



Communicating Effectively About Oral Health Behaviors: Who Is The Audience, What Are The Messages And How Do We Deliver Them?

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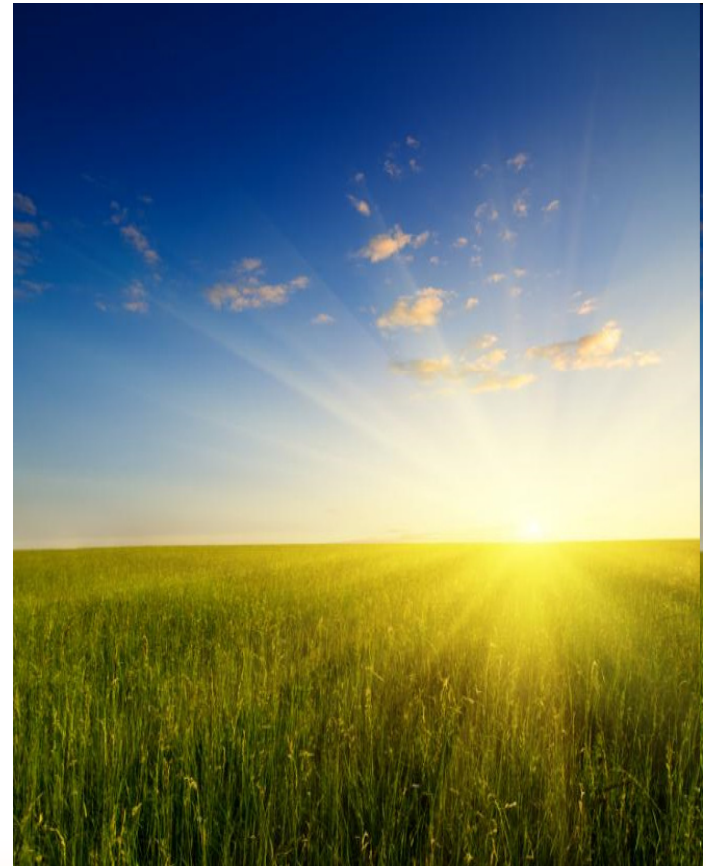


Children's Dental Health Project

CDHP was created in 1997 as the voice for children's oral health.

Vision: At CDHP, we look forward to the achievement of oral health for all children to ensure that they reach their full potential.

Mission: Creating and advancing innovative solutions to achieve oral health for all children.





Children's Dental Health Project

Our Approach

1. Reduce disease burden
2. Improved access to quality care

Our Goals

- To **Prevent childhood tooth decay**, because cavities are the result of a disease that is overwhelmingly preventable.
- To **Promote solutions** that are grounded in the best available research and supporting exploration when evidence is lacking
- To **Engage policymakers** and other decision-makers in addressing ongoing inequities in oral health and to implement cost-effective solutions.





National Maternal & Child Oral Health Policy Center

- Goal 1: **Enhance Knowledge**. Identify, analyze, and promote new information for policymakers and key stakeholders to improve MCH oral health policies and practices.
- Goal 2: **Build Capacity**. Build awareness, skills, and knowledge among policymakers and key stakeholders to actively promote new and effective oral health policies.
- Goal 3: **Expand the community**. Expand and diversify the audience engaged in promoting oral health of MCH populations.





Education & Outreach Efforts



Federal Policy

- Medicaid
- CHIP (CHIPRA)
 - Mandatory dental benefit
 - Supplemental child-only dental benefit (optional)
 - **New parent education**
 - FQHC Contracting
- Affordable Care Act
 - Pediatric dental benefit
 - **Public education campaign**
 - ECC demonstration
 - Dental workforce training
 - Surveillance





Oral Health Communication Objectives

- **Policy Change**
 - Coverage, Access, Affordability, Financing
- **Changes to Practice**
 - Treating children/pregnant women early, caries prevention, disease management
- **Improving Access to Care**
 - Location, accepting insurance, financing
- **Changing Behaviors & Perceptions**
 - Importance of oral health, safety of care, fluoride use, sealants, bottles/sippy cups, transmission of disease, etc.





Communication Initiatives

- **National Messaging Coordination/Strategy**
 - Coordinated messaging strategy for policymakers
- **CMS-led Public Education Initiative**
 - CHIPRA requirement for parent education
- **Low-Income Focus Groups**
 - Maryland moms, oral health knowledge & practices
- **University of Maryland Oral Health Literacy Research**
 - Phone survey, oral health knowledge, messengers, messages
- **Maryland Oral Health Literacy Campaign**
 - Implementation of multi-year, federally-funded state campaign
- **Mommy Blogs**
 - 7 blogs, 1 year, perinatal messages



Barriers to Communicating Oral Health



Barriers to Reaching Parents/Public

- Lack of perceived need
 - Oral health is just cosmetic
 - “I had cavities and I’m fine”
 - Baby teeth aren’t important
- If parents never had good oral health, can they define it for kids?*
- Other priorities are more important
- Those at greatest risk have less trust in providers
- **Prevention is simple but our messages are not.**

Center for Health Care Strategies, Inc. Case study: Vermont’s campaign to improve children’s oral health. October 2004. Accessed 4/28/11. Available at: http://www.chcs.org/usr_doc/CaseStudy_SAOHA_VT.pdf.



Barriers to Reaching Policymakers

We know the policy talk but...

- Resources are limited or nonexistent
- Political climate is tense
- Prevention is not usually scored
- Policymakers want demonstrated cost savings
- Oral health research and data are behind the curve
- Oral health remains a second thought for most at the national level

Policymakers need incredible public pressure/crisis to set agenda



What Do We Know?

According to Maryland Focus Group Work:

- Many women are simply unaware of importance of oral health during pregnancy
- Parents need information earlier about their oral health and their children
 - They are willing to implement but need the tools
- Consistent messages from trusted providers are key
- Plain language in messaging is often overlooked
- Prescriptive messages need to be backed up by addressing fears and misconceptions

Buerlein JK, Horowitz AM, Child WL. Perspectives of Maryland women regarding oral health during pregnancy and early childhood. Journal of Public Health Dentistry 2011 72. Available online at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1752-7325.2010.00211.x/references>



What Do We Know?

According to a recent University of Maryland Study:

- Many adults have limited knowledge about oral health
- Low-income adults are more likely to engage in practices that contribute to childhood tooth decay
- **But...** Most people value having accurate information about oral health
- Unfortunately, the usual messengers aren't communicating effectively.

Horowitz, A. Prevention and Early Detection of Tooth Decay: Understanding of Maryland Adults. Briefing on Preliminary Research Findings. 24 March, 2011.



What Do We Know?

Mommy blogs...

- While pediatricians and other providers are trusted sources, the internet remains a major source of information for pregnant women and new mothers.
- Many women are accessing sites via smartphone.
- Looking for parenting tips, health information, etc. in quick, digestible format.
- Blogs and social media can be incredibly effective tools in spreading simple information quickly and easily.
- Parents trust other mothers and those they see as experts



What Do We Know?

Mommy blogs...2 phases, 7 blogs, 8 blog posts

Social Media Mentions

Blog Posts

Twitter – 259

Facebook – 12

Additional Blogs – 4

Stumble Upon – 2

Google Buzz – 2

Reddit – 1

Total Mentions: 288

Follower/Fan Comments

The Nurse Mommy Blog – 1

Simply Being Mommy – 284

My Organized Chaos – 302

Our Kids Mom – 325

Raising My 5 Sons – 163

To the Motherhood – 86

Belly Itch – 0

End Result

246,304

Total Online Impressions



What Are Our Key Messages?

- **Tooth decay is completely preventable, yet is the #1 chronic disease among children.**
- **Prevention saves money on more costly treatment down the road.**
- **Good oral health starts before the first tooth.**
- **Children with poor oral health may end up less healthy, less happy, less productive adults.**
- **Oral health is critical to overall health and should not be a luxury.**
 - **Poor oral health has been linked to heart disease, stroke, diabetes, respiratory problems, and premature births.**

Based on National Oral Health Policy Center meetings on oral health messaging and Maryland Oral Health Literacy Program.



How Do We Get People to Listen?

- Simplify, simplify, simplify.
- Utilize trusted messengers
 - Pediatricians, OBGYNs, community and church leaders...
- Tell people what you want them to do.
- Work to better understand how our audiences comprehend and communicate about health.
- What types of messages resonate?
 - Loss/Gain-framed (consequences or benefits)?



The truth is...

- This is an uphill battle
- Every audience is different
- Adequate funding and coordination are essential to success at national level
- Policymakers won't move until public opinion does

**But... We are fighting a disease that we know how to prevent.
All we have to do is make EVERYONE understand how.**



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