This segment has been transforming dental practices with a paradigm shift into cosmetic dentistry, implants, adult orthodontics, nonsurgical periodontics, and oral sedation. This rehabilitation focus was fueled by the desire for baby boomers to look younger using advanced dental technology.

Other segments are Generation X (born mid 1960s to early 1980s), Generation Y or Millennials (born early 1980s to early 2000s), and Generation Z (born mid 2000s to today). Because they have or are planning to have children, Gen Yers must be targeted in the marketing of game-changing technology in pediatric dentistry. Over the next several years, 80% of the 4 million US births per year will be to Gen Y parents.1 Marketers agree that when Gen Yers become parents, the psychographics of this segment change dramatically.

Gen Yers are generally more racially and ethnically diverse. Their parenting is balanced between the mother and father, as dual-income providers’ attentiveness to their children is less structured (i.e., “drone parenting”) than previous generations (i.e., “helicopter parenting”). Children are placed first, with more importance given to better life/work balance. Buying is more pragmatic and “child favored” with family and peer influence. Emphasis is placed on the environment, health and fitness, organic products, and brands that support causes and charities. Much importance is placed on the “looks” of their children, who are often given names that are unique and even “homemade.” Both parents and children are technologically savvy, constantly monitoring social media, and somewhat immune to traditional marketing tactics.

For health-care needs, Gen Y parents are heavily influenced through multiple sources, including online research and reviews, social networking, personal relationships, and services and products that portray the human interaction of doctor and patient. Key opinion leaders (KOLs) are often peers. Websites, now mandatory for marketing to Gen Yers, must be innovative in message delivery to be competitive. Stale Yellow Pages-type design and format are a turnoff to the “graphically tuned in” Gen Yers. Websites with video messaging, external links, and attractive graphics are preferred by these digital natives.2,3,4

So, what attracts Gen Y parents to the new “game changers” in pediatric dentistry? Let’s dissect some of them by category.

**DIAGNOSIS AND TREATMENT PLANNING: LOWER RADIATION, CARIES DETECTION, AND DECISIONS BY RISK ANALYSIS**

Although Gen Y parents are concerned about what foods their children eat, the lack of oral hygiene supervision and the acceptance of the child’s individual eating habits (e.g., “Doctor, I want my children to develop their own favorite foods and be responsible for their own personal hygiene. I don’t want to force them to do anything.”) has made dental caries reach epidemic proportions in some children. Computerized digital imaging with lower radiation (ScanX, airtechniques.com) and nonradiation fluorescence (Cam X Spectra, airtechniques.com; Inspektor, inspektor.nl) for caries detection is very popular with tech-savvy Gen Y parents.1 Marketers agree that when Gen Yers become parents, the psychographics of this segment change dramatically.

Restorative choices for caries management by risk assessment (CAMBRA) technology establishes treatment planning that is evidence based and allows restorative-care choices by predicting caries reoccurrence.5 In designing your marketing message, stress the use of digital radiography with reduced radiation, caries detection by nonradiation sources, and the restoration of caries with CAMBRA predictability for caries reoccurrence.

**RESTORATION CHOICE: “WHITE IS RIGHT” AND “METAL IS TOXIC”**

Appearance-aware Gen Y parents want restoration of caries to be virtually invisible. As a result, cosmetic pediatric dentistry using composite restoration and the new ceramic zirconia crown (NuSmile ZR, nusmilecrowns.com) are popular with this segment. Besides being white, these restorative materials are also nonmetal. Deserved or not, metal has a reputation of being toxic. In designing your marketing...
message here, place emphasis on tooth restoration not only by the color but also by material.

BEHAVIOR MANAGEMENT: NEEDLELESS AND BUFFERED ANESTHESIA AND SAFE SEDATION

After the shock that his or her child has caries, the next issue that a Gen Y parent often focuses on is how the child will tolerate care and anesthesia (the shot). Innovative local anesthesia products produce anesthesia without needle injections. Some options are the intranasal atomization of maxillary teeth (Kovocaine Mist, st-renatus.com) and intra-ligament infusion (NumBee, novoject.com). Alternatively, if using traditional injection administration, buffering of the local anesthetic (Onset, onpharma.com; Anutra, anutramedical.com) produces more comfortable injection and faster anesthesia uptake, with less volume.

For the very phobic or the child who will require multiple appointments, better child management can be achieved with a newer and safer orally administered drug protocol with the sedative drug midazolam supplemented with nitrous oxide, which produces amnesia (i.e., no memory of the visit). Marketing these anesthesia innovations to Gen Y parents for greater child comfort can influence care acceptance dramatically. Plus, marketing safe, one-visit sedation can be a convenience for both child and parent—it means a lot less lost time from school and work and less travel time and expense.

ISOLATION SYSTEMS THAT ARE NOT ONLY CHILD FRIENDLY BUT NONALLERGENIC AND ASEPTIC

Rubber dam isolation can be frightening for a child. Plus, with the increasing incidence of allergy to rubber, vinyl has become the material of choice if traditional dam isolation is utilized. But due to these circumstances, traditional dam isolation has declined. Gen Y parents with allergy consciousness and adherence to asepsis have shown tremendous interest in new isolation technology (IsoLite, isolitesystems.com). This provides isolation with a new approach—a disposable plastic mouthpiece used only for one child that will provide not only isolation but also illumination, tissue retraction, suction, and comfortable jaw stabilization. Marketing this technology to Gen Y parents will complement your commitment to not only better dentistry but also the use of nonallergenic and aseptic isolation equipment.

GREAT SUCCESS WITH NONMETAL, NONTOXIC, AND BIOACTIVE MATERIALS

Gen Y parents often research online the dental materials that will be used on their children. Nonsystemic fluoride varnishes and sealants continue to be popular preventive materials. Formocresol has long been the standard medicament in vital pulpotomies for primary teeth. However, some European countries have now banned its use in dental treatment, citing its toxicity. Dental literature has now confirmed that mineral trioxide aggregate (MTA), a bioactive, nontoxic medicament, can achieve similar success (NuSmile NeoMTA, nusmilecrowns.com; ProRoot, tulsadentalspecialties.com). Bioactive cements such as BioCem (nusmilecrowns.com), and glass ionomer and resin-modified glass ionomer restorative materials have become popular. Marketing the nonmetal, nontoxic, and bioactive aspects of dental materials to Gen Y parents will again increase treatment acceptance.

SUMMARY

Don't use the same old tired messages to Gen Y parents. Don't continue to display the same cutey image that the baby boomers grew up with. Don't continue to discuss the same old services offered. Get with the Gen Y program.

Marketing plans and their methods (e.g., websites, e-blasts, social media campaigns) need to be creative and use the buzzwords of Gen Y parents. Create the message of new game-changing technology with phrases such as "detection of caries with low-radiation imaging and nonradiation fluorescence," "aseptic and nonallergenic mouth protection," "cavity restoration with nonmetal white resin fillings or ceramic crowns," "needleless anesthesia," "safe sedation," "nontoxic dental materials and medicaments," and so on. Lastly, don't forget reviews—peer testimonials will increasingly attract the Gen Y parents.

NOTES AND REFERENCES


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