

# **2014 Roadmap to Oral Health Literacy Planning Report**

**October, 2013**



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## Section 1: Oral Health 2014 Oral Health Literacy Planning Grant Summary

The proposed geographic reach of this project includes the entire state of Kentucky. This is a one year planning grant that will be used to plan for implementation of an oral health literacy campaign.

**The identified stakeholders and partners** represent diverse sectors and roles. While some groups such as the Department of Education and the Department for Public Health have a statewide presence, others such as the local oral health coalitions and private dentists have a very local presence. The identified partners will all be able to bring different experiences in oral health literacy given the population with whom they serve or work. The partners will be able to bring a holistic view for various age groups on the problems facing Kentuckians with oral health literacy. They will also be able to help identify the oral health literacy programs and resources already in communities in order to prevent us from reinventing the wheel with this project.

**The purpose of the planning project** is to gain a comprehensive view of oral health literacy in Kentucky in order to narrow our focus for an oral health literacy implementation project. This project would help KOHC engage in appropriate strategic planning to develop a campaign targeting a specific oral health literacy gap in the state without duplicating existing state efforts. Our proposed goals, objectives and activities for this planning project are described below.

**Goal 1 – Strengthen stakeholder engagement in the project:** The Kentucky Oral Health Coalition currently has a small Oral Health Literacy workgroup that has met several times. Members do not want to reinvent the wheel and also realize others need to be at the table.

**Goal 2 - Understand oral health literacy landscape including successes, gaps and opportunities:**

Through the meetings of the oral health literacy workgroup of the Kentucky Oral Health Coalition, it became apparent that there is no single place or entity that has a comprehensive landscape view of oral health literacy in Kentucky. Obtaining this information is important to help know where to focus our implementation efforts. We also want to understand best practices in oral health literacy nationwide to help us understand how Kentucky is doing and what might work in our state. We intend to gain an understanding of the current oral health literacy initiatives across the state by:

- Conducting a survey among health providers across the state to understand how they view oral health literacy in the state and what they think would improve it. After we collect this information, we will analyze it, compile findings, and identify major themes to use as we determine our implementation focus.
- Conducting eight focus groups with parents in various regions of the state. We will partner with local groups such as local oral health coalitions and education group partners to identify and recruit parents for focus groups. We will analyze the information to identify themes and recognize differences among diverse geographies; then we will use the information to develop implementation ideas.
- Asking stakeholders to share information about oral health literacy initiatives
- Researching best practices and initiatives from across the nation that is working well, in order to identify possible initiatives for Kentucky.
- Compiling findings into a report to use as a guiding document to help the coalition develop a strategic plan for improving oral health literacy. We will also disseminate this report to providers who took the survey and those who participated in the focus groups.

**Goal 3 - Determine oral health literacy implementation focus:** The next phase of our project will be to develop an implementation focus, guided by the research conducted. We will engage the stakeholders in a roundtable discussion to understand members' perspectives and opinions on what the implementation focus should be. After this discussion, we will engage in a ranking process on importance and feasibility of potential implementation projects. We will use this process to determine the core components of the implementation plan.

**Goal 4 - Develop a plan to address the determined oral health literacy focus of implementation project:** Our final step in the planning process will be to engage the Oral Health Literacy workgroup to flesh out our implementation focus. The group will create implementation activities, timelines, and deliverables necessary to develop a strategic plan to address oral health literacy. Our implementation plan will be based on national best practices. It may include the creation of oral health literacy materials, other campaign elements, and online discussions. It will also include a communications component which may include social media, public service announcements, and earned media. We will include our comprehensive implementation plan when we apply for implementation funding.

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**This project could not have been completed without the tireless support of the following people and organizations:**

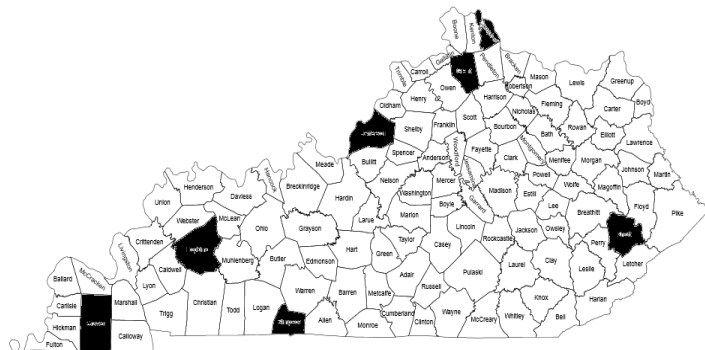
The Executive Committee and staff of the Kentucky Oral Health Coalition (a project of Kentucky Youth Advocates) wants to thank the following people and organizations for stepping up and helping to gather information for the 2014 Roadmap to Oral Health Literacy planning grant. They helped plan and convene local focus groups, review and distribute surveys, and/or attended planning sessions in July and September. We could not have done this without you. We are so excited to complete our planning and move into implementation of the 2014 oral health literacy campaign. We apologize if we did not include you – Please let us know!

- Ashley Spotila, Coventry Cares
- Beth Parks, School Smiles
- Christy Ray, Louisville Water Company/Smile Kentucky
- Debra Duvall, Pride Elementary Family Resource Coordinator
- Deborah Wade, University of Louisville College of Dentistry
- Donna Ruley, Kentucky Dental Hygienist Association
- Dr. Jim Cecil, KYA/KOHC
- Dr. Julie McKee, Kentucky State Dental Director
- Dr. Ken Rich, Kentucky Department of Medicaid Dental Director
- Dr. Laura Hancock Jones, University of Kentucky Dental
- Dr. Lee Mayer, University of Louisville School of Dentistry
- Dr. Nikki Stone, University of Kentucky College of Dentistry and Medicine
- Pam Stein, University of Kentucky School of Dentistry
- Dr. Raynor Mullins, University of Kentucky School of Dentistry
- Emily Beauregard, Kentucky Primary Care Association
- Family Resource and Youth Service Centers
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- Gaye Bentley, University of Kentucky College of Dentistry

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- Keena Richardson, Simpson Elementary School Family Resource Coordinator
- Kentucky Dental Association
- Kentucky Head Start Programs
- Kentucky School Nurses
- Les Fugate, Kentucky Beverage Association
- Linda Poynter, Northern Kentucky Health Department
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- Loretta Maldaner, Purchase Area Health Education Center
- Mary York, Academy of Pediatrics, Kentucky Chapter
- Patty Green, Three Rivers District Health Department
- Priscilla Harris, Appalachian School of Law
- Richard Heine, Friedell Committee
- Ryan Burt, Passport
- Shanna Burrell, School Smiles
- Sharyl Iden, Southgate School Nurse
- Stacy Trowbridge, Barren River Health Department
- Dr. Stephanie Poynter, Family Health Centers

## Section 2: Focus Group Findings

With the help of partners, KOHC completed 7 focus groups with parents across the state. We spoke with 74 parents about their behaviors, beliefs, and knowledge regarding oral health for themselves and their children. The average age of the participants was 37 and the vast majority were female. 10 participants were of Latino/a descent; 6 participants were of African American descent, and 58 participants were of



Caucasian descent. The participants had 165 children total with the average number of children per family at 2.2. All of the children had seen a dentist within the past year. 17 of the parents were uninsured; 15 had Medicaid, 2 individually purchased health insurance, 35 were insured through work and 1 was covered by COBRA. Of the children: 2 were uninsured, 36 were on Medicaid/ KCHIP, 2 covered under an individual plan, and 27 were insured through parent/ guardian's work.

### Themes that emerged from the focus groups include:

1. **When people think about dental health, prevention is the theme – people seemed to know to brush their kids' teeth twice a day and to go to the dentist twice a year** - *"Because I think dental health is very important for children for the fact that ya know under the age of one their enamel and stuff is just growing so you have to be a little more careful. Under the the age of 5 their teeth are still developing. Very important."* - Kentucky parent
2. **People talked about barriers to care such as fear of pain and the cost of care** - *"I go to the dentist once a year. Teeth cleaned once a year. And other than that I'm going to brush and floss and pray to God I don't get anything else going on. That's pretty much where I'm at. You get to the dentist once a year and that's it."* - Kentucky Parent
3. **There was a connection between nutrition and oral health as well as a connection between oral health and overall health** - *"It's an outward sign of health and caring as parents... parenting."* - Kentucky Parent
4. **People know the importance, but don't prioritize it above other necessities** - *"People put off going to the dentist more than they put off anything else as far as taking care of themselves. Seems that way anyway. You see more people with toothaches than other ailments that are aren't going to get checked out."* - Kentucky Parent
5. **Adults prioritize dental care for their kids, but it goes on the backburner for themselves. It was also common for adults to only get care if they have dental insurance or are in pain.** - *"Well see my kids have the dental insurance but I don't so kind of like what you are saying I won't take care of myself if I'm not covered so I haven't been to the dentist in a year but my kids are covered so they can go when they are*

*supposed to go, but I would have to be having tooth pain or something wrong to have to go and pay on my own.” - Kentucky Parent*

6. **People learn about oral health in many ways – books, dentists, friends, family, “motherly instinct”, head start, pediatricians, ob/gyns, birthing packets, doulas** - *“Head Start really helps. Because after every meal or every so often Head Start takes them up and they start brushing their teeth. So when my kids get home as soon as they get out of the bathtub they go up to the sink and brush their teeth. At that time when she first started her teeth were rotten. And I was having to hold her down or.... Scrub her teeth. But, it was hurting her so bad. So, finally after a couple weeks at the Head Start she was brushing her teeth 3 or 4 times a day by the time she’s home.” - Kentucky Parent*
7. **People use a lot of tools and techniques with their children: brushing, flossing, electric toothbrushes, timers, flossers, mouthwash** - *“I think it gives them their freedom. You are showing them that they can do this. They have their own cup, their own toothbrush. It’s their own sense of freedom.” - Kentucky Parent*
8. **Children drink a combination of tap water and bottled water – may be missing out on fluoride** - *“Because they can’t reach the hydrant (faucet) ya know but they can just go to the fridge and get a bottle of water.” - Kentucky Parent*
9. **There seems to be an opportunity to educate pregnant women about their own oral health as well as their baby** - *“I know when I was pregnant you can get some kind of bacteria...you can get some kind of gum disease that is a cause for premature labor.” - Kentucky Parent*
10. **There is not a standard age across the board that children are being told to go to the dentist; this could cause confusion** - *“It depends on what you hear, what you read, and where you are listening from. Some say you should take them when that first tooth comes in. Some say you should wait until they have a mouth full of teeth. Some say they should be two.” - Kentucky Parent*
11. **There is not a lot of knowledge about sealants or fluoride varnish** - *“If you use it they said it makes your teeth better and now it’s all over Facebook that causes cancer so who really knows.” - Kentucky Parent*
12. **It seemed relatively common for family members to get dentures** - *“What do you mean common? At what age should you... should you keep your teeth until you die?” - Kentucky Parent*

### Section 3: Oral Health Literacy Survey Findings

KOHC and partners distributed a survey to health professionals and others that talk with families about health issues in October 2013. We worked with a national expert to develop the survey and also received feedback from our planning design team. The survey monkey survey received 342 responses from 119 counties. The following organizations distributed the survey to their membership:

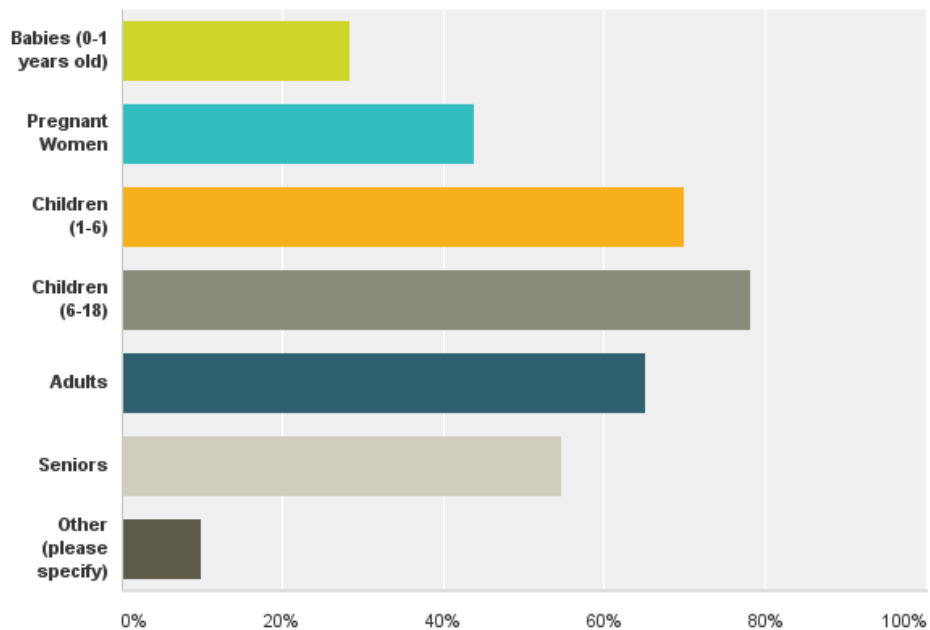
- American Academy of Pediatrics - Kentucky Chapter
- Family Resources Youth Services Centers Listserve
- Kentucky Dental Association
- Kentucky Dental Hygienist Association
- Kentucky Head Start Programs
- Kentucky Primary Care Association
- School Nurses Listserv

**The survey focused on three areas:**

- Provider's knowledge and belief on critical relevant dental issues
- Practices they use to educate families and children
- Resources used to help KOHC move forward in developing an oral health literacy campaign

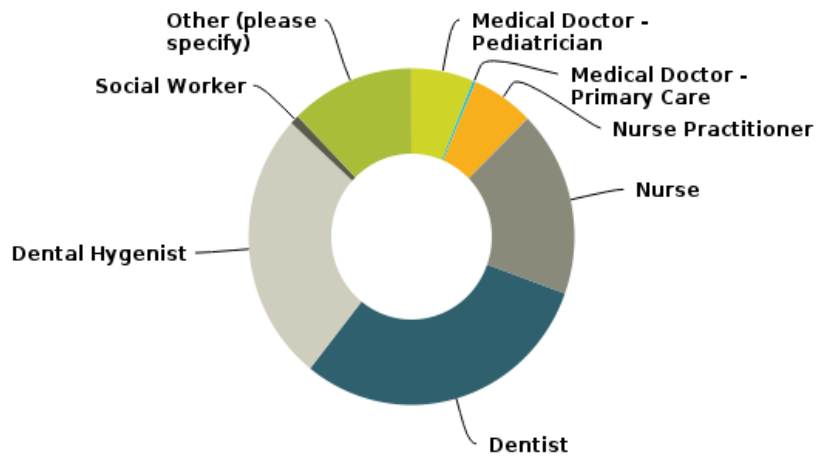
#### Q2 What population do you serve? (please check all that apply)

Answered: 341 Skipped: 1



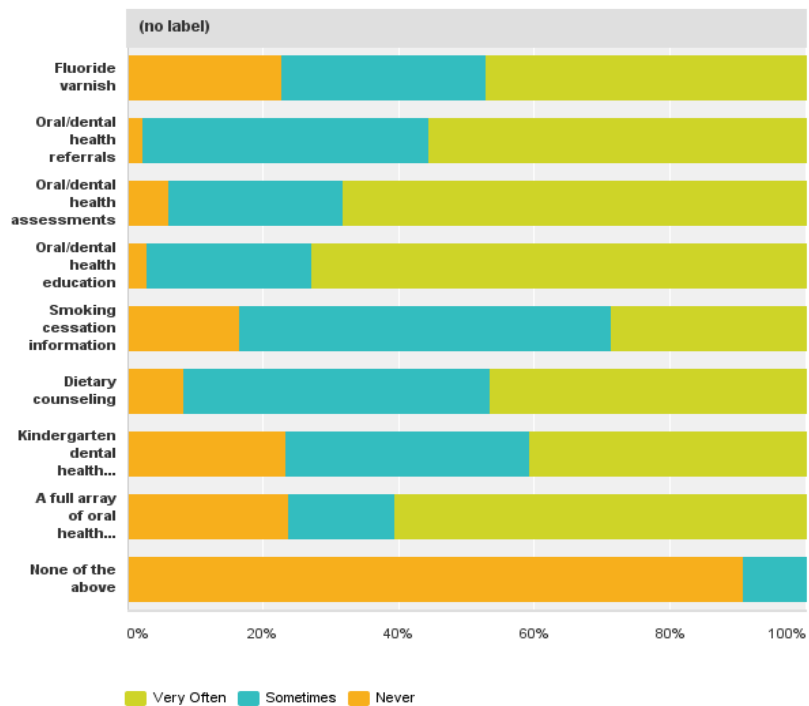
### Q3 What is your profession?

Answered: 341 Skipped: 1



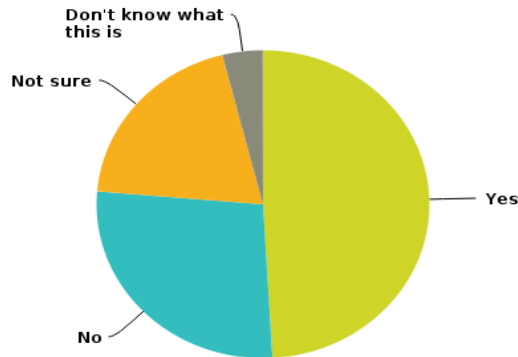
### Q6 How often are the following oral/dental health services provided at your workplace?

Answered: 279 Skipped: 63



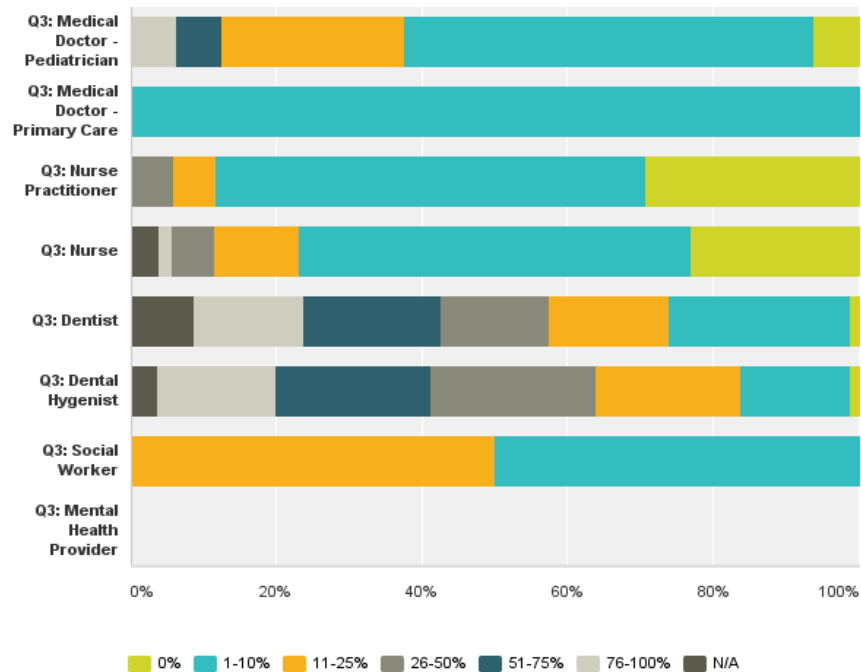
**Q7 Do you have the new kindergarten screening forms at your office?**

Answered: 279 Skipped: 63



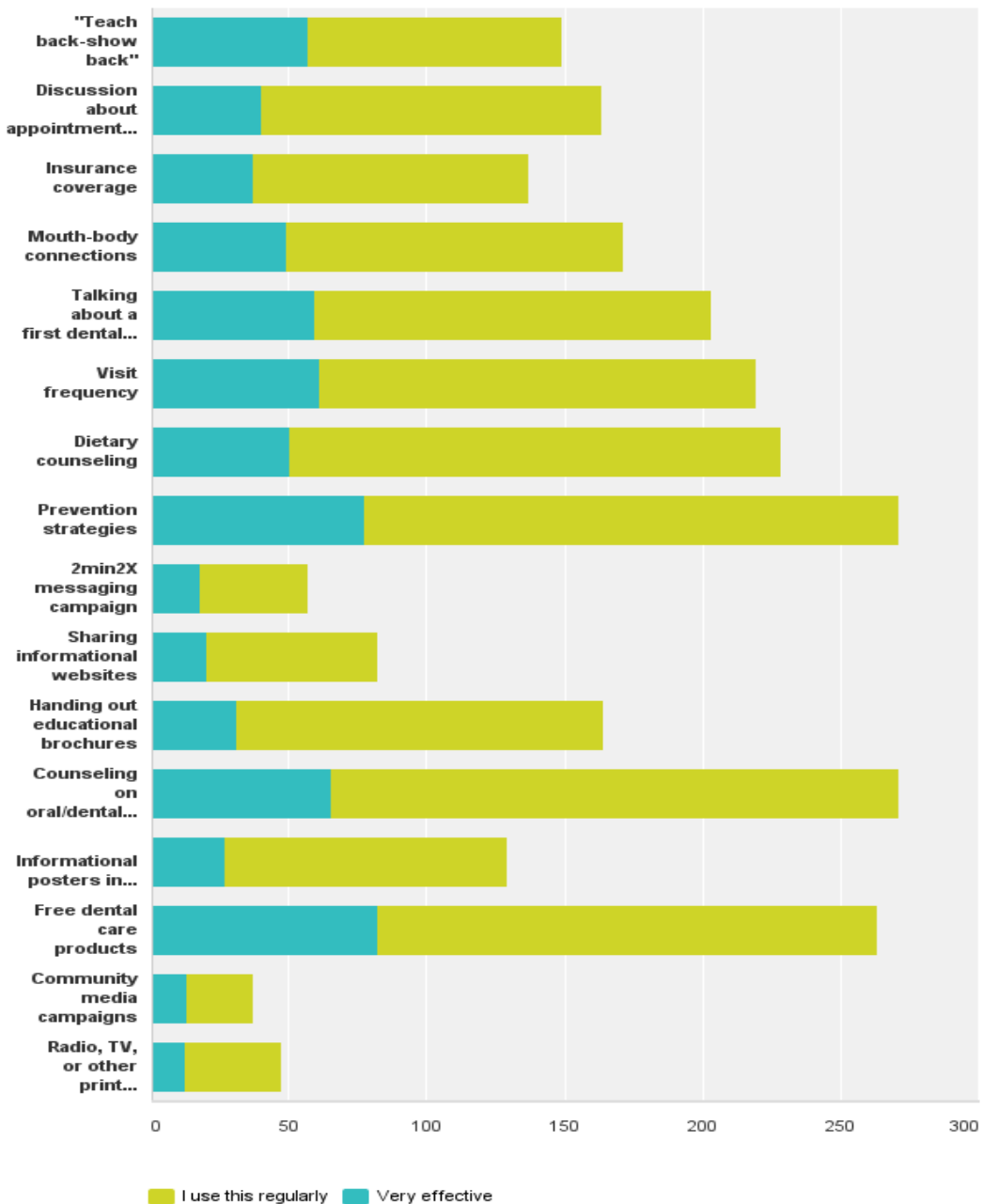
**Q9 In general, what percentage of the parents that you come in contact with ask you questions about oral/dental prevention for their children?**

Answered: 248 Skipped: 51



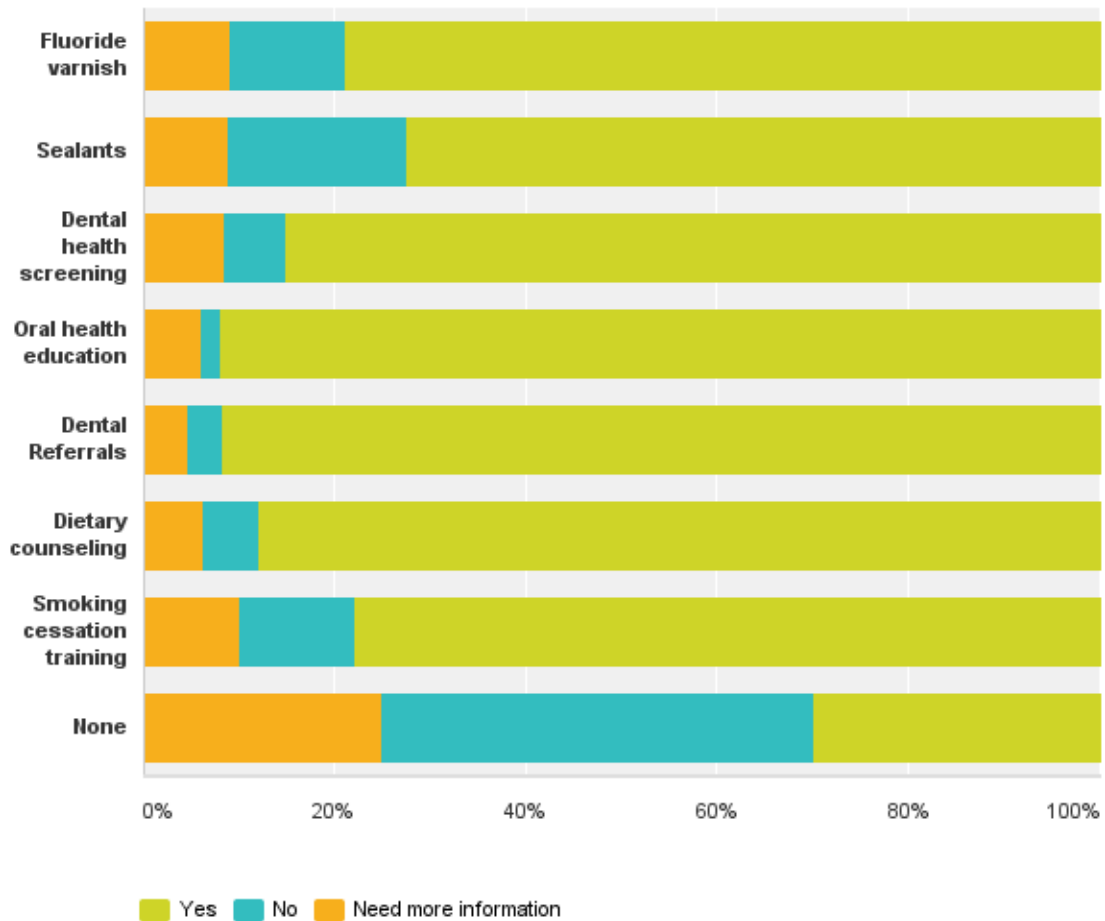
**Q10 When providing oral/dental health information and education to parents we know you can and do employ many tools and methods to teach various topics. Please check from the list below those that you most commonly use in your work. Also check the most effective practices.**

Answered: 279 Skipped: 63



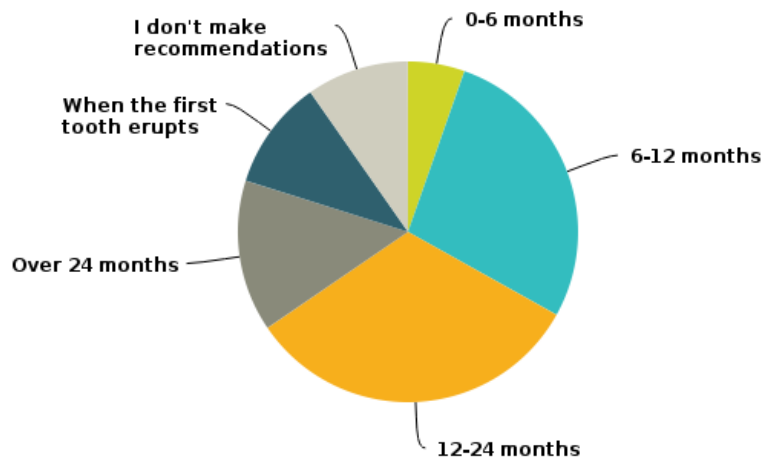
## Q11 With appropriate training/education, would you be willing to provide the following services?

Answered: 279 Skipped: 63



### Q14 When do you recommend a child first see dentist?

Answered: 278 Skipped: 64



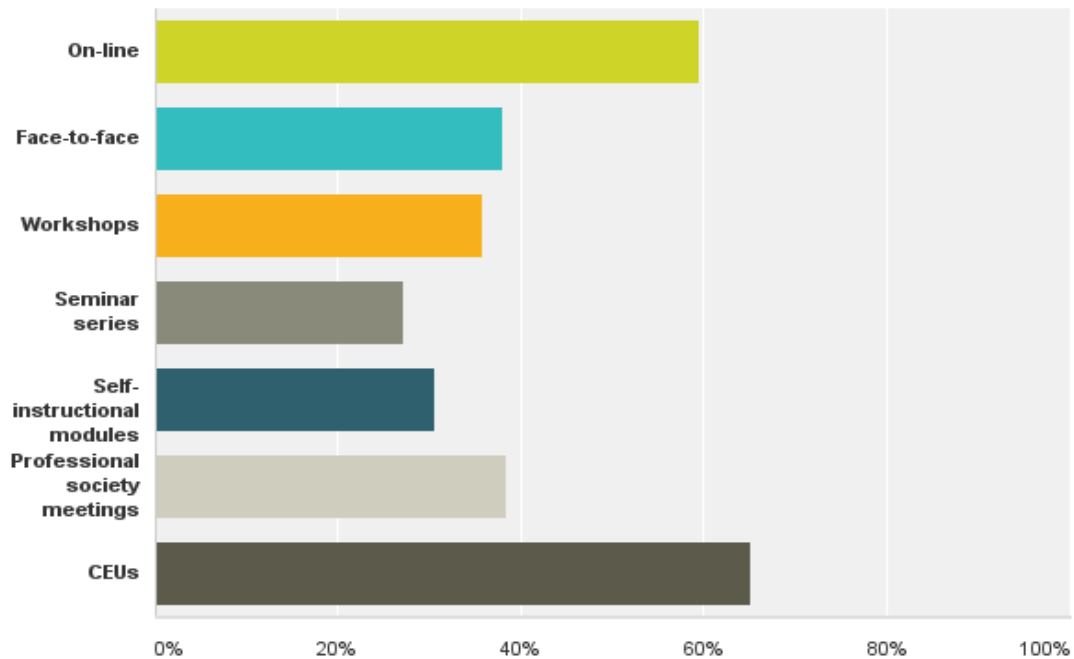
### Q13 From your experience as a professional, what affect does poor oral health have on a child's life? *The larger the word the more often it was use by respondents.*

Self esteem was mentioned the most followed by pain.

Body **Dental** Difficult Disease Education **Effects**  
 Experience **Focus** Habits Hurting Life Negative  
**Overall Health Pain Physical Poor**  
**Oral Health** Poor Oral Hygiene Procedures **School** Self  
 Conscious **Self Esteem** Significant Sugar Systemic  
 Health Young Age

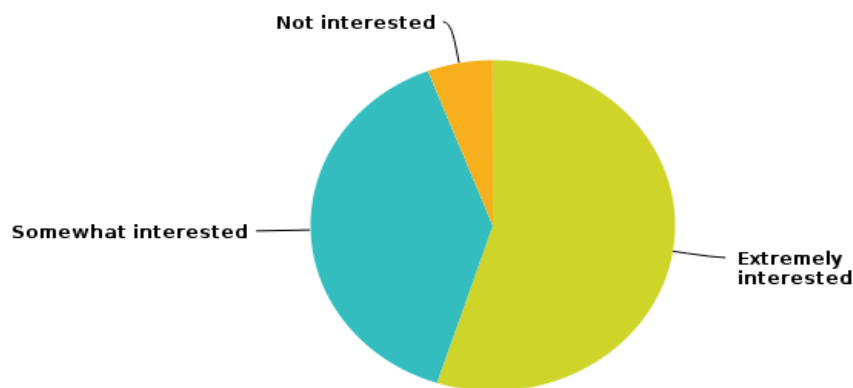
**Q16 In what format would you prefer to obtain oral/dental health education for yourself? (check all that apply)**

Answered: 229 Skipped: 113



**Q17 How interested would you be distributing oral health products/information and/or displaying Kentucky specific oral health literacy materials at your place of employment?**

Answered: 242 Skipped: 100



**Q18 What does an Oral Health Literacy Campaign mean to you?** *The larger the word the more often it was use by respondents.*

Education was mentioned the most followed by children.



A word cloud of teal text where the size of each word corresponds to its frequency of use by respondents. The words are arranged in several lines. 'Education' is the largest word, followed by 'Oral Health' and 'Overall'. Other visible words include 'Children', 'Dental', 'Care', 'Getting Important', 'Knowledge', 'Prevention', 'Problem', 'Public Smile', 'Campaign', 'Kentucky', 'Little Mouth', 'Positive', 'Kids', 'Eastern', and 'Childhood'.

**Q19 Please share your thoughts about how to deliver oral health literacy information to PARENTS.** *The larger the word the more often it was use by respondents.*

School was mentioned the most followed by brochures.



A word cloud of teal text where the size of each word corresponds to its frequency of use by respondents. The words are arranged in several lines. 'School' is the largest word, followed by 'Parents' and 'Brochures'. Other visible words include 'Dental', 'Dentist', 'Face to Face', 'HANDS', 'Health', 'Media', 'PEDIATRICIANS', 'PTA Meetings', 'Providers', 'Verbally', 'Visits', 'Walmart', 'Oral Hygiene', 'Process', 'Discussion', 'Educational Level', 'Internet Low', 'Phone Present', 'Attached', 'Checks', 'Handouts', 'Little Mouth', 'Positive', 'Kids', 'Eastern', and 'Childhood'.

**Q20 Please share your thoughts about how to deliver oral health literacy information to HEALTH Professionals. *The larger the word the more often it was use by respondents.***

Meetings was mentioned the most followed by email.

Attend Board Brochures CEUs Continuing  
Education Courses Dental Dentistry Doctors Door to  
Door Email Health Important KDA Line Lunch  
Mail Meetings Office Visits Patients  
Professional Seminars Training Unsure Varnish  
Workshops

**Q21 Please share your thoughts about how to deliver oral health literacy information to POLICY MAKERS. *The larger the word the more often it was use by respondents.***

Meetings was mentioned the most followed by Face to Face.

AAP Children Contact Dental Educate Face  
to Face Health Idea Importance Individual KDA  
Letters Lobbying Lobbyists Media Campaigns Medicaid  
Meetings Photos Point Policy Makers  
Professional Organization Seminars Send Statistics  
Think Unsure Visits

**Q22 Please provide one word to describe your vision for oral health in Kentucky**

- Winsome
- Improved
- Smile
- Lacking
- Access
- ability for every child to have access to dental care/obviously adults too but my focus is for my patients to have that right

- Improvement
- Better
- Challenging
- Healthy
- Dentate
- Must start with education of the entire family unit; general poverty in this state and the dissolution of the family unit is a major problem. How can you convince a family about the importance of oral health when they are hungry, do not know where their next meal is coming from, or even where they will be sleeping at night. Unfortunately, the best oral hygiene campaigns will fail simply because these families cannot sustain ANY sort of regular routine.
- Terrible
- Guarded
- That child grow up with all their teeth and keep them. That service would be available at an affordable price and that available services would include going to areas where it is more difficult for people to get to the service.
- Reduced incidence of cavities.
- Every child having a dentist that they see regularly.
- Miles to go... miles before I rest.
- Hopeful
- Sparkling
- Obliterate nurse bottle syndrome in the state. Decreased decayed, missing and filled index by half for children and adults. Focus more on prevention and aesthetics.
- Excellence
- United
- Prevention
- Start
- Valued
- Changing
- Optimistic
- Change in overall attitude on oral health with a focus on prevention
- Bright
- Need to be more commit to diversity groups and multilingual
- Everyone
- Parents educated and children educated
- Imperative
- Hope
- Abysmal
- Sad
- Nutrition
- Disappointing
- Healthier
- Accessibility
- To no longer have the worst oral health in the nation
- Comprehensive
- Soda-free
- Lower the decay and tooth loss rate by 50%
- It's your choice
- Necessary
- Getting better
- Need
- Awareness
- Progressive
- Propel
- Expensive
- That it will be "great"
- To include everyone (healthy, cavity free, zero decay, OVERALL health)
- Early
- Toothed (as in not toothless)
- Vital
- Universal
- Free to poor and middle class kids or at least for a minimal fee
- Place hygienist in health departments for oral screenings.
- We lack desperately in this category and anything that we can do would be an improvement.
- Beautiful

## Section 4: Kentucky Networks and Resources for a Statewide Oral Health Literacy Campaign

|   |   |
|---|---|
| Access/ADHA                                       | Kentucky Primary Care Oral Health Program           |
| American Academy of Pediatrics                    | KIDSHealth.org in the Classroom                     |
| American Dental Hygienist Association             | Legislators   |
| Assoc, of State and Territorial Dental Directors  | Libraries   |
| Barren River District Health Department           | Local Oral Health Coalitions                        |
| Bluegrass Community and Technical College         | Louisville District Dental Hygienist Association    |
| Bluegrass District Dental Hygienists' Association | Louisville Metro Public Health and Awareness        |
| Casey Patient Education System                    | Louisville Water Company/KDA                        |
| Colgate   | Madison County Health Department                    |
| Community Dental Clinic Owensboro, KY             | Managed Care Organizations                          |
| Crest   | Minnesota Dental Association                        |
| DentaQuest Early Childhood Caries Project         | Morehead State University                           |
| Dimensions of Dental Hygiene                      | Mouth Healthy                                       |
| Drink Pyramid Campaign                            | Murray State, AHEC                                  |
| Educational Co-op                                 | National Children's Oral Health Foundation National |
| Family Resource Youth Service Centers             | Institute of Dental and Craniofacial Research       |
| Federally Qualified Health Center                 | National Network for Oral Health Access             |
| Greenup Cty Health Dpt Fluoride Varnish Program   | NKY Health Department Fluoride Varnish Program      |
| HANDS Program                                     | Oral B  |
| Hardin County/KDA                                 | Partnership for Healthy Mouths, Healthy Lives       |
| Head Start Initiatives                            | Plak Smacker  |
| Health Literacy Kentucky                          | RAM   |
| Health Point Family Care                          | Rethink Your Drink Campaign                         |
| Healthy Teeth, Healthy Me: Sesame Street DVD      | Rural Assistance Center                             |
| Home of the Innocents                             | School Based Health Centers                         |
| HOSA - future health professionals                | School Nurses Association                           |
| Hygiene Town                                      | School-based Oral Health Program (Bullitt County)   |
| Institute for Rural Health                        | School Smiles                                       |
| JCPS HPSE   | Smiles for Life                                     |
| Jefferson County Public Schools Head Start        | Sojourn Church                                      |
| Kentucky Dental Association                       | United States Department of Agriculture             |
| Kentucky Dental Hygienists Association            | University of Kentucky COD/ADA                      |
| Kentucky Health Departments                       | University of Kentucky/KDA                          |
| Kentucky Ob/Gyn Network                           | University of Louisville                            |
| Kentucky Oral Health Coalition                    | University of Louisville/KDA                        |
| Kentucky Oral Health Network & Appalachian        | W.KY Oral Health Summit Madisonville - Baptist      |
| Network   | Health Madisonville                                 |
| Kentucky Oral Health Program                      | Woodford Cty Health Depart. Fluoride Varnish        |
| Kentucky Primary Care Association                 | Program   |

