

# Little Things That Make a Big Difference

Recently, I have been reading the national bestseller “The Tipping Point” by Malcolm Gladwell<sup>1</sup>. I have found it to be surprisingly applicable to many situations in life but particularly to some of the issues we currently face in pediatric dentistry.

The book states, “The tipping point is that magic moment when an idea, trend or social behavior crosses a threshold, tips, and spreads like wildfire.” Is this not exactly what we would like to happen with prevention of dental caries, belief in the age one dental visit, acceptance of the value of dental academics as a career? Do you not wonder what it would take for some of these ideas to spread like wildfire?

As individuals through the American Academy of Pediatric Dentistry, we have tried to make changes for many years by issuing policies, creating guidelines, and writing educational brochures. We convince ourselves that if only physicians knew the importance of referring children to the dentist at age one, if parents knew it was harmful to put their child to bed with a bottle or if dentists knew what a difference they could make by incorporating early childhood oral health exams and anticipatory guidance into their practices, then surely their behavior would change. I think we all know this is not true. Policies or education alone does not change behavior.

So, how can we change behavior? How can we get our ideas to spread across the country or the world so that children can grow up caries free, healthy and ready to contribute to society? According to Gladwell, the three rules of the Tipping Point are the Law of the Few, Stickiness Factor, and Power of Context. The Law of the Few refers to the minority of people in the world who have a special talent for bringing people together (connectors), are particularly good at accumulating knowledge (mavens) or are good at persuading people to accept an idea (salesmen). It is possible for one person to have all these characteristics, but more frequently, individuals with these characteristics work together to influence change.

The Stickiness Factor refers to how a message is delivered so that it is remembered and “sticks” in people’s minds. Surprisingly, it is not usually the content of the message, but how it is delivered that seems to make a difference. The goal should be to deliver a message that changes behavior not just increases knowledge.

The third rule of the Tipping Point, the Power of Context refers to the fact that behavior changes are sensitive to the circumstances, times and places in which events occur. In this case, the impetus to change often comes from the environment rather than from a person.

How can these concepts be applied to influence change in pediatric dentistry? What behavior would we most like to change? In my mind, the area that has the potential for ac-

complishing the most good for children is in the prevention of Early Childhood Caries (ECC). Children under 3 years of age with rampant caries are frequently difficult to provide treatment for and almost always at a substantial cost. Many children do not have dental insurance, do not qualify for Medicaid nor have the financial resources to get dental treatment. Prevention is clearly the best option for this age group.

Even though ECC is a complex, multifactorial disease, we know enough about its etiology that we should be able to prevent it in the majority of children. Yet, 20% to 25% of children still have serious dental decay that interferes with eating, sleeping, and learning. Maybe by using the rules of the Tipping Point we can start making a difference for these children.

First we need to identify the Connectors, Mavens and Salespersons within or outside of our membership. Since we have at least 3 audiences we need to address (parents, dentists and physicians), we need to identify people who are appropriate for each of these groups. Each of us should be able to think of a Connector or Maven locally and nationally. Who do you know that is well-connected, well-informed and/or persuasive? How can we recruit non-dentists to become champions for oral health in young children? What would happen if Oprah told mothers to take their babies to the dentist when their first tooth erupted?

Second, we need to develop a message that provides the necessary information, sticks in peoples’ minds, and motivates them to take action. We might be successful at getting the message to physicians and parents that children should see a dentist within 6 months of their first tooth erupting. However, if physicians can not find a dentist who is willing to see young children or young children on Medicaid, the message is not likely to stick for long. If dentists are not taught what to do with a 1-year-old or how to perform a knee-to-knee exam, they are not likely to make room in their practice for a disruptive, crying child that may be one of the low risk children anyway. So again, the message will be ignored without additional efforts to facilitate behavior change. Dental schools should be encouraged to develop curriculum regarding the age 1 dental visit and how to incorporate it into a general dental practice both practically and financially. Physicians and dentists in a community should develop partnerships to facilitate the care of their mutual patients. Dentists should be encouraged to partner with organizations in the community that serve families and children.

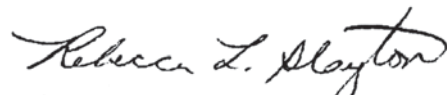
Third, is the Power of Context. How this manifests itself depends on the group one is attempting to influence. If the “culture of dentistry” dictates we are running a business, our treatment should be fee for service, and oral health care is a privilege rather than a right, then we are not likely to see the

patients (children and adults) who most need our help. When individuals discover how rewarding it is to make a difference in the life of a child by providing care when others will not, then there is a chance that this attitude can turn into a behavior that can spread like wildfire and reach a tipping point so that ECC becomes a disease of the past.

We can succeed in reaching the Tipping Point for the prevention of ECC if we work together, with people and resources inside and outside of dentistry to create a message that sticks in peoples' minds, and is delivered in a context that speaks to those with the greatest need. Little things really can make a big difference.

## **REFERENCES**

1. Gladwell, M. *The Tipping Point: How Little Things Can Make a Big Difference*. Little, Brown and Company, New York, 2002:301.



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