

Messaging Guide *for* Maine Oral Health Advocates

In the fall of 2018, focus groups in two Maine communities were held to test knowledge and messages about oral health. These focus groups were co-sponsored by the Partnership for Children's Oral Health and the Washington D.C.-based Children's Dental Health Project. A report summarizing the focus groups identified six key lessons for oral health advocates. This Messaging Guide translates those lessons into messages that advocates can use when communicating with policymakers.



Lessons from the Focus Groups

1 Focus on the consequences of poor dental health: When asked to choose the oral health facts that they felt would be most convincing to policymakers, participants often picked ones that revealed the consequences—rather than the prevalence—of poor dental health. Two of the four top-rated facts focused on the educational or economic impact of dental disease.

Linking oral health to education and other issues that policymakers already care about could be a recipe for success. Moreover, consequence-focused statistics were the most surprising to participants, suggesting that these facts might help oral health get the attention of policymakers.

2 Fill in their knowledge gaps: Dental issues are not top-of-mind, which is one reason why there are significant gaps in knowledge. These gaps can make it tougher to get the attention of elected officials. For example, most of the Maine participants agreed that the typical policymaker is unaware that tooth decay is caused by a disease.

In addition, some focus group participants incorrectly assumed that a Medicaid expansion would somehow address MaineCare's problem of emergency-only adult dental benefits. Some policymakers might be making the same assumption. Before making any "ask" of policymakers, advocates should provide crucial facts that fill these knowledge gaps.

Put the Lessons in Practice *(sample messages in italics)*

Use concise, memorable messages to emphasize the consequences that poor oral health is having. One example:

In our state, toothaches and other dental problems make it harder for children to learn and for adults to earn. If we really want to improve education and workplace productivity, we need to address oral health.

One gap is the lack of awareness that tooth decay is a chronic yet preventable disease. In focus groups, participants agreed that identifying decay as a chronic disease would make a "pretty powerful" statement to policymakers. This description should be one of the most frequent messages that oral health advocates share with policymakers. Example:

Tooth decay is a preventable but chronic disease caused by bacteria and other factors. We can prevent cavities or keep the early signs of decay from developing into a cavity. Focusing on prevention can help children and adults avoid dental pain and lead healthy lives.

Lessons from the Focus Groups

3 Cite job opportunities to urge improvement of MaineCare’s adult dental benefits: Most participants felt that policymakers would be more receptive to improving adult dental benefits if they heard a message framed in the language of job opportunities. In doing so, advocates can cite more than anecdotal evidence. In fact, in a 2015 American Dental Association survey, 37 percent of Maine low-income residents reported that the appearance of their mouth and teeth affects their ability to interview for a job.

4 Talk about the system: National research has shown that when asked about dental health issues, most Americans talk about it as an individual responsibility. Policymakers are likely to have the same tendency, which can pose an obstacle to policy change. Advocates’ messages should remind policymakers that people are trying to navigate a broken system.

It’s also worth pointing to various factors outside an individual’s control that affect their oral health—from water fluoridation to public transportation that makes it easier for people to reach dental services. Advocates seeking medical-dental integration should cite how the existing system separates dental and medical care—a separation that frustrated many of the focus group participants.

5 Use jargon-free messages: Influencers—the people who attended these focus groups—are more engaged and involved in the public dialogue around health issues. Yet even they may not understand many terms that health advocates use regularly. For example, one participant read a handout and then asked: “I wasn’t really sure what ‘health outcomes’ means? It sounds vague.” This is a reminder that advocates who seek to improve dental health should opt for language that is widely understood, avoiding policy jargon and technical terms.

Put the Lessons in Practice *(sample messages in italics)*

Nearly 4 in 10 low-wage Maine residents say the appearance of their mouth and teeth affects their ability to interview for a job. To grow Maine’s economy, we need healthier workers whose dental health issues won’t disqualify them for good-paying jobs.

Parents have an important role in helping their children achieve good oral health. But the system around them can make it harder for families. For example, when a community doesn’t provide fluoridated water, it makes it harder for Mainers to remain cavity-free. In addition, parents may not be allowed to have time off work to take their children to the dentist during normal business hours. Factors like this beyond a family’s control can help or harm their health.

Simplify and clarify what you mean. Speak in human terms—talk about the needs of “children” or “adults,” rather than of “enrollees” or “populations”:

INSTEAD OF: *MaineCare enrollees are confronted by continuing workforce challenges.*

SAY THIS: *Many people with MaineCare coverage struggle to find a dentist who will see them.*