respond less favorably about the **communication practices of dentists and staff**.
- African Americans were significantly more likely to express lower satisfaction with the amount of **time their dentist spent with them**.
- African Americans were more than twice as likely to report they were **treated unfairly due to their race, ethnicity or level of education**.





# Initial Research Findings

Focus Groups (Analysis not completed)

- Did not know what to ask their providers
- Primarily rely on family members for information
- Buy the cheapest toothpaste with no regard to fluoride
- Believe primary (baby) teeth are not important.



# Communication Challenges



We each get between **3,000** and **5,000** marketing messages each day

**Feature.3** Promotion  
**No.Look.Over.HERE**  
**Sign.Up.Now** Feature.2 Services  
Promotions **Over.Here** Best Products Feature.4  
**Click.Here** **Special.Offer**  
**Look.Over.Here**  
**Try.It.Free**



There is a lot to absorb

More information has been produced in  
the last **30** years than in the previous  
**5,000**.



# People already have a lot on their mind

- Existing Health
- Money
- Family
- Job
- Relationships
- Safety
- Education



# We have lost confidence in...

- Financial institutions
- Employers
- Day care providers
- Elderly care providers
- Religious leaders
- Pharmaceutical companies
- Republicans
- Democrats
- Pit bulls
- The judicial system
- Plastic
- Health care providers
- Social Security
- Safe water
- Martha Stewart
- Carbs
- FDA
- Ourselves
- Stock market



How we communicate has changed.

**117** prime-time spots are required to reach **80%** of Americans.

Compared to just **3** in 1979



## Others have **WAY** more \$ than we do

- Coca-Cola \$2,400,000,000
- L' Oreal \$4,560,000,000
- Nestle \$2,620,000,000
- Toyota \$2,310,000,000
- Proctor & Gamble \$8,680,000,000

*Media spending in 2009*





**14,000**  
Positive  
Referrals

**70%** → **Tell 2** =



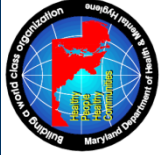
**10,000**  
Customers  
Served

**70%**  
Satisfied

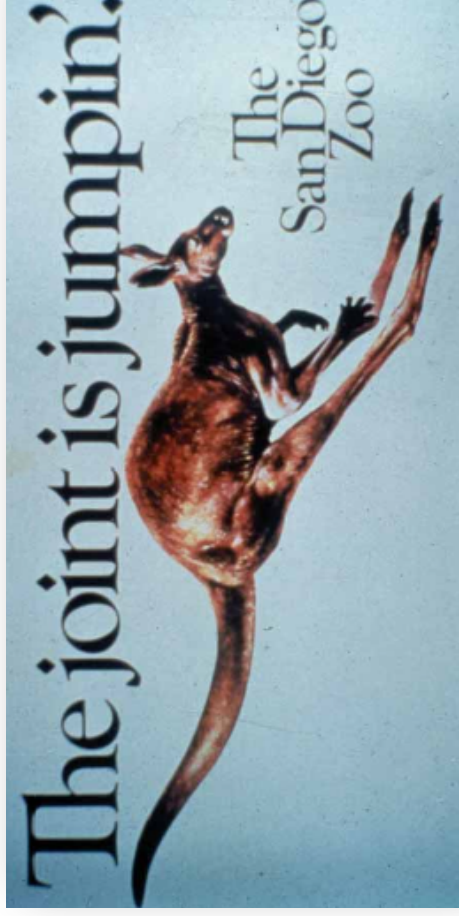
**18,000**  
Negative  
Referrals

**30%** → **Tell 6** =

**30%**  
Dissatisfied



**It's hard to keep things simple**



**6 to 9 OPEN**

The joint is jumpin'!

Established 1916

The San Diego Zoo

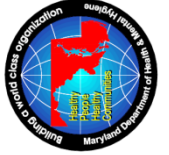
OVER 5000 ANIMALS

Admission  
 Adults \$13.00  
 Children \$6.50

**Take 163 to Park Blvd. and turn left.**



# Barriers



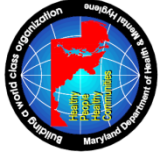
# Barriers

What are our three biggest barriers?

On each Post-it Note write **one** word that best describes each barrier.



# Initial Plan Concepts



# Strategy

Make the first step (call to action) easy

- Campaign website
- Toll-free hotline
- Free oral health kit



# Strategy

Create a favorable environment  
and a sense of urgency

- Tactic 1: Paid Advertising
- Tactic 2: Earned Media Outreach (Public Relations)
- Tactic 3: Social Media
- Tactic 4: Community Events
- Tactic 5: Partner with organizations
- Tactic 6: Oral health van





# Strategy

Reach mothers during critical oral health milestones

## During Prenatal

- Tactic 1: Work with community health clinics, OB/GYN, prenatal classes, WIC, dentists, hygienists, pharmacists
- Tactic 2: Partner with retailers, restaurants and manufacturers
- Tactic 3: Partner with midwives, pre-natal classes, Lamaze classes
- Tactic 4: Paid Advertising
- Tactic 5: Earned media
- Tactic 6: Social Media



# Strategy

Reach mothers during critical oral health milestones

## When child is born

- Tactic 1: Partner with primary caregivers, birthing centers, OB/GYN, pediatrician, community health centers, WIC, lactation consultants, hospital delivery nurses, pharmacists
- Tactic 2: Partnership with retailers and manufacturers
- Tactic 3: Paid Advertising
- Tactic 4: Earned media (public relations)
- Tactic 5: Social Media



# Strategy

Reach mothers during critical oral health milestones

## First tooth (no later than child's first birthday)

- Tactic 1: Develop and distribute First Tooth Fairy Kit
- Tactic 2: Develop and distribute First Birthday Cards
- Tactic 3: Work with pediatricians, primary care physicians and clinics, pharmacists
- Tactic 4: Paid Advertising
- Tactic 5: Earned media
- Tactic 6: Social Media



# Strategy

## Reach mothers during other health educable moments

- Tactic 1: Increase mothers' awareness around holidays: Halloween, Thanksgiving, Christmas and Easter
- Tactic 2: Reach mothers during child's (or sibling's) health exams
- Tactic 3: Reach mothers when child is entering school
- Tactic 4: Reach mothers during meetings with other organizations regarding family needs



# Strategy

## Evaluate campaign effectiveness

- Tactic 1: Pre- and post-campaign survey
- Tactic 2: Test messaging through focus groups
- Tactic 3: Medicaid reimbursements, funds leveraged, individuals reached, materials distributed
- Tactic 4: Website visits and page views and number of toll-free hotline calls received



# Strategy

## Provide a foundation for future work

- Tactic 1: Establish a brand foundation (name/tagline, website, toll-free hotline, brand platform, style guide)
- Tactic 2: Develop key messages
- Tactic 3: Community organization outreach
- Tactic 4: Face-to-face visits with trusted third-party advocates
- Tactic 5: Transition Plan



# Round table work sessions



# Round table work sessions

## -Report-out-



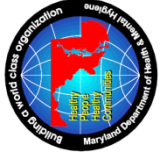


# Round table work sessions

## -Report-out feedback-



# Opportunity Commitment



# Next Steps

**John Welby, MS**

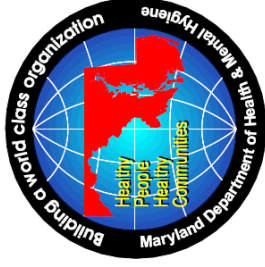
Project Director, Oral Health Literacy Program



# Next Steps

- We will email notes from today
- We will modify the plan based on your commitments
- We will follow up with you to discuss your kind commitments
- We will follow up to help facilitate coordination





**THANK YOU**

**Oral Health Literacy Campaign**  
**Strategic Partnership Council**

**6.23.11**



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**A Vision for Maryland – Creating the Oral Health Literacy Campaign**

***Oral Health Strategic Partnership Council***

**June 23, 2011**

## Meeting Notes

### Welcome

Dr. Harry Goodman, DMD, MPH – Director, Office of Oral Health, Family Health Administration

### Purpose of Session

John Welby, MS – Project Director, Oral Health Literacy Campaign, Office of Oral Health

### What is an Oral Health Literacy Social Marketing Campaign?

- Comprehensive communication campaign – statewide campaign brought about by Office of Oral Health through a grant from the Centers for Disease Control and Prevention (CDC).
- Reach at-risk populations
- Use appropriate messaging for the target audience
- Improve health behaviors
- Reduce dental (oral) disease
- Increase access to dental care for Maryland residents

### Why this campaign is needed:

- Tooth decay is the single most common childhood disease nationwide.
- Dental disease continues to increase among children 2 – 5 years of age.
- One third of children entering school will have untreated decay in their primary (baby) teeth.
- Dental disease can cause serious health problems and can affect a child's well-being and self-esteem.
- Tooth decay is almost 100% preventable – with the right message, education and action.

### Activities to Date

- Hire Project Director – John Welby, Office of Oral Health
- Secure Social Marketing Firm – PRR, Inc. – Mike Rosen, Managing Principal
- Conduct Research – University Maryland School of Public Health
- Assemble Working Group
- Assemble Advisory Committee – group of about 30 experts that touch the campaign's target audience in all areas, who will oversee the campaign to ensure it stays on track.
- Currently developing Communication Plan
- Building Partnerships – we need your help

## **The Campaign**

- Target Launch – Fall 2011
- Multi-faceted, statewide
- Emotionally driven
- Sustainable, but only with your help
- We can fix this problem together

## **Program Parameters – Mike Rosen**

- Program duration – 18 months ending July 31, 2012 (Any extensions will require additional funding sources.)
- Budget – \$845,000 for the base period; \$20,000 for each of two one-year projects to support website and hotline

## **Objectives: Public Health and Operational**

### **1. A. Public Health Objective – Prevention 70%**

Understanding and Action:

- Mothers have power to impact their child's oral health.
- Oral health begins before birth and is important throughout life.
- Tooth decay is an infectious disease.
- Clean baby's gums and once baby teeth appear start cleaning them.
- Brush using fluoride toothpaste.

### **B. Public Health Objective – Access 30%**

- Go to dentist or EPSDT by first birthday

### **2. Operational Objective**

- Demonstrate campaign impacts to facilitate further funding and support beyond initial 18 months.

## **Target Audiences**

Primary – Mothers of at-risk infants and children up to age three enrolled in or eligible for Medicaid

Secondary – Mothers of at-risk children age three to six enrolled in or eligible for Medicaid/SCHIP

Tertiary – Pregnant women enrolled in or eligible for Medicaid

## **Our Universe**

- Mothers of 290,157 children are projected to meet the above criteria
- Top 100 zip codes have been identified to help facilitate geo-targeting

## **Critical Health Touch Points**

- Prenatal
- Birth
- First tooth/first birthday
- Entering school
- Other educable moments – opportunities for friend-to-friend, face-to-face interactions

## RESEARCH

**Research Objective** – Determine the understanding and practice regarding prevention and early detection of dental caries (tooth decay) of Maryland adults who have children in the household six years of age and younger.

### Methodology

- Adult telephone survey – 803 adults
- Four focus groups
- Questionnaire to General Dentists, Pediatric Dentists, Dental Hygienists
- Questionnaire to Family Practice Physicians, Pediatricians, Nurse Practitioners
- WIC and Head Start Directors (Focus groups have not yet been conducted)

### Initial Research Findings

Maryland adults have limited knowledge about how to prevent tooth decay.

Those with lower levels of education and whose child has no dental insurance, or is on Medicaid, have the lowest levels of understanding.

- 98% had heard of fluoride
- 42% did not know its purpose
- 65% had heard of dental sealants
- 46% (of the 65%) knew sealants' purpose
- 23% could identify an early sign of tooth decay
- 77% could not identify an early sign of tooth decay

Adults with the lowest level of education and whose child is on Medicaid were significantly less likely to have had a dental appointment in the past 12 months.

- 61% of adults reported their primary source of dental information was their dentist.
- 46% responded 'yes' that someone spoke with them about preventing tooth decay for one of their children at their last dental appointment.
- Respondents with lower levels of education were significantly more likely to respond less favorably about the communication practices of dentists and staff.
- African Americans were significantly more likely to express lower satisfaction with the amount of time their dentist spent with them.
- African Americans were more than twice as likely to report they were treated unfairly due to their race, ethnicity or level of education.

### Focus Groups (analysis not completed) – anecdotal results indicate the following:

Participants:

- do not know what to ask their service providers
- primarily rely on family members for information
- buy the cheapest toothpaste with no regard to fluoride
- believe primary (baby) teeth are not important



## COMMUNICATION CHALLENGES

Mike Rosen spoke broadly about marketing messages and the challenge of reaching the target audience among the other “noise.” It is important to keep messages simple, benefit driven and emotional.

### **Barriers: What are our biggest barriers?**

Barriers receiving the most frequent mentions by the group included:

- Money and cost
- Education – lack of knowledge
- Access
- Fear and lack of trust
- Priorities
- Transportation
- Time
- Cultural and language differences

## INITIAL PLAN CONCEPTS

### **1. Make first step (call to action) easy**

- Visit campaign website
- Call toll-free hotline
- Receive and use free oral health kit

Tactic 1: Paid advertising

Tactic 2: Earned Media Outreach (Public Relations)

Tactic 3: Social Media

Tactic 4: Community Events

Tactic 5: Partner with organizations

Tactic 6: Oral health van

#### *Group Concerns & Comments:*

- Website and hotline aren't accessible and approachable to target audience. Website might better serve the professional community
- Low literacy level of audience (Latino audience doesn't like to read).

### **2. Create a favorable environment and sense of urgency**

Tactic 1: Paid Advertising

Tactic 2: Earned Media Outreach (Public Relations)

Tactic 3: Social Media

Tactic 4: Community Events

Tactic 5: Partner with organizations

Tactic 6: Oral health van

#### *Group Concerns & Comments*

- Hospitals need to provide the resources for nurses to hand out to patients.
- Oral health van idea needs to be sustainable and replicable to be feasible.

### **3. Reach Mothers during critical oral health milestones**

#### **During Prenatal**

Tactic 1: Work with community health clinics, OB/GYN, prenatal classes, WIC, dentists, hygienists, pharmacists.

Tactic 2: Partner with retailers, restaurants and manufacturers

Tactic 3: Partner with midwives, pre-natal classes, Lamaze classes

Tactic 4: Paid Advertising

Tactic 5: Earned media

Tactic 6: Social Media

#### *Group Concerns & Comments:*

- Might be second child – resources targeting this group can be distributed at places where mothers get information for other siblings.
- Add schools, Head Start, Early Head Start, Family child care providers, lactation consultants and employers to list of potential partners.
- How will we get the professionals on board? How can we make this a priority among the many health messages being given to pregnant mothers?
- Utilize managed care plans.
- Need to establish whether the literacy program is targeted to the lay community or to professionals.
- Coordinate with EMRs to provide resources.
- Lactation Consultant - Make messages tight and sharp – needs to be simple and colorful
- Use website to target professional community.
- Should not look to healthcare providers to do this because they do not have time to do the preventative education – we need community outreach and health educators to do this outreach.
- Get resources to hospitals. Hospitals currently give formula bags, other health kits. Suggestion is to give dental care bags to new moms at the hospital.
- Medicaid provider and pediatric dentist – Dental Health Educators go out to community such as preschools, Head Start, public schools and private schools.
- Need to extend medical assistance and benefits to pregnant women. Benefits and assistance should not be dropped immediately after having the baby.

#### **When child is born**

Tactic 1: Partner with primary caregivers, birthing centers, OB/GYN, pediatrician, community health centers, WIC, lactation consultants, hospital delivery nurses, pharmacists.

Tactic 2: Partnership with retailers and manufacturers

Tactic 3: Paid Advertising

Tactic 4: Earned media (public relations)

Tactic 5: Social Media

#### *Group Concerns & Comments:*

- Add at-home visitors, Early Head Start, employers, Healthiest Maryland Program, dental school, social workers, churches and hair salons to the list of potential partners.

- Be sensitive in what we give to mothers post-partum. Resources should be given, but don't rely on this as a main tactic because they are given a wide variety of information at this time.

### **First tooth (no later than child's first birthday)**

Tactic 1: Develop and distribute First Tooth Fairy Kit

Tactic 2: Develop and distribute First Birthday Cards

Tactic 3: Work with pediatricians, primary care physicians and clinics, pharmacists

Tactic 4: Paid Advertising

Tactic 5: Earned media

Tactic 6: Social Media

#### *Group Concerns/Comments:*

- Target retailers to distribute resources around baby's first birthday.
- Add photographers and retailers to the list of potential partners.
- Work with Medicaid – include information with resources about immunizations and other health milestones.
- Pediatric dentists need to get involved to help reinforce messages.
- Add community events to all sections – parents will go where their children go.
- Difficult to find dentists to serve very young children – how will we support this infrastructure?
- Problem is that American Association of Pediatrics says that this isn't necessary to go to dentist by first birthday. ***The majority of the group agreed with this statement and had concerns.***
- *Pediatrician* – There is nobody to send babies to for dental care.
- When you have a pregnant patient, it needs to be part of protocol.
- Utilize trusted advocates within the community to become champions.
- Add grandparents, senior centers, etc. to list of potential partners to reach families where children are raised by grandparents or other members of the family.

#### **4. Reach mothers during other health educable moments**

Tactic 1: Increase mothers' awareness around holidays: Halloween, Thanksgiving, Christmas and Easter

Tactic 2: Reach mothers during child's (or sibling's) health exams

Tactic 3: Reach mothers when child is entering school

Tactic 4: Reach mothers during meetings with other organizations regarding family needs

#### *Group Concerns & Comments:*

- Add pediatric emergency departments, health nutrition center, school-based health centers and pharmacies to list of potential partners.
- Messages shouldn't only be targeted at mothers - should include both parents.
- School-based health centers already do oral health so there is an existing foundation there to build on.

#### **5. Evaluate campaign effectiveness**

Tactic 1: Pre- and post-campaign survey

Tactic 2: Test messaging through focus groups

Tactic 3: Medicaid reimbursements, funds leveraged, individuals reached, materials distributed

Tactic 4: Website visits and page views and number of toll-free hotline calls received

*Group Concerns & Comments:*

- Use a cohort – pick and follow a group and make assumptions based on that group.
- Get clinical evidence – this can be done through federally qualified health centers.
- Get a measure on the Medicaid report card.
- Need large number of partners or co-supporters because they are the ones who will carry this campaign forward.

**6. Provide a foundation for future work**

Tactic 1: Establish a brand foundation (name/tagline, website, toll-free hotline, brand platform, style guide).

Tactic 2: Develop key messages

Tactic 3: Community organization outreach

Tactic 4: Face-to-face visits with trusted third-party advocates

Tactic 5: Transition Plan

*Group Concerns & Comments:*

- Existing data is already being collected; use resources that already exist.

**ROUND TABLE WORK SESSION REPORT-OUT**

**1. Prenatal**

\*Listed in no particular order

1. Educate those who interact with pregnant moms. Make messages clear and consistent for important providers. Resources and information should be available to everyone who reaches this group.
2. Develop an educational kit that focuses on both mom and infant – include toothbrushes, fluoridated toothpaste and incentives to getting care.
3. Simple messages – Make the message clear, concise, compelling and test the messages with target audience (ex. Safe sleep has a simple message).
  - Recurrent theme was that there should be a local referral or resource directory (possibly web-based) for providers to know how to get pregnant women to the dentist.
  - Promote inclusion of oral health in prenatal education classes.
  - Local referrals for prenatal care practices.
  - Critical message and impact on health.
  - Partner with local professional organizations.
  - Prenatal risk assessment.
  - Higher visibility of existing resources.
  - Home visiting education.
  - Offer incentives to providers to participate in the campaign.
  - Text4baby.
  - Partnership for one-stop shopping: screening walk-in; make appointment
  - Create sense of urgency for pregnant women in the midst of competing priorities that may seem more pressing.

## 2. Birth

Difficult to focus on just birth – it is a challenge not to focus on the past or future of that time period.

\*Listed in no particular order

1. Focus on hospital discharge – parents should have access to video and print messages, list of dentists who provide care and a simple oral health kit. A video (about 10 minutes in length) should be shown before discharge. For example, kits could include information, washcloth and baby bottles.
  2. Educate pediatricians, staff and community partners about messages to gain consistency in messaging.
  3. Include siblings, parents and grandparents in the messaging, this time is family oriented. Provide a literacy opportunity to these groups at community events (ex. Judy Center Literacy night).
- Groups that could provide resources or help the campaign include:
    - Inter-agency child/pregnant (0-8 years) County Groups
    - FQHCs
    - Judy Center/Literacy Nights/On-Site visiting to create dental homes
    - WIC
    - Education Providers
    - Early Head Start/Home visitors – educate about finding a dental home by age 1.
    - Lactation consultants
  - Support group for new moms.
  - Reinforce message to find dental home by age 1.
  - MA providers (dental and general) need training for young children that focuses on fluoride varnish and tooth decay prevention.
  - Social media – for pregnant moms.
  - Visual impact of dental decay to inform public; transit buses can be used as a place to advertise message.
  - Dental message needs to be better incorporated into general health message to moms.
  - Align with Pediatricians to change message to be “age 1 to see dentist”.
  - Align oral health messages and EPSDTs.
  - Pediatric Grand Rounds in hospital – educate, change, message.
  - Provide resource guide of where to go to get dental care.
  - Educate moms about the varnish program that starts at 9 months at Primary Care settings.

## 3. First Tooth/Birthday

1. Collaborate with dental schools to conduct teaching/training for moms and children by encouraging residency programs to add this type of program to their curriculums.
2. Develop a preferred pediatric dentist registry and make it available for pediatricians and moms. Educate pediatricians on the ideal age for children to go to the dentist. Educate them on other venues that will see pediatric points (like local health departments).
3. DHMH should take lead in establishing a requirement for dental care and adding dental information to other forms that are mandated such as health inventory forms, immunizations card, etc.

4. Develop a slogan/signage similar to the sign that is in front of fire houses. Those signs tell how many people have been killed in fires. We could do a sign with the percentage of how many children have seen a dentist and pose a question such as “when did your child have (his/her)…”
5. Increase education awareness among everyone who deals with pediatric dentistry. Reduce fear and apprehension in target audience and encourage general dentists to embrace other populations. Most important thing is CONSISTENCY IN MESSAGES.
  - Educate new mothers on how to clean baby’s teeth after breastfeeding.
  - Link first tooth birthday party with breastfeeding party.
  - Give out pediatric dentist packets at immunization visits.
  - Offer dental hygienist in pediatric practice (every pediatrician having a dental hygienist).

#### 4. School

1. Incorporate two questions onto health history form:
  - a. When was your last dental exam?
  - b. Who is your dentist?
2. Ensure intensive and continuous care for those with oral health problems.
3. Incorporate oral health education into the school curriculum, not separate.
  - Provide dental screening for ALL children in the schools (as it is with vision and hearing). Make dental exams mandatory prior to school entry.
  - Reach out to faith-based and community-based organizations (for non-English speakers).
  - Mobile van as an education resource.
  - Utilize dental, health, nursing and medical students for education.
  - Use school based health centers for oral health care.
  - Use case management system to ensure treatment is complete.
  - Provide transportation to and from dental offices.
  - There are not a sufficient number of pediatric dentists.
  - Hospitals do not have time to focus on dental care. Explore mid-level providers for this population.
  - What should we do for undocumented children?

#### 5. Other Educable Moments

1. Moments that are one-on-one, face-to-face level
  - a. WIC, Head Start, MD, etc.
  - b. Take a moment to teach the teacher. Educate the providers how to give the information to the mothers.
2. Educate a more broad population (more people).
  - a. Focus on corporate advertising, local businesses, employers, community events.
    - i. Employers can provide dental oral health packages.
  - b. Partner with corporate, low income retailers, such as Wal-Mart, Toys R Us, etc.
3. Partner on more local level
  - a. Elementary schools, nursing schools, dental schools, local organizations, day care, governmental organizations.
  - b. Change curriculum, offering education to providers, facility to teach other people.

**OPPORTUNITY COMMITMENT**

Participants were provided a form that asked them to indicate: a) specific immediate commitments they could make to advance the campaign; b) next steps they would take to lead towards a commitment; c) communication tools their organization is currently using and who those tools target; d) other people in their organization that should be engaged in the campaign; and e) other organizations that should be involved in this campaign.

**NEXT STEPS**

John Welby, MS – Project Director, Oral Health Literacy Campaign

- We will modify the plan based on your commitments.
- We will follow up with you to discuss your commitments.
- We will follow up to help facilitate coordination.

# Appendix F:

## Advisory Committee Materials

Agenda, Power Point presentation & notes (Aug 11, 2011)





STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

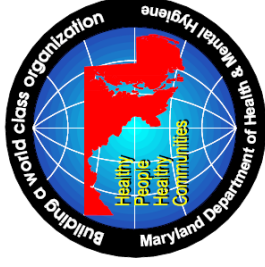
## **A Vision for Maryland – Creating the Oral Health Literacy Campaign**

### ***Advisory Committee***

#### **AGENDA**

August 11, 2011

1. Welcome/introductions: Dr. Harry Goodman, Director, Office of Oral Health (OOH)
  - Sarah Hummer, Senior Account Manager PRR, Inc.
  - John Welby, Director, Oral Health Literacy Campaign, OOH
  - MJ Harris, Senior Administrator, OOH
  - Welcome Mike Rosen, PRR, Inc. by phone
  
2. Oral Health Literacy Campaign Progress Report: John Welby
  - Strategic Partnership Council, held June 23 8:30 a.m. – 12 p.m.
    - Attendance, diversity of group, agenda, commitment
  - CDC Site Visit, Astrid Palmer, June 29, 2011
  - Briefing of Maryland Delegation, July 15 11:00 a.m.
  - Strategic Alliance with MDAC
    - Report on process, outcome, potential partnerships and benefit to both organizations
  - Potential Partnership Opportunities
    - OHL presentation at ADA
    - Ad Council Oral Health Public Awareness Campaign
  
3. Presentation of OHLC Communication Plan: Mike Rosen and John Welby
  
4. Input from the Advisory Committee
  
5. Next steps and next meeting
  
6. Adjourn



# **Maryland Oral Health Literacy Campaign**

**Office of Oral Health  
Maryland Department  
Health and Mental Hygiene  
Baltimore MD**

**John Welby, MS, Project Director**

**8.11.11**

# Strategic Partnership Council



# Strategic Partnership Council

**119 Participants Statewide**

**June 23, 2011**

Included were: primary care physicians, ob/gyn, pediatricians, nurse practitioners, physician assistant, dentists, pediatric dentists, dental hygienists, WIC, head start, early head start, birthing centers, nurses, Maryland state dental association, Maryland dental action coalition, Maryland oral health association, Maryland pharmacist association, Maryland dental hygienist organization, Maryland academy of pediatrics, The nurse practitioner association of Maryland, Maryland academy of family physicians, advocates for children and youth, managed care organizations, FQHC, DentaQuest, community health clinics, children's organizations, hospitals, social workers, state government departments, state, county and city health departments, higher education organizations, University of Maryland dental school, school of public health, Medicaid, CHIP, medical schools, newborn nursery, child care centers, foundations, Mid-Atlantic association of community health centers, community health integrated partnership



# Strategic Partnership Council

## Purpose

- Further validate/modify assumptions & parameters
- Further validate barriers and opportunities
- Identify opportunities around touch points  
(*prenatal, birth, first tooth/birthday, entering school, other touch points*)
- Make specific commitments of support

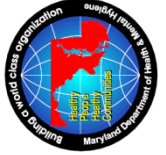


# Commitments

- Distribute information, materials, kits
- Educate others, staff, patients
- Add or post information
- Design and produce materials
- Update curriculum
- Provide experts or expertise



# Strategic Alliance



# Strategic Alliance

- OHLC will be branded as MDAC
- Partnerships will be made through MDAC (by PRR)
- All financial, contract and management activities remain the same and will be managed by Office of Oral Health
- PRR will continue to be managed by the Office of Oral Health





# Strategic Alliance

- **Benefits OHLC:**
  - Leverage funds and build vital partnerships
  - Enhance campaign impact and sustain campaign effort
- **Benefits MDAC:**
  - Extend value of MDAC brand through media, marketing, and partnerships
  - Partnerships that will help sustain MDAC future
- **Together:**
  - Reach more people, have greater impact and enhance awareness and access to care for all Marylanders

# Potential Partnership Opportunities



# Connecting the Dots

- ADA Presentation, Aug 8, 2011
  - ADA National Oral Health Literacy Committee
  - Health Literacy in Dentistry Action Plan
    - Develop Public Awareness Campaign
    - Tool Kit and skills-based HL training program for Dentists
- Partnership for Healthy Mouths, Healthy Lives
  - Ad Council Oral Health Public Awareness Campaign
    - Meeting, Garry Price – CEO, Dental Trade Alliance

# Communication Plan



# Target Audiences

## Target Audiences

- **Primary:**  
Pregnant woman and mothers or guardians of infants and children up to age three enrolled in or eligible for Medicaid or State Children's Health Insurance Plan (SCHIP)
- **Secondary:**  
Mothers or guardians of children age three to six in or eligible for Medicaid or SCHIP



# Objectives

## Public Health Objectives:

### 1. Prevention (Weighted 70% )

#### *Understanding*

- Mothers have power to impact child's oral health (motivate them to act)
- Good oral health begins before birth, is important throughout life
- Fluoride is key in prevention tooth decay
- Oral disease is a preventable infectious disease

#### *Action*

- As a parent practice good oral hygiene
- Do not lay baby down with a bottle containing juice or milk
- Do not share food, drinks or utensils with baby
- Clean baby's gums and once teeth appear start cleaning them
- Brush using fluoride toothpaste



# Objectives

## Public Health Objectives:

### 2. Access (Weighted 30% )

#### *Understanding*

- Visit dentist during pregnancy
- Get baby to dentist or Early Periodic Screening Diagnostic Treatment (EPSDT) by first birthday



# Our Universe

## Age Groups

0-6

Maryland Population 1,123,770

Medicaid-Eligible 470,970

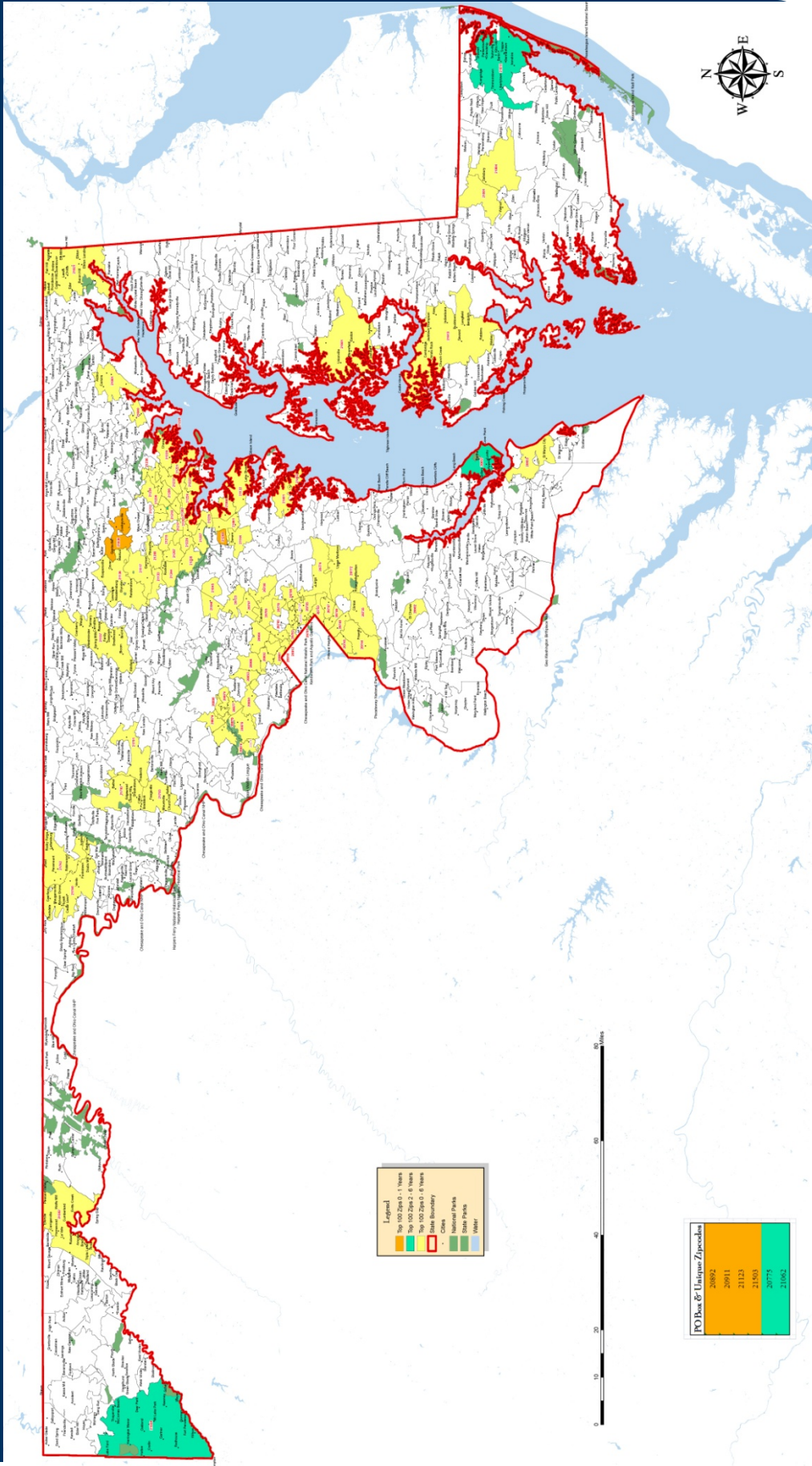
Rec Dental Services 180,813

**Our Target Audience 290,157**





# Top 100 zip codes



# Six Strategies

1. Define and promote a call to action
2. Create a favorable environment and a sense of urgency
3. Reach mothers during critical milestones
4. Develop an oral health kit
5. Evaluate campaign effectiveness
6. Provide a foundation for future work



# Strategy 1

Define and promote a call to action

- Tactics:
  - Develop message platform
  - Create campaign tools and resources
  - Create campaign website
  - Toll-free hotline
  - Free oral health kit
  - Develop and involve trusted third-party advocates



# Strategy 2

Create a favorable environment  
and a sense of urgency

- Tactics:
  - Paid advertising
  - Media partnerships
  - Text4baby
  - Earned media
  - Social media
  - Community events
  - Partnerships



# Strategy 3

## Reach mothers during oral health milestones

### During Prenatal

Work with OB/GYN, pre-natal classes, Lamaze classes, WIC

### When baby is born

Birthing centers, OB/GYN, hospital delivery nurses pediatrician, WIC, lactation consultants

### First tooth/first birthday

Develop and distribute First Tooth Fairy Kit

Develop and distribute First Birthday Cards

Create and share a video, Oral Health 101

\*Work with dentists, hygienists, physicians, health clinics, WIC, pharmacists, retailers and manufacturers



# Strategy 3

## Reach mothers during critical milestones

### Entering School

- Outreach through schools
- Outreach through health service providers
- Partner with after school programs

### Other Educable Moments

- Outreach through trusted third-party advocates
- Utilize other health visits through service providers
- Increase mothers awareness around food based holidays
- Reach mothers during child's (or sibling's) health exams
- Social media



# Strategy 4

## Develop an oral health kit

- Develop and test oral health kit
- Secure sponsorships or donations
- Develop educational material



# Strategy 5

## Evaluate campaign effectiveness

- Pre- and post-campaign survey
- Test messaging through focus groups
- Medicaid reimbursements, funds leveraged, individuals reached, materials distributed
- Website visits and page views and number of toll-free hotline calls received





# Strategy 6

## Provide a foundation for future work

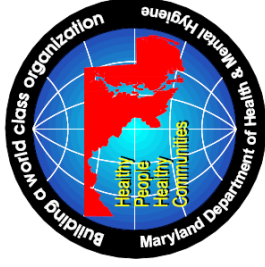
- Establish a brand foundation (name/tagline, website, toll-free hotline, brand platform, style guide)
- Develop key messages
- Community organization outreach
- Face-to-face visits with trusted third-party advocates
- Transition Plan



# Next Steps

- Create message platform, campaign theme/brand
- Produce all materials (website, tools, kit)
- Partnerships and sponsorship outreach
- Launch campaign Fall 2011
- Ongoing evaluation and adjustments





**THANK YOU**

**Maryland Oral Health Literacy Campaign**

# Maryland Oral Health Literacy Campaign

## Advisory Council Meeting Notes

August 11, 2011

### Advisory Committee Attendees:

- John Welby, Office of Oral Health, DHMH
- Harry Goodman, DMD, MPH, Director Office of Oral Health, DHMH
- Mike Rosen, PRR (via phone)
- Sarah Hummer, PRR
- Colin Reusch, MPA, Project Associate, Children's Dental Health Project
- Alice M. Horowitz, Research Associate Professor, School of Public Health, University of Maryland School of Public Health
- Laurie Norris, Senior Policy Advisor & Coordinator, CMS Oral Health Initiative, Division of Quality, Evaluation, and Health Outcomes
- Penny Anderson, Executive Director, Maryland Dental Action Coalition
- Barbara Klein, Associate Vice President, University of Maryland, Baltimore
- MJ Harris, Senior Administrator, OOH
- Stacey Hering, OOH – research associate from UMBC
- Katrina Holt, ED, National Maternal and Child Oral Health Resource Center, Georgetown University
- Alice Middleton, Esq. Acting Deputy Director of Planning, Office of Planning, Medical Care Programs
- Peggy Oehlmann, Director, Program Management, Community Health Integrated Partnership Peggy was sitting in for Salliann Alborn
- Leigh Stevenson Cobb, JD/MPH, Health Policy Director, Maryland Advocates for Children & Youth
- Tequila Terry, Executive Director, Maryland Healthy Smiles Dental Program, DentaQuest
- Winifred J. Booker, DDS, CEO & Director of Development, The Maryland Children's Oral Health Institute
- Leslie Stevens, RDH, BS, Alleghany County Health Department
- Karen Black, Director, Office of Communications, DHMH
- Jonathan Landers, Executive Director, National Museum of Dentistry

### 1. Welcome and introductions: Dr. Harry Goodman, Director, Office of Oral Health (OOH)

- This is our second advisory committee meeting, taking us a step closer to campaign launch this fall. Thanks to everyone for their time and input.
  - Sarah Hummer, Senior Account Manager PRR, Inc.
  - John Welby, Director, Oral Health Literacy Campaign, OOH
  - MJ Harris, Senior Administrator, OOH
  - Stacy Hering, research associate from UMBC
  - Welcome Mike Rosen, PRR, Inc. by phone

## 2. Oral Health Literacy Campaign Progress Report: John Welby

- John Welby provides a snapshot of the campaign activities since the previous Advisory Council meeting in April.
  - A large and important part of the campaign is building partnerships to help jumpstart and sustain the campaign.
  - Our first major effort in establishing partnerships was the Strategic Partnership Council meeting, held on June 23, 2011 at the BWI Marriott.
    - 120 individuals attended, representing diverse organizations and interests.
    - Participants provided a lot of input on how to connect with and impact the target audience at each touch point (prenatal, birth, first tooth, school, and other educable moments).
    - At the end of the meeting, we asked participants to complete and submit a commitments form, outlining the commitments they could make to the campaign. Examples include: distribute information, materials, and kits; educate staff and patients; design and produce materials; provide experts or expertise.
    - We'll follow up with each individual on their commitments and continue to work this growing network throughout the campaign.
  - Strategic Alliance with MDAC
    - The Oral Health Literacy campaign will be branded as MDAC.
    - Partnerships and sponsorships will be made through MDAC, and will be negotiated by PRR on behalf of the campaign.
    - For example, we'll be allowed to make partnerships with media, allowing us to enhance and sustain the campaign through invested partners
    - All financial, contract and management activities remain the same and will be managed by the Office of Oral Health.
    - PRR will continue to be managed by the Office of Oral Health.
    - Benefit for MDAC is it extends the value of the MDAC brand and helps sustain MDAC.
    - Allow us the opportunity to reach more people and increase access to care for all Marylanders.
    - Payoffs of campaign – the target audience will receive a kit to maintain their own oral health as well as babies. This costs a lot of money. We intend to develop kits through donations from sponsors so we don't have to spend the campaign's money on the kit and focus on the outreach efforts.
  - Potential Partnership Opportunities
    - John Welby gave a presentation at an ADA conference, outlining the Oral Health Literacy Campaign, including what we've done to date and what we plan to do moving forward.

- LAURIE – isn't ADA a large part of the Healthy Mouths Healthy Lives initiative?
  - JOHN – yes, ADA Foundation gave \$1 million, AAPD gave a half million dollars. ADA does not have money to offer our campaign, but we are looking for ways to partner.
- Ad Council Oral Health Public Awareness Campaign
  - Partnership for Healthy Mouths, Healthy Lives
  - Targeted to parents and caregivers and professionals in the dental industry to help children receive a solid oral health foundation.
  - John met with CEO of the Dental Trade Alliance, Gary Price – extended invitation to DHMH & campaign to be a partner in Healthy Mouths, Healthy Lives.
    - ALICE H – This is very, very positive! This will help our campaign and it reinforces that children's oral health is an important issue
    - LAURIE – The AdCouncil campaign doesn't seem to be about dental care, more about what you can do at home.
    - COLIN – AdCouncil has strict policy not to help professionals get business as a result of their campaigns.
    - LAURIE – PEW message on fluoride – working tagline – “Life is Better with Teeth” is their tagline! [lots of laughs]

### 3. Presentation of OHLC Communication Plan: Mike Rosen and John Welby

- Audience: pregnant women and mothers of children up to age three on Medicaid; and mothers of children 3-6 years old.
- Main messaging
  - Prevention (70%)

#### Understanding:

- Empower mom to act – she can impact child's oral health.
- Oral health care begins before birth and is important throughout life.
- Fluoride is key to preventing tooth decay.
- Oral disease is preventable.

#### Action:

- Parents should practice good oral hygiene
- Do not lay baby down with a bottle containing juice or milk
- Do not share food, drinks or utensils with baby
- Clean baby's gums and teeth as soon as they appear
- Brush teeth using fluoride toothpaste

- Access (30%)

#### Understanding:

- Visit dentist during pregnancy
- Get baby to dentist by first birthday

- Campaign Universe
  - Age groups 0-6 in Maryland that are Medicaid eligible and not receiving dental care: 290,000+
    - LAURIE – This counts the kids, but it doesn't take pregnant women into consideration. Our number is most likely larger than the number presented. We will need to keep this in mind. [John, Harry and many others agree with this point]
- Map of the top 100 zip codes
- Six Strategies
  - Define and promote a call to action
    - KATRINA – Who is the call to action directed to?
    - JOHN – Both moms and professionals will be targeted throughout the campaign
  - Create a favorable environment and a sense of urgency: partnerships will be important to help us communicate to mom
    - LAURIE – “Favorable environment” sounds like a PR phrase – please explain more. Is it like prepping the soil and dropping the seed so it can grow? [Many people agrees with Laurie's analogy]
    - ROSEN – Creating awareness of the product (Coke example) – use media (paid and earned) to create a sense of urgency that this is important stuff and here's what at stake if you do/don't take action. For example, we'll be providing materials, so if you are at an event or at the doctor/dentist and you hear about dental care you are already primed and more open to hearing the message, it resonating and then taking action.
    - JOHN – seeing the message from multiple angles – helping people to be more receptive to the message
    - LAURIE – most effective way to communicate is face-to-face
    - JOHN – all those at the SPC meeting and more are in a position to help us with the face-to-face interaction
  - Reach mothers during critical milestones: Target mom at pregnancy, birth, first tooth.
    - Reach target audience through marketing messages, but also by engaging groups and partners that come in contact with our target audience
    - Prenatal: communicate that it's important to go to dentist and care for teeth, distribute kit to pregnant women (OBGYN, WIC, Head Start, community clinics).

- Birth: Leave OB unit with the kit; work with birthing centers, and OB unit nurses.
- First tooth/birthday: Create a “First Tooth Ferry” kit – prize for having your first tooth
  - LAURIE – oh fun! I love that! You don’t normally celebrate that, that’s great.
  - JON LANDERS – What’s the threat? In other work I’ve done, we did focus groups and asked people why they don’t have their kids brush their teeth. Respondents said they were deluged with problems and don’t have the money for toothbrush and toothpaste, they need to buy food. Whatever we do, we’re going to have to create a “boogy man” that will scare them to take action.
  - JOHN – yes, those threats/barriers have been discussed – there’s no getting away from it, this is an extremely tough audience. It’s imperative that we communicate to mom in a way that gets her attention so she listens to us and takes action.
  - JON LANDERS – May be a visual message to create impact, rather than actual messaging.
- Need to focus more on reaching pregnant mothers
  - KATRINA – Seems like there’s a focus on the child’s oral health, but not as much on the mom. Would it be helpful during prenatal to do a 101 video on oral health so she understands importance of her oral health and continuing her own and then focusing on the child’s
  - ALICE – Yes, it has to be addressed during pregnancy
  - LEIGH – We could do different videos for prenatal and when baby is born, and throughout life.
  - LAURIE – Make the connection between mom’s oral health and baby’s
  - KATRINA – The video during pregnancy can introduce concepts and set stage when she’s more receptive before she’s overwhelmed once the baby arrives.
  - JOHN – Need to remember with all this, we have to look at all of these strategies and tactics that will work best for each stage. [Several hands raise]
  - PEGGY O. – Importance of oral health during pregnancy to prevent birth defects that could be the threat to create a sense of urgency.
  - ALICE – Not enough data to support that a pregnant woman’s poor oral health could cause birth defects, but there is enough to support that bacteria can be spread from mom to baby
- Spanish-language versions of materials
  - ALICE – Will the campaign be available in Spanish as well? Desperately needed.
  - JOHN – Yes, media and materials will be available in Spanish.



- LEIGH – Importance of having Spanish materials developed by someone in the Spanish community, not just translated.
  - KATRINA – I recently heard that Healthy Mothers Healthy Baby’s text4baby is reaching Spanish-speaking mothers and they are still listening to the English messages.
  - JOHN – We’ll get to the details, it is planned to develop materials in Spanish.
  - LAURIE – Were there reps from the Spanish community at the SPC – yes, excellent.
- Additional partners to consider
    - LEIGH – Home visiting nurses and community nurses. They go to home at birth and throughout the year, could work at all stages.
    - LAURIE – Yes, want to work with home visitors – add to the list of partners.
    - HARRY – Navigators – head start and early head start.
    - LEIGH – School-based health programs. They are not a state-wide program, but I’ll give you a list of programs [Sarah to follow up with Leigh for these orgs]
- Entering School and other educable moments
    - JOHN – We will be reaching out to numerous groups throughout the stages: reach out when child enters school, healthcare visits, after-school programs, outreach through 3rd party advocates utilizing health visits through service providers – getting service providers to provide dental info during health visits. Food-based holidays – media outreach
    - KATRINA – What about childcare centers and providers?
    - LAURIE – Childcare providers, the oral health messaging could be part of the licensing curriculum, and another possible deliverer of the kit.
    - JOHN – Some childcare providers were a part of the SPC, they reached out to childcare centers on DHMH’s behalf. Have a list of about 200 people to help implement this campaign
- Developing the oral health kit
    - JOHN – This is the item that mom takes home. Intend to produce 300,000 kits. Now that we’re doing the campaign through MDAC, we have the ability to have sponsors donate. We will develop and test the kit using focus groups to ensure its attractive and something that mom would want and include education materials
    - LEIGH – When are you doing all of this? Is it going to be ready by the fall?

- Evaluate campaign effectiveness
  - JOHN – Test messaging using focus groups, pre- and post- surveys, Medicaid reimbursements, website visits and page views and number of toll-free hotline calls.
  - KATRINA – How does this tie into Medicaid reimbursement?
  - JOHN – Will give us an indication of the number of Medicaid recipients going to the dentist.
  - LAURIE – Can we track numbers receiving fluoride varnish? It will be interesting to see if this will go up.
- Provide foundation for future
  - JOHN – We will work through 3<sup>rd</sup>-party advocates to help sustain the campaign. We will also develop a transition plan.

#### 4. Input from the Advisory Committee

- BARBARA K – Do we have a logo?
- JOHN – Not yet, that will come next.
- LAURIE – When is the DentaQuest dental home campaign launching and how can we connect with this campaign?
- TEQUILA – Will be piloted in 2 counties at the end of 2011, but the statewide won't happen until May 2012.
- JOHN – The good thing is there are a lot of people doing stuff around children's oral health.
- LAURIE – I think that the dental home campaign can use the messages from this campaign.
- TEQUILA – Yes, absolutely.
- LEIGH – Do food stamps cover tooth paste? Should we lobby for that? I get that it isn't food, but it highlights the importance of it.
- ALICE – They allow you to buy soda with food stamps, why not trade soda for a brush or paste?
- ALICE – Once a Medicaid mom delivers her baby, she no longer has access to the dentist. The likelihood of her getting an appointment is very small. Can we change Maryland's policy on this? What a better way to follow up on this campaign?  
[That goes on Penny's list!]
- LEIGH – The state can have a more extensive benefit package if there are the funds to pay for it.
- KAREN B – Right now they're looking to cut \$40 million.
- WINIFRED – This is an important issue – remove soda and put toothpaste on.
- LEIGH – Unbelievable how much change could happen if soda was removed.

- KATRINA – Include the purchase of toothpaste with food stamps. For the same allotment of food stamps, they could choose to buy toothpaste instead of soda.
- LEIGH – Can states determine what included?  
[No, only Federal.]
- JON LANDERS – I lobbied for Kellogg’s, we should be pushing Colgate and P&G for this policy change.
- LAURIE – This could be part of the partnership.
- JON LANDERS – Going back to earlier in the presentation, we want to catch people at different milestones. Churches have gotten into promotion – baptisms! Could be another point of intersection.
- JOHN – Going back to the plan – we’ve prioritized the tactics. We will not do everything in this plan, it is a broad 3-year plan that will involve partnerships and sponsorships. When you read through it, contact me with any questions. Much more detail in this plan than what I went over tonight, just didn’t want to go through tonight.

## 5. Next Steps

- JOHN – Next steps – structure to launch in the fall.
- KAREN – How long will the campaign be live?
- JOHN – Through July 2012. We do not have enough funds to run ads throughout the entire year, but will be doing other outreach to augment this.
- JON LANDERS – Is there any impetuous to kick this off? 40,000 babies in the state, enough fill M&T bank stadium (Baltimore Ravens’ Stadium).
- BARBARA – Will there be a single place for the press event? Or multiple activities?
- ROSEN – Because it’s statewide, we’ll do something that touches everyone
- LAURIE – I’m worried that it’s already Fall 2012!
- ALICE H – Fall goes to November.
- JON LANDERS – Important to stay inside Thanksgiving.
- KATRINA – Can you delay until Jan./Feb. and oral health month?
- ALICE H – This might be something to think about because we’re really running tight on time.
- ROSEN – We agree that the timeline is extremely tight. What the campaign can do best is make a loud noise and where the magic will happen is in the face-to-face meetings. If we were to launch in fall, we were going to do 2 phases. The benefit to launching in Jan/Feb 2012, media buying is much cheaper, can tie into New Year’s resolutions. The disadvantage is many are overindulging and tend tune out.

- ALICE – If you do February, it'll be around children's oral health month.
  - ROSEN – Media and others don't really tune into monthly observances. Feb is also heart health month and our message could get lost in that. I don't see any fatal flaw with delaying.
  - HARRY – The rush is the contract with PRR. The timeline constraint is dually noted. The original intent was to create messaging around back to school. These guys have done amazing amount of work in a short period of time.
  - JON LANDERS – Since you can't run the media campaign throughout the campaign, why not just shorten it?
  - JOHN – The AdCouncil initiative launches in spring 2012, our campaign could be their pilot. I wonder if we use their messaging as part of our campaign as that will allow us to take a lot of our money away from media spending and focusing on community outreach. I think it's all about creating awareness and synergy from one campaign to another – ours, AdCouncil, and DentaQuest (Tequila).
  - LAURIE – It will be critical to develop and nurture community partnerships and prepare them; they need them to be ready when you need them. If you rush it, then you miss the whole point.
  - HARRY – **Oral health summit is Oct. 20, 2011** – we can announce the idea for the campaign and get people on board and donations.
  - LAURIE – A good task for partners is a tooth kit assembly party, where you run through the messaging while compiling the kits. Schools and groups for those with disabilities often provide these types of services.
  - LEIGH – When does the Medicaid family planning program go into effect?
  - January 2012. Reaches those in poverty. Will be doing provider training – could incorporate campaign materials and distribute to providers. First-time moms with small children.
- Maryland Delegation
- LAURIE – You skipped over the Maryland Delegation. What do they think of this effort? Are they please with our progress?
  - JOHN – The room was filled with their aides, almost everyone was represented. Seemed to be interested and looking forward. Colin organized the event.
  - COLIN – People came and were positive.
  - HARRY – Earlier this month, there was a press event with Cong. Cummings and other high-provide leaders, and they all mentioned the literacy campaign.
  - ALICE/LEIGH – Deamonte Driver
  - Tequila commented on the collaboration and please with it

- COLIN – Tried to highlight the progress that MD has made and those programs that are planned, but that more needs to be done in the effort, please continue.
- Ideas
  - When is next meeting? October? Have a feeling we're going to push back the campaign. Harry admits that he's the one that's been holding us back from changing the launch.
  - How are you going to do this in 18 months? Major question asked by ADA and others.
  - JOHN – Again, the importance of partnership, they will have to run with and sustain the campaign to create a motivation and excitement. It will be very quickly followed by the AdCouncil campaign. They have iconic messaging.
  - KATRINA – Don't they need a test case? Maryland would be a great state for this!
  - ROSEN – How can we make it happen to use same word as other larger campaign – AdCouncil will have the loudest voice.
  - JOHN – Gray – AdCouncil's agency.
  - ROSEN – They're going to be my best friend tomorrow.
  - BARBARA – Are you going to do anything to help us get partners to move the initiative forward?
  - HARRY – Policy tool, prioritize what needs to be done and categorized into 3 areas – education, prevention, access. Campaign needs to go behind that. Can do a soft launch in 2011 to give people a taste of what's to come.
  - JOHN – The attractive point of fall was early September and back to school.
  - KAREN – Media dollars would be better spent in early 2012.
  - BARBARA – We also need to allow time to get everyone geared up.
  - JOHN – Yes, I agree. We will move the launch from fall to Jan/Feb 2012.
  - HARRY – Thank you and thanks John for getting the community input and building partnerships, thanks to all of you.

## 6. Adjourn

# Appendix G:

## Focus Group Qualitative Discussion Guide & Results Report



Maryland Oral Health Literacy Campaign

Focus Groups Topline Report

January 2012

By:  Maryland  
Marketing  
Source, Inc.

The logo for Maryland Marketing Source, Inc. consists of a stylized black silhouette of a person's head and shoulders, facing right. The person appears to be holding a large, golden-brown apple. The text "By:" is positioned to the left of the silhouette. To the right of the silhouette, the words "Maryland", "Marketing", and "Source, Inc." are stacked vertically in a black, sans-serif font.

## Executive Summary: Purpose & Methodology

- The Maryland Department of Health and Mental Hygiene (DHMH) wants to communicate with families regarding the importance of oral healthcare for young children. They are working with PRR, a broad-based public affairs firm who provides research, communications, and marketing services, to develop an easy to understand and motivating campaign that will encourage families to engage in proper oral health practices.
- Having developed several possible concepts, PRR tasked Maryland Marketing Source, Inc. (MMS) with conducting qualitative market research to help determine which communication messages are best understood by mothers of young children and which images most appeal to them.
- This topline report discusses the qualitative results of the two (2) focus groups conducted at the MMS focus group facility in Catonsville, MD on Thursday, January 5<sup>th</sup> 2012, at 5:30 PM and 7:30 PM. Qualified participants met the following criteria:
  - Have children under the age of 6 living in home;
  - Currently receive, or are eligible to receive, Medicaid or Medical Assistance;
  - Are between the ages of 18 and 45; and
  - Represent various racial, educational, and socioeconomic backgrounds.



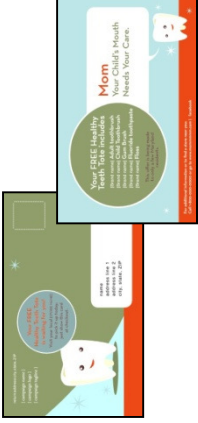
## Executive Summary: Purpose & Methodology (cont)

- Focus group participants received \$100 as a thank you for their participation.
- Maryland Marketing Source, Inc. (MMS), in cooperation with PRR, was responsible for:
  - Developing the screener;
  - Formatting the discussion guide;
  - Recruiting the focus group participants;
  - Providing various hosting services, including facilitating the focus groups, managing catering services, A/V services, and other project management duties;
  - Moderating the focus groups; and
  - Analyzing the results and writing a Topline Report.
- Please note that focus group research is qualitative in nature and, therefore, cannot be projected to an entire group base.

## Executive Summary: Key Highlights

- Focus group participants agree that dental care is “very important”.
- The term “oral health” was described as encompassing everything involved with proper dental hygiene and health.
- Group members expressed concern over receiving minimal or contradictory information regarding their children’s dental care needs.
- Group members really took to names that included the word “healthy”, including:
  - *Healthy teeth, healthy kids*
  - *Healthy mouths, healthy future*
  - *Start early, stay healthy*
- Participants felt that advertising should revolve more around oral hygiene and children, showing images of:
  - Teeth,
  - Toothbrushes, and
  - Kids brushing their teeth.

## Executive Summary: Key Highlights (cont)

- The concept theme which depicted teeth characters remained the preferred concept among mothers in both groups.
- 
- It was widely agreed upon that the term “tote” connotes a larger bag with handles, similar to reusable shopping bags, as opposed to the kit, which comes in something more like a pouch or pencil bag.
  - Focus group members agreed that the information for the kit brochure was easy to read and understand; however, they also felt the brochure should further explain *why* certain behaviors are undesirable when caring for their children’s mouths because this information is not clear.
  - Participants didn’t like the language that told them to *never* do something, because they found the instructions to be irritating, rude, and unrealistic. The statement, *sadly, poor dental health has even led to death for a Maryland child*, was overwhelmingly disliked by group participants as well.

## Executive Summary: Key Highlights (cont)

- The messages that participants preferred most were informative and have the onus of control and power to parents, including:
  - *If left untreated, cavities can cause serious health problems, yet they are nearly 100% preventable.*
  - *To prevent cavities, brush twice a day with fluoride toothpaste.*
- Dental images resonate the strongest overall with group participants.
- The focus group members most preferred the TV ad entitled, ‘If Your Kids Thanked You’.

## Executive Summary: Conclusions & Recommendations

1. The focus group participants agree that proper oral health care for children is of large import. They were also clear about what appeals to them and what does not with regard to encouraging proper juvenile oral health care.
  - a. The group members preferred messages that are:
    - i. Positive
    - ii. Motivational
    - iii. Focus on “health”
    - iv. Easy to discuss with children
    - v. Involve more than just mothers
    - vi. Credible
  - b. The images they would prefer to see should:
    - i. Relate directly to oral health care
    - ii. Engage and excite their children
2. The group members also took the language in the concepts very literally. For instance, to the participants, a “tote” meant a bag with a handle, so it would be wise to perhaps change the packaging of the kit, or select a new name for it. It would also be in PRR’s interest to exclude certain words from their campaign, including *pain*, *never*, and *do not/don’t*.



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## Detailed Findings

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## Warm-Up Questions

- When asked what they feel to be the most important health issues for their families, focus group members stated:
  - Coverage – insurance
  - Quality of care
  - Access to care
  - Nutrition
  - Costs
  - Good information
  - Check ups
  - Vaccinations
  - Prescriptions
  - Vitamins
  - Staying well
  
- Participants agreed that dental care is “very important” because:
  - Mouth is linked to a lot of health conditions
  - Expenses can grow
  - You can get an infection that leads down to the heart
  
- Group 1 participants liked the phrase “oral health” best because it is internal and includes everything, whereas “dental health” makes them think of tools, which can be scary, and “mouth health” connotes eating.
  
- Group 2 participants preferred “dental health” because it is specific and it is easy to recognize what it is, although “oral health” was said to be more encompassing.

# Dental Information and Feelings

- Group members first receive information about how to take care of their children's teeth from their pediatricians, and prefer to receive information from authority figures rather than from friends and family members.
- The group participants discussed various ways they take care of their children's mouths at home, including:
  - Brushing their teeth twice daily,
  - Having them use mouthwash,
  - Flossing their teeth,
  - Using fluoride toothpaste, and
  - Using tap water instead of bottled water.

**Mothers expressed concern over receiving minimal or contradictory information regarding their children's dental care needs.**

- The mothers who participated in the focus groups are more motivated to take their children to a dental visit than they are to go for themselves. Insurance and financial constraints determine whether they take a child to the dentist annually or bi-annually, or whether they wait years to do so.



# Names

- The names that were liked the most were also the names that were liked the least – which means that they were the most thought and image provoking for focus group participants.
- Group members really took to names that included the word “healthy”, including:
  - *Healthy teeth, healthy kids*
  - *Healthy mouths, healthy future*
  - *Start early, stay healthy*
- Names that seemed limiting due to age or family roles were the least preferred by the mothers in the groups. These included:
  - *Moms for healthy mouths*
  - *Kids for healthy teeth*
  - *Tots for teeth*
- See Chart 1 on the next page for participant rankings of each name. Participants were asked to assign the name they liked the best/found most motivating a ‘1’, and the name they liked second best a ‘2’. Whichever name they liked the least was supposed to receive an ‘X’.

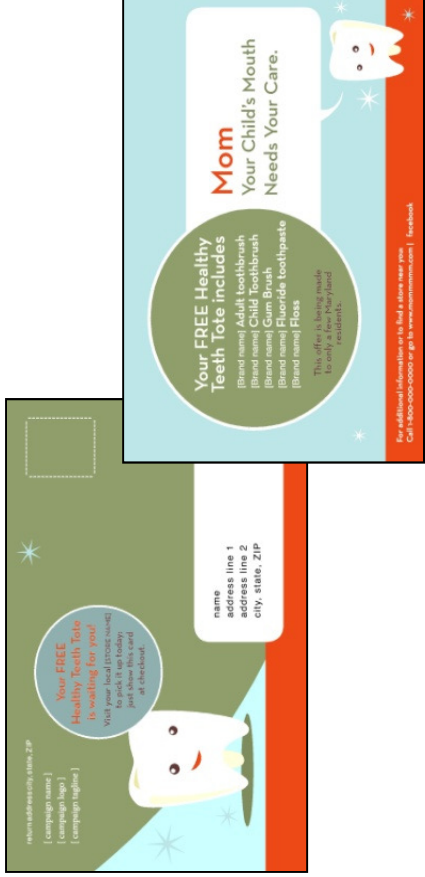
# Names (cont)

## Activity 1 – Chart 1: Names

	# of 1's	# of 2's	# of X's	Why?
<ul style="list-style-type: none"> <li>• Healthy teeth, healthy kids</li> </ul>	3	4	3	<ul style="list-style-type: none"> <li>• “Healthy” is catchy</li> <li>• Simple, gets point across</li> <li>• Teeth can keep other body parts healthy</li> </ul>
<ul style="list-style-type: none"> <li>• Little Mouths Matter</li> </ul>	3	4	6	<ul style="list-style-type: none"> <li>• Cute</li> <li>• Babies get neglected because they have no teeth – this includes them</li> <li>• Focus is only on kids – all mouths matter</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy mouths, healthy future</li> </ul>	3	1	--	<ul style="list-style-type: none"> <li>• Focus on “healthy”</li> <li>• Future is key – this is hopeful &amp; optimistic</li> <li>• For everyone</li> <li>• Not teeth only</li> </ul>
<ul style="list-style-type: none"> <li>• Start early, stay healthy</li> </ul>	4	1	4	<ul style="list-style-type: none"> <li>• Something can be taken into adulthood</li> <li>• Good health habits – “healthy”</li> </ul>
<ul style="list-style-type: none"> <li>• A smile for life</li> </ul>	1	4	4	<ul style="list-style-type: none"> <li>• Smile gives first impression</li> </ul>
<ul style="list-style-type: none"> <li>• Moms for healthy mouths</li> </ul>	1	--	--	<ul style="list-style-type: none"> <li>• Excludes dads</li> <li>• Too “campaign-y”</li> <li>• Asks parents to be advocate</li> <li>• Covers all age groups</li> </ul>
<ul style="list-style-type: none"> <li>• Kids for healthy teeth</li> </ul>	--	--	--	<ul style="list-style-type: none"> <li>• Doesn’t seem as motivating</li> </ul>
<ul style="list-style-type: none"> <li>• Tots for teeth</li> </ul>	--	1	--	<ul style="list-style-type: none"> <li>• Images of biting</li> <li>• Seems to be for toddlers only</li> <li>• Has a cute factor</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy teeth, healthy future</li> </ul>	--	1	--	<ul style="list-style-type: none"> <li>• No comments made.</li> </ul>

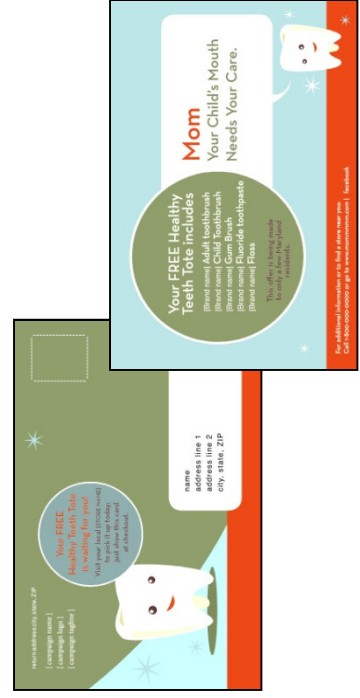
# Campaign Materials: Postcards

- Participants felt the postcards should revolve more around oral hygiene, showing images of:
  - Teeth,
  - Toothbrushes, and
  - Kids brushing their teeth.
- Group members were also concerned that stores wouldn't know what they were talking about if they wanted to pick up a kit, or would be out of supplies, so they wanted assurances that they would get the kit if they attempted to do so.
- The postcard that was the best received overall was:



# Campaign Materials: Postcards (cont)

- Mothers in the focus groups wanted clear images that matched the message of the postcard and well organized information.

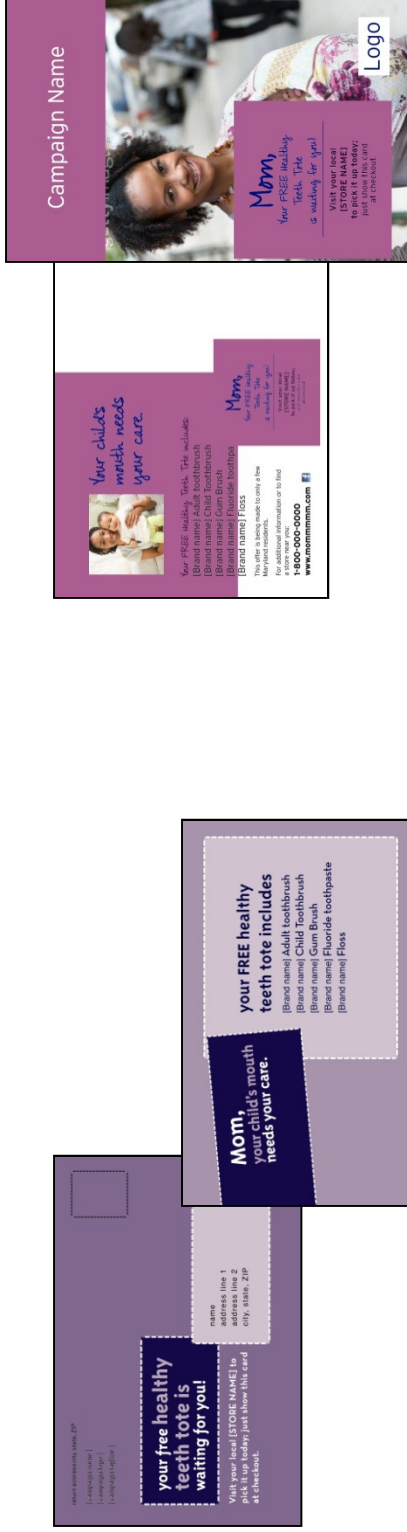


LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Looks like a dental check up reminder</li> <li>Kid friendly</li> <li>Gets kid involved</li> <li>Cute</li> <li>Eye catching</li> <li>Know what it's about by looking at it</li> </ul>	<ul style="list-style-type: none"> <li>Pushy to moms</li> <li>Only offered to "a few MD residents" – assume they won't qualify</li> <li>Didn't pop enough or stand out</li> </ul>

**This postcard concept was liked the most.**

LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Encompassed everyone</li> <li>Clear that you get something for free</li> <li>Fancy</li> <li>Cut and dry</li> <li>Toothbrush sticks out – caught attention right away</li> <li>Kids are cute</li> <li>"Your child's mouth needs your care."</li> </ul>	<ul style="list-style-type: none"> <li>No specific comments made</li> </ul>

# Campaign Materials: Postcards (cont)



LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Looks like I'm getting something for free</li> <li>Going to be beneficial</li> <li>"Mom" is eye grabbing</li> <li>Doesn't say "few MD residents"</li> <li>Info is clearly organized</li> <li>Motivating to pick tote up</li> </ul>	<ul style="list-style-type: none"> <li>Color reminds me of March of Dimes</li> </ul>
LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Picture on address side is cute</li> </ul>	<ul style="list-style-type: none"> <li>Seems like a feminine hygiene product ad - i.e. tampons</li> <li>Can't see the baby</li> <li>Doesn't reflect dental concept</li> <li>Street background doesn't make sense</li> <li>Seems like the mother is taking the child to a clinic</li> </ul>

**This postcard concept was liked the least.**

## Campaign Materials: Oral Health Kit

- When participants were shown an example oral health kit, they were a bit overwhelmed as if they were expecting more.
  - It was widely agreed upon that the term “tote” connotes a larger bag with handles, similar to reusable shopping bags, and the kit came in something more like a pouch or pencil bag.
  - Some participants felt the kit included nothing more than they would get from a dental visit.
  - It was stated that the pouch should also use instructions for proper use, coupons, floss sticks, and contact information for local dentists.
  - Group members didn’t feel that the kit applied to children because they did not believe that young children should use fluoride toothpaste.
  - One suggestion was made to have included a picture of the kit on the postcard so people know what to expect.
  
- Group members liked the following:
  - The reusable pouch.
  - It would be easy to keep in car and travel with it.
  - The items would be easily divided among several children.

## Campaign Materials: Kit Brochure – Words Only

- Overall, focus group members agreed that the information for the kit brochure was easy to read and understand.
- The statement, *keep your child's mouth healthy; give your child a healthy mouth for life*, was well received. Group members also liked the statement about the problems bad dental care can have, as well as the contact information for finding a dentist and the website for learning more.
- Participants questioned who is the authority backing the information because they:
  - Find some of it to be contradictory to what they've been told by pediatricians, insurance companies, and dentists, including:
    - Using fluoride toothpaste for young children.
    - Visiting the dentist by first birthday.
    - Giving appropriately aged children juice to drink.
  - Want to make sure they can trust the information.
- The mothers in the focus groups felt the brochure should further explain *why* certain behaviors are undesirable when caring for their children's mouths because this information is not clear enough; specifically why not to give a child soda or juice (from a dental perspective) and why not to share eating utensils.



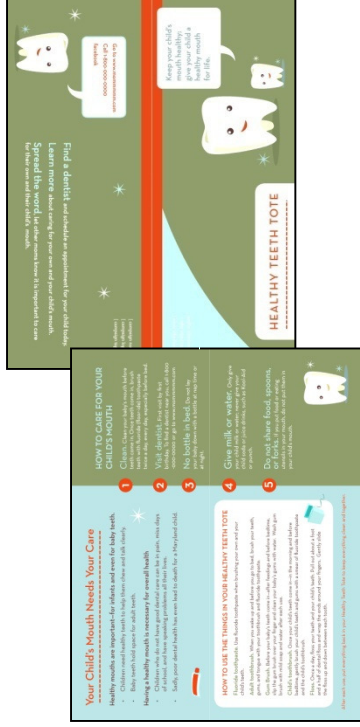
## Campaign Materials: Kit Brochure – Words Only (cont)

- Participants didn't like the language that told them to *never* do something, because they found the instructions to be irritating, rude, and unrealistic. They also didn't like the feeling that the brochure is speaking down to them by phonetically spelling 'fluoride'.
- Some parents felt the brochure should read more like a lesson plan so it would be easier to read to children and get them involved. The inclusion of games and coupons was also suggested.
- The statement, *sadly, poor dental health has even led to death for a Maryland child*, was overwhelmingly disliked by group participants. They felt it to be:
  - Too much;
  - Too strong;
  - Horrendous; and
  - Sending the opposite type of necessary messaging, which should be positive and motivational.



# Campaign Materials: Kit Brochures

- Again, mothers felt strongly about the concepts they liked as well as the ones they didn't, and had little to say about the concepts that didn't move them one way or another.
- It was mentioned that everything says "mom", which excludes other caregivers and kids as well.



LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>• Doesn't limit to just moms</li> <li>• Teeth characters appeal to kids</li> </ul>	<ul style="list-style-type: none"> <li>• No comments</li> </ul>

**This kit brochure concept was liked the best.**

LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>• No comments</li> </ul>	<ul style="list-style-type: none"> <li>• No comments</li> </ul>

# Campaign Materials: Kit Brochures (cont)



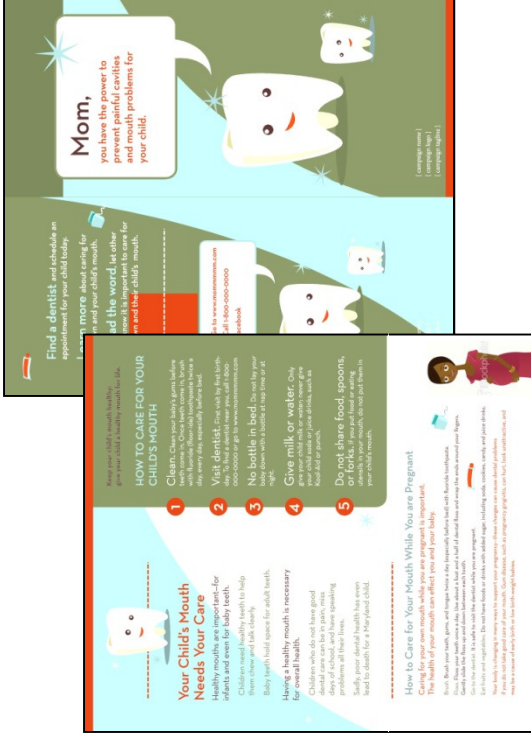
LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Information reads like a lesson plan</li> <li>Layout organizes information clearly</li> <li>The white contrasts nicely with the dark purple</li> </ul>	<ul style="list-style-type: none"> <li>Statement about child's death</li> <li>Purple coloring</li> </ul>

LIKE?	DISLIKE?
<ul style="list-style-type: none"> <li>Better than postcard because it shows more people</li> </ul>	<ul style="list-style-type: none"> <li>Headline font inside</li> <li>Statement about washing gum brush with soap and water is confusing</li> <li>Purple coloring</li> </ul>

This kit brochure concept was liked the least.

# Campaign Materials: Brochures

- Participants were asked to quickly review these brochures and provide immediate, top-of-mind responses.



**LIKE?**

- Images of teeth

**DISLIKE?**

- Coloring is bland and plan
- Green font inside is hard to read
- Questioned the food advice for pregnant women

**LIKE?**

- Was second choice overall

**DISLIKE?**

- The colors – pink and blue – and images make participants think of an OB/GYN office

**This brochure concept was liked the best.**

# Campaign Materials: Brochures (cont)



## LIKE?

- Directional shift from horizontal to vertical

## DISLIKE?

- "Foot and a half" of floss is confusing, too technical – compare it to something
- Explain why not to do something
- Don't use words like "never" or "do not"

## LIKE?

- Pictures of kids brushing teeth – suggest putting on front

## DISLIKE?

- Picture of woman with baby in sling – image looks like a pregnancy ad or ad for baby products

**This brochure concept was liked the least.**



## Messages

- The messages that participants preferred most were informative and have the onus of control and power to parents (see Chart 2 on next page). Group members selected the following as their top message choices:
  - *If left untreated, cavities can cause serious health problems, yet they are nearly 100% preventable.*
  - *To prevent cavities, brush twice a day with fluoride toothpaste.*
  - *A healthy mouth is necessary for overall health.*
  - *Baby teeth are important – they help children chew and talk clearly, and they hold space for adult teeth.*
  
- Messages that were preferred by no one included (see Chart 3 for full list):
  - *You have the power to prevent painful cavities that hurt your child's health and cost a lot of money to fix.*
  - *Studies show that gum disease in pregnant women may cause early births or low birth-weight babies.*
  - *No bottle in bed – do not lay your baby down with a bottle, at nap or night time.*
  - *Do not share food, spoons, or forks with your child to avoid spreading germs that can cause cavities.*

# Messages (cont)

**Activity 3 – Chart 2: Messages Liked Best**

	Why?
A healthy mouth is necessary for overall health.	<ul style="list-style-type: none"> <li>• Just liked it.</li> </ul>
Poor dental health can lead to problems in eating, speaking, learning, and socializing.	<ul style="list-style-type: none"> <li>• Agree with it</li> <li>• Seen it – drooling, etc.</li> <li>• Think of her [daughter] future – she is learning from others.</li> <li>• It is a global truth, regardless of age, for self and for child.</li> </ul>
Baby teeth are important – they help children chew and talk clearly, and they hold space for adult teeth.	<ul style="list-style-type: none"> <li>• Start early to lay foundation for healthy habits.</li> </ul>
One in three children entering school will have untreated cavities in their baby teeth.	<ul style="list-style-type: none"> <li>• Focus is on cavities in ads, not gum disease or other dental issues.</li> </ul>
If left untreated, cavities can cause serious health problems, yet they are nearly 100% preventable.	<ul style="list-style-type: none"> <li>• Still motivating.</li> <li>• Can do your best – in your control.</li> <li>• Lots can be controlled.</li> </ul>
To prevent cavities, brush twice a day with fluoride toothpaste.	<ul style="list-style-type: none"> <li>• What you hear at the dentist.</li> </ul>
First dentist visit by first birthday.	<ul style="list-style-type: none"> <li>• Didn't know this.</li> <li>• It hit home.</li> <li>• Informative yet simple.</li> <li>• Had to pick something.</li> </ul>

# Messages (cont)

## Activity 3 – Chart 3: Messages Liked Least

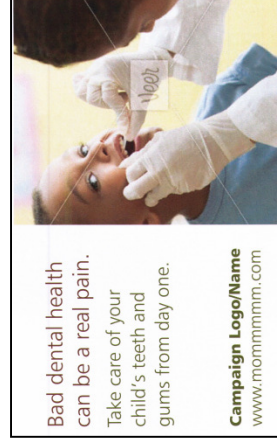
	Why?
Care for your mouth and your child's mouth every day.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
You have the power to prevent painful cavities that hurt your child's health and cost a lot of money to fix.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
Studies show that gum disease in pregnant women may cause early births or low birth-weight babies.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
No bottle in bed – do not lay your baby down with a bottle, at nap or night time.	<ul style="list-style-type: none"> <li>• Already know this by the time a dentist is seen.</li> </ul>
Do not share food, spoons, or forks with your child to avoid spreading germs that can cause cavities.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
Only give your child milk or water, never give your child soda or juice drinks.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
Children have died from lack of dental care.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
Caring for your teeth while you are pregnant is just as important as eating healthy food and taking prenatal vitamins.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>
Tooth decay is our nation's single-most common childhood disease.	<ul style="list-style-type: none"> <li>• No specific comments made</li> </ul>

## Ad Concepts: Inside Bus & Bus Shelter Ad

- The mothers in the focus groups like the bus ads better overall because they felt the images better matched the topic and messages.
- Dental images resonate the strongest overall with group participants.
- This concept was highly received because of the positive, relevant imagery and messaging.



- The below concept was least preferred because of the word “pain”, and because the boy in the picture could be seen as being scared or in pain as well.





# Ad Concepts: TV Ads

- The focus group members most preferred the TV ad entitled, ‘If Your Kids Thanked You’.

VIDEO	AUDIO
A KID AGE 12-15 TALKS DIRECTLY TO CAMERA.	MUSIC UNDER
A SECOND KID AGE 8-10 SPEAKS DIRECTLY TO THE CAMERA	KID 1 (AGE 12-15): Thanks, Mom, for making me wear a jacket when I was small so I wouldn't get sick.
CAMERA PANS ACROSS FAMILY PHOTOS FEATURING MOM AND CHILD.	KID 2 (AGE 8-10): Thanks, Mom, for putting me in a car seat so I wouldn't get hurt.
AN OLDER TEEN TALKS DIRECTLY TO CAMERA.	ANNCR: What if your kids thanked you for all you've done to protect them? It would be a long list. And near the very top ...
WE SEE VARIOUS MOMS HELPING THEIR BABIES AND YOUNG KIDS CLEAN THEIR MOUTHS.	OLDER TEEN: Thanks Mom, for helping me brush my teeth before I could do it myself.
PARTNER LOADS WEBSITE	ANNCR: When you clean your baby or young child's teeth and gums and use a fluoride toothpaste, you really improve their chances of good health overall.
WEB ADDRESS APPEARS ON SCREEN.	Take care of your child's teeth and get them to a dentist before their first birthday. Visit <a href="http://www._____for">www._____for</a> more information now. Your kids will thank you later.
OLDER KIDS ADDRESS CAMERA.	OLDER KID 1: Thanks Mom! OLDER KID 2: Thanks Mom!

## Call to Action

- Focus group participants agreed that they would prefer having the option of going to a website to get further information rather than calling a hotline. Should a hotline be made available, group members made it clear that they would want to speak with a person, perhaps even a dentist, and not have to deal with an interactive voice response system.
- Upon the completion of the group discussion, participants continued to be enthusiastic about taking good care of their children's mouths, however, they were less inclined to take a child to the dentist prior to age 1. They explained that pediatricians do not recommend it, insurance companies don't cover it, and dentists won't even see them at that time.
- Group members believe that the advertising, giveaways, and information should all be geared towards kids, even more so than towards adults. They stated that in order to be successful, the process needs to involve kids and therefore messaging should appeal to them as well.

## Contact Us

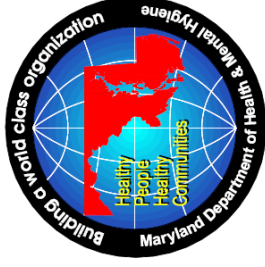


9936 Liberty Road  
Randallstown, MD 21133  
(410) 922-6600  
(410) 922-6675 (fax)  
[www.mdmarketingsource.com](http://www.mdmarketingsource.com)  
Twitter: [@MDMktngSource](https://twitter.com/MDMktngSource)

# Appendix H:

## Advisory Committee Materials

Power Point presentation & notes (Jan 19, 2012)



# **Maryland Oral Health Literacy Campaign**

**Office of Oral Health  
Maryland Dental Action Coalition**

**Baltimore, MD**

**John Welby, MS, Project Director**

**01.19.12**

# Review

- Target audience
  - Primary:  
Pregnant woman and mothers of at-risk infants and children up to age three on Medicaid (or eligible), on State Children's Health Insurance Plan (SCHIP) (or eligible)
  - Secondary:  
Mothers of at risk children age three to six on Medicaid (or eligible), on State Children's Health Insurance Plan (SCHIP) (or eligible)



# Review

- Marketing and Communications Plan
- Strategies
  - Define and promote a call to action
  - Create a favorable environment and a sense of urgency
  - Develop an Oral Health Kit
  - Reach mothers at critical oral health milestones
  - Evaluate campaign effectiveness
  - Provide a foundation for future work



# Tonight's Agenda

- Define campaign content
- Develop and test creative approach
- Focus group results
- Build a media partnership
- Create Oral Health Kit
- Campaign launch and roll out





# Define Campaign Content

- Message Maps
  - Outlined all content that will be used to create campaign elements
- Four key audiences
  - General (Program)
  - Moms and pregnant women
  - Health care providers
  - Advocates



## Program Core Story: A Healthier Mouth Builds A Healthier Future

### Maryland's Children Need Your Help: A Healthy Mouth is Key to Overall Health

#### Message Map

Reaching Caregivers	Why Maryland, Why Now	Reaching Healthcare Providers
<ul style="list-style-type: none"> <li>• Inform pregnant women/mothers/guardians about the link between oral health and overall health</li> <li>• Mom has the power to prevent tooth decay by making oral health care a priority</li> <li>• Simple strategies are key to prevention               <ul style="list-style-type: none"> <li>- <b>See a dentist during pregnancy, it is safe!</b> Studies show that failing to treat oral diseases can trigger preterm birth or low birth-weight babies</li> <li>- <b>Brush with fluoride toothpaste!</b> Mom and child need to brush with fluoride toothpaste at least twice a day</li> <li>- <b>Fluoride is important!</b> Drinking fluoridated water and brushing with toothpaste are key to preventing cavities</li> <li>- <b>Do not lay baby down with a bottle or sippy cup!</b></li> <li>- <b>Do not share food or utensils with your baby!</b> Tooth decay is infectious and can spread from you to your baby</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One third of children entering school will have untreated decay in their primary teeth</li> <li>• Maryland leads the country in dental health, but needs to improve care for low-income families</li> <li>• This campaign was ignited by the young life lost to dental disease, 12-year-old Deamonte Driver. We all share responsibility to prevent this from happening</li> <li>• There are 300,000 Medicaid enrolled or eligible children under the age of 6 in Maryland who are not receiving dental care</li> <li>• Dental caries is predictable, preventable, and transmissible</li> </ul>	<ul style="list-style-type: none"> <li>• Ask mom about her own and baby's daily oral health routine; must brush daily with fluoride toothpaste</li> <li>• Encourage pregnant patients to see a dentist during pregnancy, let them know it is safe               <ul style="list-style-type: none"> <li>- Communicate possibility of increased risk of preterm labor or low birth-weight</li> </ul> </li> <li>• Educate about proper brushing for mom and baby, benefits of fluoride, signs and symptoms of poor oral health               <ul style="list-style-type: none"> <li>- Explain and show visual examples of harmful consequences of poor oral health, such as early childhood caries and overall illness, such as fever or facial swelling</li> </ul> </li> <li>• At the 6- and 9-month check-up, add to mom's to-do list to schedule baby's first dentist visit by their first birthday</li> <li>• Remind mom that early intervention is key</li> <li>• Distribute oral health kit and materials</li> </ul>



## Mom Core Story: Good Oral Health is Necessary for Good Overall Health

### You Need to Care for Your Mouth and Your Child's Mouth Everyday

#### Message Map

##### **Mothing Begins Before Birth**

- Taking care of yourself, especially your teeth and mouth, is one of the first ways you can care for your unborn child
  - Brush twice a day with fluoride toothpaste; floss at least once
  - Go to the dentist during your pregnancy, it is safe
- **Caring for your own teeth during pregnancy is just as important as eating well and taking prenatal vitamins**
- Your body is changing in many ways to support your pregnancy – these changes can cause dental problems if you do not brush with fluoride toothpaste and floss daily
  - Gum disease, like pregnancy gingivitis, can be painful and unattractive, and is present in more than one third of pregnant women
  - Studies show that gum diseases may contribute to triggering premature births or low birth-weight babies
  - Eat healthy foods, including fresh fruits and vegetables and eliminate foods and beverages with added sugar, such as soda, cookies, candy, and juice drinks.

##### **Your Baby Needs Your Care**

- You have the power to prevent painful tooth decay that is expensive and time consuming to fix and hurts your child's health
  - Before teeth come in, after feedings and before bedtime, clean baby's gums with a soft clean cloth
  - In morning and before bedtime, gently brush teeth and gums with a smear of fluoride toothpaste and a small soft-bristled toothbrush
  - Give baby milk or water, *never* give baby juice drinks (i.e., Kool-Aid, punch) or soft drinks
    - Once your baby is off the bottle, serve milk or water in an open cup to limit teeth's exposure time to potentially harmful sugars. Do not use a sippy cup
    - Limit consumption of 100% fruit juice to 4 ounces a day served in an open cup, drank in one sitting
  - Tooth decay is infectious. Do not share food or utensils with your baby to avoid spreading disease-causing bacteria
  - Do not lay your baby down with a bottle
  - Fluoride prevents cavities; drink fluoridated water and brush with fluoride toothpaste

##### **Visit Dentist by 1st Birthday**

- Whether teeth have appeared or not, take baby to the dentist by his/her first birthday
  - Choose a regular dentist or "dental home" for you and your family and visit twice a year
  - Receive a free oral health kit and materials from your dentist or healthcare provider
  - To find a dentist that accepts Medicaid, call 1-800-000-0000 or visit [www.HealthyMouths4MD.org](http://www.HealthyMouths4MD.org)



# HCP Core Story: Talk To Pregnant Women & New Moms About Oral Health

## Good Oral Health is Necessary for Good Overall Health and a Healthy Future

### Message Map

#### *Oral Care Matters in Pregnancy*

- Counsel and encourage moms to take care of themselves, especially their teeth, as one of the first ways to care for their unborn child
- Brush twice a day with fluoride toothpaste
- Floss at least once a day
- See the dentist while pregnant, it is safe
- Warn of the high rates among pregnant women of painful and unattractive gum disease, such as pregnancy gingivitis
- Studies show that gum diseases may contribute to triggering premature births or low birth-weight babies
- Oral disease is preventable
- Eat healthy foods, including fresh fruits and vegetables and eliminate foods and beverages with added sugar, such as soda, cookies, candy, and juice drinks

#### *Babies Need Oral Care*

- Ask mom about her own and baby's daily oral health routine
- Highlight importance of drinking fluoridated water and brushing with fluoride toothpaste
- At the 6- and 9-month check-up, encourage a visit to the dentist before baby's first birthday, regardless if teeth have appeared
- Make sure mom knows to clean, and how to clean, baby's teeth and gums after feedings and before bedtime
- Recommend using a soft clean cloth for gums and small soft-bristled toothbrush
- Avoid juice drinks (i.e., punch, Kool-Aid) and soft drinks; juice should be 100% fruit juice, no more than 4 ounces a day, drank in one sitting, served in an open cup
- Oral disease is infectious – mom should not share food, drinks, or utensils with child
- Do not lay baby down with a bottle

#### *Help Spread the Word*

- Give mothers the campaign oral health kit
- Dental caries is predictable, preventable, and transmissible
  - With one third of children entering school expected to have untreated decay in their primary teeth, it's time to do more to prevent tooth decay
- Early and simple interventions are key
- Get your office involved in Maryland's oral health literacy campaign
- Spread the word to other HCPs on importance of oral healthcare for pregnant women, babies, and young children



# Advocates Core Story: Good Oral Health is Necessary for Good Overall Health and a Healthier Future

## Spread the Word: Maryland's Children Need Your Help to Have Healthy Mouths and Healthier Futures

### Message Map

Reaching Caregivers	Why Maryland, Why Now	Reaching Healthcare Providers
<ul style="list-style-type: none"> <li>• Inform pregnant women/mothers/guardians that oral health is necessary for good overall health</li> <li>• Mom has the power to prevent tooth decay by making oral health care a priority for herself and her child</li> <li>• Tooth decay is expensive and time consuming to fix and can lead to dangerous infection</li> <li>• Relay the following messages:             <ul style="list-style-type: none"> <li>- See a dentist during pregnancy, it is safe! Studies show failing to treat oral diseases can trigger preterm birth or low birth-weight babies</li> <li>- Brush with fluoride toothpaste! Mom and baby need to brush with fluoride toothpaste at least twice a day</li> <li>- Fluoride is important! Drinking fluoridated water and brushing with fluoride toothpaste are key to preventing tooth decay</li> <li>- Do not lay baby down with a bottle or sippy cup!</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One third of children entering school will have untreated decay in their primary teeth</li> <li>• Maryland leads the country in dental health, but needs to improve care for low-income families</li> <li>• This campaign was ignited by the young life lost to dental diseases, 12-year-old Deamonte Driver. We all share responsibility to prevent this from happening</li> <li>• There are 300,000 Medicaid enrolled or eligible children under the age of 6 in Maryland who are not receiving dental care</li> <li>• Tooth decay is predictable, preventable, and transmissible</li> </ul>	<ul style="list-style-type: none"> <li>• Inform healthcare providers about the importance of oral healthcare for pregnant women and babies</li> <li>• Give providers campaign kit and materials; ask for them to distribute to Medicaid moms</li> <li>• Providers need to do the following:             <ul style="list-style-type: none"> <li>- Ask mom about her own and baby's daily oral health routine; must brush daily with fluoride toothpaste</li> <li>- Encourage pregnant patients to see a dentist during pregnancy; possibility of increased risk of preterm labor or low birth-weight</li> <li>- Educate mom about proper brushing for mom and baby, benefits of fluoride, signs and symptoms of poor oral health</li> <li>- At the 6- and 9-month check up, add to mom's to-do list to schedule baby's first dentist visit by their first birthday</li> <li>- Remind mom that early intervention is key</li> </ul> </li> </ul>



# Develop Creative Approach

- PRR - Creative Brief
  - Guide the PRR “creative team” in the development of marketing and advertising materials
  - Outlines creative products and budget (brand, brochures, kit, mailer, advocate materials, website, TV ads, radio ads, transit ads)
  - Defines goals and attributes for the creative products
  - Outlines creative accountability for the project



# Develop Creative Approach

- Identify Campaign Name
  - Define and distinguish the campaign
  - Memorable and create an emotional response
  - Help you know what to expect
- Support product personality and attributes
- Relevant to target audience



# Develop Creative Approach

- Campaign name informed by:
  - Nine months of information and evidence gathering
  - Insights and experience of PRR
- Audience:
  - Moms with children 0 – 3, and pregnant women
  - Moms with children 3 – 6





# Develop Creative Approach

- Names Chosen
  - Healthy Teeth, Healthy Kids
  - Little Mouths Matter
  - Start Early, Stay Healthy
  - A Smile for Life
  - Tots for Teeth
  - Kids for Healthy Teeth
  - Healthy Mouths, Healthy Future (Teeth)
  - Moms for Healthy Mouths

# Develop Creative Approach

- Campaign creative materials
  - TV :30 ad (test four versions)
  - Educational brochure (test four versions)
  - Educational insert (test four versions)
  - Transit advertisement (test four versions)
  - Radio :30 ad (modified version of TV ad)
- Website

# Focus Groups and Campaign Survey

- Maryland Institutional Review Board
  - Completed IRB application
  - Abstract summary
  - Focus group screener
  - Focus group invitation letter
  - Focus group disclosure statement
  - Focus group moderator guide
  - Survey screener and questions
  - Survey disclosure statement (oral)



# Focus Groups

- Focus Groups
  - Maryland Marketing Source
  - 2 groups of eight people held on Thurs. 1/5/12
  - Groups:
    - Are between the ages of 18 and 45
    - Have children under the age of 6 living in home
    - Currently receive, or are eligible to receive, Medicaid or Medical Assistance
    - Represent various racial/ethnic backgrounds
  - Assess awareness of oral health behaviors
  - Test campaign name, messaging and creative approach



# Focus Groups

- **Activities**
  - Warm-up, discuss general health issues
  - Discuss dental information
    - Where do they get dental info for child
    - Last visit to dentist
    - Feelings about dentists
    - When to start oral health care for child
    - How often child goes to dentist
    - What would motivate you to bring child to dentist

# Focus Groups

- Activities (worksheets)
- Campaign name
- Postcards
- Kit Brochure (words only)
- General Brochure (design and words)
- Oral Health Kit
- Messages
- Bus Shelter ads
- TV ads

# Focus Group Key Findings

- Initial top-line report (PRR to review worksheets)
- Focus group participants agree that dental care is “very important”
- The term “oral health” was preferred and described as encompassing
- Group members expressed concern over receiving minimal or contradictory dental information

# Focus Group Key Findings

- Group members really took to names that included the word “healthy” including:
  - *Healthy teeth, healthy kids*
  - *Healthy mouths, healthy future*
  - *Little Mouths Matter*



# Focus Group Key Findings

- Participants felt that advertising should revolve around oral hygiene and children, showing images of:
  - Teeth
  - Toothbrushes
  - Kids brushing their teeth

# Focus Group Key Findings

- The brochure/postcard theme which depicted “teeth characters” was the preferred concept among mothers in both groups
- It was widely agreed that the term “tote” connotes a larger bag and was not appropriate

# Focus Group Key Findings

- Focus group members agreed that the words in the brochures were easy to read and understand
- Some also felt the brochure should further explain *why* certain behaviors are undesirable when caring for their children's mouths
- Some participants didn't like the language that told them to "*never or don't*" do something, because they found the instructions to be irritating and rude
- The statement, *sadly, poor dental health has even led to death for a Maryland child*, was overwhelmingly disliked by group participants

# Focus Group Key Findings

- The messages that participants preferred most were informative and are empowering, including:
  - *If left untreated, cavities can cause serious health problems, yet they are nearly 100% preventable*
  - *To prevent cavities, brush twice a day with fluoride toothpaste*
- Dental images resonate the strongest overall with group participants
- The focus group members most preferred the TV ad entitled, “If Your Kids Thanked You”

# Focus Group Key Findings

- The focus group participants agree that proper oral health care for children is important. They were also clear about what appeals to them and what does not
- The group members preferred messages that are:
  - I. Positive
  - II. Motivational
  - III. Focus on “health”
  - IV. Easy to discuss with children
  - V. Involve more than just mothers
  - VI. Credible

# Focus Group Key Findings

- The images they would prefer to see should:
  - I. Relate directly to oral health care
  - II. Engage and excite their children
- The group members also took the language in the concepts very literally. For instance, to the participants, a “tote” meant a bag with a handle, so it would be wise to rename or perhaps change the packaging of the kit. It is also advisable to exclude certain words from the campaign, including *pain*, *never*, and *do not/don’t*.

# Campaign Survey

- Pre campaign survey
  - Survey target demographic (400)
  - Provide baseline data on oral health awareness and self reported behaviors
  - Conducted February 2012
- Post campaign survey
  - Survey campaign demographic (400)
  - Measures awareness and effectiveness of campaign
  - Measure changes in awareness and self reported behavior
  - Conducted July 2012



# Build a Media Partnership

- **Goal:**
  - Create awareness of the need and urgency for oral hygiene, the positive impacts of taking action and the potential risks if no action is taken
- **Strategy:**
  - Create a prominent media partner that will work with others to maximize our investment to build greater awareness of the campaign message
  - Media partner will align with local retailers, oral health companies, foundations and community health leaders
  - New “partners” will buy in to the campaign
  - Funds leveraged funds to expand media reach and frequency





# Build a Media Partnership

- **Process:**
  - PRR held meetings, pitched the concept and requested proposals from Maryland's four major TV media outlets; WBAL (NBC), WMAR (ABC), WBFF (Fox) WJZ (CBS) and one radio outlet (Radio One)
  - PRR received and evaluated proposals from: (WMAR, WBAL, WBFF and Radio One)
  - PRR negotiated six week radio and TV and Internet package with WBFF – Fox 45 TV and Radio One – Q92



# Create an Oral Health Kit

- **Goal:**
  - To create 2 - 300,000 Oral Health Kits
  - Distribute to campaign target audience members throughout Maryland
- **Steps:**
  - Determine Oral Health Kit look and contents
  - Purchase kit
  - Obtain contents (donations)
  - Assemble and distribute kits statewide (donations)

# Create an Oral Health Kit

- Oral Health Kit Contents
  - 1 Adult toothbrush - Soft
  - 1 Child toothbrush - Soft
  - 1 Tube of Basic Fluoride Toothpaste (3 oz or 6 oz)  
must be suitable for children and adults
  - 1 Infant Gum Brush
  - 1 Container of Floss - waxed
  - 1 Educational insert (English and Spanish)

# Create an Oral Health Kit

- Water-resistant
- Vinyl Satin Finish
- Size: 9-1/2" w x 4-1/2" h
- Price
  - 200,000 – 300,000
  - 1 Color Imprint
  - \$0.40 - \$0.50 each



# Create an Oral Health Kit

- Distribution strategy (A)
  - Maryland Healthy Smiles Program will mail 160,000 direct mail cards highlighting the OHK to target demographic
  - The mailing will act as a coupon to redeem for the OHK at pre-determined retail outlets
  - Individuals will redeem coupon for kit

# Create an Oral Health Kit

- Distribution strategy (B)
- Kits will be distributed statewide through campaign partners and advocates:
  - FQHC, WIC, Hospital OB units, Head Start, State Health Departments, Dentist offices, Dental students, Dental Hygienists, Pediatricians, Nurse Practitioners, PCPs, and health care professionals

# Campaign Launch

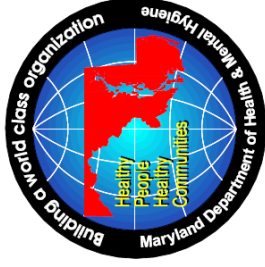
- Launch date
  - Early March
- Potential venue
  - National Museum of Dentistry
  - Preschool or elementary school
  - Dental clinic
- Create PR opportunity
  - Infant dental examination
  - Family impacted by poor oral health
  - Show example TV advertising
  - Involve media partners (Radio One and WBFF-TV)
  - Speakers: experts, legislators, mother





# Next Steps

- Modify and produce campaign materials
- Review and approve advertising schedule
- Attract partners for advertising campaign
- Complete Oral Health Kit
- Confirm date and plan launch specifics
- Finish website
- Establish hotline
- Next meeting



**THANK YOU**

**Maryland Oral Health Literacy Campaign**

## **OHLC Notes**

# **Notes from January 19, 2012 Meeting**

John Welby  
Penny Anderson  
Mark Macek  
Peter Holmes  
Karen Black  
Alice Horowitz  
Harry Goodman  
Katrina Holt  
Alice Middleton  
Barbara Klein  
Leslie Stevens  
Stacie Hering  
MJ Harris  
Ronnie the Intern  
SallyAnn Alborne

### **Slide 1**

Harry Welcome

- 3<sup>rd</sup> meeting of the advisory group
- Setbacks pushing back the timeline, but moving right along
- Mention of the Ad Council

### **Slide 3**

- Katrina – what does it mean to create a sense of urgency? (Ad campaign)

### **Slide 13**

- Karen – did you get a winner? (We got a preference, will talk more about this later)

### **Slide 15**

- Karen – comment that she's held several focus groups without IRB approval

### **Slide 20**

- Katrina – comment on health/mouth, interesting that it was okay to have “mouth” in the campaign title, even though they preferred the overall phrase “oral health” (A lot of contradictions in the group, but probably responding more to “health” than “mouth”; also approval of the idea of future)
- Katrina – are you waiting on another focus group/can we advocate for a name? (This will be the only round of focus groups, just want to confirm that's the true preference)
- Alice M. – “Little Mouths Matter” reminds her of a hunger campaign
- Katrina – “Little Mouths Matter” seems like advocacy, likes the second option

### **Slide 21**

- John – point of literacy, focus groups wanted literal images
- Group nodding their head, all seemed to agree
- Katrina – what were the others? (Everyone has samples of each)
  - They liked the characters the best? (Yes, they felt they could share it with their kids)
  - Advantage of character is that it helps to avoid the problem of racial/ethnicity bias
- SallyAnn – were the focus groups made up of relatively low educational level? (About 30% were college graduates, others were some college or high school)

- Alice H./SallyAnn – did not think that was necessarily representative of Medicaid population, thought it should be lower educated population; Alice M. responded that Medicaid covers 1 in 6 Marylanders; if going through Alice M. would have had to do REAL IRB which would have added 6 months onto the process

#### Slide 22

- Many – what are we going to call it instead of totes? (Kit, pouch)
- Alice M. – “Dental Kit”
- SallyAnn – “Healthy Teeth Kit”

#### Slide 23

- Alice H. – were these opinions the majority? Need to go back and count how many people really voiced this opinion (We have the report on DVD, audiotape, and activity sheets to count)
- Harry – dislike of death is opposite to what he always thought, always got a strong response

#### Slide 25

- Katrina – will the logo for the health department be on the materials? It will help build credibility /authority (No)
- Karen – what logo will you have? (MDAC)
- Harry – there is no way we could get any other names, we can't partner with businesses at all
- Joking about public/private partnerships

#### Slide 27

- Alice H. – what are you asking/what will it consist of? (Awareness around the specific type of oral health issues that we are trying to communicate in the campaign; post will be about awareness of the campaign, did you actually know that it was going on?)

#### Slide 29

- Karen – what's the internet package? (We'll be prominent on their website) That's really good.

#### Slide 30

- Penny – just the kit costs \$300,000?
- General surprise that it costs so much to buy the pouches alone; weren't we getting materials donated? (Yes, but the pouches cost and that's not unreasonable)
- Penny – make sure pouches are not pink and blue!
- Alice H. – we should include a baby washcloth as opposed to the finger; complaints from pediatricians, choking hazard; too big for newborn babies mouth; have stopped using these altogether; baby washcloths are cheap; general room was nodding heads in agreement
- Mark – will there be instructions so that moms know what to do with the objects? (Yes, thought it would be easier to explain the finger thing but since this has come up before, we are deciding against finger, changing to baby wash cloth)
- Alice M. – and the plan is to get all the products donated; i.e. will we be able to get the cloths donated? (Yes, we haven't received anything yes which is one of the things we're holding off on; Tequila has agreed to absorb cost of mailing)
- Karen – think that you need to take out the language “a few Maryland residents” because it will be clear soon on that 200,000-300,000 are being distributed; go to “supplies are limited)
- Barbara – concern about a coating on instructional tool, make it more durable
- Katrina – reusable kit; take out the fluff line of putting things back in the kit
- Alice H. – want toothbrushes to air out, don't want to cross contaminate
- Mark – will anything be printed on the kit? (Campaign name) If you can print more, try to put useful information on the kit; pouch is the only lasting thing that you're giving them (question our ability to manipulate her behavior with the baggie)
- Katrina – thinks they want more what's inside than the baggie itself (It's really about both those things)

- SallyAnn – did you test the kit with the focus groups, was it something they liked? (There was a positive response to getting something; there was a little bit of wanting something “better”)
- Katrina – agreed with Mark about putting the message on the packaging
- Mark – number for DQ, Healthy Smiles; message like “brush your teeth twice a day” (We’ll look into putting the number on there)

#### Slide 34

- SallyAnn – in the focus groups, did people respond that they would actually take the postcard and pick up the kit? (Some were underwhelmed, some were pleased)
- Karen – why is storage a problem? (We’re looking into a company that will package and distribute the kits, but will not store; if Karen has a suggestion, that would be very helpful; what kind of storage footprint will all the materials make?) DHMH/PNR should have some space; MJ will send email to Karen
- Mark – how will drugstores store all of this? Also, how to know how many to ship to each store so that the packets don’t run out?
- SallyAnn – is there any reason why you want them to go to the drugstore? Couldn’t do direct mailing?
- Karen/SallyAnn – sample boxes, plastic pouches that you get in the mail, usually have a coupon in there to encourage to go to the store; Rite Aid partnership could be getting a generous coupon; alleviate distribution issue (Postcard is WAY cheaper than a box)
- Karen – how many Rite Aids are there statewide? It’s hard enough to know how much to distribute to health departments, even when we know their information (We do have a demographic breakdown, estimate general amounts of the kit; guess is that if 50% redeem the kits, that would be great)
- Leslie – LHDs would be very helpful in picking up and distributing extras
- Penny – can moms get more than one? (Only one per mom)
- Katrina – make sure that someone in the store turns in the brochure to protect against repeats; mailing the little boxes would reach more people; something about more money, more things (We’ll look into it)
- Karen – continuing the corporate conversation
- Group seems to like the idea of mailing the kit (Mailing 160,000 kits will be an astronomical figure; items still need to be donated, assembled, and have some outward packaging; Tequila didn’t think there would be enough money to do that)
- Katrina – leveraging the money, if less money than that just use the mailing envelope as the package that holds it all together
- Karen – find out how much it weighs and therefore how much it would cost
- Leslie – little boxes are deceptively expensive (We’ll look into other options because we would rather get the kit to them than a coupon to get the kit)
- Barbara – hard to control one per person

#### Slide 36

- Karen – when is the event? (We’re hoping for the first week of March) You want the event before the advertising and distribution

#### Slide 37

- Katrina – if we decided to mail the kits and had to push it back again, could consider tying it in with Mother’s Day (Has already crossed mind, but don’t want to push it back)
- Karen – will end up competing with a lot of different messages
- Katrina – perhaps we could get Hallmark to support our campaign
- Karen – something about distributing in state hospitals, Hallmark has a contract with state hospitals
- John – a sincere thank you? 😊
- SallyAnn – can we work up the pricing and get a figure on what the deficit is? (By having the mom redeem the coupon, she is invested in the campaign – counter to disadvantage of 50% not redeeming)
- Katrina – coupon being scanned, manufacturer could get information back about their contribution; reinforce philanthropic effort; make it an annual event

- SallyAnn – if I were a company, I would be more inclined to contribute if I thought the product was actually getting out there
- Mark – events that are sponsored by companies, logos are splashed everywhere (This is why we moved out of DHMH so that we could capitalize on the donations, their names WILL be on materials)
- Alice M. – who will be on the hotline? (PRR has chosen a vendor for us) Is it just to answer questions about the campaign? (Women liked website more than hotline) Hotline would be duplicative with DentaQuest (Logistical problem with the contract)
- Alice H. – has found in her focus groups that more moms preferred hotline
- Penny – what would the hotline provide (Information about anything, educational information) Do we have money for it? (Yes, was budgeted in original contract)
- Alice M. – concern about too many phone #s
- SallyAnn – use the extra money to mail the kits!
- Penny – use existing call centers? (Website and a hotline are the only ways to extend the hotline)
- SallyAnn – is MDAC a 501(c)3? Weinberg Foundation has a small grant program, an extra \$50,000 (Amy Klein) for shipping; they like being the backend where something is already put together; we want to change our strategy because we really want to get these kits into the home; not as bad as Abel
- Katrina – then the job would be just to facilitate distribution
- Penny – only concern would be picky about anything outside of Baltimore or Israel

# Appendix I:

## Complete Media Coverage Campaign Recap

# Oral Health Literacy Campaign Recap

*Maryland Department of Health and  
Mental Hygiene Office of Oral Health*

**PRR**

August 2012





# Media Strategy

- Radio stations and television programs were selected based on:
  - #1 criteria – Cost efficiency – reach the largest amount of our target audience for the least amount of cost
    - Primary target audience – Women 18-34 with household income less than \$25K and children under the age of six in Maryland
  - Inventory availability during our broadcast weeks
  - Spot length for TV & radio - :30 seconds
  - Timing:
    - Launch – March 26-April 15
    - Summer - June 11 through July 15



# Overview

MEDIA	Dial Position	Format	Launch		Summer		Total		Total Net Cost	Total Value	Leveraged Amount	Est Imp Adults 18+	Number of spots per week								
			Spots	Net Cost	Spots	Net Cost	Spots	Cost					Amount	APRIL	MAY	JUNE	JULY				
BALTIMORE MEDIA PARTNERSHIP + PAID MEDIA TOTAL			241	\$28,073	409	\$10,225	650	\$38,298	\$110,709	189%	7,939,302										
D. C. RADIO & TV TOTAL			304	\$19,585	1,040	\$68,467	1,344	\$88,052	\$133,449	52%	7,718,721										
HAGERSTOWN RADIO & TV TOTAL			143	\$5,840	908	\$20,594	1,051	\$26,433	\$41,414	57%	712,333										
SALISBURY RADIO & TV TOTAL			265	\$6,505	672	\$15,764	937	\$22,269	\$31,349	41%	1,465,155										
<b>GRAND TOTAL</b>			<b>953</b>	<b>\$60,003</b>	<b>3,029</b>	<b>\$115,049</b>	<b>3,982</b>	<b>\$175,052</b>	<b>\$316,922</b>	<b>81%</b>	<b>17,835,511</b>	<b>421</b>	<b>283</b>	<b>249</b>	<b>-</b>	<b>-</b>	<b>63</b>	<b>584</b>	<b>595</b>	<b>587</b>	<b>589</b>





# D.C.

MEDIA	Dial Position	Format	Total Spots	Total Net Cost	Total Value	Leveraged Amount	Est Imp Adults 18+	Number of spots per week															
								APRIL			MAY			JUNE		JULY							
Week of:								26	29	16	23	30	7	14	21	28	4	11	18	25	2	9	
<b>RADIO</b>																							
WPGC-FM	95.5 FM	Hip-Hop <i>Interview, flyer distribution</i>	460	\$23,006	\$44,522	94%	2,001,394	65	65									66	66	66	66	66	66
WKYS-FM	93.9 FM	Hip-Hop <i>Interview on sister station WPRS-FM</i>	300	\$25,211	\$37,376	48%	1,727,179	50		50								40	40	40	40	40	40
		<b>RADIO TOTAL</b>	<b>760</b>	<b>\$48,217</b>	<b>\$81,898</b>	<b>70%</b>	<b>3,728,573</b>																
<b>TV</b>																							
Comcast Cable	PG County Zones <i>BET, Bravo, MTV</i>		584	\$39,835	\$51,551	29%	261,575	30	24	20								104	102	102	102	102	100
		<b>TV TOTAL</b>	<b>584</b>	<b>\$39,835</b>	<b>\$51,551</b>	<b>29%</b>	<b>261,575</b>																
		<b>D.C. RADIO &amp; TV TOTAL</b>	<b>1,344</b>	<b>\$88,052</b>	<b>\$133,449</b>	<b>52%</b>	<b>7,118,721</b>																



# Hagerstown

MEDIA	Dial Position	Format	Total Spots	Total Net Cost	Total Value	Leveraged Amount	Est Imp Adults 18+	Number of spots per week															
								APRIL	MAY	JUNE		JULY											
Week of:								26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9
<b>RADIO</b>																							
WDLD-FM	96.7 FM	Rhythmic Hits	262	\$10,974	\$16,701	52%	314,400	24	24	24													
WAZY-FM			160	\$7,629	\$13,873	82%	265,600																
		<b>RADIO TOTAL</b>	<b>422</b>	<b>\$18,602</b>	<b>\$30,574</b>	<b>64%</b>	<b>580,000</b>																
<b>TV</b>																							
WHAG-TV	Ch 25	CBS	101	\$3,642	\$5,420	49%	88,375	35	22	14													
		<i>News@12p, The Insider, Inside Edition, Jimmy Fallon, Carson, Daily, Saturday Night Live</i>																					
		Comcast Cable Allegamy & Garrett Zones	528	\$4,189	\$5,421	29%	43,958																
		<i>BET, Bravo, MTV, TLC, VH-1</i>																					
		<b>TV TOTAL</b>	<b>629</b>	<b>\$7,831</b>	<b>\$10,841</b>	<b>38%</b>	<b>132,333</b>																
		<b>HAGERSTOWN RADIO &amp; TV TOTAL</b>	<b>1,051</b>	<b>\$26,433</b>	<b>\$41,414</b>	<b>57%</b>	<b>712,333</b>																



# Salisbury

MEDIA	Dial Position	Format	Total Spots	Total Net Cost	Total Value	Leveraged Amount	Est Imp Adults 18+	Number of spots per week																		
								APRIL		MAY		JUNE		JULY												
Week of:								26	29	16	23	30	7	14	21	28	4	11	18	25	2	9				
<b>RADIO</b>								153	\$4,247	\$6,486	53%	403,155	19	19							23	23	23	23	23	
WOCQ-FM	103.9 FM	Hip-Hop																								
Added value PSAs																										
WSBY-FM	98.9 FM	Urban AC	185	\$1,846	\$2,389	29%	231,620	25																		
<b>RADIO TOTAL</b>								<b>338</b>	<b>\$6,093</b>	<b>\$8,875</b>	<b>46%</b>	<b>634,775</b>														
<b>TV</b>								119	\$6,902	\$8,932	29%	402,220	12	6	6						19	19	19	19	19	
EBOC-TV	Ch 11	NBC																								
Judge Mathis, People's Court, Dr Phil																										
EMDT-TV	Ch 2	CW	296	\$1,390	\$2,485	79%	236,800	48	30	30																
House of Payne, Cash Cab, til Death, King of Queens, evening rotator, Meet the Browns, South Park																										
WBOC-TV	Ch 13	CBS	21	\$3,464	\$4,483	29%	21,840	4	2	2																
Dr. Oz																										
WMDT-TV		ABC	163	\$4,420	\$6,575	49%	169,520	18	10	9																
Ellen, Judge Judy, evening rotator, The Insider																										
<b>TV TOTAL</b>								<b>599</b>	<b>\$16,176</b>	<b>\$22,475</b>	<b>39%</b>	<b>830,380</b>														
<b>SALISBURY RADIO &amp; TV TOTAL</b>								<b>937</b>	<b>\$22,269</b>	<b>\$31,349</b>	<b>41%</b>	<b>1,465,155</b>														



# Radio Rankers – Baltimore

## Women 18-34

Population 315,600

Rank	Station	AQH	Cume <i>sorted by</i>
1	WERQ-FM	3,300	106,400
2	WWMX-FM	1,600	101,800
3	WZFT-FM	1,400	93,600
4	WLIF-FM	1,400	77,500
5	WPOC-FM	2,200	63,800
6	WWIN-FM	1,700	56,700
7	WIYY-FM	700	42,800
8	WRBS-FM	700	38,000
9	WBJC-FM	600	11,400

### Recommended Station

AQH - Listeners per average quarter hour

Cume- number of cumulative listeners per week

## Adults 18-34 HHI less than \$25K

Population 75,165

Rank	Station	AQH	Cume <i>sorted by</i>
1	WERQ-FM	1,737	48,014
2	WWIN-FM	1,550	42,174
3	WZFT-FM	739	30,178
4	WWMX-FM	348	18,436
5	WIYY-FM	337	16,500
6	WLIF-FM	354	16,221
7	WJZ-FM	207	12,779
8	WQSR-FM	168	10,207
9	WPOC-FM	392	9,202

# Radio Rankers – D.C.

## Women 18-34 living in Prince George's County

Population 105,900

Rank	Station	AQH	Cume <i>sorted by</i>
1	WKYS-FM	1,100	50,700
2	WPGC-FM	1,000	52,500
3	WHUR-FM	900	40,700
4	WIHT-FM	800	42,100
5	WMJM-FM	600	34,300
6	WPRS-FM	500	16,700
7	WASH-FM	400	28,500
8	WERQ-FM	300	20,400
9	WGTS-FM	300	8,200

### Recommended Station

AQH - Listeners per average quarter hour

Cume- number of cumulative listeners per week

## Adults 18+ HHI less than \$25K

Population 77,700

Rank	Station	AQH	Cume <i>sorted by</i>
1	WPGC-FM	500	25,600
2	WKYS-FM	600	24,800
3	WIHT-FM	500	21,400
4	WASH-FM	300	17,200
5	WHUR-FM	400	16,800
6	WIAD-FM	200	12,100
7	WWDC-FM	300	11,700
8	WERQ-FM	100	9,200
9	WLZL-FM	400	9,200



# Radio Rankers – Salisbury

## Women 18-34

Population 38,600

Rank	Station	AQH	Cume <i>sorted by</i>
1	WOCQ-FM	700	15,200
2	WKZP-FM	200	12,000
3	WSBY-FM	400	7,100
4	WQHQ-FM	300	5,100
5	WJWL-AM	200	2,100
6	WWFG-FM	200	7,700
7	WZBH-FM	200	6,800
8	WKTT-FM	100	5,300
9	WAVD-FM	100	800

### Recommended Station

AQH - Listeners per average quarter hour

Cume- number of cumulative listeners per week

## Adults 18-34 HHI less than \$25K

Population 15,900

Rank	Station	AQH	Cume <i>sorted by</i>
1	WOCQ-FM	1,737	48,014
2	WSBY-FM	1,550	42,174
3	WZBH-FM	739	30,178
4	WGBG-FM	348	18,436
5	WKHI-FM	337	16,500
6	WKTT-FM	354	16,221
7	WKZP-FM	207	12,779
8	WQHQ-FM	168	10,207
9	WWFG-FM	392	9,202

# Radio Rankers – Hagerstown

## Women 18-34

Population 30,500

Rank	Station	AQH	Cume <i>sorted by</i>
1	WDLD-FM	1,000	13,400
2	WAYZ-FM	1,000	8,600
3	WIKZ-FM	n/a	7,700
4	WFRE-FM	n/a	6,700
5	WBHB-FM	n/a	5,200
6	WLTF-FM	n/a	4,000
7	WIHT-FM	n/a	3,300
8	WWDC-FM	n/a	3,100
9	WUSQ-FM	n/a	2,100

### Recommended Station

AQH - Listeners per average quarter hour

Cume- number of cumulative listeners per week

## Adults 18+ HHI less than \$25K

Population 32,980

Rank	Station	AQH	Cume <i>sorted by</i>
1	WPPT-FM	n/a	8,636
2	WAYZ-FM	n/a	8,007
3	WDLD-FM	n/a	7,807
4	WIKZ-FM	n/a	6,292
5	WFRE-FM	n/a	5,230
6	WCRH-FM	n/a	3,855
7	WICL-FM	n/a	3,610
8	WJEJ-AM	n/a	3,082
9	WLTF-FM	n/a	2,736

# Radio Stations

Markets: Washington D.C., Baltimore, Salisbury & Hagerstown



WPRS Md Dental  
Interview 530a



4-12 WPGC  
Interview  
Maryland  
dental action



# TV Stations

Markets: Washington D.C., Baltimore, Salisbury & Hagerstown

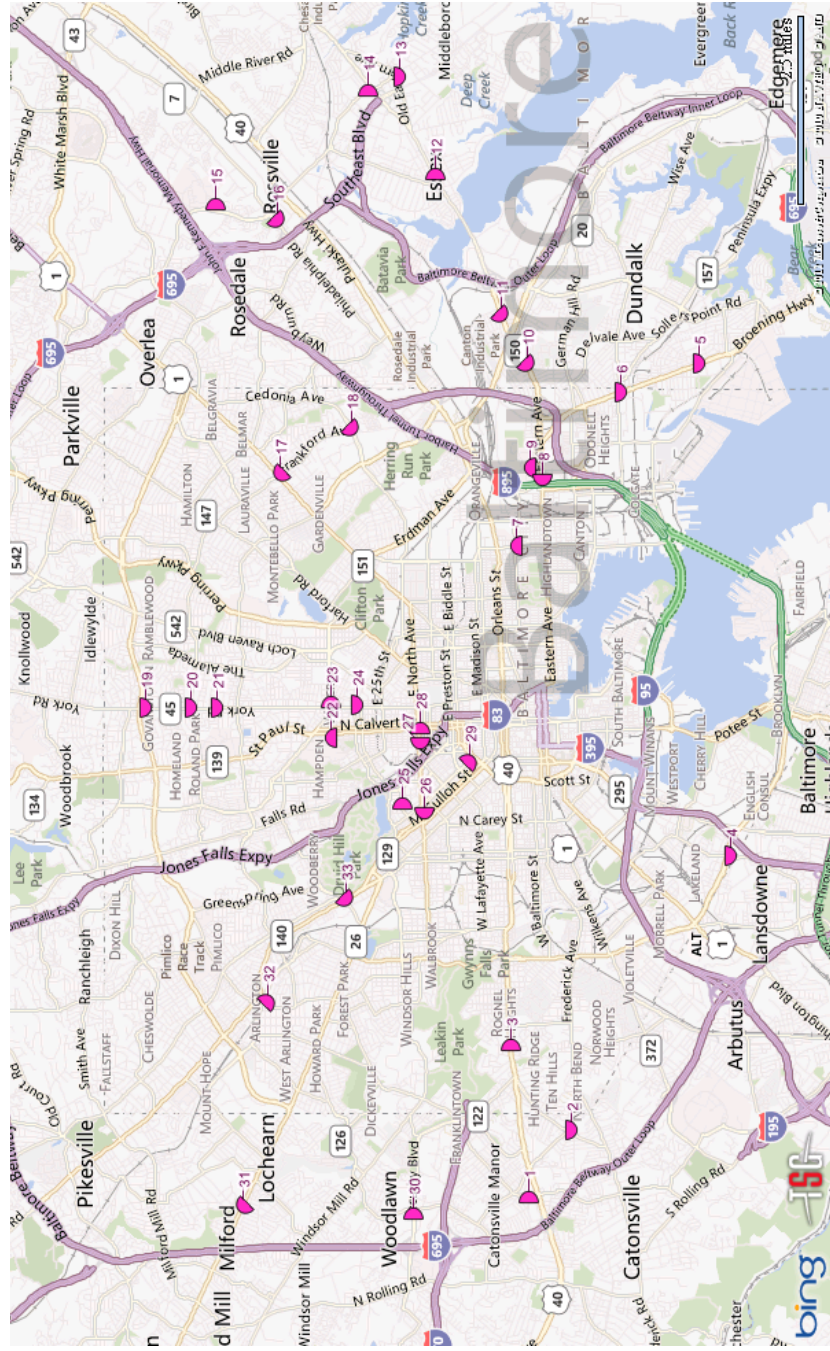


# Bus Shelters





# Bus Shelter Locations



# Bus Shelter Locations

Icon	Unit #	Location Description	Unit #	Location Description
	1 518VI	Craigmont Rd. S/O Ingleside Ave. W/S	20 466VO	York Rd. E/O Woodbourne Ave. S/S
	2 517VO	Edmondson Ave. E/O Academy Rd. S/S	21 487VI	York Rd. W/O Winston Ave. N/S
	3 603VO	N/L Edmondson Ave W/O Swann Ave	22 470VI	Charles St. E/O 33rd St. N/S
	4 255VO	Hollins Ferry Rd. E/O Patapsoo Ave. S/S	23 95VI	33rd St. S/O Old York Rd. W/S
	5 528VI	Dundalk Ave. W/O Center Place S/S	24 329VO	Greenmount Ave. E/O Exeter Hall S/S
	6 19VI	Dundalk Ave. W/O Holabird Ave. S/S	25 625VI	Whitelock Street at Brookfield Ave.
	7 609VO	E/L Highland Ave N/O Baltimore St	26 225VO	North Ave. S/O Mcculloch St. E/S
	8 244VI	Eastern Ave. N/O Cassell Dr. W/S	27 144VO	North Ave. S/O Howard St. E/S
	9 602VO	W/L Bayview Blvd S/O Commons Drive	28 198VI	North Ave. S/O St. Paul St. W/S
	10 556VI	Eastern Ave. N/O Westham Way W/S	29 43VI	Eutaw St. W/O Preston St. S/S
	11 611VI	N/L Eastern Ave E/O 54th St	30 561VO	6600 Security Blvd.
	12 548VI	Eastern Ave. S/O Taylor Ave. W/S	31 562VO	Liberty Rd. S/O Essex Rd. E/S
	13 525VO	Old Eastern Ave at Stemmers Run Road	32 64VI	Dolfield Ave. S/O Garrison Blvd. E/S
	14 528VO	Stemmers Run Road at Eastern Blvd.	33 62VI	Druid Park Dr. N/O Reisterstown Rd. W/S
	15 523VO	Franklin Square Dr. N/O Rossville Blvd. E/S		
	16 541VO	Philadelphia Rd. S/O Fontana Lane W/S		
	17 18VI	Frankford Ave. E/O Belair Rd. S/S		
	18 490VI	Sinclair La. N/O Frankford Ave. E/S		
	19 488VO	York Rd. E/O Belvedere Ave. S/S		

# Appendix J:

## Advisory Committee Materials

Agenda, Power Point presentation & notes (Jun 27, 2012)





STATE OF  
MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**A Vision for Maryland – Creating the Oral Health Literacy Campaign**  
***Healthy Teeth, Healthy Kids***

**Advisory Committee**

**AGENDA**

June 26, 2012

1. Welcome: Dr. Harry Goodman, Director, Office of Oral Health (OOH)
2. The Maryland Oral Health Learning Alliance (MOHLA): Margaret Scarlet, DDS, Project Consultant
3. Oral Health Literacy Campaign Update: John Welby, Campaign Director
  - *Healthy Teeth, Healthy Kids* Campaign Launch, March 23, 2012
  - Marketing Campaign, Phase One
  - Public Relations activities
  - Marketing Campaign, Phase Two
  - Campaign Evaluation Pre – Post Test
  - Next Steps
4. Input from the Advisory Committee
5. Adjourn



# The Maryland Oral Health Literacy Campaign

Office of Oral Health  
Maryland Dental Action Coalition  
Baltimore, MD

John Welby, MS, Project Director

# Campaign Launch

- March 23, 2012
- Museum of Dentistry
- Program
  - Dignitaries
  - Vanessa and Marcus
  - Reception and screening
  - PR Opportunity



Healthy Teeth  
*Healthy Kids*

# Launch – Media Coverage

- Five Maryland TV stations
  - WBAL
  - WMAR
  - WJZ
  - WNUV
  - WMDT
- 62 media hits
- AP ran nationwide - Washington Post and Yahoo to Saint Cloud Times and Sheboygan Press
- Three radio interviews – WPGC, WKYS, FRESH 94.7
- Estimated impressions – Nine million
- <http://vimeo.com/39113985>





















# Marketing – Phase One

- Radio and television:
  - Cost efficiency (largest reach – least cost)
  - Target audience women 18 – 34 income <\$25K and children under age six in Maryland
  - Spot length for TV and radio - :30 seconds
  - Available inventory
  - Timing – Weeks of March 26, April 2 & April 9th
- Establish Website [www.healthyteethhealthykids.org](http://www.healthyteethhealthykids.org)
- Establish call center: 1-855-45-TEETH (83384)
- Facebook

# Marketing – Phase One

## March - April

- **TV advertising – Four Markets**
  - Baltimore – 4 stations
  - DC – PG County – cable
  - Salisbury – 4 stations
  - Hagerstown – 1 station
- **Radio advertising – Four Markets**
  - Baltimore – 1 station
  - DC – 2 stations
  - Salisbury – 2 stations
  - Hagerstown – 1 station

# Public Relations Strategy

- Implement between phase one and two of the marketing campaign:
  - ADA news
  - Baltimore's Child magazine
  - TV pitch – oral health advice for pregnant women from OB/GYN, Dr. Robert Atlas, Chair of OB/GYN at Mercy Medical Center
  - Local publications pitch – statewide, feature profile of local dentist supporting campaign
  - Trade journals pitch – OB/GYN highlight importance of oral health during pregnancy

# Marketing – Phase Two

## June/July

- TV advertising – 6 weeks, 4 markets, media partner Fox 45, WBFF, WNUV
- Radio advertising – 6 weeks, 4 markets, media partner Radio One, 92Q
- Direct mail – 160,000 brochures to Medicaid recipients
- Bus shelter advertising – 33 ads, greater Balt. metro
- Drive inquiries to [www.healthteethhealthykids.com](http://www.healthteethhealthykids.com)
- Drive inquiries to 1-855-45-TEETH
- Facebook

He'll thank  
you later



Healthy Teeth  
Healthy Kids

Maryland Dental  
Action Coalition

HealthyTeethHealthyKids.org 1-855-45-TEETH

# Marketing – Phase Two

## June/July

- Oral Health Kits – 80,000 distributed through WIC, Head Start and Local Health Departments
- Community outreach – 240,000 brochures distributed to partners throughout MD
- Link [www.healthyteethhealthykids.org](http://www.healthyteethhealthykids.org) to partner websites
- Run articles in partner newsletters about the Healthy Teeth Healthy Kids campaign
- Speak at partner sites to highlight key messages and explain how to best use resources
- Drive inquiries to [www.healthyteethhealthykids.com](http://www.healthyteethhealthykids.com), 1-855-45-TEETH & Facebook



# Campaign Partnerships

- Henry Schein – Oral Health Kits
- DentaQuest – Brochure Direct Mail
- AmeriGroup – Extend Media Campaign
- Center for Maternal and Child Health – Spanish language version of brochure



# Evaluation

## Pre and Post Campaign Surveys

- Pre campaign survey (Feb 2012)
  - Survey target demographic (400)
  - Provide baseline data on oral health awareness and self reported behaviors
  - Measures awareness or oral health messaging
- Post campaign survey (July – Aug 2012)
  - Survey campaign demographic (400)
  - Measures awareness and effectiveness of campaign
  - Measure changes in awareness and self reported behavior

# Moving forward

Provide a foundation for future work by:

- Building upon brand (name/tagline, website, toll-free hotline)
- Continue to utilizing key messages and materials
- Continuing community outreach: nurture and build upon strategic partner network, Face-to-face visits with trusted third-party advocates
- Continue public relations strategy

# Moving Forward

- MOHLA: extend oral health literacy and medical dental collaboration through:
  - Learning Alliance of traditional and non-traditional partners
- Extend literacy campaign and social marketing through HRSA grant
- Continue to support marketing and messaging through other grant opportunities
- Extend messaging through Ad Council Campaign

**Thank You**



## Advisory Committee Meeting Notes (6/27/12)

### Attendance

- Colin Reusch
- Harry Goodman
- Stacie Hering
- Leslie Stevens
- Alice Horowitz
- John Welby
- Margaret Scarlett
- Jane Casper
- Katrina Holt
- Penny Anderson
- Winifred Booker
- Salliann Alborn
- Peter Holmes
- Mark Macek
- Katie Stronati (Katrina's Intern)
- Bernadette Johnson
- Laurie Norris
- Karen Black

### Introduction

- Harry welcome – mentioned MOHLA, idea of bringing non-traditional partners into the fray
  - Logistics of the DentaQuest grant (attempting to secure years 2 and 3 of funding)
  - Important that the MOHLA be successful because it will ensure that the next phase of OHLC is successful as well as future projects from OOH
- Margaret Scarlett presentation – 45 minutes
  - MOHLA part of national alliance (combination of country and state)
  - Focus areas are oral health literacy and medical/dental collaboration
  - Map of MD with hot spots for oral health literacy
  - Theory of change
  - Year has been about planning; next year will be about running those plans
  - Advantages of networking/"netweaving"
  - Schematic of Planning Process – discussion of meetings that have happened
  - Vision of the MOHLA, and two year vision
  - Three strategic levers
  - Next steps – Partner Networking Capacity
    - Campaign messages have catalyzed some movements for partners sitting around the table
    - Partners are excited about extending the campaign
  - Key questions for MOHLA – wants the group's input
  - Mention of 150 training programs in the state (solicited group questions)
    - Finding out what the programs are doing (assessing), see if incorporating oral health could increase sustainability)
    - Alice Horowitz wants to see the questions (quality, quantity, how materials are used, what "they're" doing) – this is based on the library thing
    - Establish core competencies based on the different programs
  - Penny – what we really wanted to share was the focus of MOHLA on education and awareness (MOHLA can extend OHLC work)
    - How to build on what already exists
    - How to keep this campaign going and continue the reach in many different ways

- Request for the slides
  - Federal perspective – within HRSA/maybe HHS regarding medical-dental collaboration priority; hook up Margaret with curricula; would want to share with partners and design team
  - CMS just had first ever joint call between oral health advisory group and technical advisory group – barriers to Medicaid (policy objective); don't forget about the feds when thinking about what policy changes you would like
  - Learning collaboratives – have tried to pitch within CMS Medicaid; trying to fashion collectives if possible (i.e. creative reimbursements)
  - South Carolina project – quality improvement project around the issue of better communication between dentists and primary care providers
    - Be interested to find out what level (so many visits before age 3)

### **OHLC Update**

- Acknowledging Margaret, tying MOHLA into OHLC sustainability; group independently wanted to continue for this population

### **Slide 1**

- Presentation of the logo
- Campaign is really a reflection of the focus groups

### **Slide 2 – Campaign Launch**

### **Slide 3 – Media Coverage**

### **Slide 4 – Harry at podium**

### **Slide 5 – Vanessa and Marcus**

### **Slide 6 – Lt. Gov. Brown and Marcus**

### **Slide 7 – Panoramic Shot**

### **Slide 8 – Dental Screenings**

### **Slide 9 – Marcus brushing the giant teeth**

### **Slide 10 – Marketing-Phase One**

### **Slide 11 – Marketing-Phase One (March – April)**

### **Slide 12 – Public Relations Strategy**

- OB-GYN researcher, Director of PRAMS (trying to incorporate OHLC, pitch to journals)

### **Slide 13 – Marketing-Phase Two (June/July)**

- Karen interrupted at this point to ask about the kits (John explained that was coming)

### **Slide 14 – Bus Shelter Ad**

### **Slide 15 – Marketing-Phase Two (June/July)**

### **Slide 16 – Campaign Partnerships**

### **Slide 17 – Healthy Teeth Healthy Kids Campaign Timeline**



### Slide 18 – Evaluation (Pre and Post Campaign Surveys)

- Alice – How are you going to be able to tell if the campaign affects their behavior?
  - Measuring before and after change (i.e. didn't brush before, but after hearing fluoride message now brushes)
  - Are they yes/no or multiple choice? (Answer: both)
  - John promised to share the tool with Alice
- Someone wanted to know if it was the same people before and after (Answer: no)

### Slide 19 – Moving Forward

### Slide 20 – Moving Forward

- Want to know what are the next steps?
- How to keep the group together?
- End of July is the end of the contract, but advisory council is crucial to sustaining the campaign

### Q&A Portion

- Katrina – wanted to know what ideas were in the HRSA grant
  - Continuing to evaluate
  - Looking at other groups (i.e. health care professionals and their relationships with patients; other age groups; pregnant women)
  - Continue messaging of the campaign
  - John and public relations
  - Not as much money as before, but can leverage a great deal
  - John mentioning that for campaigns to work, they have to be sustained (periodically running ads); don't need a lot of money for it
- Jane – the hotline works
- Questions about how many calls the hotline has gotten (Answer: not many)
  - Website is well over 1,000 hits; Facebook is building
  - Question if we're doing Twitter (we would have to go to public works to undo the hotline); understanding that money can be used elsewhere
  - Problem about discontinuing hotline is that it can be valuable for a lot of people
  - Alice's video should be on the website and Facebook
- Mark – campaign is targeting families who are already enrolled in Medicaid, is DentaQuest interested in bringing the message to new enrollees?
  - Answer: not yet, but it could be a good way to present new materials
  - Talk to Mark Harroway (do this presentation for him)
  - Also do the presentation to the hospitals (these are all audiences that have been identified)
    - Demonstrate how much a baby enjoys having their teeth cleaned
- "Find a dentist" message on the brochure – how is she supposed to do it?
  - Answer: directing to hotline and website
  - Website should have tab that says "Find a Dentist" – but person says it wasn't
  - Basically point about making it easier to find the dentist
- What is the relationship with WIC?
  - Distributing 40,000 kits with the brochure
  - Pushing out just the brochure in WIC (distribution point)
  - We're not going to be able to change WIC through this campaign
- Leslie Stevens wanting to hand deliver (just let her know when brochures are being distributed)
  - Thing that bothered John about WIC was the inability to sit with each provider to really discuss the kits
  - Volunteered to do in-services
  - Wanted to know if we were working with Jackie Boris (actually working with Colleen)
    - Assured that they will not just be handed out, some education will be provided

- WIC could/should do educational seminars with clients (although Alice pointed out that this is probably not feasible)
- Would there be any value to informally encouraging/locating/recruiting parents of young children to consider videotaping their kids while cleaning their mouths? (Collecting videos to post online – contest “cutest baby tooth washing”)
  - Could always send out press release
  - Colin – established some relationships with some Mommy Blogs
  - Give away an iPad
  - Using politicians, notable personalities
- Other “cool” things
  - Local TV award
  - Possibility of sending campaign to PA – joking to sell the hotline
- There aren’t any mechanisms for older people who need dental care; should be something to at least refer them to MSDA (so that not everyone gets frustrated)
  - Make sure to capture these calls/frustrations to then use
    - Educate about limited Medicaid dental benefits
    - Have a copy of the Oral Health Resource Guide
- Margaret – sustainability of the hotline beyond the 18 months
- Alice – is the actual brochure being mailed?
  - Answer: slightly modified, phone number is on brochure; once they’re mailed, hotline traffic will probably increase
  - Clarification that kits are not being mailed out
  - Alice says she’s starting to see materials out there (LHDs, etc.)
  - Salliann has been distributing to FQHC’s
- Laurie – Pew research study indicated that Wal-Mart is most highly associated with oral health (surprising findings, she would be willing to find her contact and see if she could obtain a copy of the study); suggested the possibility of exploring not only national partnerships, but local ones as well – capitalize on Wal-Mart’s association

# Appendix K:

## Maryland Oral Health Literacy Campaign Awareness Study Summary Report



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Maryland Oral Health Literacy Campaign  
Awareness Study Summary Report

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August 2012

By:  Maryland  
Marketing  
Source, Inc.

The logo for Maryland Marketing Source, Inc. consists of a stylized black silhouette of a Maryland state outline. Inside the outline, there is a white graphic of a tree or plant. The text 'By:' is positioned to the left of the logo, and 'Maryland Marketing Source, Inc.' is written in a serif font to the right of the logo.

# Executive Summary: Purpose & Methodology

- The Maryland Department of Health and Mental Hygiene (DHMH) wants to communicate with families regarding the importance of oral healthcare for young children. They are working with PRR, a broad-based public affairs firm who provides research, communications, and marketing services, to develop an easy to understand and motivating campaign that will encourage families to engage in proper oral health practices.
- PRR then tasked Maryland Marketing Source, Inc. (MMS) with the following:
  1. Conducting qualitative market research to help determine which communication messages, developed by PRR, were best understood by mothers of young children and which images most appealed to and resonated with them (2 focus groups were conducted at the MMS facility in Catonsville, MD on Thursday, January 5<sup>th</sup> 2012, at 5:30 PM and 7:30 PM).
  2. Administering a pre-campaign wave of quantitative research (telephone survey) to ascertain a baseline understanding of the target market's awareness and recall of oral health messages.
  3. Upon the completion of the advertising campaign, conducting a follow-up telephone survey to measure potential change that may have occurred among the target population's awareness, recall, and attitude with regard to their children's oral health.
  4. Provide PRR with written, reports summarizing the results.
- This summary report discusses the results of the pre- and post-campaign telephone studies. The pre-campaign wave took place between February 23<sup>rd</sup> and March 22<sup>nd</sup>, 2012. The post-campaign wave was in the field from July 30<sup>th</sup> to August 27<sup>th</sup>, 2012.

## Executive Summary: Purpose & Methodology (cont)

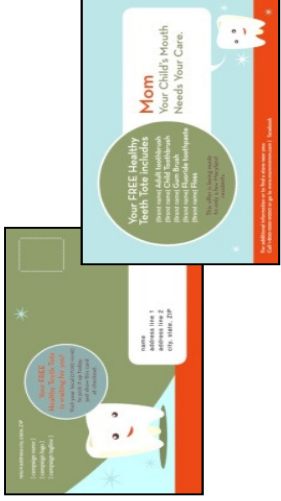
- Eight hundred (800) completed surveys were conducted in total. Per wave 400 surveys were completed, resulting in a margin of error of +/- 4.9% at the 95% confidence level.
- As was the case with the qualitative research, qualified survey respondents met the following criteria:
  - Have children under the age of 6 living in home;
  - Currently receive, or are eligible to receive, Medicaid or Medical Assistance;
  - Are between the ages of 18 and 45; and
  - Represent various racial, educational, and socioeconomic backgrounds.
- Maryland Marketing Source, Inc., in cooperation with PRR, was responsible for:
  - Developing the questionnaire;
  - Programming the survey into our CATI software;
  - Implementing the survey via telephone;
  - Collecting the data; and
  - Analyzing the results and writing a Summary Report.
- Tables and charts within the report may not total 100% due to:
  - Rounding,
  - The exclusion of “no answer” and “don’t know” percentages, and
  - Not all answers being shown in summary tables and charts.

## Executive Summary: Focus Group Results Summary

- PRR worked with Maryland Marketing Source, Inc. (MMS) to conduct qualitative market research in January to help determine which communication messages were best understood by the target audience and which images most appealed to them. Qualified participants met the following criteria:
  - Have children under the age of 6 living in home;
  - Currently receive, or are eligible to receive, Medicaid or Medical Assistance;
  - Are between the ages of 18 and 45; and
  - Represent various racial, educational, and socioeconomic backgrounds.
  
- The focus group participants agreed that proper oral health care for their children is very important, although they aren't always sure what steps they are supposed to take to protect their children's teeth and mouths.
  
- The moms who participated in the focus groups preferred messages that were:
  - Positive
  - Motivational
  - Focused on "health"
  - Easy to discuss with children
  - Inclusive of more than just mothers
  - Credible

# Executive Summary: Focus Group Results Summary (cont)

- The images they stated they would prefer to see:
  - Related directly to oral health care
  - Engaged and excited their children
  - Excluded negative words from their campaign such as *pain*, *never*, and *do not/don't*.
  
- The concept theme which depicted teeth characters was the preferred concept among mothers overall.





## Executive Summary: Key Highlights of Quantitative Results

- Overall, survey participants stated that they were more concerned about *oral health* and *heart health* issues.
- When asked when they last visited a dentist, almost 7% more of the people who participated in the post-campaign wave of the research reported doing so compared to those who participated in the pre-campaign wave.
- The majority of pre- and post-campaign wave participants believe that a child should have their first visit to the dentist sometime after their first birthday.
- The majority of pre-wave study participants took their first child to the dentist between his/her second and third birthday, and the majority of post-wave participants took their first child to visit a dentist between his/her first and second birthday.
- Almost all of the respondents reported that they brush their own teeth with fluoride toothpaste and most brush children's teeth with fluoride toothpaste as well.

# Executive Summary: Key Highlights of Quantitative Results (cont)

- Although already among the highest recalled of oral health messages, there was an increase in awareness of the message *Oral Health is Important for Overall Health* after the campaign.
- Overall post-wave awareness of the messages, *Take Your Child To The Dentist By His or Her First Birthday* and *Healthy Teeth, Health Kids* was slightly, although not significantly, lower.

	Pre			Post		
	OVERALL AWARENESS	Unaided	Aided	OVERALL AWARENESS	Unaided	Aided
Take your child to the dentist by his or her first birthday	37.5%	6.0%	31.5%	36.3%	9.0%	27.3%
Oral health is important for overall health	66.3%	4.8%	61.5%	68.3%	13.8%	54.5%
Healthy Teeth, Healthy Kids	66.3%	4.5%	61.8%	62.3%	3.0%	59.3%

## Executive Summary: Key Highlights (cont)

- One quarter of respondents recall receiving a *Healthy Kids, Healthy Teeth* brochure in the mail, and the majority of these respondents believed the information to be extremely helpful.
- Just under half of the post-campaign wave respondents recall receiving a free oral health kit from their health center.
- Less than one quarter of pre-wave respondents used the coupon they received, however the majority of study participants who received products did use them.



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## Detailed Findings

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# Health Concerns

- Overall, survey participants stated that they were more concerned about *oral health* and *heart health* issues (mean score ratings provided of 4.5 on a 5-point scale) than they are about *diabetes prevention* (4.3 mean score rating) and *cancer* (4.4 mean score rating).

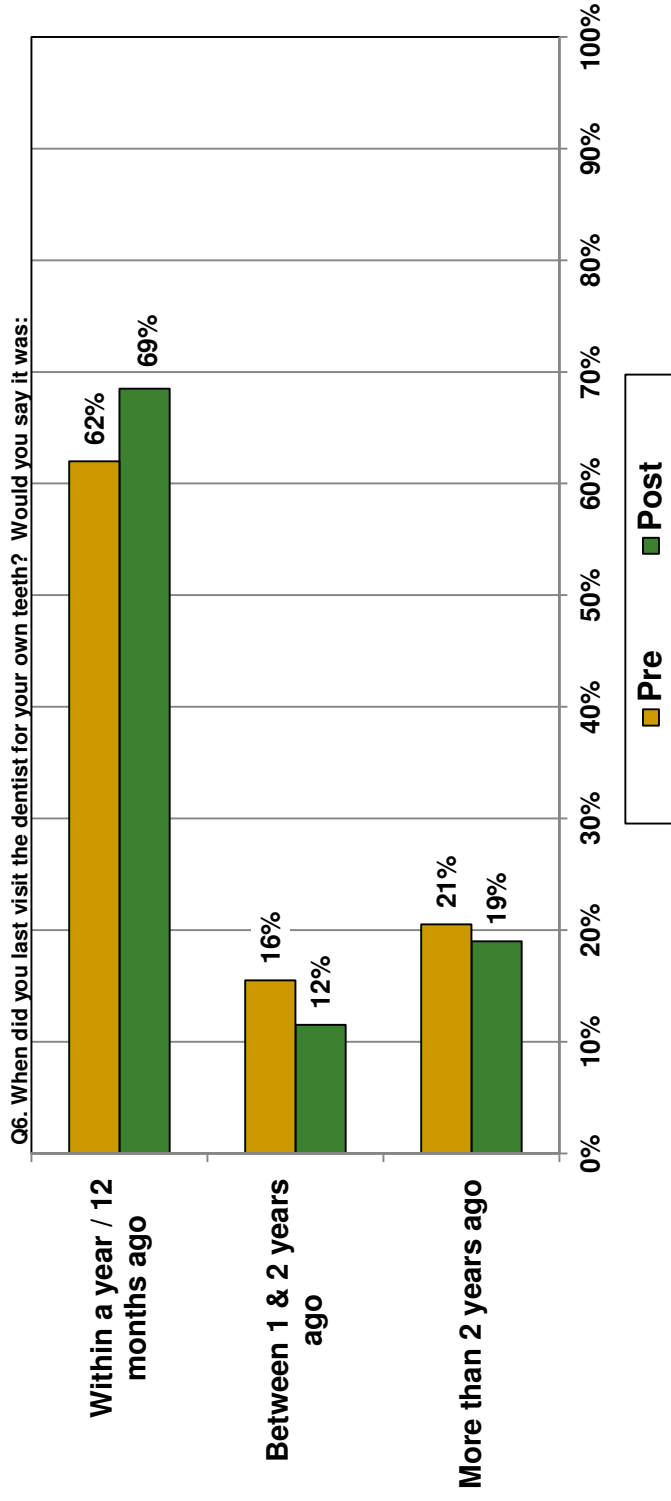
Q5. Please tell me how important each of the following health issues are to your family by using a 0-5 scale, where '0' means 'Not at all important' and 5 means 'Extremely Important'.

	OVERALL		Pre		Post		VARIANCE
	MEAN		MEAN		MEAN		
a. Oral health	4.5		4.6		4.4		+/- -0.3
b. Heart health	4.5		4.6		4.5		-0.1
c. Diabetes prevention	4.3		4.3		4.3		--
d. Cancer	4.4		4.5		4.4		-0.1
N=	800		400		400		400

- Respondents reported that the following health issues are also important to their families (via verbatim response):
  - Asthma
  - Affordable health insurance
  - Access to health care

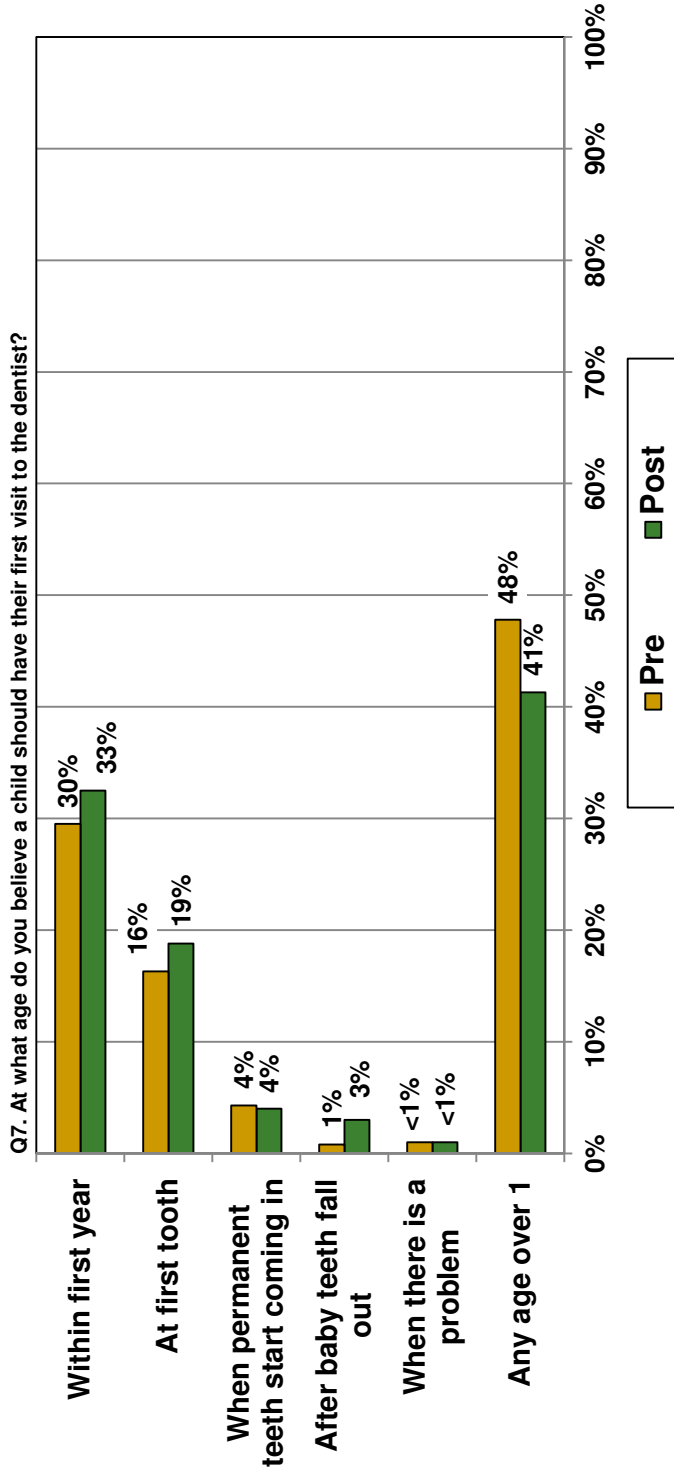
# Dentist Visits

- Overall, the majority of respondents in both waves of research report having visited the dentist within the past 12 months.
- Further, almost 7% more of the participants who had visited within the past year reported doing so in post-campaign wave compared to those who did so in the pre-campaign wave (69% as compared to 62% respectively).



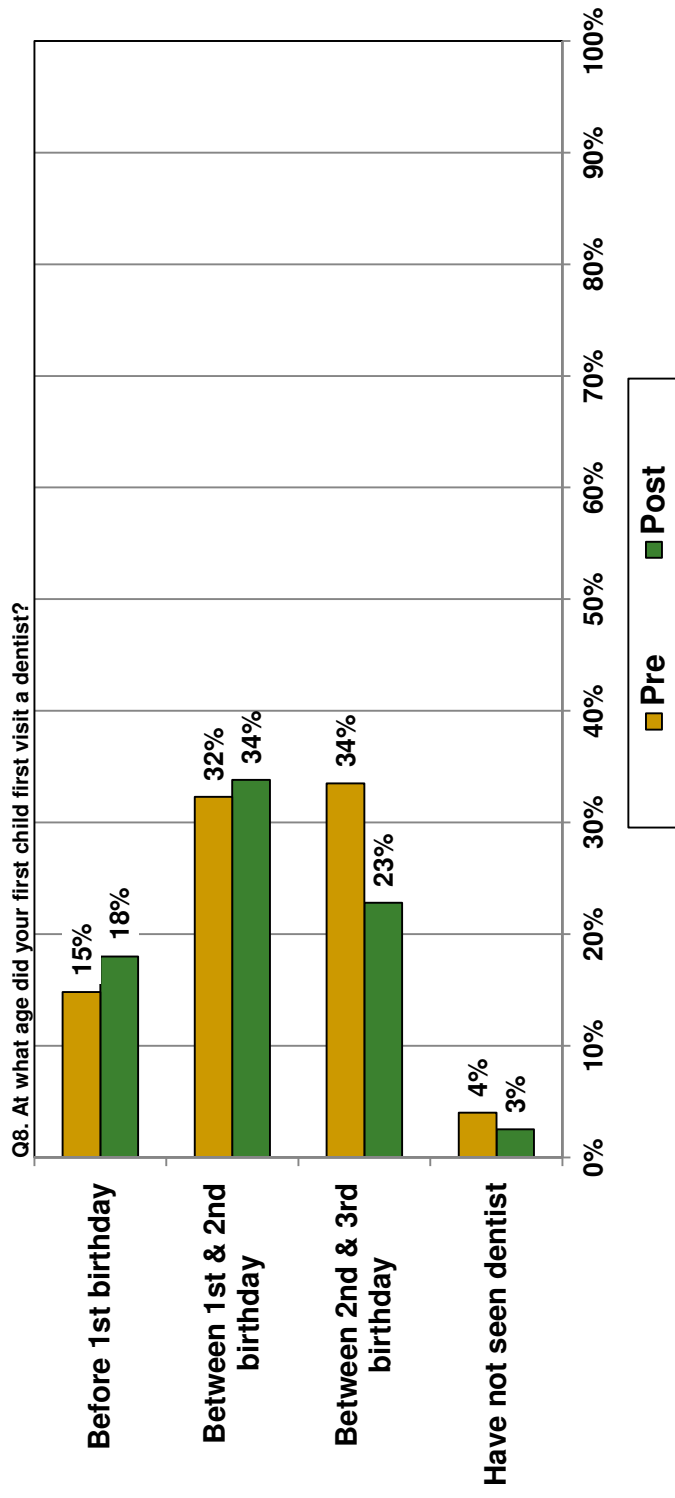
## Dentist Visits (cont)

- Just under half of the pre-campaign respondents (48%) believe that a child should have their first visit to the dentist sometime after their first birthday, and 41% of post-campaign wave participants agree.
- One third of the post-wave respondents (33%) believe a child should have their first dentist visit within their first year, as do 30% of pre-wave respondents.



## Dentist Visits (cont)

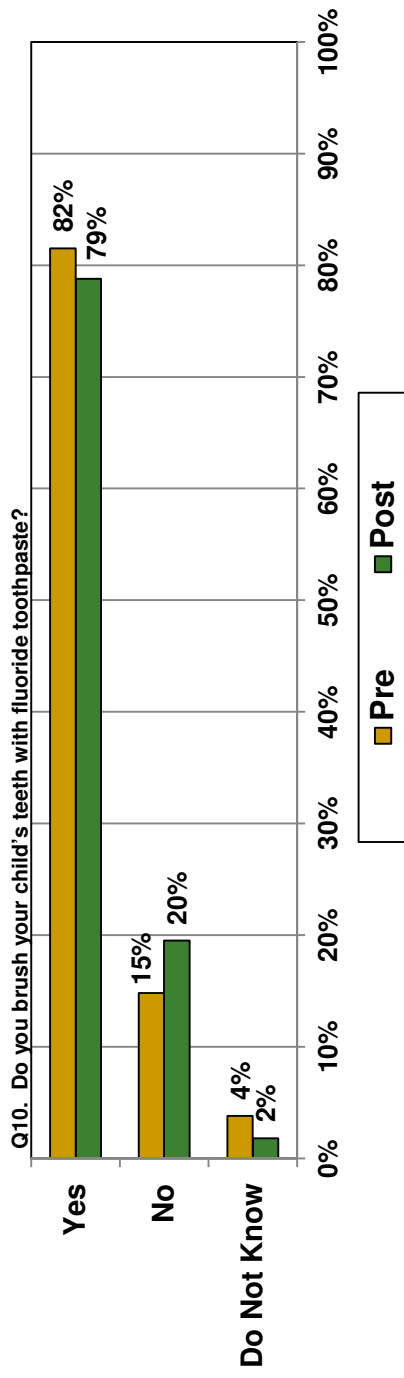
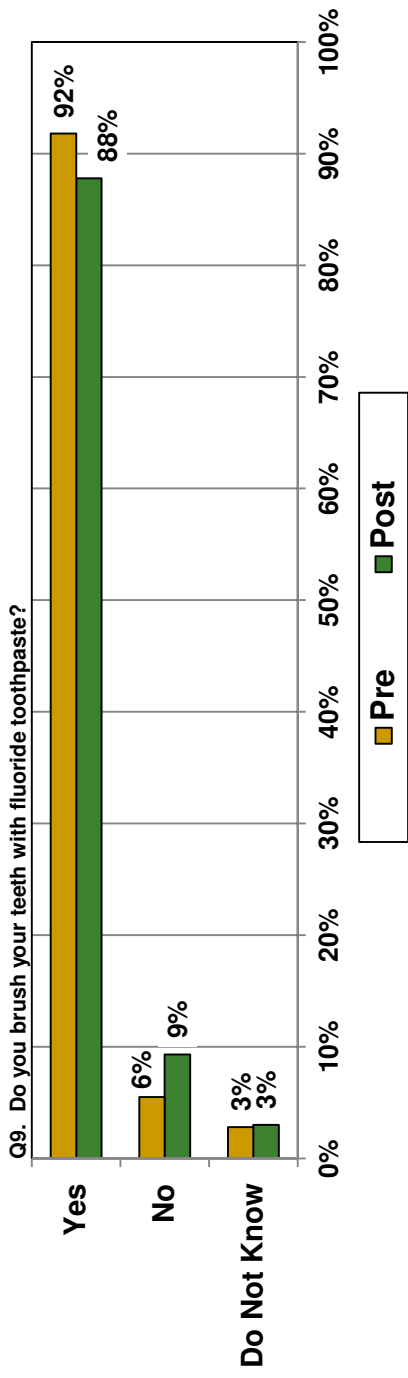
- The majority of pre-wave study participants took their first child to the dentist between his/her first and second birthday (32%) or between his/her second and third birthday (34%).
- The majority of post-wave participants (34%) took their first child to visit a dentist between his/her first and second birthday.
- A small percentage of respondents have not yet had their first child visit a dentist.





# Oral Health Care

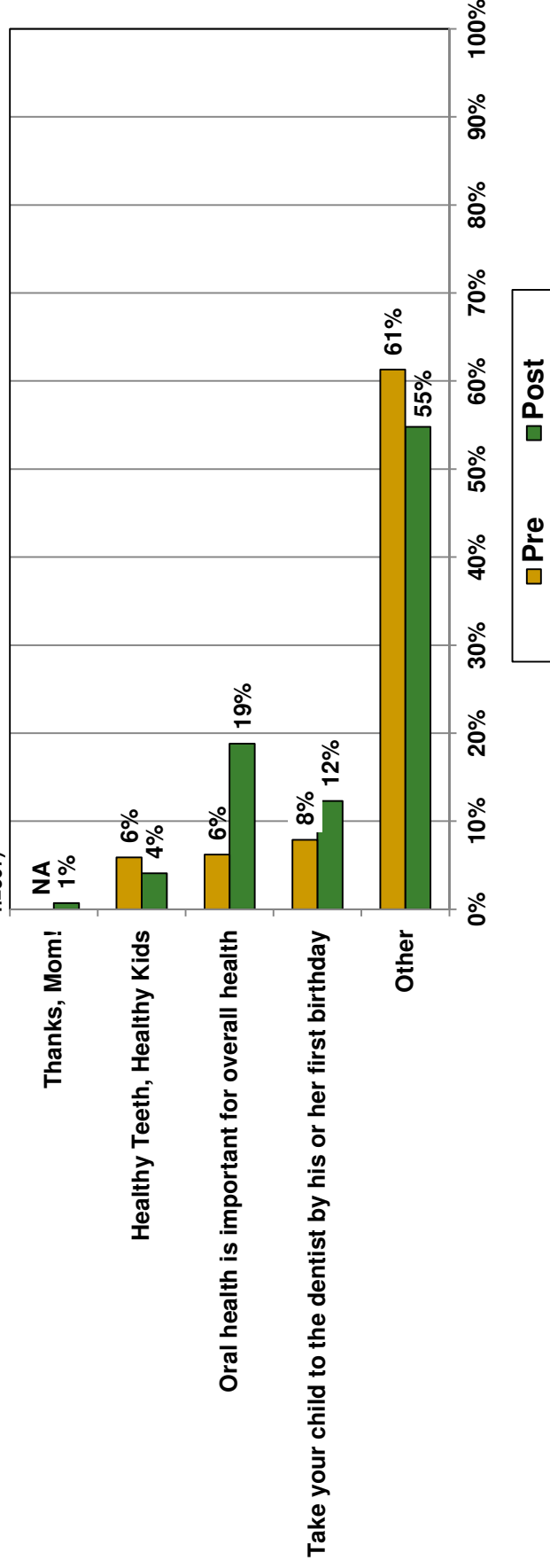
- The vast majority of study participants brush their own teeth with fluoride toothpaste (90% overall), as well as their children's teeth (80% overall).



# Unaided Dental Care/Oral Health Messages

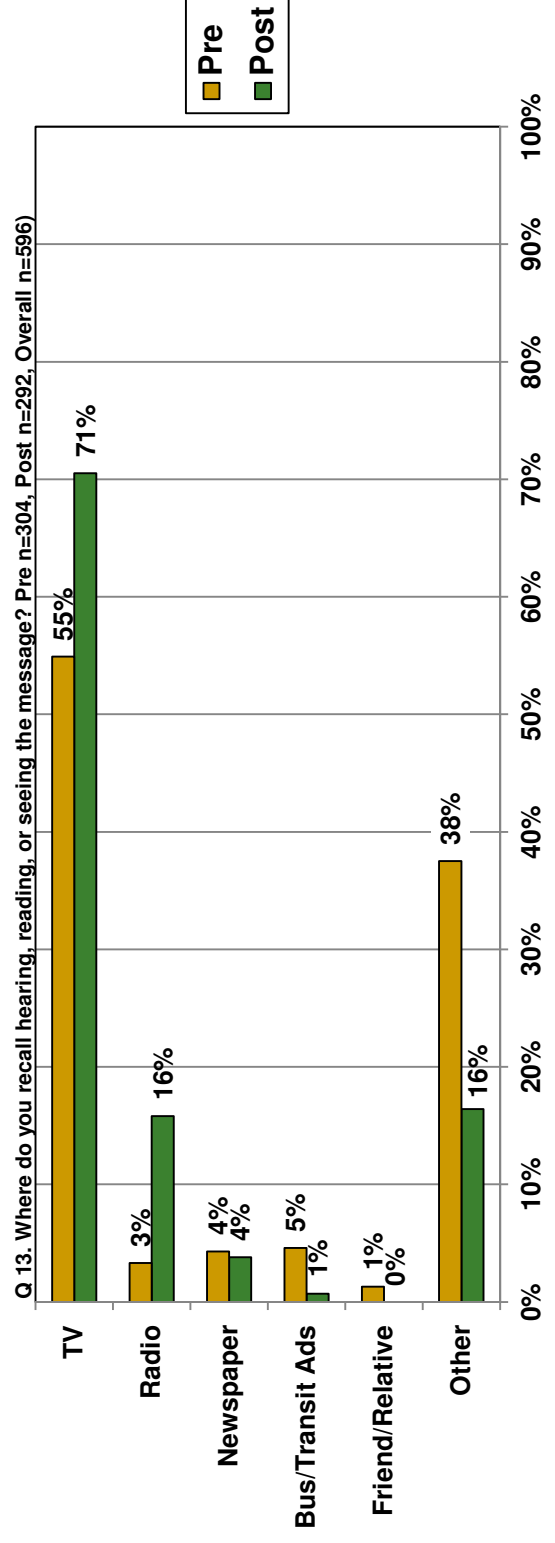
- Three quarters of pre-campaign wave respondents (75%) and over three quarters of post-campaign wave respondents (83%) report having heard, read, or seen messages or advertisements that regard dental care or oral health.
- Further, there was a 13% increase in post-campaign awareness of the message, “Oral health is important for overall health”, and a 4% increase by post-wave respondents who are familiar with the message regarding “tak[ing] your child to the dentist by his or her first birthday” as well.

Q 12. What message do you recall hearing, reading, or seeing? (Pre n=305, Post n=292, Overall n=597)



# Unaided Dental Care/Oral Health Messages (cont)

- More than half of study participants (61% pre-wave and 55% post-wave) recalled “other” messages as well, including messages about:
  - Flossing, brushing, and using fluoride toothpaste (25% pre-wave, 31% post-wave, and 28% Overall);
  - Oral healthcare products (29% pre-wave, 19% post-wave, and 24% Overall);
  - General oral health info (15% pre-wave, 17% post-wave, and 16% Overall); and
  - Dentist offices (16% pre-wave, 12% post-wave, and 14% Overall).
  
- There was a marked increase in post-wave message awareness via ‘Television’ (71% as compared to 55% pre-wave) and ‘Radio’ (16% as compared to 3% pre-wave).
  
- Recall of messages seen on ‘Bus/Transit advertising’ decreased 4% between waves.

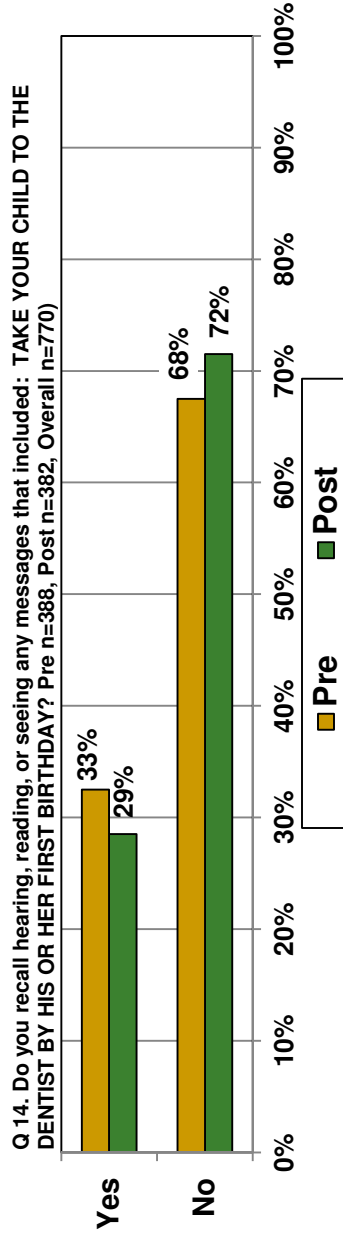


## Unaided Dental Care/Oral Health Messages (cont)

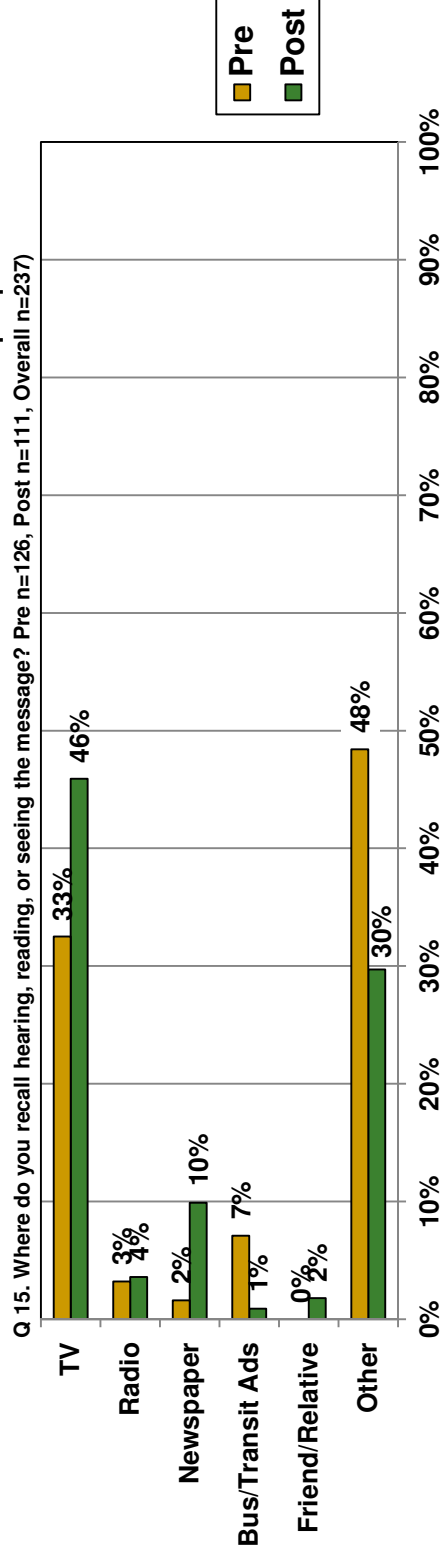
- Those study participants who recalled hearing, reading, or seeing the message elsewhere mentioned the following:
  - In the mail (37% pre-wave, 32% post-wave, and 35% Overall);
  - Dentist's office (24% pre-wave, 30% post-wave, and 26% Overall); and
  - In a magazine (16% pre-wave, 19% post-wave, and 17% Overall).

# Aided Dental Care/Oral Health Messages

- When directly asked about messages that included “Take Your Child To The Dentist By His Or Her First Birthday,” there was a 4% decrease in post-campaign wave respondents who could recall any.

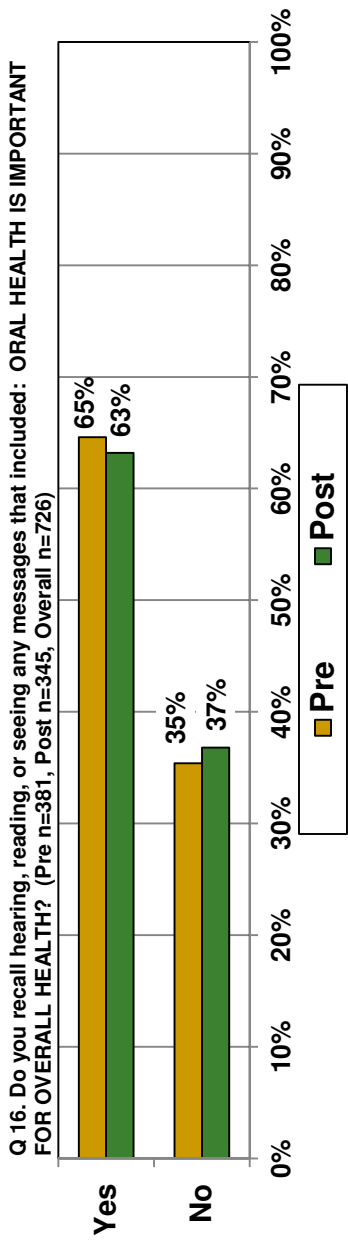


- Of those who recalled this message, there was a 13% increase in participants who did so via ‘Television’, and an 8% increase who saw it in the ‘Newspaper’.

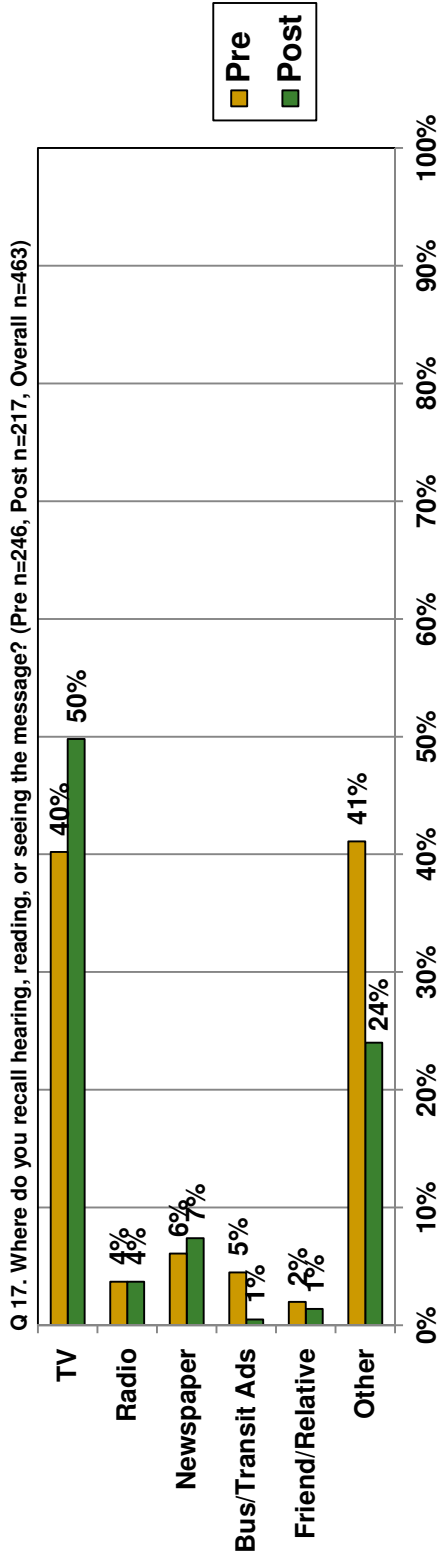


# Aided Dental Care/Oral Health Messages (cont)

- When asked specifically about messages that included “Oral Health Is Important For Overall Health,” there was a 2% decrease in post-campaign wave respondents who could recall any.

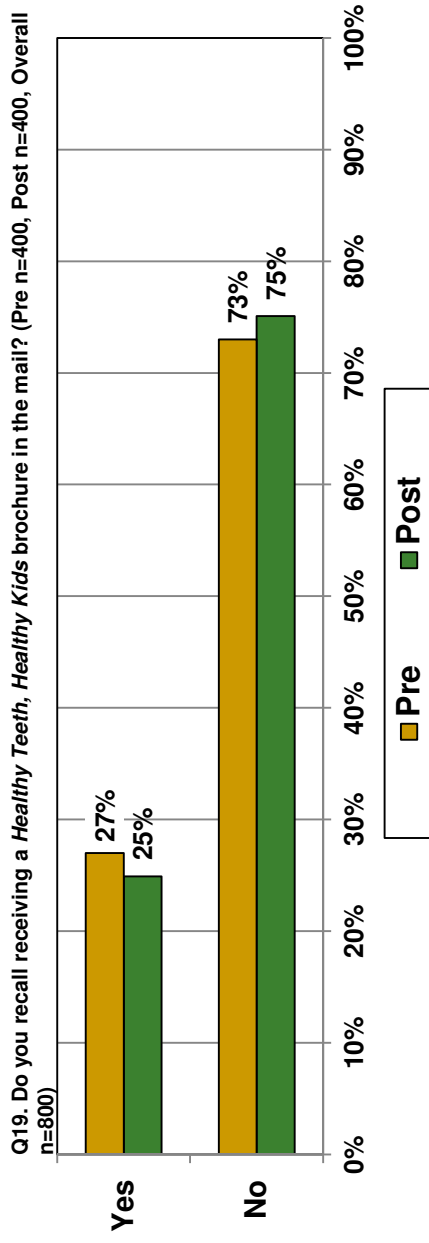
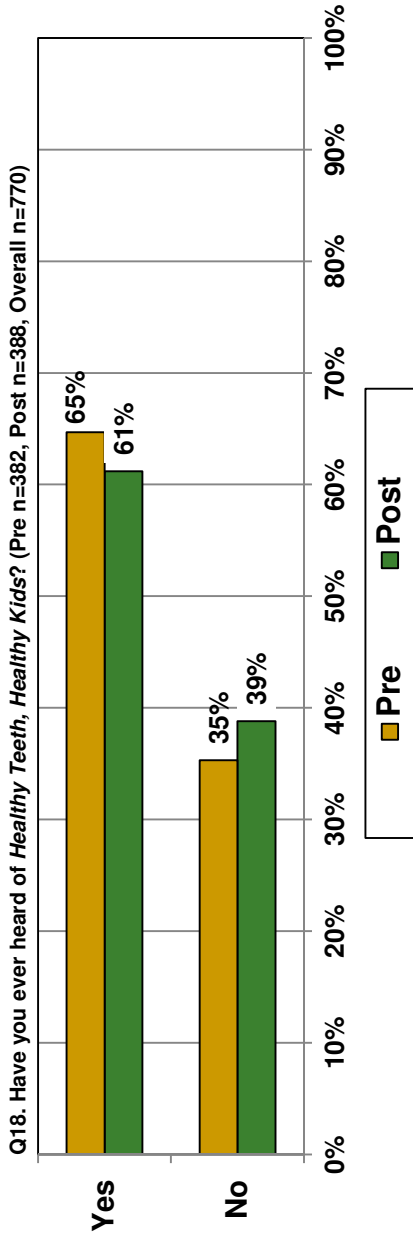


- Of those who recalled this message, there was a 9% increase in participants who recalled this message via ‘Television’.



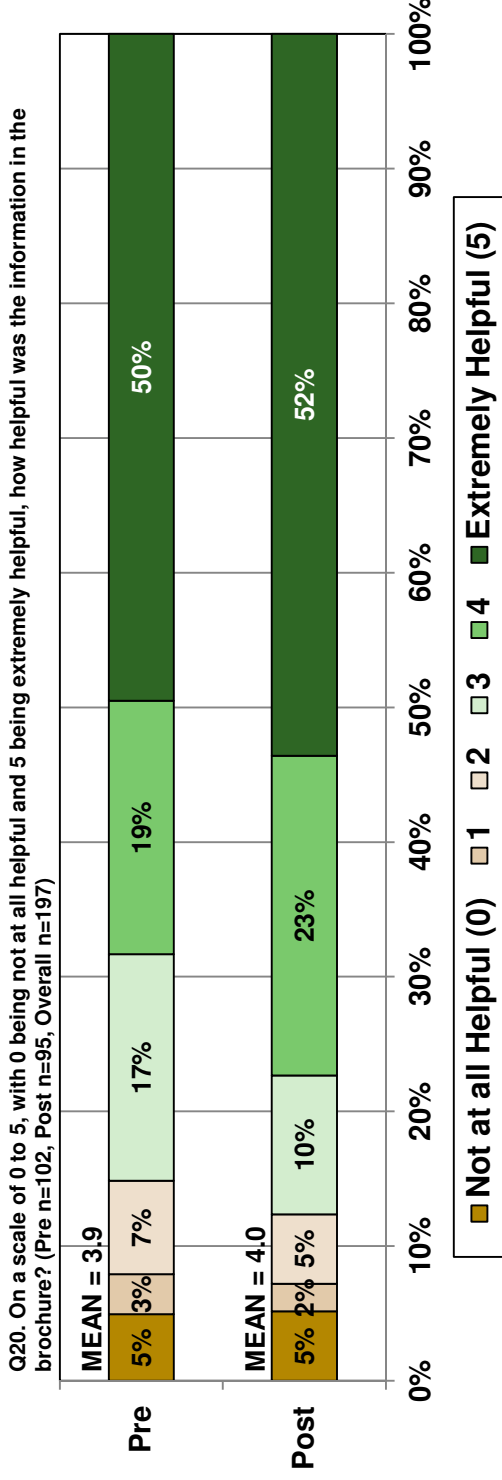
# Healthy Teeth, Healthy Kids

- Just under two thirds of overall respondents (63%) report having heard of *Healthy Teeth, Healthy Kids*, and one quarter of overall respondents (26%) can recall receiving a brochure in the mail.



# Healthy Teeth, Healthy Kids (cont)

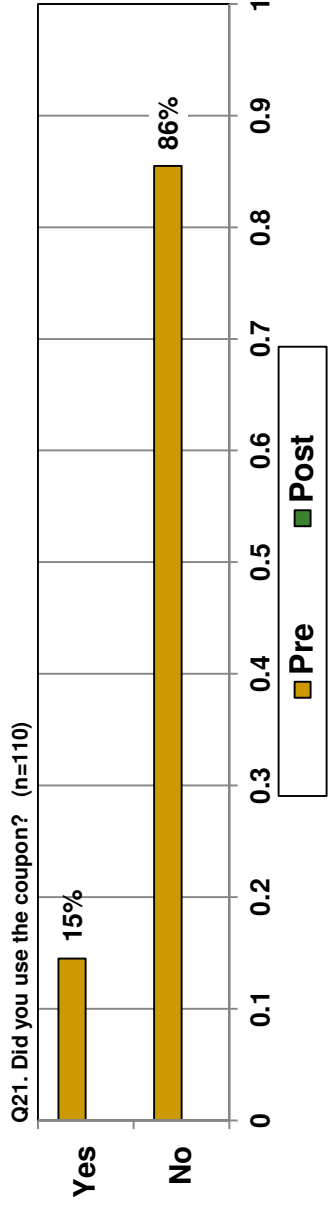
- Half of the survey participants (50% pre-wave and 52 post-wave) who recalled receiving the brochure felt the information in it to be ‘Extremely Helpful’, rating it a 5 out of 5 on a 0-5 scale. The majority or participants Overall (72%) found the information to be at least somewhat helpful (ratings of 4 and 5 on 0-5scale).



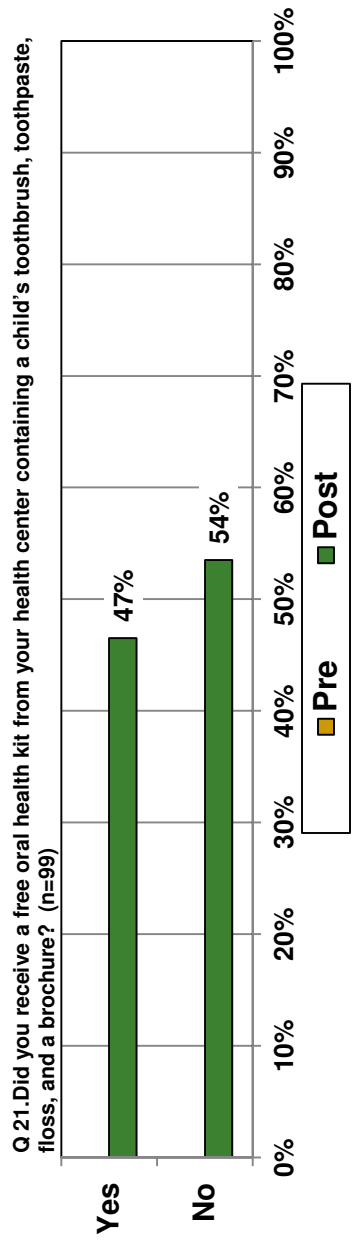


# Healthy Teeth, Healthy Kids (cont)

- Fifteen percent (15%) of the respondents who received a coupon report using it.

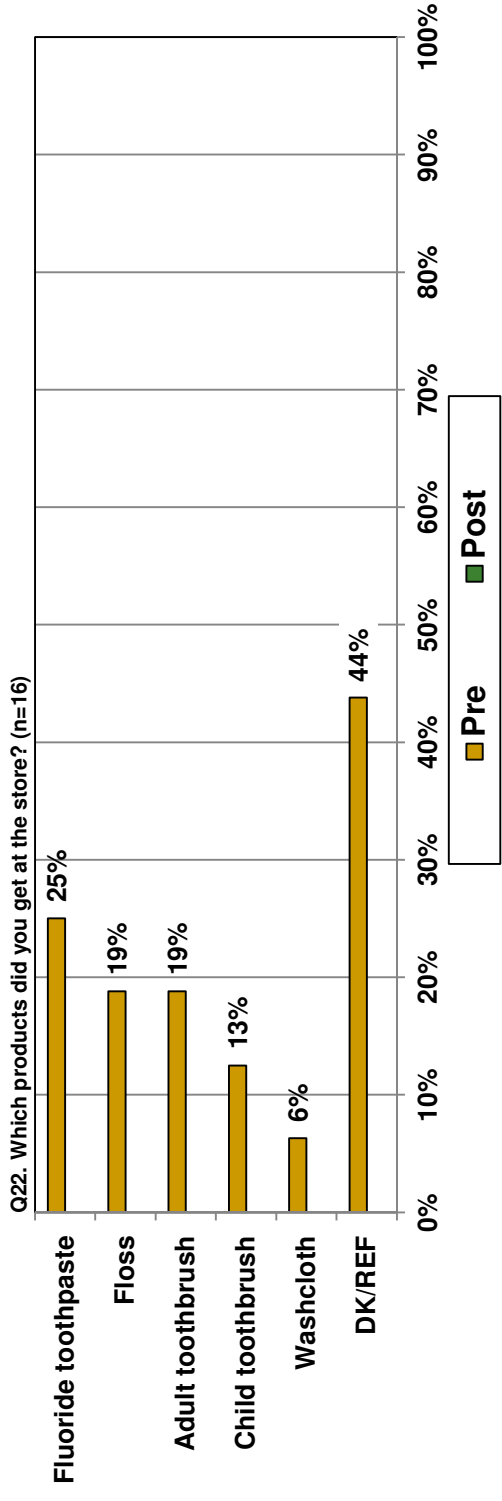


- Just under half of the post-campaign wave respondents recall receiving a free oral health kit from their health center.

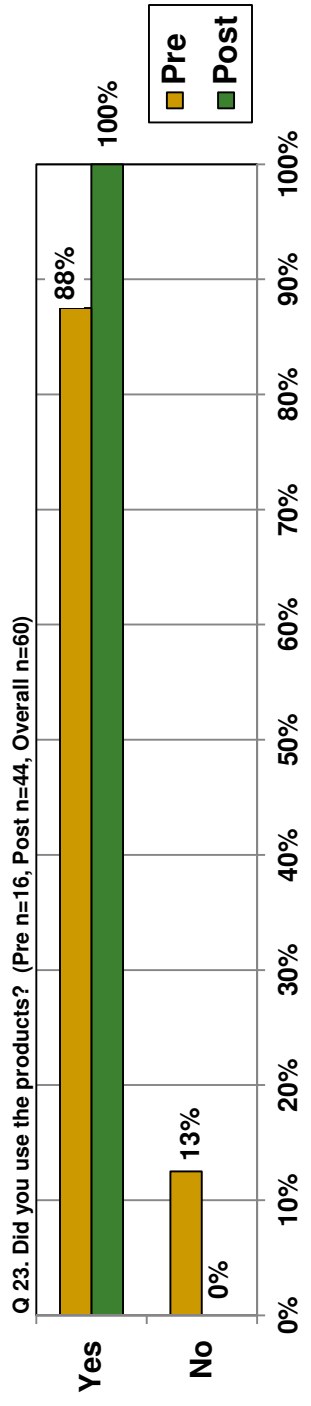


# Healthy Teeth, Healthy Kids (cont)

- Fifteen percent (15%) of the respondents used the coupon they received (pre-wave only), a quarter of which (25%) used it to by ‘fluoride toothpaste’.



- One hundred percent (100%) of post-wave study participants, as well as 88% of pre-wave participants, who received products also used them.





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## Demographics

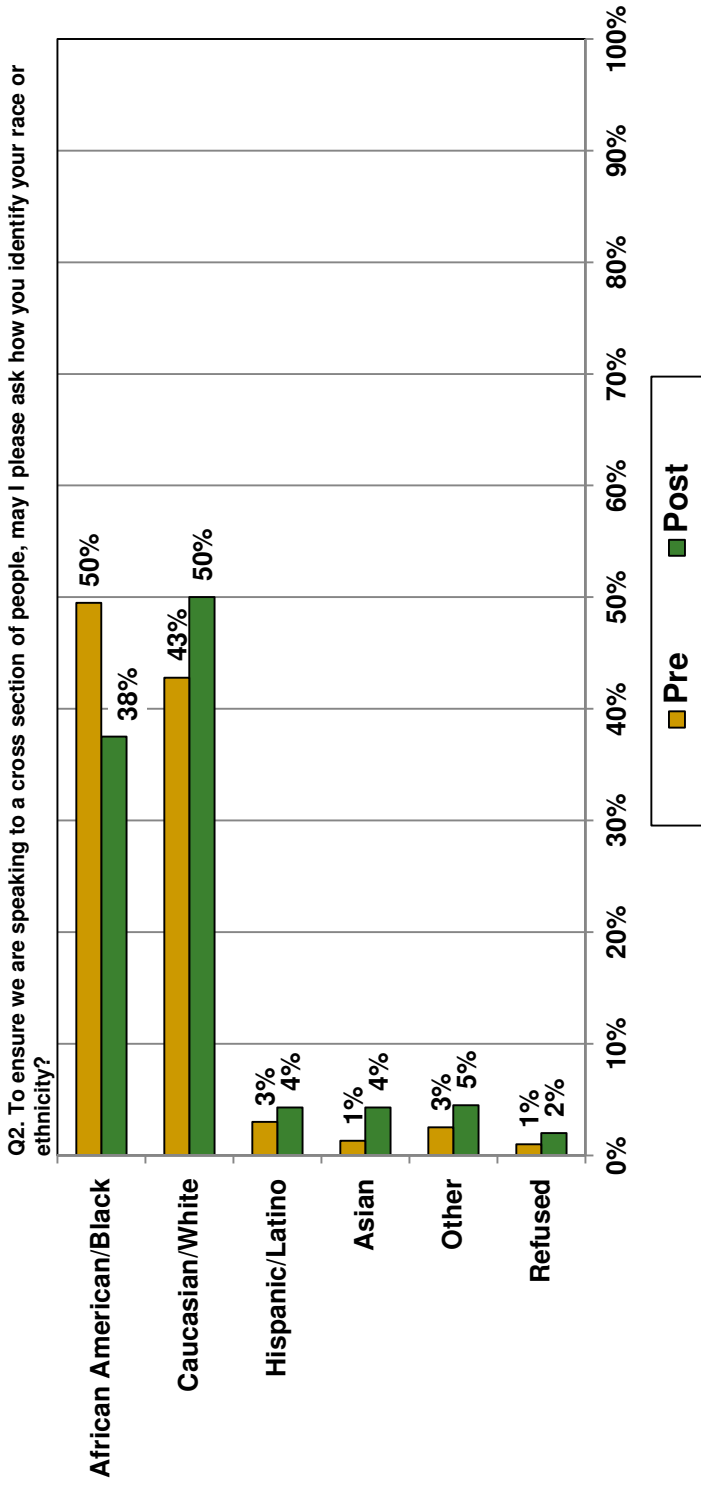
# County

Q1. In what county do you live?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	
<b>Allegany County</b>	50	6.3%	15	3.8%	35	8.8%	+5.0%
<b>Anne Arundel County</b>	51	6.4%	24	6.0%	27	6.8%	+0.8%
<b>Baltimore City</b>	200	25.0%	127	31.8%	73	18.3%	-13.5%
<b>Baltimore County</b>	152	19.0%	86	21.5%	66	16.5%	-5.0%
<b>Calvert County</b>	13	1.6%	4	1.0%	9	2.3%	+1.3%
<b>Caroline County</b>	15	1.9%	6	1.5%	9	2.3%	+0.8%
<b>Carrroll County</b>	24	3.0%	10	2.5%	14	3.5%	+1.0%
<b>Cecil County</b>	19	2.4%	5	1.3%	14	3.5%	+2.2%
<b>Charles County</b>	13	1.6%	4	1.0%	9	2.3%	+1.3%
<b>Dorchester County</b>	13	1.6%	2	0.5%	11	2.8%	+2.3%
<b>Frederick County</b>	11	1.4%	7	1.8%	4	1.0%	-0.8%
<b>Garrett County</b>	25	3.1%	8	2.0%	7	1.8%	-0.2%
<b>Harford County</b>	23	2.9%	10	2.5%	13	3.3%	+0.8%
<b>Howard County</b>	13	1.6%	6	1.5%	7	1.8%	+0.3%
<b>Kent County</b>	8	1.0%	1	0.3%	7	1.8%	+1.5%
<b>Montgomery County</b>	49	6.1%	19	4.8%	30	7.5%	+2.7%
<b>Prince George's County</b>	41	5.1%	26	6.5%	15	3.8%	-2.7%
<b>Queen Anne's County</b>	19	2.4%	11	2.8%	8	2.0%	-0.8%
<b>Somerset County</b>	4	0.5%	3	0.8%	1	0.3%	-0.5%
<b>St. Mary's County</b>	5	0.6%	2	0.5%	3	0.8%	+0.3%
<b>Talbot County</b>	9	1.1%	1	0.3%	8	2.0%	+1.7%
<b>Washington County</b>	14	1.8%	10	2.5%	4	1.0%	-1.5%
<b>Wicomico County</b>	23	2.9%	10	2.5%	13	3.3%	+0.8%
<b>Worcester County</b>	6	0.8%	3	0.8%	3	0.8%	--
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

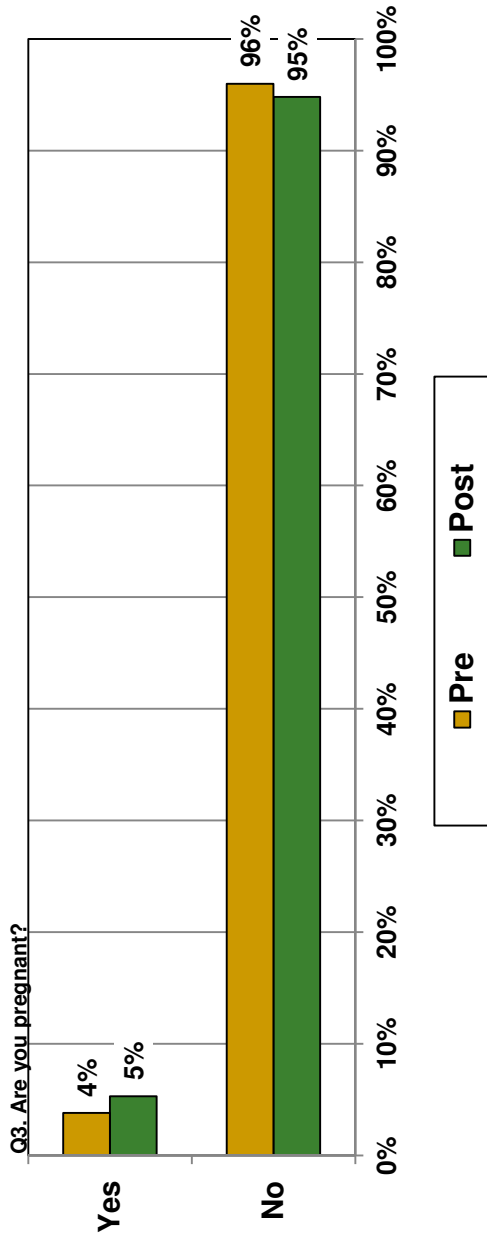
# Ethnicity

- The majority of study participants were African American or Caucasian.



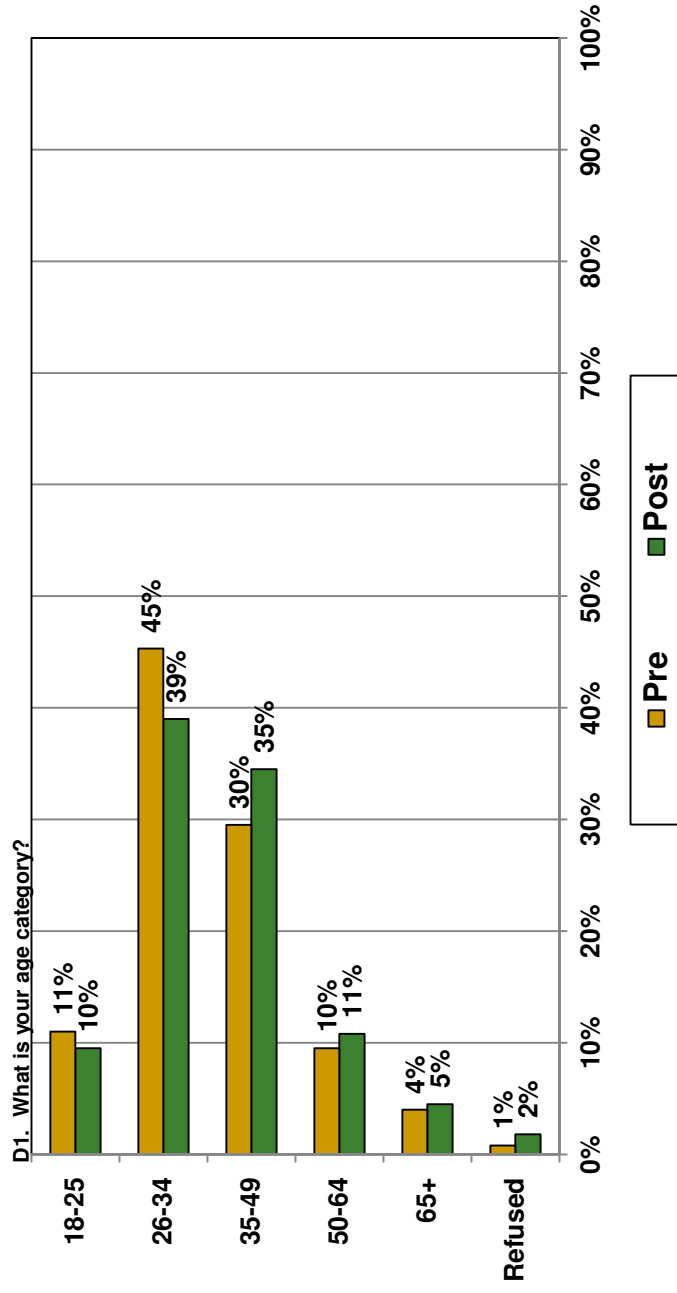
# Pregnancy

- The majority of study participants were not pregnant.



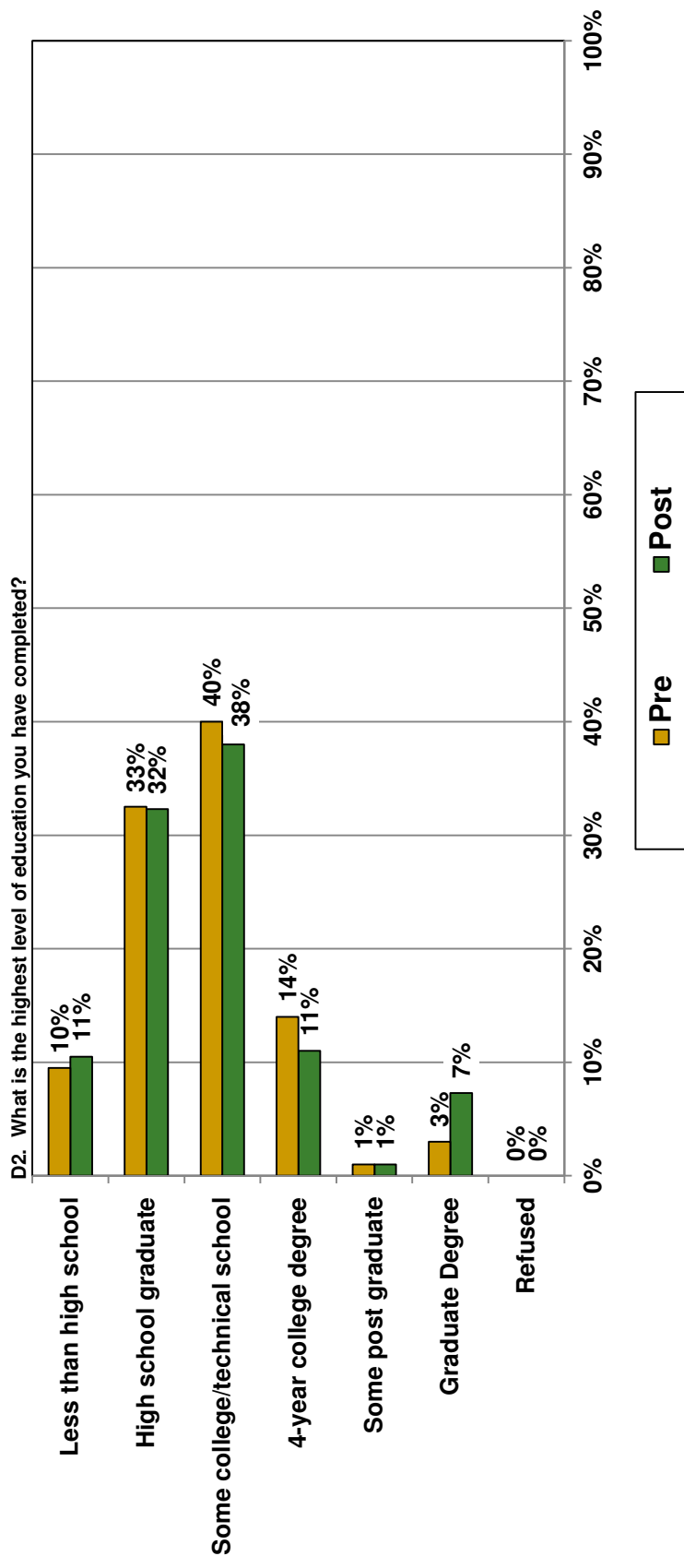
# Age

- The majority of respondents between the ages of 26 and 49 years old.



# Education

- Most respondents reported having completed high school or some college/technical school.







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Appendix A  
Open Ended Responses to Q4

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<b>Q4. What would you say are the most important health issues for your family?</b>	
All health	
Allergies	
Asthma	
Asthma, nutrition	
Cancer	
Checkups	
Cost of health insurance	
D/k	
Diet	
Don't really have any	
Ear infections, bronchitis	
Eating properly	
Getting medication, eating healthy	
Have medical insurance	
High blood pressure	
High blood pressure	
High blood pressure,cancer,diabetes	
I don't know	
I dont know	
I have no idea probably allergies	
I just want my children to be healthy	
Maintaining health	
Mental health and preventing	
My daughter and i have health issues that we need health assistance for	
My son is an asthmatic and adhd	
No health issues	
None	
None	
Not sure	
Nothing very serious	
Over all health in general	
Perentative	
Physical and mental health	
Preventive care	
Routine checkups and vaccines. Medications.	
Seasonal allergies. Cyst removed. Dnc	
Special woman care	
That they have health insurance, period.	
To make sure they stay well the health and well-being of my children	
Umm bipolar and seisurzes	
Yearly check up. Teeth. Eyes examines and take care of our feet	
	11
A	
Access to health insurance	
Acid reflex.	

ADHC is most important.
Affordabe care
Affordabe private insurance
Affordable coverage and specialist coverage when it was needed
Affordable health insurance. They do not have at present.
Affordable healthcare
Affordable insurance
Affordable Insurance and unbiased medical research
Affording insurance.
Afordability is the most important health issue for my family. Making sure that my four year old has healthcare coverage has been the big concern for me.
All of it is most important.
All of them are important.
All of them important.
Allergies
Allergies
Allergies and asthma.
Allergies and illnesses that seem to just happen like the flu
Allergies and the flu
Allergies, and asthma.
Allergies, asthma, and glaucoma. Son has glaucoma at age 8 and without some assistance it could not be dealt with. Vision in general.
Allergies, eat nutriously
Allergies, flu, stuff like that
Allergies, sinuses.
Allergies.
Allergies.
Allergies.
Allergies.
Allergies.
Allergy and asthma
Always something new you have to worry about
Annual physicals and being able to get quick access to the doctor when we are sick
Annual physicals, and son's mental health, weekly treatments at Kennedy Keiger.
Any Health Problem is a concern
Any kind of illness that can be shared, chicken pox, measles etc.
Anything life threatning.
AS LONG AS THERE ARE HEALTHY, dental healthy.
Ashma, allergies
Ashma, allergies,skin problems
Ashma, my family has it.
Ashthma
Asmatha ADD.
Asthama
Asthma
Asthma



Athuisism, Making sure I am on top of their well check ups.
Autism
Autism. Staying on top of the Well-Child check-ups
Availability to things we need, specialist or doctors.
Availability, cost, and the doctor(s) accepting the insurance.
Baby's vaccines.
Back problems
Back problems
Back problems. Mental Behavior
Bad teeth
Basic checkups
Basic childhood sicknesses. Making sure the co-pay is reasonable
Being able to afford medicines and seeing the doctor
Being able to count on the coverage when needed
Being able to explore elective surgeries
Being able to get help when needed
Being able to go to the doctors.
Being able to go when we need to
Being able to handle emergency situations
Being able to pay for the health insurance and get medications
Being able to pick treatment or care options
Being able to see a Doctor, worrying about paying the bill.
Being healthy, overweight, dentist
Being healthy.
Being over weight.
Better choices of doctors
Better copay systems that accrue credits over time
Better health insurance
Body aches and pain
Breast cancer
Bronchial problems
Bronchitis and my kids need alot of dental work, insurance wont cover
Can't say.
Can't think of anything
Cancer
Cancer
Cancer and diabetes.
Cancer and heart.
Cancer and wellness.
Cancer care
Cancer issues need to be solved
Cancer runs in our family so it is important that we get preventative care regularly
Cancer, dementia, heart diasese, diabeties
Cancer.
Cancers, commom cold
Cannot really answer that
Changing the diet

Cheap effective private coverage choices
Check us vaccines
Checkups
Checkups
Checkups
Child care and childbirthing.
Childhood allergies, broken bones, check ups and shots.
Childhood allergies
Children have sickle cell.
Children healthy dtaying healthy.
Childrens asthma. Always concerned about cancer althogh no one has it.
Childrens healthcare is the most important
Cholesterol, allergies, and asthma.
Chronic Asthmatic, Allergy sufferer.
Clean water, clean air. Eating healthy food and balanced diet and getting outside and getting exercise.
Cold, Hypertension, Thyroid and Asthma.
Colds
Colds
Colds
Colds, MS.
Common cold
Common cold.
Common illnesses, flu.
Cost of getting medical care and cost of perscriptions.
Costs
Costs of everything
Costs of health insurance
Could not answer
Coverage for children when not eligible for state
Coverage for seniors
Coverage in other states
D/k
Daily check-ups for the children, and women issues.
Daughter has ear infections.
Dental
Dental
Dental and glasses
Dental and health.
Dental and medical and vision.
Dental and vision
Dental and vision.
Dental care
Dental care, just overall well care and checkups.
Dental care.
Dental Health and overall health
Dental is very important

Dental, asthma, adhd.
Dental, asthma.
Dental, no sicknesses.
Dental.
Dental.
Dental.
Dental.healthcare
Dentist, Eye and Physical, obesity.
Determining responsibility among divorced parents for child's healthcare
Developmental delay
Diabetes
Diabetes
Diabetes
Diabetes
Diabetes
Diabetes
Diabetes and cancer.
Diabetes and cancer.
Diabetes and heart disease.
Diabetes is the most important along with High blood pressure
Diabetes,
Diabetes,
Diabetes, cancer
Diabetes, cancer.
Diabetes, child-related illnesses: flu, chicken pox
Diabetes, heart health
Diabetes, Heart Health. Weight gain, Oral Health
Diabetes, high blood pressure, heart disease, cancer.
Diabetes.
Diabetes.
Diabetes.
Diabetes.
Diabetes. Keep away from colds.
Diabetic run in my family.
Diabetes and asthma
Diet and dental care.
Diet and nutrition
Diet and Nutrition High Blood Pressure
Diet.
Diet.
Disabled son with autism, no local treatment within the area. They must take their son to Baltimore's Kennedy-Krieger Institute.
Dk
Dk
Dk
Dk

Dk.
Dk.
Dk.
Doctors nowadays do not listen as much because maybe they think they know more.
Dont hav any
Ear infections, avoiding stuff like flu and chicken pox
Ear infections, colds, and flu.
Ear infections.
Ear infections common cold
Eat
Eating habit oral care.
Eating habits.
Eating healthy and exercising.
Eating healthy, nutrition, and exercise. Going to Doctor's on a regular basis as required.
Eating right
Eating right
Eating right.
Eating right. Well child visits
Eating the right foods and doing the right things.
Eating the right foods and exercising regularly.
Eating,diabetes, cholesterol.
Education and fresh air and healthy food.
Emergency care.
Entire house able to be covered
Everday, losing child to an illness. Any sickness that would pull the child out of school, particularly stomach illnesses.
Everyone has the flu. It triggars their asthma.
Everything
Everything healt related
Everything is important to my family.
Everything, keeping kids healthy.
Excellant health care.
Exercise.
Eyes, teeth, and flu.
Fighting long term illnesses
Flu
Flu & cold symptoms. HIV & Cancer.
Flu and cancer.
Flu and nothing else.
Flu,
Flu, cold and cough. Wintertime illnesses.
Flu, respiratory issues that arise during the winter months
Flu, stomach virses, pink eye, ring worm.
Flu.
Fruits and vegetables
General care and coverage for everyone in my home
General care, being able to get it when needed



General health
General health
General health
General health and have proper insurance to cover any emergencies.
General health, access to doctors.
General health, Health maintenance.
General health.
General health.
General well being of family
Generl health.
Gertting there shots.
Getting care whenever needed
Getting coverage when i am on the road
Getting decent care in hospital and not malpractice issue
Getting good health care
Getting in to see my doctors timely manner
Getting long term care
Getting proper care
Getting proper care for my oldest child who has some developmental problems.
Getting regular colds.
Getting seen for the right illness
Getting th best treatments
Getting the best care possible.
Getting the best treatments available and covered
Getting the care i really need
Getting the care we need it when we need it.
Getting the needed care for everyone
Getting to decide on best options for care
Getting to see good doctors
Getting to see our own doctorsw
Good
Good access to healthcare
Good diet
Good diet
Good emergency care
Good health
Good health
Good health and dental.
Good health care, and make sure get to the doctor and have all their shots.
Good nutrition, dental
Good pediatric care is my number one priority.
Have finances for medical treatmen
Have good medical care. Access to good Doctor's and hospital.
Have the needed coverage
Having a say in my treatment option
Having access to medical care.
Having adequate health care when needed.

Having annual checkups and receiving vaccinations.
Having best care availbale
Having care is important enough, many do not
Having coverage for any emergency
Having coverage for the whole family
Having coverage when out of state
Having family covered for care
Having health insurance, and access to doctors. Nutrition.
Having insurance that takes care of everything
Having long term care covered
Having long term coverage care
Having long term illness care
Having more choices and input
Having more choices of doctors
Having necessary treatments covered
Having optical and dental coverage as well
Having option to shift coverage to whatever treatment i choose to benefit me more
Having options for cancer treatment
Having plenty of coverage for entire family
Having plenty of supplemental coverage as well
Having preventive care
Having senior care covered
Having the coverage
Having the option to explore other care
Having whole family coverage
Health
Health concern related to his chest Apectus esvatum.
Health insurance
Health insurance for parents. Rheumotoid arthritis and diabetes.
Health insurance.Vision and Dental.
Health issues
Health shots.
Healthcare, food.
Healthy check ups.
Healthy eating (Nutrition), medicines, and vaccinations for son.
Heart
Heart and lung treatments, and kidney dialysis
Heart and physical fitness.
Heart and respiratory disease
Heart care
Heart condition or cancer
Heart disease care
Heart disease, seizures.
Heart Health and Allergies
Heart problems run in the family.
Heart trouble, and vaginal problems
Heart, high blodd pressuer

High blood pressure
High blood pressure
High blood pressure and some heart issues
High blood pressure and sugar
High blood pressure asmath, glaucoma
High blood pressure, Cancer, Diabetes and Mental Health
High blood pressure, cancer, or diabetes
High Blood pressure, depression, and mental illness.
High blood pressure, obesity.
High blood pressure.
High blood pressure.
High blood pressure.
High cholesteral.
Hopeful for health insurance with no government mandated insurance.
Hospital care, dental and vision and primary care.
Hypertension
Hypertension
Hypertension and Diabetes.
Hypertension.
I cannot answer that
I don't know
I don't know.
I don't know.
I don't know.
I don't know.
I have paid out of pocket before and it is a big hit for the wallet
I just worry that i will have coverage
I need the whole family with coverage
I never thought about health concerns
I think it is more about being able to afford the premiums and getting to see the doctors we want to. Not having to pick from a short list.
I think that we all have health insurance. As a senior I worry about heart trouble and kidney trouble. I have high blood pressure.
I want my kids to be healthy.
I was adopted no family history.
I'm not sure.
If no insurance health care cost.
Immunization and Dental
Immunization and yearly physicals.
Immunization, diabetes
Immunizations and that these are up to date. Not contracting a sickness at school.
Immuzation.
Immuziations for the children. Up to date.
In every area
Infection, bacterial problems.
Infections, flu and bronchitis that seems to happen when you least expect it
Infections, virus, and flu.

Insurance coverage
Insurance doesn't cover mother's teeth being pulled, she has 3 teeth that need pulling. Everyone else is fine.
Insurance.
Jusst keeping them healthy.
Just getting care that is needed
Just getting whatever i might need seen about covered
Just making sure we all stay well. Preventative stuff
Just staying healthy.
Just the normal health; colds.
Just to be healthy in general.
Just to stay healthy.
Keeping costs low
Keeping hands out of your mouth
Keeping healthcare affordable
Keeping immunizations up to date and keeping thier teeth healthy.
Keeping kids healthy
Keeping kids healthy, and having insurance. Having medical assistance as backup to the father's insurance is crucial.
Keeping the care affordable
Keeping the children healthy.
Keeping them healthy
Keeping them healthy.
Keeping them healthy.
Kidney disease, high blood pressure, high cholestrol
Kids have ADHD.
Kids health
Knowing long term care coverage is available
Knowing enough family history for future care
Less copay issues
Long term heart care
Long term illness care
Long term illness needs to be covered
Lung and heart issues
Lung issues
Maintaining a healthy lifestyle
Maintaining your weight, diabetes, or high pressure
Make sure they get there shots.
Making sure children have insurance coverage.
Making sure that there are routine visits to Dentist and eye Doctor.
Making sure the children are not sick. Two children have asthma. Making sure that they have proper medication at home.
Making sure the children get what is best
Making sure the whole family can be seen
Making sure the whole family can be seen
Making sure their shots are up to date.
Making sure they have shots.

Managing chronic pain.
Medical and Dental checkups
Medical care and Doctors.
Medical care, the ability to see a Doctor.
Medical, good health and dental.
Medical, routine checkupsgeneral
Medications or Prescriptions.... Transportations to the Doctors
Mental health
Mental health.,
Metabolism issue, the right balance of foods
Minor allergies.
Minor colds
Mone
More control over my treatment
More input into my own care
MS and Heart disease.
My biggest issue is high blood pressure and COPD.
My child has ear infections regularly. Also, allergies in the family
My concern is them losing their health coverage.
My daughter being premature has to see doctor often.
My son's asthma and pneumonia and sinus and ear infections.
My teeth
N/a
N/a
Nnone
No concerns.
No concerns.
No concerns.
No concerns. Just making sure to have regular checkups.
No contagious diseases
No family health issues.
No health issues for me, that I can think of right now.
No health issues for us. Rather healthy.
No health issues.
No health issues.
No health issues. My child has asthma.
No health related issues.
No health issues.
No issues
No issues.
No issues.
No major health issues. Just colds, viruses.
No problems.
No real issues i guess we are lucky
None
None
None



None.
None.
None.
None.
None.
None.
None.
None.
None.
None.
Normal check up and diabetes
Not any at this time.
Not being in state run medicine
Not being sick.
Not choosing food or medicine
Not going to say but having insurance is a issue
Not having insurances decide on my healthcare
Not having to choose between bills or care
Not having too many testing performed
Not havng insurances decide the best care options should be the doctors advise
Not really at this time
Not really sure about
Not satisfied with current Doctor.
Not sure
Not sure.
Not sure.
Not willing to be specific but having care for the whole household
Nothing
Nothing
Nothing
Nothing comes to mind.
Nothing really
Nothing really, no concerns, just staying healthy.
Nothing really.
Nothing specific but is overall important to have coverage
Nothing.
Nothing.
Nothing.
Nutrition
Nutrition
Nutrition diet
Nutrition, up to date on shots.
Nutrition.
Obesity and heart disease.
Obesity and High Blood Presure
Obesity.
Options for good health care
Oral care, physical health, nutrition, and mental health.

Oral health
Oral helth
Oral pain
Overal health
Overall health
Overall health
Overall health
Overall keeping them well.
Overweight (obesity). Diabetes
Paying for it!
Pediatirics
Physical and everything
Physical and mental health.
Physical health, nutrition, and mental health.
Physical helth.
Physicals
Physicle completed.
Pneumonia
Preventative examinations. Mammograms, pap smears and shots for the children
Preventative medicine
Preventative medicine
Preventative medicine and making sure we have coverage
Preventative medicine and sports physicals for the kids
Prevention.
Prevention.
Preventitive care.
Preventive care
Preventive care
Preventive health care.
Preventive maintainence, immunization.
Privately held insurance premiums lowered
Proper eating habits.
Proper health care when the children need it, Dental insurance, and that the health care provider is trustworthy.
Proper medical care. Having the right doctors.
Proper nutrition, Pre-Lupus,
Providing attentive care to long term issues like add and affordable premiums
Psychiatric, asthma, anxiety, ADHD.
Quality health care
Regular asthma and allergy care
Regular care needs being met
Regular check up and dental care and office visits and well child visit.
Regular check up dental check ups.
Regular checkup
Regular checkups and any emergency issues.
Regular doctor/dental care
Regular health care



Respiratory ailments
Respiratory health.
Respiratory or dental issues.
Routine check up
Safety of the house
Safety.
Screening. My kids and grandkids do not take advantage of the health resources.
Seasonal related issues.
Seeing a specialist without having to fight with the insurance company
Seeing good doctors
Seeing the right doctors for specialty
Seizure disorder
Senior ailments
Sickness
Sickness, flu and coughing.
Sinus problems.
Sinuses and allergies
Skin problems
Sleep
Sleep and taking vitamins.
Sleep issues, preventative medicine, mamograms, sports physicals
Something better than just an annual flu shot
Son has asthma, mom has no insurance.
Son has asthma. Husband has asthma. Mother has allergies.
Son has bronchitis. Mother has anemia.
Son has chronic lead poisoning, ADHD, chronic lung disease, chronic asthma, and a heart murmur.
Son has ear infections.
Son with special needs and making sure that he gets medical care.
Speech therapy, delayed development.
Stay healthy
Staying healthy and not getting sick as much.
Staying healthy
Staying healthy - son is asthmatic.
Staying healthy and dental
Staying healthy, being more active and doing more exercising.
Staying healthy.
Staying healthy.
Still having affordable private insurance
Still having coverage without being offered from employer
Stroke and diabetes arthritis
Targeted care options to keep costs low
Teeth care, eye care, immunization
Teeth.
That they are growing and not have any illness.
That THEY STAY HEALTHY.

That they're properly taken care of. Good dental care and so many children running into problems and kids passing away.
The children getting colds.
The common cold.
The environment. Cancer and heart problems
The most important issue for my family is eating a balance diet and staying active.
The recession
There general check up. Well child check up, and sick visits.
There having allergies and gastroenteritis problems.
They all are important.
Things are getting too out of budget
Thyroid problem runs in the family.
Timely Dr. Appts. ,correct diagnosis.
Timing of proper shots
To be healthy
To be healthy for my family.
To be healthy.
To get therapist closer to the area in which I live for the children. It's sucks.
To go to a doctor when need to
Try to stay healthy by exercising, dieting and having regular checkups.
Trying to lose some weight.
Typical childhood stuff like ear infections and immunizations
Unkn
Unknw
Unknw
Unknwn
Unkwn
Unkwn
Unkwn
Unkwn
Unsure
Vaccinations and immunizations. Keeping track of them.
Vaccinations, not needing a lot of referrals. Everyone should have insurance.
Vaccinations.
Vision and dental.
Vision, dental nutrition.
Vision.
We are actually very blessed. We have no real health issues
We are careful because we have diabetes in both sides of the family.
We are concerned about colds, allergies.
We are pretty healthy no concerns.
We don't have any
We have a child who has asthma. It is important to make sure we can get access to the doctor when it is needed
We have some serious health issues in the family that we have to keep a close eye on. Would rather not say.
We live in a rural. My concern is getting to a doctor quick enough.
We need long term care coverage

We really don't have any health issues
We really don't have any.
We should be able to have choice in doctors
Weight
Weight
Weight
Weight
Weight controll
Weight issues.
Weight management
Weight management, preventative medicine, chronic problems like blood pressure
Well being and immunizations.
Well being.
Wellness benefits, obesity prevention
Wellness, all around health, eating proper nutrition, fitness.
West nile virus. Some of the MCHIP requirements are excessive.
When i retire will i recieve medicaid.
When they're sick
Yearly physicals and follow up



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Appendix B  
Annotated Questionnaire

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## Maryland Oral Health Literacy Campaign Pre- and Post-Campaign Awareness Study

### ANNOTATED QUESTIONNAIRE

Pre-Campaign Quota = 400	Post-Campaign Quota = 400
TOTAL QUOTA = 800	

#### Introduction and Screeners

Hello, my name is \_\_\_\_\_ and I'm calling from Maryland Marketing Source on behalf of the State of Maryland, Department of Health.

- A. May I please speak to the female head of the household?
- B. If female head of household is not home, ask when she will be home and schedule to call back at the indicated time.
- C. If there is no answer:
- If there is no answer, hang up and move to the next phone number on the list. Once all numbers on the list have been dialed and if you still need to recruit participants, redial the numbers where there was no answer the first time you dialed. An individual number can be dialed a maximum of five times. Continue this pattern until 400 surveys have been collected.
  - If there is no answer and voicemail comes on, do not leave a message. Hang up and move to the next number. Once all numbers on the list have been dialed and if you still need to recruit participants, redial the numbers where there was no answer the first time you dialed. An individual number can be dialed a maximum of five times. Continue this pattern until 400 surveys have been collected.

D. ONCE FEMALE HEAD OF HOUSEHOLD IS ON THE LINE:

[REPEAT IF NECESSARY: Hello, my name is \_\_\_\_\_ and I'm calling from Maryland Marketing Source on behalf of the State of Maryland, Department of Health.]

I want to assure you that this is not a sales call. We're surveying Maryland residents on health-related issues and I'd like to ask you some questions that will take no more than ten minutes of your time. Your answers will be anonymous and used only for internal use by the State of Maryland, Department of Health for a health communication campaign.

Q1. [IF NOT ALREADY ASKED ABOVE] Do you have children at home who are six years old or younger?

- 1- Yes           CONTINUE
- 2- No            THANK AND TERMINATE (Thank you for your time and cooperation. Your responses do not qualify you  
We appreciate your help, have a great day)

Q2. Are you at least 18 years old?

- 1- Yes
- 2- No            THANK AND TERMINATE (Read language under Q1)

Q3. Are you currently receiving Medicaid/Medical Assistance or enrolled in Maryland Children's Health Insurance Program (MCHIP)?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes (SKIP TO Q4)	635	79.4%	341	85.3%	294	73.5%	<b>-11.8%</b>
No (CONTINUE TO Q3a)	158	19.8%	57	14.3%	101	25.3%	<b>+11.0%</b>
Don't Know (CONTINUE TO Q3a)	7	0.9%	2	0.5%	5	1.3%	<b>+0.8%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

Q3a. How many people, including yourself, live in the household? Please consider all people under and over 18 years of age.

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
1	22	13.3%	16	27.1%	6	5.7%	<b>-21.4%</b>
2	35	21.2%	2	3.4%	33	31.1%	<b>+27.7%</b>
3	25	15.2%	9	15.3%	16	15.1%	<b>-0.2%</b>
4	32	19.4%	12	20.3%	20	18.9%	<b>-1.4%</b>
5	27	16.4%	13	22.0%	14	13.2%	<b>-8.8%</b>
6	14	8.5%	3	5.1%	11	10.4%	<b>+5.3%</b>
7	5	3.0%	4	6.8%	1	0.9%	<b>-5.9%</b>
8 or more	5	3.0%	--	--	5	4.7%	<b>--</b>
<b>N=</b>	<b>165</b>		<b>59</b>		<b>106</b>		

Q4. Is now a good time for you to participate in a brief survey?

1- Yes CONTINUE

2- No ASK: WHEN WOULD BE A BETTER TIME?

ARRANGE TIME TO CALL BACK: \_\_\_\_\_

## Main Questionnaire

Thank you for agreeing to participate, I will now read a brief disclosure statement.

1. In what county do you live? (MARK ANSWER – NO QUOTA BUT TRY FOR REPRESENTATIVE SAMPLE)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Allegany County	50	6.3%	15	3.8%	35	8.8%	<b>+5.0%</b>
Anne Arundel	51	6.4%	24	6.0%	27	6.8%	<b>+0.8%</b>
Baltimore City	200	25.0%	127	31.8%	73	18.3%	<b>-13.5%</b>
Baltimore County	152	19.0%	86	21.5%	66	16.5%	<b>-5.0%</b>
Calvert County	13	1.6%	4	1.0%	9	2.3%	<b>+1.3%</b>
Caroline County	15	1.9%	6	1.5%	9	2.3%	<b>+0.8%</b>
Carroll County	24	3.0%	10	2.5%	14	3.5%	<b>+1.0%</b>
Cecil County	19	2.4%	5	1.3%	14	3.5%	<b>+2.2%</b>
Charles County	13	1.6%	4	1.0%	9	2.3%	<b>+1.3%</b>
Dorchester County	13	1.6%	2	0.5%	11	2.8%	<b>+2.3%</b>
Frederick County	11	1.4%	7	1.8%	4	1.0%	<b>-0.8%</b>
Garrett County	25	3.1%	8	2.0%	7	1.8%	<b>-0.2%</b>
Harford County	23	2.9%	10	2.5%	13	3.3%	<b>+0.8%</b>
Howard County	13	1.6%	6	1.5%	7	1.8%	<b>+0.3%</b>
Kent County	8	1.0%	1	0.3%	7	1.8%	<b>+1.5%</b>
Montgomery County	49	6.1%	19	4.8%	30	7.5%	<b>+2.7%</b>
Prince George's	41	5.1%	26	6.5%	15	3.8%	<b>-2.7%</b>
Queen Anne's	19	2.4%	11	2.8%	8	2.0%	<b>-0.8%</b>
Somerset County	4	0.5%	3	0.8%	1	0.3%	<b>-0.5%</b>
St. Mary's County	5	0.6%	2	0.5%	3	0.8%	<b>+0.3%</b>
Talbot County	9	1.1%	1	0.3%	8	2.0%	<b>+1.7%</b>
Washington County	14	1.8%	10	2.5%	4	1.0%	<b>-1.5%</b>
Wicomico County	23	2.9%	10	2.5%	13	3.3%	<b>+0.8%</b>
Worcester County	6	0.8%	3	0.8%	3	0.8%	<b>--</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

2. To ensure we are speaking to a cross section of people, may I please ask how you identify your race or ethnicity? (DO NOT READ LIST – RECORD ANSWER)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
African American/Black	348	43.5%	198	49.5%	150	37.5%	<b>-12.0%</b>
Asian	12	1.5%	5	1.3%	7	1.8%	<b>+0.5%</b>
Caucasian/White	371	46.4%	171	42.8%	200	50.0%	<b>+7.2%</b>
Hispanic/Latino	29	3.6%	12	3.0%	17	4.3%	<b>+1.3%</b>
Other (Specify):	28	3.5%	10	2.5%	18	4.5%	<b>+2.0%</b>
Refused	12	1.5%	4	1.0%	8	2.0%	<b>+1.0%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

3. Are you pregnant? (NO QUOTA, BUT TRY FOR 10%+)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	36	4.5%	15	3.8%	21	5.3%	<b>+1.5%</b>
No	763	95.4%	384	96.0%	379	94.8%	<b>-1.2%</b>
Do Not Know	1	0.1%	1	0.3%	--	--	--
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

4. What would you say are the most important health issues for your family?  
(See Appendix A for Verbatim Responses)

5. We'd like to better understand how you view several health issues and how important they are to your family. Please tell me how important each of the following health issues are to your family by using a 0-5 scale, where '0' means 'Not at all Important' and 5 means 'Extremely Important'. Feel free to use any number in between. Let's begin with... (READ. ROTATE).

	OVERALL	Pre	Post	VARIANCE
	MEAN	MEAN	MEAN	+/-
a. Oral health	4.5	4.6	4.4	<b>-0.3</b>
b. Heart health	4.5	4.6	4.5	<b>-0.1</b>
c. Diabetes prevention	4.3	4.3	4.3	--
d. Cancer	4.4	4.5	4.4	<b>-0.1</b>
<b>N=</b>	<b>800</b>	<b>400</b>	<b>400</b>	

		Not at all Important 0	1	2	3	4	Extremely Important 5	N
<b>Pre</b>	a. Oral health	1.8%	0.8%	--	5.8%	12.5%	79.3%	<b>400</b>
	b. Heart health	2.8%	0.5%	1.8%	4.0%	12.0%	79.0%	<b>400</b>
	c. Diabetes prevention	4.3%	2.0%	3.3%	10.5%	10.5%	69.5%	<b>400</b>
	d. Cancer	4.5%	1.3%	2.0%	7.3%	7.0%	78.0%	<b>400</b>
<b>Post</b>	a. Oral health	1.0%	1.0%	3.3%	8.8%	25.0%	61.0%	<b>400</b>
	b. Heart health	0.5%	1.8%	2.5%	6.0%	25.5%	63.8%	<b>400</b>
	c. Diabetes prevention	1.5%	2.8%	2.8%	9.5%	24.8%	58.8%	<b>400</b>
	d. Cancer	1.8%	3.0%	2.0%	6.3%	23.3%	63.8%	<b>400</b>
<b>OVERALL</b>	a. Oral health	1.4%	0.9%	1.6%	7.3%	18.8%	70.1%	<b>800</b>
	b. Heart health	1.6%	1.1%	2.1%	5.0%	18.8%	71.4%	<b>800</b>
	c. Diabetes prevention	2.9%	2.4%	3.0%	10.0%	17.6%	64.1%	<b>800</b>
	d. Cancer	3.1%	2.1%	2.0%	6.8%	15.1%	70.9%	<b>800</b>



6. When did you last visit the dentist for your own teeth? Would you say it was:

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Within a year/12 months ago?	522	65.3%	248	62.0%	274	68.5%	<b>+6.5%</b>
Between 1 and 2 years ago?	108	13.5%	62	15.5%	46	11.5%	<b>-4.0%</b>
More than 2 years ago?	158	19.8%	82	20.5%	76	19.0%	<b>-1.5%</b>
(DO NOT READ) Never	6	0.8%	3	0.8%	3	0.8%	--
(DO NOT READ) DK/REF	6	0.8%	5	1.3%	1	0.3%	<b>-1.0%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

7. At what age do you believe a child should have their first visit to the dentist? (DO NOT READ, RECORD)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Within first year	248	31.0%	118	29.5%	130	32.5%	<b>+3.0%</b>
At first tooth	140	17.5%	65	16.3%	75	18.8%	<b>+2.5%</b>
When permanent teeth start coming in	33	4.1%	17	4.3%	16	4.0%	<b>-0.3%</b>
After baby teeth fall out	15	1.9%	3	0.8%	12	3.0%	<b>+2.2%</b>
When there is a problem	2	0.3%	1	0.3%	1	0.3%	--
Any age they indicate over the age of 1	356	44.5%	191	47.8%	165	41.3%	<b>-6.5%</b>
(DO NOT READ) DK/REF	6	0.8%	5	1.3%	1	0.3%	<b>-1.0%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

8. At what age did your first child first visit a dentist?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Before first birthday	131	16.4%	59	14.8%	72	18.0%	<b>+3.2%</b>
Between first and second birthday	264	33.3%	129	32.3%	135	33.8%	<b>+1.5%</b>
Between second and third birthday	225	28.1%	134	33.5%	91	22.8%	<b>-10.7%</b>
Other (SPECIFY)	5	0.6%	--	--	5	1.3%	--
Have not seen dentist	26	3.3%	16	4.0%	10	2.5%	<b>-1.5%</b>
(DO NOT READ) DK/REF	88	11.0%	53	13.3%	35	8.8%	<b>-4.5%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

9. Do you brush your teeth with fluoride toothpaste?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	718	89.8%	367	91.8%	351	87.8%	<b>-4.0%</b>
No	59	7.4%	22	5.5%	37	9.3%	<b>+3.8%</b>
Do Not Know	23	2.9%	11	2.8%	12	3.0%	<b>+0.2%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

10. Do you brush your child's teeth with fluoride toothpaste?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	641	80.1%	326	81.5%	315	78.8%	<b>-2.7%</b>
No	137	17.1%	59	14.8%	78	19.5%	<b>+4.7%</b>
Do Not Know	22	2.8%	15	3.8%	7	1.8%	<b>-2.0%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

11. In the last year, have you heard, read, or seen any messages or advertisements regarding dental care or oral health? (RECORD RESPONSES) (IF NO, SKIP TO #14)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	597	74.6%	305	76.3%	292	73.0%	<b>-3.3%</b>
No (SKIP TO Q14)	192	24.0%	87	21.8%	105	26.3%	<b>+4.5%</b>
Do Not Know (SKIP TO Q14)	11	1.4%	8	2.0%	3	0.8%	<b>-1.2%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

12. What message do you recall hearing, reading, or seeing? (DO NOT READ LIST. ACCEPT ALL THAT APPLY. PROBE FOR MULTIPLE RESPONSES. RECORD MESSAGE AS THEY DESCRIBE IT)

	OVERALL		Pre		Post		VARIANCE
	#	% of	#	% of	#	% of	+/-
Take your child to the dentist by his or her first birthday	30	5.0%	24	7.9%	36	12.3%	<b>+4.4%</b>
Oral health is important for overall health	74	12.4%	19	6.2%	55	18.8%	<b>+12.6%</b>
Healthy teeth, Healthy Kids	31	5.2%	18	5.9%	12	4.1%	<b>-1.8%</b>
Thanks, Mom!	2	0.3%	--	--	2	0.7%	<b>--</b>
Other (SPECIFY)	347	58.1%	187	61.3%	160	54.8%	<b>-6.5%</b>
Don't recall/Don't remember	126	21.1%	75	24.6%	50	17.1%	<b>-7.5%</b>
<b>N=</b>	<b>597</b>		<b>305</b>		<b>292</b>		

13. Where do you recall hearing, reading, or seeing the message? (DO NOT READ LIST, BUT RECORD RESPONSES – MARK ALL THAT APPLY)

	OVERALL		Pre		Post		VARIANCE
	#	% of Cases	#	% of Cases	#	% of Cases	+/-
Television	373	62.6%	167	54.9%	206	70.5%	<b>+15.6%</b>
Radio	56	9.4%	10	3.3%	46	15.8%	<b>+12.5%</b>
Newspaper	24	4.0%	13	4.3%	11	3.8%	<b>-0.5%</b>
Bus/Transit advertising	16	2.7%	14	4.6%	2	0.7%	<b>-3.9%</b>
Friend/Relative	4	0.7%	4	1.3%	--	--	<b>--</b>
Other (SPECIFY)	162	27.2%	114	37.5%	48	16.4%	<b>-21.1%</b>
Don't recall/Don't remember	48	8.1%	25	8.2%	23	7.9%	<b>-0.3%</b>
<b>N=</b>	<b>596</b>		<b>304</b>		<b>292</b>		

14. Do you recall hearing, reading, or seeing any messages that included: TAKE YOUR CHILD TO THE DENTIST BY HIS OR HER FIRST BIRTHDAY?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	235	30.6%	126	32.5%	109	28.5%	<b>-4.0%</b>
No (SKIP TO Q16)	535	69.5%	262	67.5%	273	71.5%	<b>+4.0%</b>
<b>N=</b>	<b>770</b>		<b>388</b>		<b>382</b>		

15. Where do you recall hearing, reading, or seeing the message? (DO NOT READ LIST BUT RECORD – MARK ALL THAT APPLY)

	OVERALL		Pre		Post		VARIANCE
	#	% of Cases	#	% of Cases	#	% of Cases	+/-
Television	92	38.8%	41	32.5%	51	45.9%	<b>+13.4%</b>
Radio	8	3.4%	4	3.2%	4	3.6%	<b>+0.4%</b>
Newspaper	13	5.5%	2	1.6%	11	9.9%	<b>+8.3%</b>
Bus/Transit advertising	10	4.2%	9	7.1%	1	0.9%	<b>-6.2%</b>
Friend/Relative	2	0.8%	--	--	2	1.8%	<b>--</b>
Other (SPECIFY)	94	39.7%	61	48.4%	33	29.7%	<b>-18.7%</b>
Don't recall/Don't remember	24	10.1%	12	9.5%	12	10.8%	<b>+1.3%</b>
<b>N=</b>	<b>237</b>		<b>126</b>		<b>111</b>		

16. Do you recall hearing, reading, or seeing any messages that included: ORAL HEALTH IS IMPORTANT FOR OVERALL HEALTH

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	464	63.9%	246	64.6%	218	63.2%	<b>-1.4%</b>
No (SKIP TO Q18)	262	36.1%	135	35.4%	127	36.8%	<b>+1.4%</b>
<b>N=</b>	<b>726</b>		<b>381</b>		<b>345</b>		

17. Where do you recall hearing, reading, or seeing the message? (DO NOT READ LIST BUT RECORD – MARK ALL THAT APPLY)

	OVERALL		Pre		Post		VARIANCE
	#	% of Cases	#	% of Cases	#	% of Cases	+/-
Television	207	44.7%	99	40.2%	108	49.8%	<b>+9.8%</b>
Radio	17	3.7%	9	3.7%	8	3.7%	--
Newspaper	31	6.7%	15	6.1%	16	7.4%	<b>+1.3%</b>
Bus/Transit advertising	12	2.6%	11	4.5%	1	0.5%	<b>-4.0%</b>
Friend/Relative	8	1.7%	5	2.0%	3	1.4%	<b>-0.6%</b>
Other (SPECIFY)	153	33.0%	101	41.1%	52	24.0%	<b>-16.1%</b>
Don't recall/Don't remember	73	15.8%	31	12.6%	42	19.4%	<b>+7.2%</b>
<b>N=</b>	<b>463</b>		<b>246</b>		<b>217</b>		

18. Have you ever heard of *Healthy Teeth, Healthy Kids*?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	484	62.9%	247	64.7%	237	61.2%	<b>-3.5%</b>
No	286	37.1%	135	35.3%	151	38.9%	<b>+3.6%</b>
<b>N=</b>	<b>770</b>		<b>382</b>		<b>388</b>		

19. Do you recall receiving a *Healthy Teeth, Healthy Kids* brochure in the mail?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	207	25.9%	108	27.0%	99	24.9%	<b>-2.1%</b>
No (SKIP TO D1)	593	74.1%	292	73.0%	301	75.3%	<b>+2.3%</b>
<b>N=</b>	<b>400</b>		<b>400</b>		<b>400</b>		

20. On a scale of 0 to 5, with 0 being not at all helpful and 5 being extremely helpful, how helpful was the information in the brochure?

	Not at all Important 0	1	2	3	4	Extremely Important 5	MEAN	N
<b>OVERALL</b>	5.1%	4.1%	6.1%	13.2%	20.8%	50.8%	<b>3.9</b>	<b>197</b>
<b>Pre</b>	4.9%	2.9%	6.9%	16.7%	18.6%	50.0%	<b>3.9</b>	<b>102</b>
<b>Post</b>	5.3%	5.3%	5.3%	9.5%	23.2%	51.6%	<b>4.0</b>	<b>95</b>
<b>VARIANCE (+/-)</b>	<b>+0.4%</b>	<b>+2.4%</b>	<b>-1.6%</b>	<b>-7.2%</b>	<b>+4.6%</b>	<b>+1.6%</b>	<b>&lt;0.1</b>	

21. Did you use the coupon? (Pre wave question only)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	16	14.5%	16	14.5%	--	--	--
No (SKIP TO D1)	94	85.5%	94	85.5%	--	--	--
<b>N=</b>	<b>110</b>		<b>110</b>		<b>--</b>		

21. Did you receive a free oral health kit from your health center containing a child's toothbrush, toothpaste, floss, and a brochure? (Post wave questions only)

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	46	46.5%	--	--	46	46.5%	--
No (SKIP TO D1)	53	53.5%	--	--	53	53.5%	--
<b>N=</b>	<b>99</b>		<b>--</b>		<b>99</b>		

22. Which products did you get at the store? (Pre wave question only)

	OVERALL		Pre		Post		VARIANCE
	#	% of cases	#	% of cases	#	%	+/-
Adult tooth brush	3	18.8%	3	18.8%	--	--	--
Child tooth brush	1	12.5%	1	12.5%	--	--	--
Fluoride toothpaste	4	25.0%	4	25.0%	--	--	--
Washcloth	1	6.3%	1	6.3%	--	--	--
Floss	3	18.8%	3	18.8%	--	--	--
(DO NOT READ) DK/REF	7	43.8%	7	43.8%	--	--	--
<b>N=</b>	<b>16</b>		<b>16</b>		<b>--</b>		

22. Did you use the products?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Yes	58	96.7%	14	87.5%	44	100.0%	<b>+12.5%</b>
No	2	3.0%	2	12.5%	--	--	--
<b>N=</b>	<b>60</b>		<b>16</b>		<b>44</b>		

WE HAVE JUST A FEW MORE QUESTIONS FOR CLASSIFICATION PURPOSES ONLY. (THESE QUESTIONS ARE OPTIONAL)

D1. What is your age category?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
18-25	82	10.3%	44	11.0%	38	9.5%	<b>-1.5%</b>
26-34	337	42.1%	181	45.3%	156	39.0%	<b>-6.3%</b>
35-49	256	32.0%	118	29.5%	138	34.5%	<b>+5.0%</b>
50-64	81	10.1%	38	9.5%	43	10.8%	<b>+1.3%</b>
65 or over	34	4.3%	16	4.0%	18	4.5%	<b>+0.5%</b>
Refused	10	1.3%	3	0.8%	7	1.8%	<b>+1.0%</b>
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

D2. What is the highest level of education you have completed?

	OVERALL		Pre		Post		VARIANCE
	#	%	#	%	#	%	+/-
Less than high school	80	10.0%	38	9.5%	42	10.5%	<b>+1.0%</b>
High school graduate	259	32.4%	130	32.5%	129	32.3%	<b>-0.2%</b>
Some college/technical	312	39.0%	160	40.0%	152	38.0%	<b>-2.0%</b>
4-year college degree	100	12.5%	56	14.0%	44	11.0%	<b>-3.0%</b>
Some post graduate	8	1.0%	4	1.0%	4	1.0%	--
Graduate degree	41	5.1%	12	3.0%	29	7.3%	<b>+4.3%</b>
Refused	--	--	--	--	--	--	--
<b>N=</b>	<b>800</b>		<b>400</b>		<b>400</b>		

THOSE ARE ALL THE QUESTIONS I HAVE. THANK YOU VERY MUCH FOR YOUR TIME. HAVE A NICE EVENING/DAY. IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT THE FOLLOWING:

- Maryland Department of Health and Mental Hygiene, Office of Oral Health  
John Welby  
Phone: 410-767-6735



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Appendix C  
Qualitative Discussion Guide

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# Maryland Oral Health Literacy Campaign

## Focus Group Moderator Guide

### I. Introduction (15 minutes)

#### A. Welcome

- Purpose: Thank you for joining us today. We really appreciate having you with us to discuss your experiences and opinions on issues related to you and your child's health. The discussion we have today will NOT impact the quality of care you or your child receives. The discussion will take approximately 90 minutes. You will receive \$100 compensation at the completion of the session.
- Facility explanation:
  - I work for Maryland Marketing Source, a local research company, so I do not have a specific interest in your responses—and no sales.
  - Explain:
    - Audio and video taping will be used to take notes.
    - Confidentiality and no names—for internal use → you can choose to use a nickname, just your first name, or a different name entirely. We will not be using last names.
    - There are unseen observers who will be monitoring the session.
  - Please speak as loudly as me.
  - Please speak one at a time—if more people talking, or side conversations, means lots to share and I want to make sure we all get to hear it.
  - THIS IS A SAFE ROOM! → There are no wrong answers—but there are different points of view. Say what you believe, whether or not anyone else agrees with you. I want you to feel comfortable to express yourself, disagree—encourage you to disagree—your diverse thinking will help my clients truly know what you think, need, and feel.
  - I need to hear from everyone, so let's have equal "air time," – nobody talks too much and nobody talks too little.
  - I may need to move on to another area of discussion sooner than you are ready, and I may have to cut a conversation short in the interest of time. If I interrupt you, it is not personal; I just want to get everything on the agenda that is planned.
  - Finally, I am counting on you to help make the most out of our discussion today. I will be asking you to do your best to be creative and honest. So let me thank you in advance for all your hard work—thank you!
  - Help yourself to refreshments.
  - One person at a time uses the restroom.
- Any questions before we begin?



### **B. Ice-breaker Questions**

- First name?
- Town where you live?
- Who lives at home with you?

### **C. Warm-Up Questions**

1. What are the most important health issues for your family?
  - a. PROBE: Different issues for different family members?
2. How important is dental care in relation to all the other health issues and activities from those you just mentioned?
  - a. PROBE: IF NECESSARY: including everything from diet, exercise, existing conditions, etc.?
3. Which do you prefer:
  - a. Oral health
  - b. Dental health
  - c. Mouth health

## **II. Importance of Dental care (80 minutes)**

### **Dental Information and Feelings about Dentists (5 minutes)**

1. Where do you currently get general health information about how to take care of your child?
  - a. PROBE: friends, family, primary care provider, dental provider, web, insurance website, social media – aka twitter, facebook, other.
  - b. Who is most trusted?
2. Where do you currently get general health information about how to take care of your child's teeth?
  - a. PROBE: friends, family, primary care provider, dental provider, web, insurance website, social media – aka twitter, facebook, other.
  - b. Who is most trusted?
3. When did you last visit the dentist for your own teeth?
  - a. PROBE: IF APPLICABLE: Why has it been so long?

### **When to Start Care (5 minutes)**

1. What do you do, if anything, to take care of your child's mouth?
2. At what age do you believe it is important to take care of a child's mouth?
3. How often does your child go to the dentist?
  - a. PROBE: If your child does not go to the dentist once a year, what is the main reason?
  - b. PROBE: What would motivate you to take your child to the dentist?

## Activity 1: Names (15 minutes)

**INDIVIDUAL EXERCISE – Please use the pen in front of you to answer the following questions individually on the paper I am passing out. Work silently, and when you are all done, we will discuss our responses as a group.**

### 1. **Handout 1**

(Distribute handout)

Some campaigns have names that also serve as their main action, such as “Click it or Ticket” or “Back to Sleep.” I am passing out a worksheet that lists names that are being considered for a new campaign.

Read through all of the names on your handout. In the box provided, put a #1 next to the name that would motivate you the most to care for your child’s mouth or to want to find additional information.

Put a #2 next to the second-most motivating name.

Please also put an X by the name you like the least.

For each of those three, please make a couple notes on why you liked it or what you did not like about it.

Names to test:

- Healthy teeth, healthy kids
- Little Mouths Matter
- Healthy mouths, healthy future
- Healthy teeth, healthy future
- Moms for healthy mouths
- Kids for healthy teeth
- Start early, stay healthy
- Tots for teeth
- A smile for life

Moderator then tallies the # 1 and #2 rankings and the “least motivating” and opens up discussion on why those rankings.

(MODERATOR COLLECTS HANDOUTS)

**CHECK WITH CLIENT TO SEE IF THEY HAVE ANY OTHER QUESTIONS TO ASK BEFORE CONTINUING**

## Activity 2: Campaign Materials (15 minutes)

### 1. Handout 2: Postcards

(Distribute handout and draft postcards, 4 options)

I am now passing around 4 different postcard concepts. The words are the same on each, so you only need to read one of them. If you received one of these in the mail, what would you think?

- a. How, if at all, would you respond?
- b. What, if anything, would you do?
  - i. PROBE: How could we make it better so that they would want to get a kit – like, did you notice that it was not being offered to everyone?
  - ii. PROBE: Does that help you want to get a kit?
- c. Please put a 1, 2, 3, or 4 on the top right corner of each handout, with #1 being placed on the version you like best and #4 on the version you like least.
- d. Also make any comments you have regarding the words on the postcards – are there any you do not understand or find confusing?

(MODERATOR COLLECTS HANDOUTS)

### 2. (Show oral health kit and pass around, DO NOT INCLUDE THE BROCHURE)

If you took the postcard you were just looking at to the store and redeemed it, these are the products you would receive. What are your thoughts?

- a. PROBE: see if it meets expectations, exceeds expectations, or does not meet expectations.
- b. PROBE: explore other impressions or comments they might have.
- c. PROBE: Now that you have seen the postcard, is there anything we should have included on the postcard that would make you go pick up the kit?

### 3. Handout 3: Kit Brochure – words only

(Distribute handout)

I am now passing out information that will be included with those products.

Please review this and make any notes directly on the piece of paper regarding things you find confusing, don't understand, would change, do not like, like.

Please also put a star by things you feel confident you would do, if anything, after reading this.

Brief discussion – Anything confusing? Any words you don't understand? If so, what are they?

(MODERATOR COLLECTS HANDOUTS)

### 4. Handout 4: Kit Brochures

(Distribute handout and draft kit brochures, 4 options.)

I am now passing out a four different designs for the draft brochure that would come in the kit with those products. You just reviewed the words and they are the same on

each, so no need to read it again. This time I am interested in your thoughts on the design.

Please put a 1, 2, 3, or 4 on the top right corner of each handout, with #1 being placed on the version you like best, and #4 on the version you like least.

Make notes about what you like and do not like about the design.

(MODERATOR COLLECTS HANDOUTS)

5. **Handout 5: Brochures**

(Distribute handout and draft brochures, 4 options)

I am now passing out four different draft brochure designs that would be distributed separately from the kit, at healthcare centers, community centers, events, etc. The words are the same on each, so you only need to read one.

Please put a 1, 2, 3, or 4 on the top right corner of each handout, with #1 being placed on the version you like best, and #4 on the version you like least.

Make notes about what you like and do not like about each and anything you find confusing or do not understand.

Once they have had time to read the document and make notes, open for brief discussion and look for common themes.

(MODERATOR COLLECTS HANDOUTS)

**Activity 3: Messages (15 minutes)**

1. **Handout 6**

(Distribute list of messages)

Here are some messages that you might come across in the same campaign.

Read through the messages on your handout.

In the box provided, put a **1** next to the message you find the most motivating to care for your own and/or your child's mouth.

Please make a couple notes on why you like it best.

2. **Handout 7**

(Distribute list of messages)

Here are some more messages that you might come across in the same campaign.

Read through the messages on your handout.

In the box provided, put a **1** next to the message you find the most motivating to care for your child's mouth.

Please make a couple notes on why you like it best.

3. **Handout 8**

(Distribute list of messages)

Here are some more messages that you might come across in the same campaign.

Read through the messages on your handout.

In the box provided, put a **1** next to the message you find the most motivating to care for your own and/or your child's mouth.

Please make a couple notes on why you like it best.

4. **Handout 9**

(Distribute list of messages)

Here is the final list of messages that you might come across in the same campaign.

Read through the messages on your handout.

In the box provided, put a **1** next to the message you find the most motivating to care for your child's mouth.

Please make a couple notes on why you like it best.

Moderator tallies the #1 ranking from each handout and then asks the group to put those four in priority order and opens up discussion on why that ranking.

(MODERATOR COLLECTS HANDOUTS)

**Activity 4: Ad Concepts (15 Minutes)**

1. **Handout 10: Inside Bus & Bus Shelter Ad**

(Distribute handout and transit ad concepts – 4 options.)

Here are some ideas for ads that you might come across on the bus or in a bus shelter.

Please put a 1, 2, 3, or 4 on the top right corner of each handout, with #1 being placed on the version you like best, and #4 on the version you like least.

Make notes about what you like and do not like about each and anything you find confusing or do not understand.

Moderator then tallies the #1 ranking and #4 ranking and opens up discussion on why those rankings.

(MODERATOR COLLECTS HANDOUTS)

2. **Handout 11: TV Ads**

(Distribute handout)

I will now read you some ideas for TV ads. There will be a better voice than mine – with pictures and sound effects and music, but I think you will get the idea.

After I listening to each TV ad, make notes on your handout about –

- things you like
- things you don't like
- things that might be confusing
- things that are missing
- things that could be said better, etc.

Now that you have heard all four – I will pass copies for you to look at.

(Distribute TV ad scripts)

Which one would be most motivating for you to take care of your child's mouth?

Is there anything you find confusing or do not understand?

Open the discussion for comments and look for common themes.

(MODERATOR COLLECTS HANDOUTS)

**CHECK WITH CLIENT TO SEE IF THEY HAVE ANY OTHER QUESTIONS TO ASK BEFORE CONTINUING**

**Call to action (5 minutes) *(If there is time)***

1. If you had an option of going to a website or calling a hotline would you do either?
2. If so, which would you prefer?

**Wrap Up (5 minutes) *(If there is time)***

1. Now that we've had this discussion, let me ask you again – What is the one thing above all else that would motivate you to:  
1. Take good care of your child's mouth?  
2. Bring your child to a dentist by age 1?
2. Is there anything that was NOT said that you think is important for us to know?

## Contact Us



9936 Liberty Road  
Randallstown, MD 21133  
(410) 922-6600  
(410) 922-6675 (fax)  
[www.mdmarketingsource.com](http://www.mdmarketingsource.com)  
Twitter: [@MDMktngSource](https://twitter.com/MDMktngSource)



PRR Maryland Oral Health Literacy Campaign  
Awareness Study Summary Report

