Dental Public Health Activity
Descriptive Summary

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Oral Health Literacy Campaign (OHLC)
In March 2011, funded by a $1.2 million grant from the CDC, the Office of Oral Health (OOH) in strategic alliance with the Maryland Dental Action Coalition (MDAC) and PRR, Inc., a contracted social marketing firm, began working to develop and implement an oral health literacy social marketing campaign in Maryland. The goal of the Oral Health Literacy Campaign was to reach pregnant women and parents of at-risk children age 0 – 6 with messaging that will reduce oral disease by increasing healthy behaviors and access to appropriate dental care. Strategies to build the campaign included:

- Conducting audience research through telephone surveys and focus groups to measure base-line oral health awareness and practice to inform the campaign materials.

- Building the campaign infrastructure by assembling a work group, an advisory committee, and a strategic network of partners comprised of more than 160 individuals representing the dental and medical professions, as well as a variety of social service, public health and community organizations. These individuals helped determine the focus of the campaign as well as identify influencers, barriers, benefits, tactics, messages and potential partners. They also pledged on behalf of their organizations to help drive, implement and sustain the campaign once it is launched.

- Creating a comprehensive marketing and communications plan as a basis for implementing the campaign. This included carefully identifying the specific audience, tailoring the messaging, and diversifying communication strategies to include mediums such as paid advertising, earned media (publicity gained through promotional efforts other than advertising such as local news features, press coverage, and editorials), social media, public events, and through a variety of outreach partnerships with the media and the community.

- Developing creative materials which included television, radio, transit and direct mail advertising, a campaign brochure, a free oral health kit to be distributed to members of the target population, a campaign website, call center and Facebook page. Focus groups were used to test the effectiveness of these materials and collect feedback to incorporate into campaign creative materials and messaging, as well as select a name for the campaign.

- Conducting a pre-campaign telephone survey among individuals matching the target demographic for the campaign measuring base-line awareness of appropriate oral health behaviors and the knowledge and effectiveness of existing communication materials about oral health.

The campaign, Healthy Teeth, Healthy Kids officially launched in March 2012 at an event designed to attract significant media coverage by state and national media outlets. The campaign launched with a strong advertising and public relations campaign running from late March through mid July 2012. It included distribution of the materials developed as well as nine weeks of radio, television and transit advertising.

The campaign also includes the ongoing involvement of more than 120 partner organizations that are spreading the campaign and its message by distributing brochures and working one on one with mothers of young children. Partner organizations are also placing posters in clinics and medical offices, placing banners or articles on their website and in newsletters, and linking to the campaign website, and "Liking" the campaign Facebook page.
Since the campaign is relatively new and is still being implemented through the grass roots efforts mentioned above results to date are unclear and perhaps premature. To date, the media news coverage resulting from the campaign has generated almost 9 million impressions with an estimated value of $3.7 million. Website hits are at 1,400 and continuing to climb. A post-campaign survey is currently being conducted that will help determine the success of the campaign in reaching and influencing the behavior of its target audience. It uses the same survey as was used in the pre-test and is also being administered as a telephone survey, in order to evaluate the impact of the program. Future plans include applying for funds to provide for further evaluation of the campaign impact.

**Lessons Learned:**

In retrospect, perhaps a more direct call to action to tag all campaign messages would have generated a greater direct response to the campaign website and call center (ex. if the tag said, “to receive your free oral health kit, call or visit.....” as opposed to “For more information, call or visit....”). OOH was unable to use this strategy as there were insufficient resources to respond to a call to action of this nature.

The synergy of the campaign would have also been improved if all its components such as advertising, direct mail and distribution of kits occurred simultaneously, thus reinforcing each other and the message. Due to funding, dependence on other organizations, and creative and organizational delays, the distribution of the oral health kits and brochures did not occur during the peak of the advertising but after it had concluded.

A positive lesson learned was the contribution made by the cultivation of strong partnerships including all those mentioned above. They were critical in developing the direction of the campaign, but also by soliciting their buy-in early on, they also provided essential financial and experiential resources throughout the campaign.

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