



Oral Health Campaign Kickoff Meeting

Dover Downs Convention Center

August 17, 2012



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Bureau of Oral Health and Dental Services

Dr. Karyl Rattay, MD, MS

Director, Division of Public Health

- Board-certified pediatrician and preventive medicine specialist.
- Led the childhood obesity initiative for Nemours Health & Prevention Services.
- Served as Senior Public Health Advisor to the Surgeon General.
- Associate professor in the Dept. of Population, Family & Reproductive Health at Johns Hopkins Bloomberg School of Public Health.
- Graduate of the Medical College of Ohio and completed her pediatric training at Georgetown University.
- Completed a second residency in preventive medicine at the University of Maryland where she also earned a master's degree in epidemiology.

Dr. Greg McClure, DDS

Dental Director, Division of Public Health

- Dental Public Health Specialist
 - Dental Public Health Residency at NY State Department of Health
 - Applied research for improving oral health delivery systems
- Chair of Best Practices Committee - Association of State and Territorial Dental Directors (ASTDD)
- Institute of Medicine- Invited Presentation on Oral Health Literacy
- Delaware Institute of Dental Education and Research Board Member
- Clinical Director of Delaware Special Olympics, Special Smiles
- Medicaid Dental Policy Consultant
- Graduate of Temple University School of Dentistry
- General Dentist Practice - Vestal, NY



What you Don't Know Can Hurt You



Surgeon General's Report on Oral Health; 2000

- Oral Health is essential for general health.
- Oral Health means much more than healthy teeth.
- Tooth Decay is the single most common chronic childhood disease.
- Disparities: socio-economic status, rural, minorities, vulnerable.
- Preventive measures exist.



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Caries Process

- A bacterial infection caused by specific bacteria.
- A reversible multifactorial process of tooth demineralization and remineralization.

Early Childhood Caries (ECC)

- ECC is an infectious disease that can begin as early as the teeth begin to merge (around 6 months or so), often progresses rapidly, and can cause great pain to the child.
- ECC is defined as the presence of one or more decayed teeth, missing teeth (resulting from caries), or filled tooth surfaces in any primary tooth in a child 6 years old or younger.

Early Child Caries

- Two Year Olds- 8% NHANES III



Status of Oral Health in Delaware

Defining the problem:

- Dental tooth decay is the most common chronic childhood disease in the U.S.
- Approximately 20% of young children suffer from Early Childhood Caries (ECC).
- Cavities are five times more common than asthma.
- Nearly all dental problems are 100% preventable!

Status of Oral Health in Delaware

Defining the Problem in Delaware's Children:

- 7% of third graders have never been to the dentist.
- 30% of the third-grade children screened needed dental care for untreated decay.
- 54.5% of children had a history of dental caries (one or more tooth with untreated decay and/or a filling).
- 34% of children had a dental sealant on one or more permanent molars.



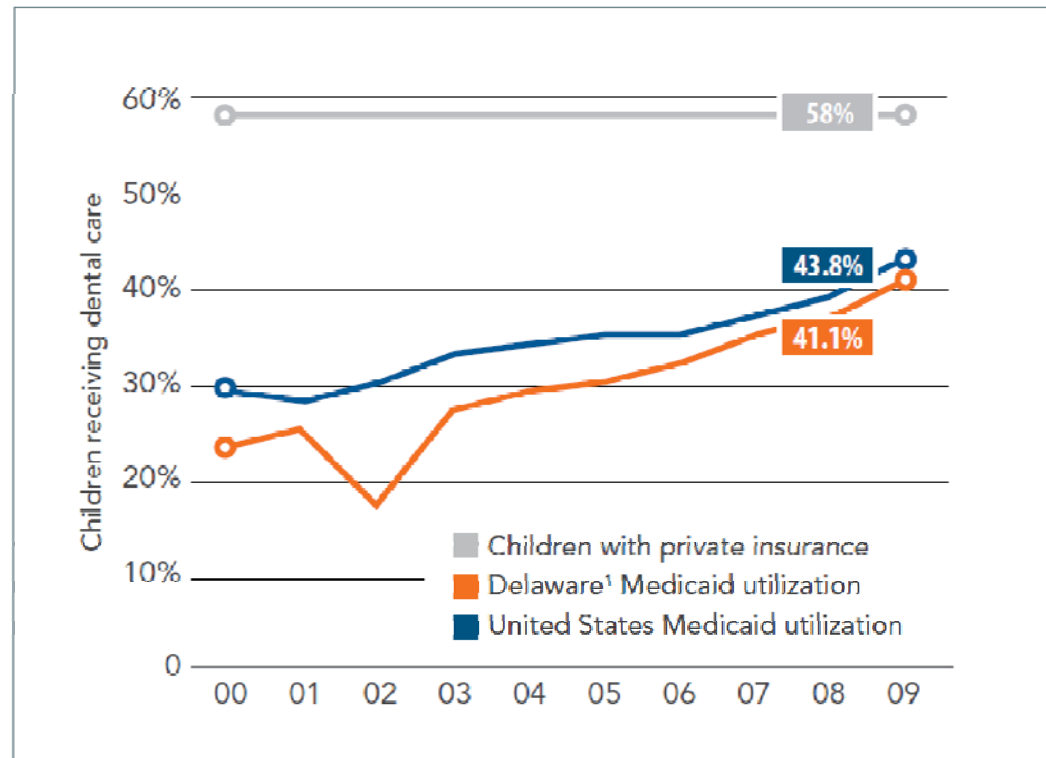
SOURCE: Delaware Division of Public Health, 2002



Status of Oral Health in Delaware

Too Many Children Lack Access to Dental Care:

- More than half (58.9%) of Delaware's children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416.



Status of Oral Health in Delaware

Too Many Children Lack Access to Dental Care:

- Roughly half of Delaware's children are covered by Medicaid (~100,000).
- 41.1% of Delaware's children on Medicaid received dental service in 2009.
- Medicaid utilization is improving consistently in Delaware: Up from roughly 30% in 2000.
- Disparities exist: 58% of children with private insurance received dental care in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416



Status of Oral Health in Delaware

Dental Disease Hurts Low Income and Minority Populations:

- Children eligible for free/reduced price meal programs are much more likely to have untreated decay (40% vs. 23%).
- And, these low income children are less likely to have been to the dentist in the last year (56% vs. 85%).
- African-American and Hispanic children are much more likely to need dental treatment (40% / 44% respectively) than white children (24%).



SOURCE: Delaware Division of Public Health, 2002



Status of Oral Health in Delaware

Minority Populations Report Difficulty Accessing Care:

- 28% of parents report they have wanted, but not been able to find, dental care for their child during the past two years.
- Of those parents, 36% are African-American, 68% are Hispanic and 20% are white.
- Hispanic children are much more likely to have never been to the dentist (21%) compared to white children (5%).



SOURCE: Delaware Division of Public Health, 2002



Status of Oral Health in Delaware

Infrastructure and Workforce Issues:

- The lack of a dental school in Delaware intensifies these issues.
- A recent study identified only an estimated 331 practicing general dentists statewide:
 - 78% of these dentists (258) were practicing in New Castle County.
 - Leaving only 73 general dentists to serve the entire populations of Kent (37) and Sussex (36) counties.



SOURCE: Dentists in Delaware, 2008



Status of Oral Health in Delaware

Infrastructure and Workforce Issues:

- The number of active general dentists increased from 261 in 2005 to 331 in 2008.
- However, the number of specialists has decreased from 71 to 65 in 2008.
 - 52 of the 65 specialists practice in New Castle County.
 - 11 specialists practice in Kent County.
 - Only 2 dental specialists practice in Sussex County.

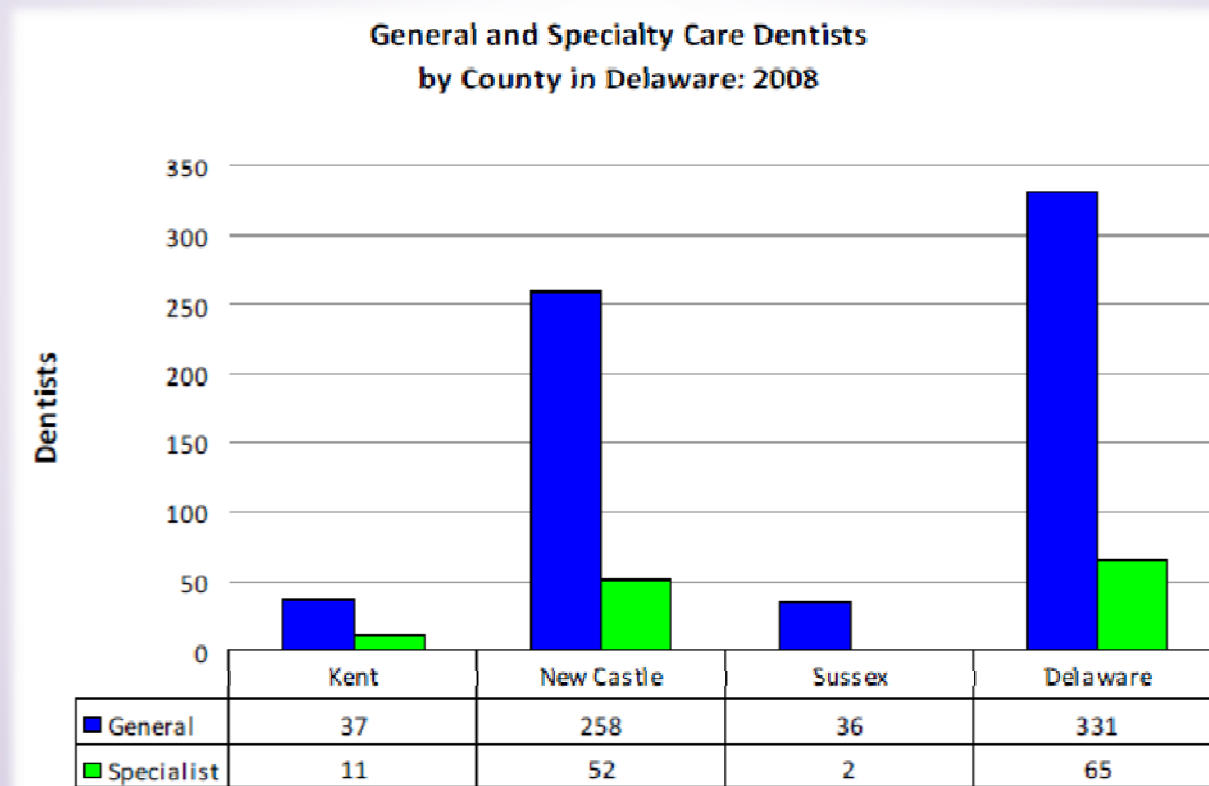


SOURCE: Dentists in Delaware, 2008



Status of Oral Health in Delaware

More than 20% of Delaware's dentists will either not be active in 5 years or are at this point unsure.



SOURCE: Dentists in Delaware, 2008

What Hurdles Exist?

We've defined the problem statistically.

Now, let's share some personal experiences.

*And, start identifying the barriers that
are preventing us from improving the oral and overall
health of our citizens.*

Creating the Solution

Increasing the public's perceived value of oral health care by improving oral health literacy.



Oral Health

- Most Dental Disease Is Preventable.
- Dental Caries Is the Most Common Chronic Disease Among Children.
- Distressing and Disturbing Paradox?
- The Time for Oral Health Literacy Is Now to Close the Gap in Oral Health Status.

Oral Health Literacy

Capacity To:

- Obtain, Process, Understand
 - Oral & Craniofacial
 - Health Information
 - Services
- Needed to Make Appropriate Health Decisions

Reach Children Early

- Prevention works.
- Dental disease develops early <1-2 yrs.
- Disease transmitted from mother.
- Reach in primary care, child care, Head Start, educational, social systems.
 - Recommendation for first dental visit by age 1.

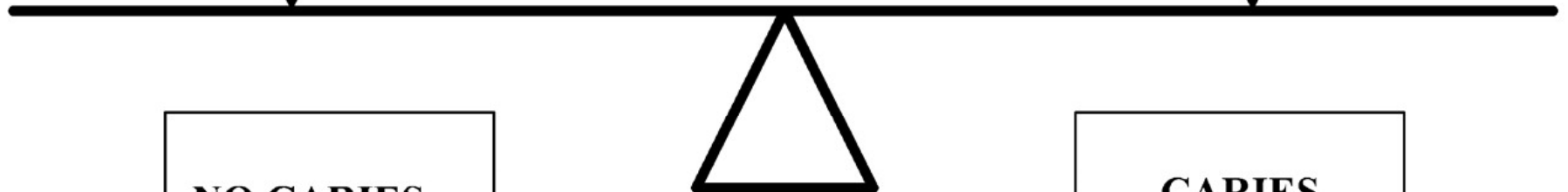
Protective Factors

Saliva flow and components
Proteins, antibacterials
Fluoride, calcium, phosphate
Protective dietary components
Non-cariogenic sweeteners



Pathological Factors

Acidogenic bacteria (mutans streptococci and lactobacilli)
Frequency of fermentable carbohydrate ingestion
Reduced salivary function



NO CARIES

CARIES

Creating the Solution

Many Excellent Efforts are Already at Work:

To help create a collaborative environment that includes programs, research and doesn't duplicate work, let's look at some existing efforts.

- Delaware Oral Health Coalition, Dr. Gary Colangelo
- Christiana Care Health System, Dr. Renee Kottenhahn
- Delaware Kids Count, Janice Barlow
- Delaware Division of Public Health, Rumiko Nelson, RDH



Creating the Solution

What Else?

Let's identify the gaps and determine what issues and populations are missing?



First Smile Delaware

Social Marketing and Why it's so Effective:

- Frame the issue based on quantifiable research.
- Raise awareness through an integrated mix of communications resources.
- Engage a broad base of populations with targeted, resonating messages.
- Reinforce messaging to create internalized and sustainable behavior change.



First Smile Delaware

Social Marketing: Creating Community Connections

- **TRUST:** Identify established, trusted information sources and communications channels.
- **CULTURE:** Understand cultural perceptions and develop culturally-specific messages.
- **SOCIO-ECONOMIC:** Recognize socio-economic barriers and develop resources to overcome them.

National Models: Oregon

These Techniques Can be Fun and Effective:

- Oregon Dental Association, Teach Me How to Brushy campaign



National Models: Washington State

- The ABCD campaign is a great example of a public/private partnership that effectively collaborates to:



- Recruit and train dentists to provide preventive care and treatment to Medicaid-enrolled children from birth to six.
- Work with community organizations to help identify Medicaid-eligible children and remove barriers preventing families from receiving dental care for their young children.
- Engage trained primary care medical providers to deliver oral health preventive services during well-child checks.
- THE RESULT: Untreated decay in low-income WA preschoolers was cut in half over the five years, from 26% in 2005 to 13% in 2010.



National Models: Colorado

- The Healthy Teeth Happy Babies campaign effectively used a community-based social marketing approach to achieve significant results.



From 2007 to 2010:

- Knowledge that cavity-causing germs can be passed from mother to infant increased from 29% to 79% of surveyed mothers in Denver.
- More than half (58% in 2007 and 51% in 2010) of those exposed to campaign messages reported behavior changes. Among them:
 - 91% stopped sharing items with their children & 79% stopped cleaning pacifier orally.
- The number of children accessing care within the Delta Dental network in metro Denver increased from less than 27% to more than 30% of enrolled children. Preventative care in children increased, restorative care decreased.
- The number of children having a first dental visit before age 2 increased 7%.



First Smile Delaware

The Campaign is Comprised of Four Main Components:

- A comprehensive oral health literacy campaign;
- Primary Care oral health risk assessment;
- Promotion of and training for early visits to the dentist, including case management and a dental referral network; and
- Leveraging existing oral health efforts and developing collaborative relationships between dental, medical and public health professionals and community groups.



First Smile Delaware

The Main Goals of this Oral Health Campaign:

- Raise the profile of oral health issues throughout the state of Delaware;
- Decrease the prevalence of dental disease within the state, particularly among children; and
- Motivate health care providers and key influencers to place a greater value upon oral health issues and initiatives.



First Smile Delaware

Core Campaign Messages:

- Oral health is directly connected to overall health
- Parents have the power to prevent cavities
- How-to basics for good oral health behaviors



First Smile Delaware

Core Campaign Messages:

- **Oral health is directly connected to overall health:**
Cavities are more than just painful. They can affect a child's development, self esteem, ability to eat properly and learn. 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.



First Smile Delaware

Core Campaign Messages:

- **Parents have the power to prevent cavities:** Cavities are the most common chronic childhood disease in the United States and they are nearly 100% preventable. Preventative behavior should start during pregnancy and continue throughout childhood. By taking a few easy steps, it is possible to make huge strides in the battle against dental disease. ***This is a winnable battle.***



First Smile Delaware

Core Campaign Messages:

- **How-To Basics**: Many parents simply don't know how to take care of their children's teeth or do not have the resources to find a provider. By providing basic "how-to" messages about ways to prevent cavities and find a dentist, the campaign can empower parents to make good choices for their family's oral health.



First Smile Delaware

The Campaign will use the Following Resources:

- **Education Materials:** Distribute through trusted providers, like you
- **Media:** Newspapers & Trade Publications
- **Online Resources:** www.FirstSmileDelaware.org
- **Collaborative Partnerships:** Continuously cultivate
- **Age 1 Dental Visit Training & Physician Evaluation:** In development, drawing upon [Smiles for Life](#) curriculum



What Success Looks Like!

- Strategically position and coordinate our resources.
- Facilitate the flow of information.
- Refining the message to the target population.
 - Integrated outreach: Grassroots / clinical / marketing.
- Conducting quantitative and qualitative research and evidence-based evaluations.
- Infrastructure and policy development.

How You can Help

Implement the 5 A's:

Ask, Assist, Advise, Assess & Arrange



How You can Help and Benefit

Coming out of this meeting, we hope to begin collaborating with all of you in a way that leverages all of our unique strengths and does not duplicate efforts.

How You can Help and Benefit

*In this spirit of collaboration,
First Smile Delaware is offering to serve as
an oral health conduit to help connect you
with the resources you need.*

The Pledge:

*To work together towards the common goal of
making all of Delaware's first smiles healthy!*



Charting the Path Forward

Let's start by building consensus around the highest priority issues and clearly defining our collective next steps:

1. Follow up meeting summary, survey and action report.
2. The offer for free patient education materials will arrive in your and more than 1,000 other mailboxes later this month.
3. Tooth Troop trainings will begin this fall.
4. Formal kickoff event this fall/winter.
5. Tell us about your plans!