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First Smile Initiative: *A Strategic Communications Roadmap*

Developed by GBSM, Inc.
for the Delaware Division of Public Health,
Bureau of Oral Health and Dental Services

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SECTION I

Background and Overview

The Delaware Division of Public Health, Bureau of Oral Health and Dental Services, has long been at the forefront of the battle to improve oral health. Through policy work, programming and outreach, the agency has already made significant progress in improving the oral health of Delaware residents statewide. Among the state's many successes and advantages are:

- A significant expansion of the Medicaid program, with 46% of general dentists across the state accepting Medicaid patients in 2008, compared to less than 4% in 1998.
- Relatively high Medicaid reimbursement rates for dental services.
- Enhanced opportunities for low-income children to access care, including the Give Kids a Smile Day and the school sealant program.
- Existing public education campaigns, such as the Tooth Troop and Healthy Smile, Healthy You.
- Expansion of the dental services offered at many Federally Qualified Health Centers and other non-profit providers, including La Red, Westside Health and Henrietta Johnson.
- Many willing partner organizations and passionate health care providers who recognize the importance of improving oral health.

Yet Delaware still faces several barriers to achieving optimal levels of dental care and prevention. Among the state's biggest challenges are:

- No adult Medicaid coverage for dental services of any kind.
- A lack of education and appreciation among residents of the importance of oral health care.
- A lack of follow-up visits by patients after their initial dental exam.
- Limited or inadequate access to dental care (particularly access to specialists) in certain parts of the state, with Sussex County having the greatest need.

Overcoming these challenges and making continued progress in the fight against dental disease is a clear priority of the Delaware Bureau of Oral Health and Dental Services (the "Bureau"). Cavities are the most chronic childhood disease in the United States, yet dental decay is nearly 100% preventable. Reducing the incidence of dental disease will give the children of Delaware a brighter future with fewer missed school days, better self-esteem, improved ability to pay attention in school and enhanced overall physical development.

Several of the challenges and barriers listed above, such as access to care, are policy-related issues and thus are best addressed through advocacy and other systemic changes. However, many of the challenges, such as a lack of education and awareness, are best addressed through strategic communications.

The Bureau has already begun the process of using outreach and communications to improve oral health, and the agency has experienced some initial successes with its published brochures and programs like the Tooth Troop. Yet up until now, there has not been a cohesive, overarching communications strategy that clearly defines the Bureau's goals, target audiences, messages and outreach approach. Defining these elements and how they work in conjunction with one another to achieve maximum impact, will

enable the Bureau to be even more effective in achieving its goals. As the Bureau looks to bring its outreach efforts to the next level, there is a clear need for a strategic communications plan. This is why the Bureau hired GBSM, Inc.

In addition to implementing several short-term outreach tactics, GBSM, Inc. was engaged to develop a comprehensive plan for a communications campaign that identifies the state's goals, outlines an outreach strategy and provides a tactical roadmap for campaign implementation. The purpose of this campaign is to raise awareness of the importance of oral health among parents, dental and health care providers, and other key stakeholder groups in order to encourage preventive behavior change and improve overall oral health within the state of Delaware. The specific goals of this campaign are as follows:

1. To raise the profile of oral health issues throughout the state of Delaware;
2. To decrease the prevalence of dental disease within the state, particularly among children; and
3. To encourage an added sense of importance surrounding oral health and motivate health care providers and key influencers to place a greater value upon oral health issues and initiatives.

In order to achieve these goals, this plan focuses on prevention and education to reduce infant and childhood dental disease. Furthermore, it places an emphasis on high-risk populations, particularly low-income and minority groups, due to the extremely high incidence of early childhood decay in this segment of the population.

The Bureau is ideally positioned to oversee this effort. With their depth of knowledge and breadth of relationships across various stakeholder groups within the state, they have the expertise and relationships to serve as the convener and leader in implementing this campaign. Moving forward, this strategic communications plan will be a powerful tool in enabling the Bureau to raise the awareness of the importance of oral health and improve the dental health of Delaware's children.

SECTION II

Methodology

GBSM, Inc. took a strategic approach to developing the communications plan based on a four-step methodology designed to meet the Bureau's needs and goals for the campaign. The phases of plan development are outlined below.

Step 1: Understanding the Bureau's Current Communications Strategy

In order to establish an understanding of the Bureau's existing communications strategy, the GBSM team held several initial phone interviews with Dental Director Dr. Greg McClure and Public Health Administrator Barbara Antlitz. The purpose of these interviews was to discuss the Bureau's current communication goals, as well as their approach to public and provider outreach. Next, GBSM conducted an audit of all current written and online collateral produced by the Bureau and its partner entities, including newsletters, brochures, handouts and websites. The audit enabled GBSM to evaluate all existing communication activities and partnerships while exploring the Bureau's baseline messages and brand. Not only did this information allow GBSM to create a plan that builds upon an existing communications infrastructure, but it also enabled the team to identify the specific needs, gaps and opportunities that could be addressed through the plan.

Step 2: Analyzing the Data

Knowing the data on the current state of oral health within Delaware was a critical step in developing a thoughtful and informed communications plan. This phase of plan development included a review of several oral health reports, as well as state demographic reports. Reports and research reviewed include:

- Dentists in Delaware, a report by the Center for Applied Demography & Survey Research, University of Delaware, 2008
- Delaware Oral Health Survey of Third Grade Children, 2002
- Oral Health Infrastructure Enhancement Feasibility Analysis, Spring 2010
- The State of Children's Dental Health: Making Coverage Matter, Delaware, The Pew Center for the States, 2011
- 2010 Census data, State of Delaware

These reports provided quantitative data on patients, providers and access to care, among many other topics. The findings enabled GBSM to better identify the specific barriers and opportunities that could be addressed by the plan, as well as providing more in-depth demographic information about target audiences.

Step 3: Gaining Insights from Subject Matter Experts

In order to develop an effective plan, it was important to gather information and insights from the on-the-ground experts who have extensive first-hand experience within the oral health realm. GBSM worked with the Bureau to identify a list of individuals within the state of Delaware for one-on-one stakeholder interviews. These individuals represented a wide variety of relevant fields – from dentists and doctors to

childhood educators and non-profit leaders. Based on recommendations made by the Bureau, the following twelve interviews were conducted:

- Dr. Aguida Atkinson, Pediatrician, American Academy of Pediatrics Delaware Chapter
- Dr. Paul Christian, General Dentist and Member Delaware State Dental Society
- Dr. Gary Colangelo, Retired Dentist and Board Chair for the Delaware Oral Health Coalition
- Senator Bethany Hall-Long, Delaware State Senate
- Katie Hamilton, Executive Director, Delaware Chapter of the American Academy of Pediatrics
- Dr. Jay Harris, Pediatric Dentist in Delaware
- Kay Malone, Chief Operations Officers, La Red Health Center
- Dr. Brian McAllister, Dentist and Member of Delaware Institute for Dental Education and Research, Vice Chair of the Delaware Oral Health Coalition
- Sarah Noonan, Deputy Director, Westside Family Health Care
- Lisl Phelps, Public Health Nurse
- Rosa Rivera, Executive Director, Henrietta Johnson Medical Center
- Denicia Youmens, State Health/Nutrition Coordinator, Delaware Head Start Programs

Interviewees were asked about their experiences and perceptions of the state’s oral health success stories, as well as the obstacles to improving the oral health of children statewide, among other various topics and issues. While the interviews do not represent a statistically significant body of research, these subject matter experts provided invaluable input on the current state of oral health in the state of Delaware. Their insights helped to provide a more in-depth understanding of the state’s unique challenges and how communications could best be utilized to make a positive impact. Key findings are summarized in Section III.

Step 4: Synthesizing Information and Developing the Path Forward

Utilizing all of the data and information gathered in the previous steps, GBSM created an overarching communications strategy tailored to the state of Delaware. Building upon both quantitative data and qualitative interview findings, GBSM determined the optimal target audiences, partnerships, messages and outreach techniques, and a tactical implementation plan was created that addresses the specific needs and opportunities within the state. This tailored approach, based on solid background research, will enable the Bureau to achieve maximum impact in improving oral health within the state of Delaware.

SECTION III

Key Findings

As discussed in the preceding section, establishing a solid understanding of current oral health trends and issues within Delaware was a critical part of developing this plan. To this end, GBSM's research included a communications audit, review of relevant data and reports, and key stakeholder interviews. While not all issues that came to light during the course of this research can be specifically addressed through a communications plan, it is nonetheless important to include all relevant key findings in order to illustrate the complete picture of the state of oral health within Delaware.

Communications Audit: Key Findings

A communications audit was conducted to establish an understanding of how the Bureau currently utilizes communications, as well as what messages are being distributed through all outreach channels. GBSM reviewed resources including printed materials, websites, newsletters and program documentation produced by the Bureau, as well as relevant communications from key partners like the Oral Health Coalition and Delaware Dental Society.

All of the resources reviewed were professional and accurate, with a shared vision of educating parents about the best way to care for their family's oral health. The Bureau's materials did not reflect, however, a consensus about the best way to go about educating parents and families. Below are some key insights from the audit.

- Part of gaining clarity in the strategic direction should include narrowing the scope of desired behavior changes. If parents get overwhelmed by the number of behavior changes being suggested, they may give up or assume it's just too difficult.
- Consideration should be given to the appropriate delivery of materials designed to appeal to children versus those aimed at parents. While education directly aimed at children can be helpful, the primary goal should be to inspire behavior changes in parents so that their own children will model preventive behaviors at home.
- A consistent, parent-friendly tone should be established in order to more effectively deliver oral health messages. While the ultimate goal is to educate parents and raise awareness, doing so through a purely clinical or instructional tone can lose a reader before they are fully engaged. Conversely, a playful story format can reduce the importance of the issue. Consider the use of an empowering tone that gives parents and children the tools they need to be successful.
- Materials and websites should be consistent across all modes of communication, including exact phrasing, visual elements, branding and tone of message delivery.
- A simple and consistent layout for materials is also important in order to make it easy for resource providers and parents to easily engage with the content and locate the information that's most important to them.

Stakeholder Interviews: Key Findings

The key stakeholder interviews revealed a variety of valuable insights. Key findings are grouped into six categories: barriers, sources of information, the role of the medical provider, messaging approach, communication vehicles and the role of the Bureau.

1. **Barriers: What are the primary barriers within the state of Delaware to improving oral health among children?**

- Interviewees identified a lack of awareness and education among parents on the importance of oral health as a primary barrier. This opinion is supported by data in the Delaware Oral Health Survey of Third Grade Children, in which parents named “no reason to go” as a primary reason for not having been to the dentist in the past year. Interviewees attributed this lack of awareness to various factors.
 - Parents don’t understand the importance of preventive checks for their children or only go to the dentist when there’s a problem.
 - Low-income populations are struggling to provide for the basic needs of their families, so seeing the dentist tends to fall low on their priority list.
 - Because Medicaid does not provide dental coverage for adults, many low-income adults have never had access to dental care, so poor oral health “is all they know.”
 - Oral health problems and tooth aches are almost viewed as a “natural” part of childhood development among some patient populations.
 - Interviewees felt the campaign could make significant progress in overcoming this barrier by making parents more aware of the importance of children’s oral health.
- Access to care was also mentioned as a barrier for low-income patient populations, although most agreed that this issue was secondary to parental awareness.
 - There is a lack of dentists, particularly specialists, in low-income areas. For example, there is not a single pediatric specialist in Sussex County.
 - General dentists will often refer children elsewhere for follow-up care and with the minimal number of specialists in some areas, it can be difficult for parents to get an appointment. This could contribute to lower follow-up rates.
 - Transportation and convenience were frequently mentioned as barriers to care. Low-income parents often lack reliable transportation and relatively few providers offer services during the more convenient evening and weekend hours. This problem is further exacerbated when there is not a dentist located nearby, as is often the case for patient populations in Sussex and Kent counties.
 - There were mixed messages on how easy it is for a Medicaid-eligible patient to get an appointment. While Medicaid reimbursement rates are good and a high percentage of dentists accept Medicaid-eligible children, some said that most dentists will only accept a limited number of Medicaid appointments per day, which further contributes to the convenience issues described above.

- Some interviewees mentioned that there is not a comprehensive resource for finding a dentist in Delaware, which can make it somewhat inconvenient to find a provider. Pediatricians suggested a “Delaware Dentist Guide” as a potentially useful tool for referring patients for dental care.
- While most access issues cannot be specifically resolved through a communications plan, interviewees stressed that the campaign should use public education and awareness to make the importance of the treatment outweigh the perceived inconvenience of receiving dental care. Being aware of access issues is a crucial part of developing messages and outreach techniques that encourage parents to get dental care despite access barriers.
- Dental providers also face impediments in providing care for low-income children. Some providers perceive the inconveniences associated with treating these children as being not worth the effort required to accommodate them.
 - Many cited the high no-show rate of Medicaid patients as a discouragement to dentists.
 - There is added frustration because Medicaid patients aren’t billed for broken appointments, whereas privately insured patients typically are.
 - Some organizations have begun to require that patients make a deposit in advance of their appointment, but others cited this as a further barrier to care, as low-income patients may find it difficult to pay in advance.
 - The Head Start program has had success in lowering no-show rates of their children by offering continual reminders to parents and even providing transportation to appointments.
 - Some dentists mentioned that Medicaid benefits were recently cut, while others mentioned general frustrations regarding Medicaid procedures (e.g. overly strict qualifications for certain treatments, administrative hassle in getting reimbursed, etc.).
 - Language barriers can make it problematic to effectively communicate with patients.
 - Dentists may not understand the unique cultural/socioeconomic issues of the low-income populations and thus may not communicate with these groups as effectively as they could. This can be a hindrance to building trust and an effective provider/patient relationship.

2. Information Sources: How are parents currently receiving information about the importance of their child’s oral health?

- The most frequently mentioned oral health information sources included talking to friends/word of mouth and through oral health curriculums provided at local schools or Head Start programs.
- Other sources of information mentioned include:
 - Physicians: Some, but not all, physicians include oral health in their well-child checks.
 - Dentists: Discussing care one-on-one with parents can be highly effective.
 - Written materials: Most dentists interviewed reported using ADA pamphlets to communicate with patients, but most also said it’s more effective to discuss care and prevention with their patients directly.

- Smart Start and Kids Care: In-home case management visits for Medicaid families.
- Mass media: Includes parenting publications, websites, blogs, etc.
- One theme that emerged is that parents are likely getting some information regarding the oral health of their children, but the quality and consistency of that information is questionable. This campaign could bring added clarity and consistency to the messages that parents receive. Further, by leveraging the communication mediums already utilized by parents, the campaign can also increase the frequency and volume of oral health messages to bring top-of-mind awareness to the issue.

3. The Role of the Medical Provider: How can medical providers help to improve oral health among Delaware’s children?

- Most interviewees felt that medical providers could do much more to promote good oral health. A common complaint was that doctors look “beyond the teeth,” and very few dentists reported getting referrals from doctors.
- Enhanced communication and collaboration between the medical and dental communities could help to encourage doctors to take a more active role in their patients’ oral health. Interviewees suggested more education for doctors on how to best incorporate oral health checks in regular well-child visits and the impact of oral health on overall health.
- There were mixed opinions on whether pediatricians should be encouraged to give fluoride varnish treatments in their offices or if this role is better reserved for dentists. Advocates of the procedure pointed to the significant health benefits of having pediatricians provide this service, while opponents expressed fears that this could cut into dentists’ business and cause confusion among patients about the role of the dental vs. medical provider.
- Not only can a communications campaign help to identify the opportunities for partnerships with medical providers, but it can also provide additional tools, information and resources that enable providers to better communicate with their patients about oral health.

4. Messaging Approach: Which messages would be the most effective in increasing the awareness and appreciation of oral health among patients?

- Most interviewees felt that the campaign should focus on messages that show the consequences of poor oral health (e.g. tooth decay, missed school days, the need for expensive dental procedures) and illustrate the connection between oral health and overall health/quality of life (e.g. overall physical development, self esteem).
- Interviewees consistently agreed that illustrating broader consequences of poor oral health is a more effective strategy than outright scare tactics (e.g. pictures of rotting teeth). It was generally agreed that fear-based messages are ineffective and at times counter-intuitive, since they may imply that a dentist is only needed in extreme cases.
- Other recommended messaging strategies included:
 - Messages aimed specifically at the importance and value of regular follow-up care.

- Targeting prenatal populations with messages about the importance of oral health for both themselves and their babies. Pregnant women are a more “captive audience” and there are more opportunities to reach them.
 - Convey that dental care is equally as important as medical care, because it is connected to our general health and well-being.
 - Several mentioned the need to include “how-to” messages about simple dental hygiene basics (e.g. how/when to brush/floss, avoiding sugar, how often to go to the dentist, etc.).
 - Several interviewees said that a two-way dialogue that involves “showing rather than telling” is far more effective for inspiring behavior change than one-way instructional messages. Parents need to be a part of the oral health conversation and must be given the tools to take action.
5. Beyond emphasizing the importance and the basics of care, interviewees felt that parents could benefit from basic information on where to find a dentist, how to schedule an appointment, etc. Some patients may also need additional guidance and follow-up in making and keeping appointments. ***Communication Vehicles: When it comes to disseminating messages about oral health, which information sources would have the greatest impact in reaching parents?***
- Interviewees identified primary care physicians, school programs and grassroots community outreach as the best mediums for disseminating messages about oral health to parents.
 - Most interviewees agreed that low-income populations tend to trust what their primary care medical providers tell them. Further, expecting women and parents of young children tend to see medical providers more frequently than dentists, so it could be highly effective to have doctors provide patients with information and encouragement in developing good oral health practices.
 - School programs that teach good oral health practices directly to the children can also be very effective at reaching the parents, and interviewees recommended initiating or expanding oral health curriculums within schools.
 - Interviewees who work frequently with low-income populations felt that grassroots community outreach could be highly effective in generating behavior change.
 - It was recommended that the campaign involve trusted individuals within target communities (e.g. church leaders, neighborhood groups, community organizers, etc.) to communicate directly with target populations. Faith-based organization, YMCAs, Boys and Girls Clubs, etc. were all mentioned as good partners for reaching target low-income populations.
 - Several said that community festivals and fairs are a good venue for engaging in conversations with parents about oral health care.
 - Mass media was also mentioned as a potentially effective strategy for generating widespread public awareness and education, including billboards, radio, print, television, social media etc.
6. ***The Role of the Bureau: Which entity is most appropriately positioned to lead a campaign of this nature?***

- There was general consensus that the Bureau is the right agency to lead a large-scale oral health public education campaign of this nature.
- People felt that this leadership role is appropriate for the Bureau, because they are a neutral agency with strong relationships and they have the ability to coordinate across a wide variety of stakeholder groups and entities.
- Interviewees also emphasized the importance of involving other key partner organizations, including the Dental Society and the Dental Hygienists, from the campaign's outset. Many stressed the importance of buy-in from these other entities to ensuring the ultimate success of the campaign.
- One possible barrier to having the state lead this effort could be a perception among some private dentists that the campaign is just another "layer of bureaucracy."

Data and Report Review: Key Findings

We conducted a thorough review of recent oral health studies conducted by the state of Delaware and other third parties. Each report provided different data points and metrics relative to the state of oral health. Below is a snapshot of the key findings that are most relevant to this communications campaign.

- The state has made great strides in recent years in improving oral health.
 - According to rankings from the PEW Center on the States, the state made significant progress from 2010 to 2011, jumping in rank from an F to a B. The jump in score was attributed to the increased availability of fluoridated water and reinstating the school-linked sealant program.ⁱ
 - The State's school sealant program is one of the shining successes in the area of children's oral health, as it addresses both access and prevention issues.ⁱ
 - Overall, 72% of children had been to the dentist in the last year, while 7% had never been to the dentist.ⁱⁱ
 - The state received high marks for its Medicaid reimbursement fees to dentists.ⁱ
 - The state has experienced significant success in expanding the Medicaid program, with 46% of general dentists across the state accepting Medicaid patients in 2008, compared to less than 4% in 1998.ⁱⁱⁱ
 - One area for improvement is the number of children on Medicaid who are not getting dental treatment. At 41.1%, Delaware is below the national average of 43.7% of Medicaid children receiving dental services.ⁱ
- While there has been some progress in expanding access to dental care, there is still room for improvement.
 - The overall number of active dentists in the state has increased in the past five years, which has decreased the overall population to dentist ratio.ⁱⁱⁱ
 - Despite overall improvement in this ratio, there remain significant discrepancies among the various counties. Kent and Sussex counties both have population to dentist ratios

- that are more than double that of New Castle County, indicating that far fewer dentists are serving more people in these areas.ⁱⁱⁱ
- Kent and Sussex counties also have the greatest percentage of residents living below the poverty line, indicating that more Medicaid-eligible children live in these areas.^{iv}
 - The overall number of dental specialists has decreased since 2005, which is significant to the issue of children’s oral health since pediatric dentistry is considered a specialty. Of particular concern is the availability of specialists in both Kent and Sussex counties, which have just 3 and 0 pediatric dentists respectively.ⁱⁱⁱ
 - While the decreasing number of specialists is a concern, one promising figure is that 79% of specialists accept Medicaid, as opposed to only 49% of general dentists.ⁱⁱⁱ
 - The data shows that relatively few dentists are open during evenings and weekends, with about a third of general dentists offering evening appointments and 17.8% providing services on Saturdays. These percentages are far smaller in Kent and Sussex County, where the fewest number of dentists and specialists will see patients during evenings and weekends. This issue is particularly relevant to low-income populations who have to juggle work and unreliable transportation.ⁱⁱⁱ
- Consistent with similar data from around the country and the Surgeon General, the data clearly illustrates that minority and low-income children in Delaware have the greatest incidence of dental disease and the greatest need for treatment.
 - Children in Delaware who are eligible for free/reduced priced lunch are significantly more likely to have untreated decay (40% vs. 23%) and need dental care (40% vs. 23%).ⁱⁱ
 - Delaware’s African-American and Hispanic children were significantly more likely to have untreated decay (40% and 43% respectively) when compared with white children (23%).ⁱⁱ
 - African-American and Hispanic children were significantly less likely to have been to the dentists in the last year (64% and 29% respectively) compared with 81% of white children.ⁱⁱ
 - Among parents who do not bring their children to the dentist regularly, the greatest barriers appeared to be related to a lack of awareness, lack of access and cost concerns.
 - The primary reasons cited by parents for not having been to a dentist in the past year were “cost,” “no reason to go,” “do not have or know a dentist” and “difficulty getting an appointment.”ⁱⁱ

The insights gained from GBSM’s research effort formed the foundation for this communications plan. Key findings were used to inform almost every aspect of the campaign’s approach, strategy and tactics. Further research is recommended in order for the Bureau to gain a more in-depth understanding of the primary target audiences. Specific recommendations regarding further research are included in Section IV.

ⁱ The State of Children’s Dental Health: Making Coverage Matter, Delaware, The Pew Center for the States, 2011

ⁱⁱ Delaware Oral Health Survey of Third Grade Children, 2002

ⁱⁱⁱ Dentists in Delaware, a report by the Center for Applied Demography & Survey Research, University of Delaware, 2008

^{iv} 2010 Census data, State of Delaware

SECTION IV

Communication Recommendations

Now that we have established a solid understanding of Delaware's communication needs, barriers and opportunities related to oral health, we can move into the specific recommendations and strategies for achieving the goals of the Bureau of Oral Health and Dental Services. As previously stated, the plan's goals are:

- To raise the profile of oral health issues throughout the state of Delaware;
- To decrease the prevalence of dental disease within the state, particularly among children; and
- To encourage an added sense of importance surrounding oral health, and motivate health care providers and key influencers to place a greater value upon oral health issues and initiatives.

The recommendations are divided into two categories: strategic recommendations, which cover research, target audiences, branding and messaging, and tactical recommendations, which include specific campaign strategies and techniques.

Strategic Recommendations

Research

The research conducted to prepare this plan was highly valuable and informed the direction of all communication recommendations. To ensure that communication efforts are as effective as possible, however, it is vital to have a deeper and more comprehensive understanding of the perspectives, knowledge levels and general awareness of new mothers and pregnant women, with a particular focus on low-income and minority populations.ⁱ

We recommend that the Bureau conduct research at the outset of the campaign to survey new mothers and pregnant women. The sample size should be sufficient to ensure statistical reliability among the general population while also enabling analysis by ethnic, geographic and educational cross-sections. This survey should be supplemented with focus groups of new mothers and pregnant women so the key findings from the research can be tested and probed more deeply. The research should aim to provide a greater understanding of new and expecting mothers in the following categories:

- Baseline Knowledge and Behavior: It's important to establish the baseline level of awareness and knowledge of oral health facts and preventive behaviors in order to measure improvements over time. Good tracking measures can be incorporated that will be used in subsequent years to gauge the success of the campaign. These could include changes in specific oral health behaviors of parents, or changes in awareness levels that cavities can be passed from caregiver to infant or that children should see the dentist before their first birthday.

ⁱ As budget allows, additional research into the perspectives of medical and dental providers would be also be valuable to test general awareness of the importance of oral health and of professional guidelines relative to children's preventive oral health screenings.

- **Perceptions and Values:** This research will also provide qualitative information on the perceptions and value of oral health, as well as the effectiveness of various oral health messages. The goal will be to bring to light the reasons behind how and when parents take their children to the dentist, how they prioritize caring for their family's oral health, and why they might or might not put a strong emphasis on this health issue at home. With this information, we can better understand the motivations behind specific bad behaviors, identify the messages that resonate most with this audience and encourage positive behavior change.
- **Access and Barriers:** The issue of barriers and access to care is complicated and includes a wide range of issues. By interviewing parents about their past experiences, we can gain a better understanding of how they locate a dentist, make an appointment and how or why they did or did not go back for follow-up care. By identifying the specific barriers to good oral health practices, the campaign can be utilized to help to overcome these obstacles.

A research firm with relevant experience and expertise should be hired to assist the Bureau with this task. Based on the results of the research, the specific messaging platform and tactics will be fine-tuned so the campaign is explicitly tailored to the findings.

Target Audiences

Outlined below are the key target audiences for this campaign, including important subgroups within each audience.

- **Parents:** The primary target for this campaign is parents, particularly mothers, as well as expecting women. Although we will focus on low-income and minority groups, outreach to these specific populations will be balanced with the need to maintain a broad-based appeal that will engage all mothers across a range of age groups, ethnicities and geographic locations. Vehicles to reach this audience include mass media, patient education materials and school programs.
- **Medical Providers:** Medical practitioners across multiple disciplines can play a key role in reinforcing the importance of maintaining good oral health. Because pregnant women, infants and young children see their providers multiple times annually there is a greater opportunity for doctors and other health care providers to communicate with target groups. Raising awareness of the connection between oral health and overall health with this audience will be a critical part of the success of this campaign. Vehicles to reach this audience include trade publications and newsletters, direct mail, clinical articles and conference participation. Specific targets within this group include:
 - Obstetricians
 - Family Physicians
 - Pediatricians
 - Nurse Practitioners
 - Physician's Assistants
- **Dental Providers:** Although dental providers are the primary source for oral health treatment, they also see patients with the least frequency annually. Dental providers also have the greatest knowledge of the importance of good oral health, so it's crucial to gain their buy-in of the

campaign’s strategy and messages to ensure that they will be reinforced when patients are in their offices. Specific subgroups within this audience include:

- Dentists
 - Hygienists
 - Front Office Staff
- **Key Influencers:** Outside of practicing medical and dental providers, there are a number of key partners that influence the adoption of new messaging and patient education throughout the state. Vehicles for reaching this audience include trade publications, grassroots outreach, industry newsletters, direct mail and conference participation. Examples of potential target partners include:
 - Delaware Dental Society Leadership
 - Obstetrician and Pediatrician Society Leadership
 - Early Childhood Educators
 - Public Health Leadership
 - Community Organizations
 - Elected Officials/Policy Makers
 - State-run/Federally Qualified Health Centers
 - Medicaid Case Managers
 - WIC Educators
 - Medical and Dental School Educators

Message Platform

Based on the input gathered thus far, there are three core themes around which the campaign’s message platform should be built: linking oral health to overall health, illustrating the consequences of poor oral health and providing the “how to” basics of oral care. These messages will encourage target audiences to place a greater value on healthy teeth while providing them with the tools and knowledge to achieve better oral health. It is important to note that these messages should be fine-tuned following the research phase to confirm their efficacy in achieving campaign goals.

Linking Oral Health to Overall Health

Making the connection between oral health and overall health is not just an idea; there is a great deal of scientific evidence to support it. General health is a top-of-mind issue for the campaign’s target audiences. By encouraging mothers, doctors and dentists to think of oral health as part of overall wellness, it will be much easier to raise the awareness of the issue as a bigger priority. Examples of the kind of messages that can be very effective for this positioning include:

- Oral health is directly connected to overall health. Dental disease may be affected by or contribute to many conditions, such as cardiovascular disease, premature birth, low birth weight, diabetes, Alzheimer’s disease, osteoporosis, HIV/AIDS, and other immune disorders and infections.ⁱⁱ

ⁱⁱMayo Clinic, *Oral health: A window to your overall health*, 2011

- Good dental health is essential in performing such basic functions as eating, smiling, kissing and talking without pain. The self-confidence that comes from a healthy smile goes a long way towards helping people lead happy, productive lives.

The Consequences of Poor Oral Health

An obvious progression of the overall health message is that there are consequences to having poor oral health. Instead of using scare tactics, it is much more compelling to illustrate that there is a long-term cost associated with not caring for our mouths. This cost resonates particularly well with mothers who share the universal desire to provide the best chance at success for their children. Here are some examples of the kinds of messages that illustrate some of the consequences of poor oral health:

- Cavities are more than just painful. They can affect a child’s development, self esteem, ability to eat properly and learn.
- In adults, painful cavities and oral disease affects job performance and causes people to miss work. In fact, dental-related absences from work have totaled more than 164 million work hours for U.S. adults in one year.ⁱⁱⁱ
- Dental diseases affect individuals, their family, the community and society as a whole. Oral health problems can affect a person's ability to maintain a job or get promotions and can contribute to lowered academic achievement and goals.^{iv}

“How-to” Basics

Because oral health is so widely overlooked, there is a lot of misinformation on the best way to care for our teeth and mouths. For expecting mothers and parents of young children, it’s crucial that how-to messages are informative, simple and empowering. Here are some examples of messages for parents that have been proven to be successful as part of a similar campaign.^v

- Cavities are the most common chronic childhood disease in the United States and they are nearly 100% preventable. You have the power to prevent cavities.
- Because the germs that cause cavities are passed from caregiver to child, it’s important that the whole family is taking care of their teeth.
- Cavities are not inevitable. By taking a few easy steps, it is possible to make huge strides in the battle against dental disease.
 - Do not share spoons, forks, or cups, and don’t clean pacifiers with your mouth.
 - Only put formula, milk or water in a baby bottle – no juice, or sweet drinks.
 - Everyone in the house should brush twice daily and floss.
 - Children should see the dentist before their first birthday.
 - Everyone in the family should see the dentist for preventive check-ups twice a year.

ⁱⁱⁱ U.S. Department of Health and Human Services, National Call to Action to Promote Oral Health, NIH Publication No 03-5303, Spring 2003.

^{iv} NIDCR/CDC, Dental, Oral and Craniofacial Data Resource Center

^v Healthy Teeth Happy Babies Campaign, Maternal Child Health Association ‘Emerging Practice, 2011.’

Branding and Campaign Identity

Once the research has been completed and analyzed and the basic message platform finalized, the next step will be to establish a strong brand strategy for the campaign.

A traditional brand strategy should be utilized in order to ensure successful message recall across all target audiences. The primary goals of a brand strategy are to define the identity of the brand, to convey the desired tone and feel of the campaign, and to ensure consistency, both visually and in messaging, across all forms of communication. It should be clear that all communication materials, whether written or online, are part of the same overarching campaign. A graphic designer/branding firm should be engaged to help establish the campaign's visual brand elements.

Once the brand identity is clearly defined, a brand guideline will be created to protect that identity and ensure consistency. This guideline will cover all aspects of how the brand might be represented. This includes but is not limited to the following:

- Logo (including color, size, location on document)
- Tagline (including color, size and location relative to the logo)
- Photos (including size, location, resolution, subject)
- Font (including type, size, color)
- Letterhead
- Header or Footer Art
- Website Address

Summarized below are some initial considerations for the brand identity:

- The brand should convey a warm, non-clinical approach that will resonate with mothers statewide and is differentiated from the other local health campaigns and provider communications.
- While materials should convey the gravity of oral disease, the brand identity must avoid causing outright discouragement by also focusing on positive messages.
- The goal of the brand should be to leave the reader with a feeling of empowerment, because dental disease is highly preventable – more so than almost any other health issue.

Once options for a brand identity have been developed, they should be tested through additional focus groups or through other mechanisms identified by the brand consultant before making the final selection. This will ensure that the brand identity ultimately selected will resonate effectively with the public and communicate the desired message.

Tactical Recommendations

Now that the overarching communications strategy, target audiences and messaging have been clearly defined, we can move into tactical implementation recommendations. The tactics recommended here are designed to create layers of consistent communications across all audiences.

Written Materials

The Bureau should develop a set of written materials aimed at communicating key messages to each of the target audiences. While each piece of collateral will have a specific focus and goal, they should always maintain a consistent look and feel, as determined by the campaign's brand standards.

Parents

The following materials should be used to educate parents. These materials aim to increase awareness on the importance of oral health, improve at-home behaviors and remove some of the barriers to care.

- **Basic Oral Health Education Cards**: These simple patient education cards, available in both English and Spanish, aim to reach parents with the most basic messages about oral health. The messages will be brief, relevant and empowering, and cards can be used by providers to explain to parents in the simplest of terms why dental care is important and how they can make a difference in improving their child's oral health. We recommend three cards targeting three different audiences: pregnant women, parents of infants and parents of young children. (Cards targeting pregnant women and parents of infants were already developed in the summer of 2011 to fulfill this purpose.) These materials can be made available at doctor and dentist offices, clinics and hospitals.
- **Dentist Guide**: This booklet will provide a comprehensive how-to guide for finding a dentist and scheduling an appointment. The goal of this tool is to eliminate some of the access barriers by making it easier and more convenient for parents to locate a provider. Information will include contact information for dentists by county, office locations in a map format, public transit options, office hours, and details on which dentists accept Medicaid and pediatric patients. This guide will also explain how to make an appointment and will stress the importance of keeping your appointment. The guide will be distributed through pediatricians, dentists, family practices, community resource organizations and state clinics, thus providing an easy way for providers to refer their patients to a dentist.
- **Family Oral Health Brochure**: Unlike the education cards that target a specific patient population, this brochure will target all families with messages about the importance of good oral health (e.g. linking to overall health and development), the power of prevention and oral hygiene basics. The brochure is intended to be both inspiring and informative, appealing to a range of families with children of all ages. Because the brochure will have a more general focus, it can be distributed by partner organizations, as well as during the grassroots outreach activities described below (e.g. festivals, special events, churches, after-school programs, etc.).

Providers

We recommend developing the following written materials for communicating with providers.

- Clinical Articles for Doctors and Dentists: Clinical articles can help to educate providers on the importance of oral health and encourage them to adopt practices that improve the oral health of their patients (e.g. incorporating an oral health screening into well-child checks, encouraging parents to bring their children to a dentist by the age of one, etc.). Because medical and dental providers are receptive to communications written by their peers, we recommend developing several brochures containing clinical articles authored by high-profile members of the Delaware medical and dental community. The collateral could be mailed to providers statewide and distributed at professional association meetings and speaking engagements. Topics could include:
 - The medical provider's role in preventing childhood dental disease.
 - The importance of oral health care during pregnancy and the role of the prenatal health care provider.
 - Anticipatory guidance recommending that children first be seen by age one, as well as the important things to cover in early childhood dental visits.
 - Best practices for incorporating Medicaid patients into a dental practice, including operational strategies for using auxiliary staff, as well as strategies for attracting Medicaid patients and reducing no-show appointments.

Interactive Tools

Developing complementary web-based tools is a critical part of magnifying the reach of the campaign, as well as reinforcing the messages among all audiences. We recommend the following interactive tools:

- Campaign Website: We recommend developing a campaign website to serve as a communications anchor point, providing a place where people can go to find more in-depth campaign information. Not only will the website provide access to all campaign tools, resources and information, but it also enables the Bureau to enhance their engagement with campaign partners and other providers, who can provide links to the website in their respective communications. Further, the website can help to remove existing barriers by making it more convenient to find a dental provider. The website should have a simple, easy-to-remember URL web address, distinct sections for providers and parents, and bilingual information for Spanish-speaking patients.
 - The parent section of the website will provide an interactive version of the patient education materials, including basic oral health information and a dental provider locator function. Providing an online database of dentists, including office locations, hours and contact information, will make it more convenient for parents to get dental care for their children, thus removing access barriers. Also available on this site should be links to additional relevant information and resources online.

- Having a section of the site dedicated to partner organizations and medical/dental providers will enable the Bureau to become a go-to resource for accurate, professional and relevant patient education resources online. The website should also allow providers to order patient education materials through an online order form. The provider locator function should be included in this section of the website and promoted as an easy-to-use tool for a medical provider who needs to refer patients for dental care.
- **Social Media:** As the campaign grows, consideration should be given to utilizing social media platforms, including YouTube, Facebook and Twitter, which could be integrated with the campaign website. Social media tools can create a dynamic dialogue with the public and enhance strategic partnerships, thus helping to further increase awareness and engagement. However, it is important to note that in order to be effective, social media platforms require frequent updates (3-5 times per week) and can be a fairly labor-intensive outreach tool. Linking to the social media feeds of other relevant oral health groups is one way to help minimize staff workload while still maintaining regular updates. It is recommended that further research be done in the public survey to confirm whether target audiences within Delaware frequently use social media before determining whether to proceed with this outreach method.

Mass Media

Mass media is one of the most broad-reaching communications tools. While an effective campaign should not rely solely on this tactic, mass media has proven to be highly effective in generating awareness and swaying perception. Within mass media there are both paid mediums, such as advertising, and unpaid mediums, such as editorial coverage generated through media relations. Below are recommendations on the most effective ways to utilize mass media in this campaign.

Advertising

Advertising is a great way to reach parents in their everyday lives when they are not in a doctor's or dentist's office. This tactic should be used as a way to reinforce messages delivered via providers and community partners. Once the research analysis is complete and final campaign messaging has been identified, we recommend engaging a local media buying agency to recommend and implement a targeted advertising strategy appropriate to the campaign budget. They will be able to identify the best outlets for reaching target audiences, based on specific viewer and listener demographics. Below are some examples of how a good advertising strategy can layer message delivery across multiple mediums.

- **Radio:** This is one of the least expensive ways to get a very broad reach over an extended period of time and bring the issue of oral health into parents' daily commutes or when they are shuttling children to and from school.
- **Television:** Although highly impactful, television advertising can often be cost-prohibitive except in the cases of local Spanish language or other culturally-targeted stations. In these cases, one can often reach a highly targeted audience with a high level of cost efficiency. Another option is to pursue public service announcements on larger television stations, which can sometimes be aired free of charge.

- **Out-of-Home:** This medium is a catch-all term for a collection of creative and unique advertising vehicles that can often deliver a high amount of visibility and geo-targeting. Examples include billboards, in-store advertising on grocery carts, digital signage, venue sponsorship, etc.
- **Print Advertising:** This medium can be useful for delivering a message at a time when the reader is engaged in a relevant topic. Placements in print mediums should be limited to targeted opportunities like a children’s health special section in a local newspaper, a parenting magazine or a trade publication for medical providers.

Depending on the ultimate campaign budget and recommendations of the media buyer, the campaign can determine the specific, most effective mass media outlets to pursue.

Media Relations

An effective media relations strategy can deliver unpaid editorial coverage of oral health issues with high levels of credibility. In the case of this campaign, the targeted media outlets can be grouped into two categories: consumer-focused outlets that reach parents and trade outlets focused on the medical, dental or community resource audiences.

- **Consumer-Focused Outlets:** This includes mom/parent blogs, parenting magazines, prenatal publications, local community newspapers or television stations. Potential article topics include:
 - **The Power of Prevention:** An article about the widespread nature of dental disease, the effect it can have on childhood development and the easy at-home behaviors that parents can adopt to prevent decay.
 - **Cavities are Contagious:** We cover our mouths with our elbow during cold and flu season so that we don’t spread germs, yet cavities are caused by germs, too. This article would provide information on the habits we can adopt to protect our family from cavity-causing bacteria.
 - **Oral Health Myths and Facts:** This article aims to bust common oral health misconceptions and explain when a child first needs to see a dentist, how to tell if your child has cavities and when a visit to the dentist is necessary.
- **Trade Outlets:** This includes publications targeted at health care and dental professionals, as well as trade society publications, newsletters, email blasts and conference programs. Articles to pitch include:
 - **Why Teeth Matter:** This article provides information on the important role of a medical provider in promoting good oral health by linking it to other childhood developmental issues like self esteem, learning, and other chronic diseases.
 - **Fluoride Varnish 101:** This article would aid in the expansion of the fluoride varnish program at pediatric and family practices by explaining the basics of the procedure and the significant impact that it can have on children’s oral health.

Seasonal Media Campaigns

Using seasonal milestones is an important aspect of all forms of mass media, paid or unpaid. These milestones can provide an opportunity to connect oral health issues to broader coverage of an annual event, thus bringing added attention to the campaign during strategic times of the year. Here are some good times of year to tie oral health messages to annual milestones through both earned and paid media.

- **January:** This is the time of year when we make resolutions, primarily related to health and starting new healthy habits. As a result, it's a great time to encourage parents to cut out juice and soda, since it's good for teeth and cuts calories.
- **February:** National Children's Oral Health month is a great time of year to conduct media outreach with strategic partners to share messages that focus on prevention and behavior change.
- **Back to School:** This is a time when families are getting organized and ready for fall schedules – a great time to pitch dental check-ups along with getting school physicals and immunizations up to date.
- **Halloween:** Just before and after Halloween is generally a good time to pitch stories about the consequences of sugary treats.
- **Cold & Flu Season:** In October and November families are on high alert to keep infectious illnesses like the cold and flu at bay. This is a good time to talk about the little-known fact that cavities are contagious and that cavity-causing bacteria can be unknowingly passed from parent to child.

Reviewing the editorial calendars of target media outlets is another good way to identify upcoming coverage opportunities that can best be tied to the messages of the campaign.

Strategic Partnerships

One of the most cost-effective and impactful communications techniques involves partnering with other key individuals and organizations. By communicating the importance of oral health to key partners, and by leveraging existing communication channels used by dental and health care providers and organizations across the state, the campaign has the potential to significantly broaden its reach. There are a wide variety of different groups that would be a good fit for campaign partnerships, and each warrants a distinct type of outreach strategy. Outlined below are specific recommendations for engaging strategic partners.

Medical Providers and Hospitals

The campaign will engage in partnership activities aimed at elevating the importance of oral health among medical providers in order to encourage a greater emphasis on dental care as a part of prenatal care and well-child visit protocols. Specific recommended campaign activities include:

- Continue and expand direct mail and email offers to medical providers for free oral health patient education materials for pregnant women and parents.

- Provide health care providers with tools and resources to more easily refer their patients for dental care (as discussed in the Materials section).
- Publish articles on oral health in professional association newsletters and trade publications (discussed further in the Media Relations section).
- Place oral health speakers as part of the agenda at professional association trade shows, annual meetings, and conferences (e.g. the Delaware Chapter of the AAP, AAPA, American College of Obstetricians and Gynecologists, etc.).
- Arrange oral health Continuing Medical Education (CME) sessions at hospitals and clinics around the state or integrate with existing hospital education events.
- Engage OB departments of area hospitals to include infant oral health collateral in their pre- and post-natal education materials, and encourage prenatal educators to include oral health as a part of their training curriculum and/or patient discussions.
- Provide communications support for the fluoride varnish training program to be developed by the Bureau. This could include developing educational materials for pediatricians on the importance of fluoride varnish, as well as information on training opportunities and billing protocols for the procedure.
- Leverage current patient outreach activities conducted by clinics, hospitals and doctors' offices (e.g. newsletters and websites) by encouraging medical providers to include links to the campaign website or to publish regular articles about oral health.

Dental Providers

The Bureau already has good relationships with local dental providers in both public and private practices. This campaign would leverage these partnerships by providing dental providers with tools and resources to better educate their patients about the importance of childhood oral health and dental care during pregnancy. Recommended campaign activities include:

- Provide dentist offices with free educational materials aimed at pregnant women, parents of infants and parents of young children (as discussed in the Materials section).
- Partner with high-profile dental experts to develop clinical articles about childhood oral health advances, the importance of prenatal dental care, and other relevant campaign topics.
- Host a campaign booth at the state's most highly-attended dental conferences with information on outreach activities and available materials.

School/Head Start Programs

The Bureau has already experienced success with its school sealant program and Tooth Troop educational curriculum. This campaign seeks to build on the success of existing programs by using communications to further augment the effectiveness of these outreach programs. Specific recommendations include:

- Develop materials for the school sealant program that aim to get parents more involved in the process. When children receive dental care at a clinic via the state's school outreach program, a

standardized handout should be sent home with child that outlines the current state of the child's oral health, details any required follow-up measures, and provides information on how and when to schedule the next visit and guidance for home care. The goal is to get parents to take a more active role in their child's oral health and to increase follow-up levels.

- Provide communications support and assistance for the Tooth Troop and other school programs by developing materials and collateral to be used in conjunction with the classroom curriculums and educator trainings. Many providers identified school programs as a key source of oral health information for parents. We recommended updating Tooth Troop communications to bring them in line with the overall campaign messaging. It is also critical that materials for these programs aim to involve the parents, since they play a crucial role in children's dental care and follow-up.
- Encourage school partners to include articles and content on oral health in their regular communications with parents, particularly during annual outreach milestones such as Back to School or National Children's Oral Health month.

Non-Profits and Community Partners

Delaware has a multitude of groups and organizations aimed at improving the health and lives of low-income populations. By partnering with these groups to incorporate messages about oral health into their regular outreach activities, the campaign can significantly increase its breadth and impact. This technique is further discussed in the Grassroots Community Outreach section.

Grassroots Community Outreach

Grassroots outreach utilizes word-of-mouth, face-to-face communications and has proven to be a very effective strategy for motivating behavior change in public health education campaigns. While large-scale tactics like mass media advertising can create widespread public awareness, grassroots techniques engrain messages on a deeper level through direct contact with individuals via trusted community resources.

For this campaign, grassroots outreach will rely heavily on strategic partnerships with other health-related and community resource organizations that have strong existing relationships within local communities. This is especially important for reaching low-income and minority populations. By working with partner organizations that have already established a baseline level of trust and rapport with target populations, the Bureau will be far more effective in its outreach efforts.

Grassroots outreach can take several forms. Outlined below are three different levels of grassroots engagement (one or more of these methods may also be combined). Depending on the type of partner organization, the organization's role in the community, and the group's willingness and receptivity to help share messages about oral health, the Bureau can determine the appropriate level of engagement for each specific partner group.

- Providing Resources: At this level, the Bureau will simply identify advocates within partner organizations to distribute basic campaign materials to the group's respective members or stakeholders. Alternatively, the Bureau can provide content and articles for an organization's

existing communication vehicles, such as websites, blogs, newsletters or bulletins, thus enabling target audiences to receive oral health messages from a highly trusted source. No training is required for this type of outreach – partner organizations need only to be willing to distribute the materials and messages. This method is a good fit for organizations such as community centers, churches, recreation centers and after-school programs.

- **Event Participation/Speaking Engagements**: This strategy involves hosting a booth at pre-selected community events, health fairs, trade shows and festivals, or sending a guest speaker to give a presentation to a partner organization. Festivals and events are an excellent opportunity to engage families in conversations about their oral health in a fun and interactive setting. We recommend having the Bureau send trained staff members or volunteers to the state's best-attended festivals and to distribute items such as educational materials, toothbrushes and toothpaste. For presentations, a staff member or trained volunteer would give a prepared talk with key campaign messages that are appropriately tailored to the partner group's audience.
- **Hands-On Training**: This method is most appropriate for organizations that are already working extensively with target populations on health-related issues. Examples include Medicaid case managers, prenatal educators and non-profit organizations that conduct regular face-to-face outreach with low-income parents and pregnant women (e.g. La Esperanza, First Steps, Children and Families First, Sussex Child Health Promotion Coalition, etc.). The Bureau would train advocates from these groups on oral health basics and core campaign messages and then teach them how to integrate these messages into their regular outreach activities with a customized curriculum. Although this level of outreach is likely the most labor intensive, it also has the potential to be the most impactful in reaching target populations on a deeper, more meaningful level.

SECTION V

Next Steps

Outlined below are the next steps for moving the campaign from the planning phase into implementation:

- **Step 1, Contractor Identification and Research:** Hire a research firm through an RFP process and conduct initial campaign research and surveying; hire a strategic communications agency to lead the campaign.
- **Step 2, Continue with Basic Outreach Activities:** While research is being conducted, continue with existing campaign activities such as free card offer mailings to health care providers and community partners, along with trade-media outreach to medical and dental publications.
- **Step 3, Analyze Research Results and Lay Campaign Groundwork:** When the research is complete, refine the brand identity and messaging per the findings; determine the specific tactics to be implemented based on campaign budget and research results; engage website development company to begin developing campaign website; select media buyer to plan mass-media advertising strategy.
- **Step 4, Materials and Database Development:** Develop all campaign materials, including advertisements, web-based tools and written collateral; compile a full database for targeted campaign partners, as well as a comprehensive media list; identify key local conferences, events and organizations for speaking engagements.
- **Step 5, Campaign Launch:** Launch the campaign with a coordinated effort including mass media advertising, website launch, direct-mail and email card offer, strategic partner engagement, grassroots outreach and media pitching.
- **Step 6, Monitor Progress and Measure Success:** Continually monitor the progress of the campaign and make adjustments as necessary to enhance impact; use metrics described below to measure the success of the campaign every one to two years.

Campaign Funding and Costs

It may not be possible to implement all of the previously discussed campaign tactics due to budget constraints. To maximize effectiveness, the tactics will need to be tailored to the funding that is available for campaign implementation. Costs for this effort can vary widely, depending on the amount of work delegated to third-party contractors, as well as the specific tactics that are ultimately selected for implementation. Coming out of the research phase, the Bureau must coordinate closely with the hired consultant team to determine top campaign priorities depending on available funding.

Below are general estimates of the potential contractor costs associated with implementing the launch of the campaign. It is important to emphasize that these are rough estimates only and can vary depending on the specific contractor and tactics that are selected.

Initial Research and Surveying

The cost for the initial research would be determined through an RFP process. A minimum of \$25,000-\$40,000 should be expected for this effort, but the cost could be as high as \$50,000-\$60,000 depending upon the desired sample size and number of focus groups that are conducted. Going forward it will be important to factor in the cost of annual or bi-annual research to measure the ongoing success of the campaign.

Agency and Hard Costs

This plan assumes a partnership with a strategic communications firm with expertise in public health education campaigns to oversee the initiation and implementation of the campaign. The cost of engaging a firm for the initial campaign development and launch will vary depending on the scale of the campaign and the specific role of the agency. For example, having staff from the Bureau play a larger role in campaign implementation would lower contractor costs, as would a smaller-scale campaign.

For a lower budget, including roughly \$50,000-\$60,000 in agency fees, the contractor can get the campaign off the ground on a smaller scale by working with the Bureau to identify the top priority tactics that will have the greatest impact for the lowest cost. A larger agency budget, in the \$100,000+ range, will enable the Bureau to implement some of the larger-scale tactics, as well as more in-depth outreach activities.

In addition to agency costs, funds should also be allocated for the many “hard costs” associated with campaign implementation, such as printing, design work, advertising production and media buys. These costs may range from \$60,000-\$75,000 for a smaller campaign to well over \$200,000 or more for a robust campaign that makes use of more costly mass media advertising. Finally, the cost to engage a web development firm can also vary widely. Developing and launching a website with basic functionality should cost approximately \$5,000-\$10,000.

For any budget level, the contractor should work with the Bureau to determine the most appropriate, cost-effective strategy to be implemented based on budgetary constraints.

Measuring Success

Measuring the campaign’s success on an ongoing basis is critical. This enables the Bureau to determine if the campaign is indeed making an impact and achieving its goals. Ongoing tracking also allows the Bureau to demonstrate the campaign’s success in improving the oral health of Delaware’s children and to justify future funding. The expense of measuring success is well worth the benefit of knowing that the campaign is indeed making a difference – or, if not, how to make necessary adjustments to ensure success in the future.

We recommend utilizing several metrics for measuring the success of the campaign:

- Based on the initial research conducted at the outset of this campaign, the Bureau should conduct follow-up surveying to measure oral health awareness levels and behaviors of Delaware’s parents. Responses can then be compared to the data gathered at the campaign’s outset. We recommend conducting a follow-up survey one year after the campaign’s initial launch and at least every two years moving forward.

- The University of Delaware’s “Dentists in Delaware” report provides comprehensive data on a range of metrics related to oral health within the state. There are several metrics in this survey that can be used to analyze the impact of the campaign. For example, average weekly patient encounters can gauge whether patient numbers are increasing, and the average age of the youngest pediatric patients treated by Delaware dentists can measure whether messages on seeing children before the age of one are making a difference.
- The Delaware Oral Health Survey of Third Grade Children also analyzed several metrics that can be used to gauge campaign effectiveness, including percentage of children with untreated decay, average amount of decay and percentage of children who had been to the dentist in the past year, among others. Ongoing tracking of these measurement tools can be utilized to determine whether the campaign is achieving its goal of decreasing the prevalence of dental disease among children.

Conclusion

This campaign marks a momentous new endeavor for the Bureau, and the strategies described in this plan have the potential to make a significant impact in the fight against dental disease. By taking the next steps to implement this strategic communications plan, the Bureau will continue its record of success and become even more effective in improving the oral health of Delaware’s children.