



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.¹ 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 study².

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.

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 meals³. 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.⁴ 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.⁵ 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

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

⁴ 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.

⁵ *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

dentist within the last 12 months.⁶ 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.

6 *The Burden of Oral Diseases in Maryland*. May 2010. 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), 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.

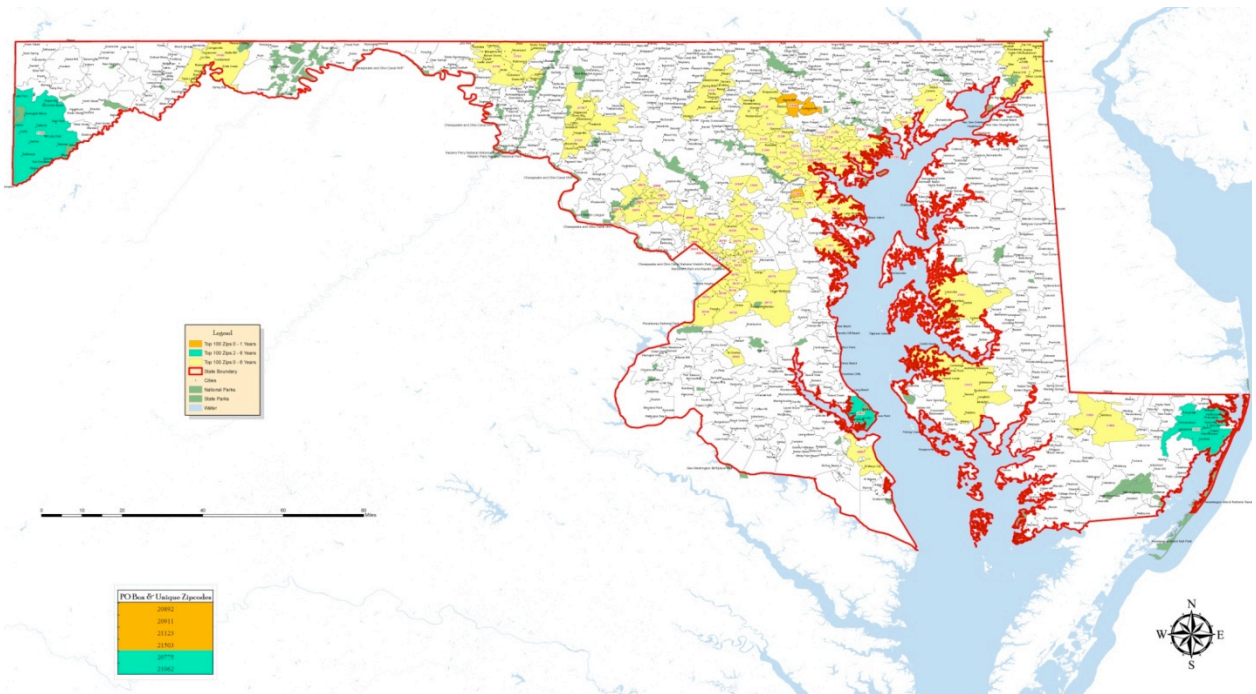
Initial research findings from the focus groups (analysis not completed) indicate that respondents:

- 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 Collier, 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)

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