Oral Health Messaging: How Policy and Communications Can Advance School Oral Health

November 13, 2017
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If you are viewing as a group, go to the “Chat” icon and type in the name of the person registered and the total number of additional people in the room.

e.g., Tammy Jones +3

This will help us with our final count. Thank you!
Reminders

• All attendees are in listen-only mode.
• We want to hear your questions! To ask a question during the session, use the “Chat” icon that appears on the on your Zoom toolbar.
• Please complete evaluation poll questions at the end of the presentation.
Webinar Archives

- Mapping Tool Introduction
- Findings from the 2013-14 Census
- Policy & Advocacy
- Confidentiality in School-Based Health Care
- Vision Screening 101
- School-Based Health Alliance Tools

http://www.sbh4all.org/webinars
Today’s Presenters

Katie Leonard  Matt Jacob
Agenda

• Intro to framing and our project with FrameWorks Institute
• High level research findings
• Recommendations for reframing
• Next steps for getting involved
FrameWorks Institute

• Communications research firm in Washington, D.C.

• Work with advocacy networks who want to reframe a problem as a social issue

• Changing the context to change thinking -> changing knowledge, attitudes, and policy support
Mission:

To advance the nonprofit sector’s communications capacity by identifying, translating, and modeling relevant scholarly research to frame the public discourse on social problems.

- FrameWorks Mission Statement
Framing

• Frames are sets of choices about how information is presented:
  – What to emphasize, how to explain it, and what to leave unsaid
Strategic framing vs strategic communications*

<table>
<thead>
<tr>
<th>Framing</th>
<th>Strategic Communications</th>
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<tbody>
<tr>
<td>Drives public narrative in a new direction</td>
<td>Drives action toward specific, measurable goals</td>
</tr>
<tr>
<td>Establishes contours, terms, context of an issue</td>
<td>Works within current discourse</td>
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<tr>
<td>Consistent over time to achieve long term goals</td>
<td>Varied across settings, audiences, etc.</td>
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<tr>
<td>Key tools: values, metaphors, selection of themes</td>
<td>Key tools: Messages, calls to action</td>
</tr>
<tr>
<td>Coordinates narratives, positioning, across a field</td>
<td>Plans outreach and engagement along a calendar</td>
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*Informed by the work of the Perception Institute
Research Process

• Expert interviews
• Cognitive interviews
• Media content and field frame analysis
• Tool design
• On-the-street interview
• Controlled experiments
• Persistence trials
## Mapping the Gaps

<table>
<thead>
<tr>
<th>Experts know...</th>
<th>Public thinks...</th>
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<tbody>
<tr>
<td>A functional system</td>
<td>No cavities</td>
</tr>
<tr>
<td>Environments</td>
<td>Individuals</td>
</tr>
<tr>
<td>Eradicate problems through public health initiatives</td>
<td>Brush, floss, and go to the dentist</td>
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What’s in the Swamp of Oral Health?

Health
- Health Individualism
- Health hierarchy (vital organs vs. other stuff)
- Consumerism

Oral Health
- Good oral health = no cavities
- Pretty smile and fresh breath
- Self-esteem and social status
- Mouth as gateway to the body

Causes of problems
- Poor personal hygiene
- Bad parents
- Too much sugar and smoking
- Choosing to delay or avoid care
- “Cultures” of poor self-care

Solutions
- Three simple things (brush, floss, go to the dentist)
- Better information for better decisions
- Low priority
- There’s nothing society can do

Oral Health System
- Dentists’ offices are the system
- Team = dentists, hygienists, receptionists
- Dental insurance coverage is supplement
- Prevention = better, earlier self-care
<table>
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<tr>
<th>Avoid</th>
<th>Advance</th>
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</thead>
<tbody>
<tr>
<td>Avoid framing that narrows the scope of the issue to the teeth</td>
<td>Advance images, examples, and explanations that connect oral health to overall health</td>
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<tr>
<td>Avoid unframed data about disparities</td>
<td>Advance the value of Targeted Justice as an orientation to a fuller story about promoting equitable access to quality care</td>
</tr>
<tr>
<td>Avoid leaving “prevention” undefined, undescribed, or individualized</td>
<td>Use Responsible Management to make an economic case for widespread prevention strategies</td>
</tr>
<tr>
<td>Avoid “zooming in” on individual cases to illustrate systemic problems</td>
<td>Advance understanding of systemic influences on oral health by comparing barriers to “locked doors” and solutions that promote great access to “keys”</td>
</tr>
<tr>
<td>Avoid leaving solutions to the public’s imagination</td>
<td>Advance the idea that oral health involves a team of professionals who work across the community</td>
</tr>
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One example: Keys and Locks metaphor

• Story: To get good oral health, everyone goes through a series of doors – but for some people, they are locked. We should make sure everyone has keys.
Follow up

• “Unlocking the Door to New Thinking: Frames for Advancing Oral Health”
  – Available here

• “Getting Stories to Stick: The Shape of Public Discourse on Oral Health”
  – Available here

• Toolkit to be released in December
• Trainings and ongoing technical assistance in 2018
• National Oral Health Connection Team Communications and Messaging Workgroup
Oral Health Messages That Resonate with Policy-makers

Insights from Message-Testing Research

Presentation to the School-Based Health Alliance
Matt Jacob, Communications Director  ♦  November 13, 2017
Why CDHP conducted this message research

- To identify messages for policymakers that can move us from a system focused on treatment of cavities to a system focused on how to prevent and manage dental disease.
- To identify messages that will engage a broader child advocacy and/or health policy community.
In 1997, the **Children’s Dental Health Project** was founded by Dr. Burton Edelstein, a pediatric dentist. CDHP was created to advance innovative policy solutions so that no child suffers from tooth decay. We are driven by the vision that all children will achieve optimal oral health in order to reach their full potential.
Key questions that guided this project:

Q: What do policymakers know about oral health?

Q: What facts or messages are more likely to strengthen policymakers’ support for greater investment in oral health prevention and disease management?
CDHP’s research strategy

We commissioned a public affairs firm with health policy experience to conduct in-depth interviews (IDIs) and a focus group with influencers who interact with policy-makers in order to learn:

• what policymakers know
• where knowledge gaps exist
• which facts or messages are most likely to encourage them to consider embracing policies focusing on prevention and disease management
Interviews with policymakers and influencers such as these:

- Pediatrician
- Children’s hospital administrator
- Former state secretary of health
- Physician & state legislator
- Children’s advocate
- Insurance executive (United Healthcare)
- Health policy analyst
- Former state Medicaid official
- Health foundation officer
Making the case to policymakers

• We provided a list of 7 different facts or statistics about the impact of poor oral health.

• Participants were asked to choose which ones would resonate most with policymakers.
Making the case: Best facts/data to cite

The facts that were rated as most persuasive

- In 2014, 3,000+ kids were treated for tooth decay in one Colorado hospital operating room, costing between $10,000 and $15,000 per case.
- Children with poor oral health are nearly 3 times more likely than their peers to be absent from school.
Making the case: Best facts/data to cite

The facts that were rated as least persuasive

- 1 in 4 kids entering kindergarten already has had at least 1 cavity.
- Children with cavities in their baby teeth are 3 times more likely to develop cavities in their adult teeth.
Key findings

1. There are major knowledge gaps. Many policymakers don’t understand that tooth decay is a disease process.

2. The concept of disease management is still new to oral health. The drill-and-fill mindset persists. How a “management” approach would work must be clearly communicated.
Key findings

Policymakers are largely unaware of the human and financial costs that children’s dental disease imposes on families and taxpayers in their state. Messages that focus on decay’s prevalence did not resonate nearly as well as messages about decay’s impact.

Identifying the roles that pediatricians, CHWs, school nurses, WIC staff and other non-dental people can play (doing risk assessments, educating parents, etc.) is crucial to engage these stakeholders in oral health advocacy.
Sample comments from participants

“Most [policymakers] are not aware ... they just don’t understand that this is a chronic disease that has to be treated on an ongoing basis.”

“If tooth decay were treated like every other disease — and it’s the most common chronic disease of childhood — then it should be the most common thing physicians talk about.”
Sample comments from participants

“Managing [caries] in the way we manage other diseases makes sense. This approach is the only way we’re ever going to make any substantial headway and stop trying to drill and fill our way out of the problem.”

We “need to make the case better about not only healthcare costs but the cost (of dental disease) to society...”
Sample comments from participants

“Oral health is typically not a big priority... there are thousands of things every day that Medicaid directors have to get done. It’s not something that you just lean over the cubicle and say: ‘Hey, let’s reimburse caries risk assessments’ ... you need a champion who assures that it gets worked through the bureaucracy.”
Thank You!

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BACK TO SCHOOL REMINDERS

Complete Your National School-Based Health Care CENSUS
www.sbh4all.org/2016-17Census

Beginning Monday, September 18
Submit Your ABSTRACT for 2018 National SBHC Convention
www.sbh4all.org/training/convention/cfa

While Entering CENSUS Data, Report the National SBHC PERFORMANCE MEASURES
(Report all your data at once through the Census portal.)
SAVE THE DATE

NATIONAL SCHOOL-BASED HEALTH CARE CONVENTION

June 24-27, 2018
INDIANAPOLIS, IN

FUELING YOUR GROWTH
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2018
NATIONAL SCHOOL-BASED HEALTH CARE CONVENTION

INDIANAPOLIS, INDIANA / JUNE 24-27

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Thank You!

Additional Questions? Contact us at: info@sbh4all.org