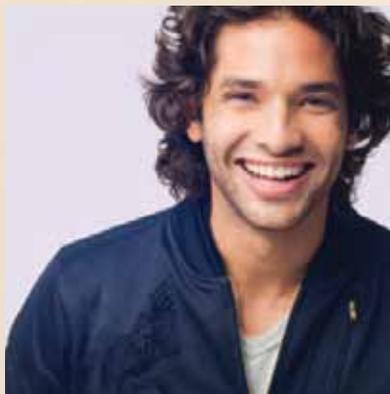


PROMOTING ORAL HEALTH IN COLORADO COMMUNITIES



A Marketing Communications & Advocacy Toolkit



 **Oral Health Colorado**
Connecting Colorado's Oral Health Advocates

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What Can an Effective Oral Health Coalition Accomplish?

- Encourage increased Medicaid/CHP+ enrollment
- Encourage close collaboration between medical and dental providers
- Educate policy makers at all levels to assure that oral health is a policy priority
- Increase access to care in ways that are developed by consensus and are most effective in individual communities
- Educate communities and families
- Develop and use consistent messaging around oral health issues

Grow Your Policy Power

In order to strengthen oral health policy and create a healthier norm in your community and in Colorado, you will need to grow your support base. To do that, you will need to communicate your message clearly, effectively, and in a compelling manner. It is not surprising that these efforts require a thoughtful plan to inform the “public” in terms of education, communication, promotion, and outreach. Marketing what you want to achieve and explaining the benefits is a critical component of successful oral health awareness and policy efforts.

This toolkit will assist you in achieving the following:

- Building the capacity of your coalition to understand and communicate about the spectrum of policy change
- Increasing understanding of how to build relationships with policy makers and community influencers
- Identifying target audiences and develop key messages around oral health issues
- Returning to your communities able to use tools and resources provided in order to effectively communicate with policy-makers and community influencers

Example Community Policy Change Model



Legislative Advocacy

Legislator Relationships

Remember that old adage, “all politics is local?” It’s famous for good reason—because it’s true! Your legislator is responsible for crafting policies that impact you professionally and personally. Once you develop a strong relationship with him, he will turn to you for input on matters you are most knowledgeable about and almost always vote the way of those he is most close to in his district. As lobbyists, we have seen this many times over.

Theoretically, we all know this to be true. In practice however, getting to know your legislator—making that first phone call or e-mailing her—feels beyond daunting. In reality, not only is it easy but you will be surprised to learn that she wants to hear from you and what you are most concerned about. Miles Consulting provides you with suggestions on how to get to know your legislator below. Don’t know who your legislator is or who is running for election in your area? Don’t worry, we provide information on how to find them too.

Who is your Legislator?

United States Congress

Every Colorado resident is represented in US Congress by two Senators in the Senate and one Representative in the House of Representatives. Our 2012 Senators are Mark Udall (D) and Michael Bennett (D). Colorado has seven Representatives representing geographical Congressional Districts (CDs). Your 2012 Representative is one of the following: Diana DeGette (D-Denver), Mike Coffman (R-Lone Tree), Ed Perlmutter (D-Denver), Cory Gardner (R-Yuma), Doug Lamborn (R-Colorado Springs), Scott Tipton (R-Cortez), or Jared Polis (D-Boulder).

Colorado General Assembly or Colorado Legislature

Many people confuse their Members of Congress with their Colorado State Legislators, but they are completely different! Every Colorado resident is represented in the Colorado Legislature by one Senator in the Senate and one Representative in the House of Representatives. Both your Senator and your Representative are determined by the Senate and House district in which you live.

Start By Finding Out Who Your State Legislators/Candidates Are

Go to www.vote-smart.org. Your first step is to enter your nine digit ZIP code in search area at the top right. If you do not know the four digits after your five digit ZIP code, enter your five digit zip code, click on Search and then follow the directions to figure out the last four digits through the US Postal Service website. Once you enter the full 9 digits, you will be able to click on State Legislative where you will find your State Representative and Senator listed. If it is an election year, Vote Smart provides information on the candidates running too. If you click on each of their names, you will see a standard bio, along with evaluations by interest

Legislative Advocacy, cont.

groups, voting records, and other great information. You will also find their website address and e-mail address here.

Make That First Contact

Send an e-mail or call your legislator. We recommend that you try to meet him in the interim (June – November) when he is less busy with the stress of the legislative session. He will have more time to spend with you and learn about your concerns and issues. He will nearly always respond outside of session. During session, unless you know him well enough, you are likely to hear back from his aide who will pass along your message to him. While we suggest calling him in the interim, you can always send an e-mail message like this:

Hello, my name is name and I live in your district, in [town name]. Tell a bit about your job/career and issues you are interested in. I would like to visit with you to discuss some concerns (or ideas) I have. I can be reached at (contact info). Also, I am interested in receiving any newsletters or e-mails you regularly send to constituents. Can you add me to your list?

Now that you know your legislator....

Stay in touch! Call him from time to time with new ideas to help address his efforts or your concerns. Ask to be placed on his newsletter and e-mail lists so that you can stay current on what he is working on and attend events of interest that he is hosting. You want to show that you are part of the solution as well as just addressing problems. Be patient. Remember, your goal is to become a good, trust resource for him and that won't happen overnight.



GREAT IDEAS ON HOW TO MEET YOUR LEGISLATOR/LEGISLATIVE CANDIDATE

- Invite her to coffee (see below on how to make that happen). Get to know her, ask about the issues she is focusing on and then talk about your ideas/concerns.
- If she is running for re-election, volunteer to host a “meet and greet” in your neighborhood or better yet, a fundraiser. Many opt for the meet and greet because it is less overwhelming and equally as effective because your candidate needs to meet voters in order for them to vote for her.
- Volunteer to work on her campaign: candidates are always in need for volunteers to walk blocks with them, stuff envelopes and make phones calls. It is the “grunt work” of campaigns and just as appreciated as giving a contribution.
- Ask for a yard sign to put in your yard—it's more appreciated than you think it is.
- Make a personal campaign contribution. Even \$25 is greatly appreciated, but the more the better. Once elected, your legislator will remember your financial support.

Legislative Advocacy, cont.

Legislative “Do’s”



Get to know your legislator in advance of asking for his/her help. Send e-mails or letters introducing yourself.



Invite your legislator to personally visit health centers in his/her district.



Be on time for appointments.



Have one chief spokesperson who will manage all discussion during meetings with legislators.



Keep the “bottom line” in mind. Be concise, clear, and to the point in your remarks to legislators. Time is limited.



Be (and sound) convinced of the essential value and importance of health centers. You will never convince anyone else if you are not convinced yourself.



Emphasize local examples of good work by health centers, and the local impact of any legislation.



Write letters to your legislators. Constituent mail is strongly considered. Letters should be two pages or shorter, with the issue and bill number in the first paragraph.



Leave material with your legislator, and provide information about how to get in touch with you later.



Let your legislator know if you do not know the answer to their question. Tell them you will follow up with the information they requested.



Let CCHN know if your legislator had any questions you were unable to answer or concerns you were unable to address adequately.



Write a thank you note to your legislator for meeting with you, and be sure to thank him/her if s/he supports your position on a bill, or an issue.

Legislative Advocacy, cont.

Legislative “Don’ts”



Mislead or give your legislator false information. If you do so unknowingly, go back and admit your mistake.



Send form letters; they are usually disregarded.



Use health care jargon or acronyms.



Get drawn into any confrontation with a legislator that appears to be “dead-ended.”

Belittle those who disagree with you. On the next issue, they may be on your side.

NONPROFITS AND ELECTION-RELATED ACTIVITIES

Nonprofit¹ engagement in election-related activities can be quite complementary to legislative, regulatory and administrative lobbying for several reasons:

- Election-related activities can raise the visibility and recognition of your issues.
- Election-related activities are a key way to involve the people and community you serve.
- Election-related activities can be the first step toward building on-going relationships with elected officials that your organization will need to work with and influence later.



Nonprofits do not have to sit on the sidelines during a political campaign provided that they operate in a scrupulously nonpartisan manner. Nonprofits sometimes confuse working for the election of a political candidate with lobbying. These two kinds of activity are in fact very different.

It is perfectly legal (and highly appropriate) for a nonprofit to work for the passage of a particular piece of legislation, during a political campaign or at any other time. ***Working for the election of a particular candidate, however, whether at federal, state, or local levels, is strictly prohibited and is cause for the nonprofit to lose its tax-exempt status.***

While a 501(c)(3) group cannot work on behalf of or against candidates, there are a number of other election-related activities, such as those described here, that it can legally engage in. Use this resource to learn what your organization can and cannot do to support your legislative advocacy efforts during an election season. If you plan to engage in any of these activities, consult a nonprofit law attorney for further guidance.

¹Nonprofit, as used here, refers to 501(c)(3) charitable organizations, not including private foundations.

DO'S AND DON'TS FOR 501(C)(3)S DURING AN ELECTION SEASON:

>> SEVERAL DONT'S

- Don't lend space to candidates or a party. If you sell space or a mailing list, then it must be at fair market value and available for all candidates.
- Don't coordinate activities with a political campaign.
- Don't allow staff to contribute time at the expense of the organization. They must do so on their own time.

>> SEVERAL DO'S

- Do continue your normal lobbying activities during a legislative session.
- Do consider conducting nonpartisan election-related activities as discussed in this information sheet.

ELECTION-RELATED ACTIVITIES BY NONPROFITS

>> NONPARTISAN VOTER REGISTRATION

Nonprofits may want to participate in Get Out the Vote (GOTV)/voter registration activities to promote democracy and voting for all eligible citizens. Know the following rules before participating in GOTV:

- Ok to target a group that is historically disadvantaged.
- Not ok to target any ideological group such as conservatives, liberals, Republicans, or Democrats.
- Ok to target geographic areas with historically low voter turnout.
- Ok to target an area where your organization has the infrastructure to carry out the activities.
- Not ok to choose based on where a close race is.
- Ok to refer to issues that do not make obvious your organization's preferred position.
- Not okay to target or choose any area or group with the intention of influencing the outcome of an election.



>> CANDIDATE QUESTIONNAIRES

Nonprofits with a broad range of concerns can safely disseminate responses from candidate questionnaires. The questions must cover a broad range of subjects, be framed without bias, and be given to all candidates for an office. If a nonprofit has a very narrow focus, however, questionnaires may pose a problem. The IRS takes the position that a nonprofit's narrowness of focus implies endorsement of a candidate whose replies are favorable to the nonprofit's position on the topic covered in the questionnaire. The same problem arises when candidates are asked to respond to a nonprofit's position paper. Unless you are certain that your organization clearly qualifies as covering a broad range of issues, your organization should avoid disseminating replies from questionnaires.

>> VOTING RECORDS

Many nonprofits follow the useful practice of telling their members how each member of a legislature has voted on a key issue. The IRS has several regulations on when and how 501(c)(3) nonprofits may distribute voting records. Such regulations include that voting records can be disseminated if such records have been published in a similar manner by the organization consistently throughout the year or legislative session. Voting records cannot be disseminated only during an election season. For more information, seek counsel from a qualified attorney before proceeding to distribute candidate voting records.

>> VOTER GUIDES

Voter guides provide information on the candidates running for office during an election season to help voters make informed decisions when casting their ballots. Voter guides published by a 501(c)(3) nonprofit should be completely nonpartisan. IRS law looks for bias in the format and content of what an organization includes in a voter guide. Again, the key is nonpartisanship. Also, be sure to check and comply with Federal Election Commission rules regarding voter guides and other election-related activities before engaging.

“Voting records can be disseminated if such records have been published in a similar manner by the organization consistently throughout the year or legislative session.”



NONPROFITS AND ELECTION-RELATED ACTIVITIES

>> CANDIDATE VISITS AND PUBLIC FORUMS

Nonprofits may invite candidates to meetings or to public forums sponsored by the organizations. The invitation must be extended to all legitimate candidates for an office. It is best to write to them all simultaneously and to use identical language in the invitations. It is not necessary that all candidates attend. If a candidate asks to visit your facility you may allow it but you should then invite the other candidates. Moreover, the candidate may not fundraise or campaign on the premises of your organization.

Even-handedness must be maintained in promoting and holding a public forum. Also, the forum must cover a broad range of topics and cannot just address one particular issue. The nonprofit should not state its views or comment on those of the candidates. If there is a question-and-answer period, each candidate must be given an equal opportunity to answer questions, and the moderator should strive to ensure balance. Speeches or other remarks by candidates at the forum may be published as news items in the nonprofit's newsletter, if it is published regularly and if its circulation is limited to the organization's normal distribution patterns.

**“Even-handedness
must be maintained
in promoting and
holding a public
forum.”**

>> ISSUE BRIEFINGS AND CANDIDATES' STATEMENTS

Issue briefings for candidates must be extended to all the candidates running for a particular office. A candidate may publish a position paper or statement on the issue, but a nonprofit may not circulate the candidate's statement to the media, the general public, or the nonprofit's members until after the election.

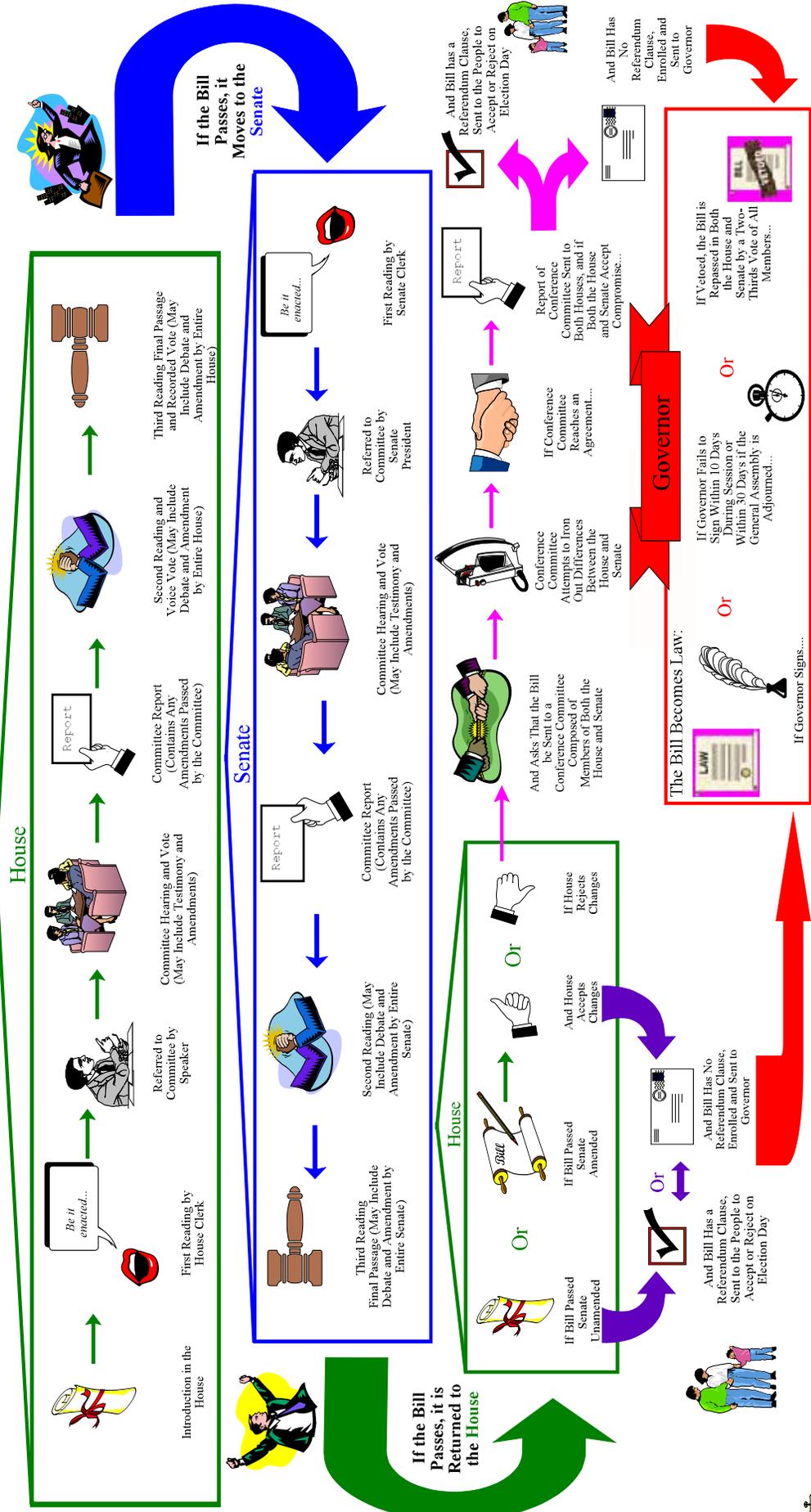
>> TESTIMONY ON PARTY PLATFORMS

As part of a lobbying effort, nonprofits may testify before party platform committees at the national, state, or local levels. Testimony should be offered equally to both parties, and both parties' platform committees should receive copies of the testimony. Any account of the testimony and responses may be reported in the nonprofit's regularly scheduled publications.

>> MEMBERSHIP LISTS

The nonprofit may sell, trade, or rent its list to others, including candidates for office. If it does so, all candidates must be aware of the opportunity and be given the same access on the same terms. An organization that gives or lends its membership list to a candidate is in effect making an illegal campaign contribution. To stay within the law, the nonprofit must be paid fair value in return.

How a Bill Becomes Colorado Law*



* Assumes Bill is a House bill, a Senate Bill Follows a Similar Process Beginning in the Senate

Office of Legislative Legal Services, Colorado General Assembly, October 2001

Legislative Advocacy, cont.

Here is the URL for candidate information for the 2012 Primary and General Elections:

<http://www.coloradocapitolwatch.com/candidate-analysis/9/2012/0/>

Please note a few things on this page:

- When you reach the page you will see that the table begins with house districts. It also gives candidate information in alphabetical order using the candidate's last name rather than numerical order of districts. To change the table so that it is in numerical (district) order, click on the arrow pointing down in the "district box". To see Senate districts first, click on the arrow once more after you have changed the order from alphabetical order to numerical (district) order.

Information in candidate tables

- Each box in the table provides you with information on the candidate, party demographics for that district, total funds and of those funds, how much is left and a place for you to note whether you support or oppose him/her. If you click on the candidate's name, you get this same information in addition to the district map (click on the district number) and contact information including a bio.

Communicating About Oral Health

Communicating about oral health includes a strategic mix of marketing, education and advocacy. These elements are often part of a “continuum” of change that moves a community to realization of a desired end result. Before policy change can occur, marketing and education must play a role. Change typically doesn’t happen overnight. It occurs as a result of issue identification and subsequent communication about that issue to target audiences and garner support.

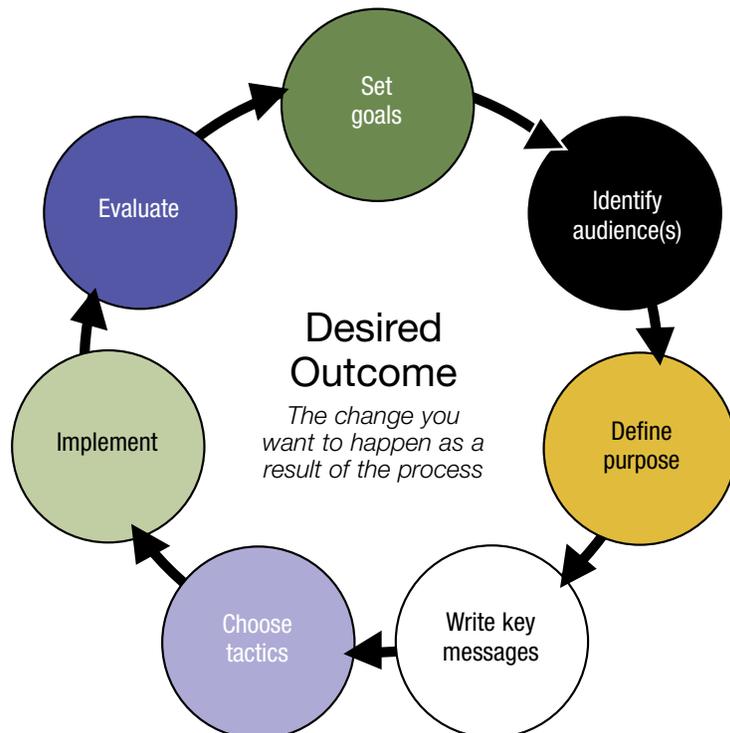
Marketing moves an issue, and the desired outcomes and long-term goals, in front of target audiences. These audiences may join the work toward a solution as they embrace the message, and become strategic partners.

Education makes the case for the solution. It calls on facts, data, and statistics, and lays the groundwork for policy implementation.

Advocacy refers to the pursuit of public policy change. It is defined as speaking up, drawing attention to an important issue, and directing decision-makers toward a solution.

The Marketing Communications Process

Begin with the outcome in mind



Goals

What will be achieved in specific, measurable terms.

Audience(s)

The people who need know about the issue, and who might use that information to help achieve the outcome.

Purpose

The reason you are sharing the information (e.g., attract attention & interest, elicit action, etc.).

Key messages

The important stories that provide support for change.

Tactics

The elements that will be used to deliver your messages to target audience(s).

Implement

Putting the plan into action.

Evaluate

Checking to see if you've accomplished what you set out to do.

Communicating About Oral Health, cont.

Marketing may appear to be a practice that only applies to commercial products, that is, someone has a product they want to sell, and they market that product in order to interest potential buyers and realize revenue.

The term “marketing” typically refers to a broad set of promotional and outreach activities aimed at communicating information to important audiences. These activities often include advertising, public relations, direct mail, online education, informational materials and other marketing tactics. In a college campus environment, outreach may occur during events like new student orientation, and through the use of informational materials such as brochures, PowerPoint presentations, newsletter articles and advertisements.

While old-school marketing is based on selling products, new-school marketing is based on satisfying needs. It is about creating relationships. People don’t want to be marketed “to;” they want to build a relationship “with.” When marketing is considered in terms of relationships, it is easier to see the connection between marketing and the advancement of social change, including oral health policy in communities. Strategic marketing is about acquiring an understanding of the needs and desires of target audiences and designing messages, services, branding, and outreach to meet those needs and desires.

Social marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing. Among the important concepts are the following:

- The ultimate objective of marketing is to influence action.
- Action is undertaken whenever target audiences believe that the benefits they receive will be greater than the costs they incur.
- Target audiences are seldom uniform in their perceptions and/or responses to marketing efforts and should be partitioned into segments.
- Recommended behaviors always have barriers which must be understood and addressed.
- The marketing environment is constantly changing and so tactics must be regularly monitored and modified.

Setting Goals

Successful groups (coalitions, task forces, agencies, organizations) set tangible goals to guide their communication efforts. They want to know which efforts are making a difference, if dollars are being well spent, and how to measure what works. Goals help you to answer the question, *“How do I know that I am making a difference/moving oral health education and policy forward by using effective marketing and communications strategies?”*

A first step is to articulate your group’s big-picture goals and the specific outcomes that will demonstrate those goals are being achieved. Clarifying goals will help you establish a foundation for a marketing strategy that delivers desired results. You should also develop measurement and tracking procedures for the evaluation of your goals.

Action & Image Goals

There are two types of marketing goals: action and image. Action goals relate to things you can count. They are quantitative. With action goals, you want your marketing efforts to produce specific, measurable results for your group.

Image goals involve establishing or changing the way your group is perceived. If you are just starting up, adding a new program, suffering from an outdated image, or evolving as a group, you want to set some image goals.

Action goal examples:

- The coalition will add five new members in the next year.
- Oral health policy information will be distributed at a minimum of three community events during the year.
- We will meet with three target audiences to engage support.

Image goal examples:

- The coalition will use consistent graphic elements and messages in all outreach materials.
- The coalition will showcase its vision statement on all outreach materials.

Setting Goals, cont.

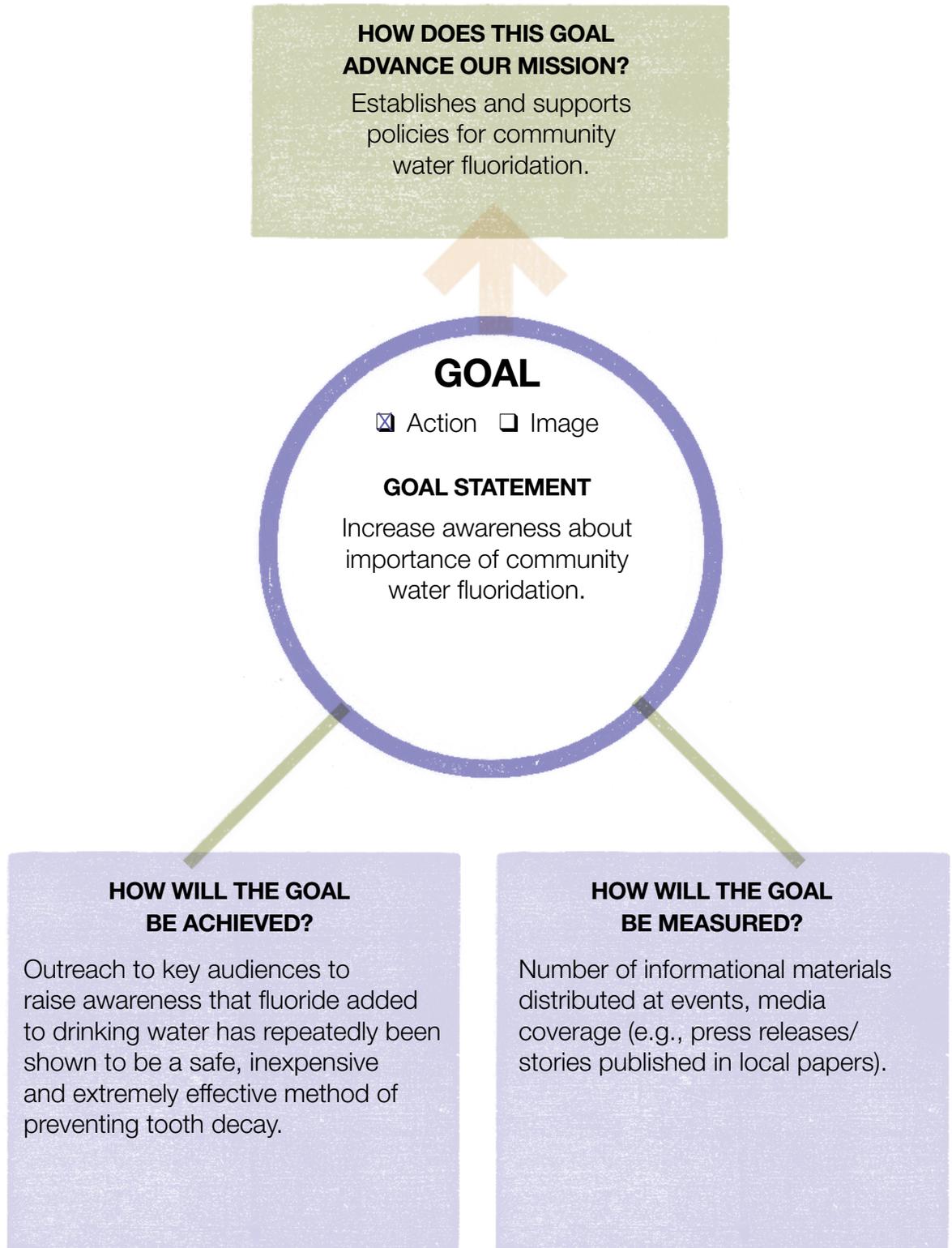
The goals you set should strike a balance between what you ideally want to accomplish and what is possible. It's important to set your sights high but at the same time respect down-to-earth limitations of time, resources and outside factors beyond your control. The bottom line on marketing goals is to further your group's mission.

Brainstorm what you really want to get out of your group over the next funding cycle. Then, using the worksheet on the following page, write down these four things:

- 1.** The goal
- 2.** How it advances your group's vision and mission
- 3.** The strategy to achieve the goal
- 4.** How the goal will be measured

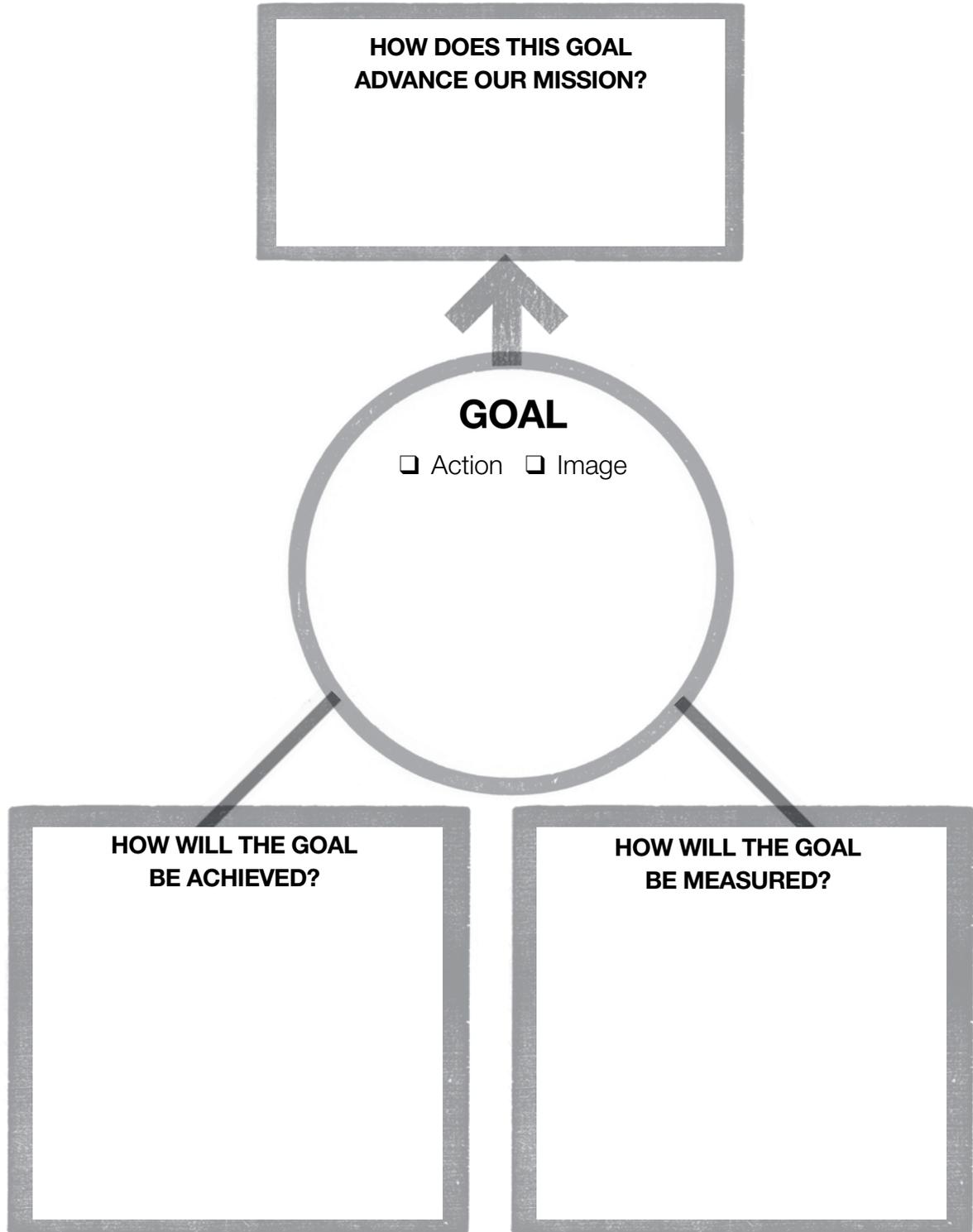
Setting goals is one of the first steps in the marketing process because goals provide direction for your total marketing effort. It is important early on to be as clear as possible about what you want to accomplish. Your goals tell you what success looks like and help you focus your attention in order to achieve success. Example goals are provided on the following pages along with a worksheet to help you map out your coalition's communication and advocacy goals.

Example: Action Goal



Tool: Setting Goals

Make copies of this worksheet and draft goals that advance your vision and mission. Discuss as a team, and select and refine goals based on your annual marketing strategy.



Identifying Target Audiences

Target audiences are the groups of people in the community that you have chosen to reach with your message. Typically, marketers “segment” audiences into different groups that have similar characteristics, behave in a similar manner, or are part of a particular social or interest group. If marketers have several audience segments, they often have marketing plans for each group, or they tailor different elements of their marketing plans to address each group.

An audience profile is a good place to start as you define the people you want to reach with your message. The profile provides a snapshot of your target audiences and is crucial for your marketing plan because it gives you insight into how to impact your audiences and their “investment” in the issue.

The best way to get target audiences to buy in to your message is to frame your message in a way that addresses their perspectives, needs and wants— and you can’t do that without understanding them. You will be much more successful if you use the Audience Profile Form as a starting point for your marketing plans, strategies and tactics.

Defining your audience(s) is a critical component of communications planning. Be sure to consider both internal and external audiences, as well as the people who influence your audience. Examples include:

- Internal audiences: Organizational leadership and staff, and partnership organizations
- External audiences: Local legislators, news media, and the general public

Tool: Target Audience Profile

4. Do you currently reach this target audience effectively? *If yes, how do you reach them? What evidence do you have that you reach them effectively? Which strategies have been successful?*

If no, why do you think your messages aren't reaching this target audience?

5. What are some ideas for improving the effectiveness of your messaging to reach this target audience?

6. What else is important to know about this target audience?

Creating Key Messages

Key messages should be simple and easy to digest. They can be crafted as general messages that appeal to a number of your target audiences, and they can also be specific to the needs and interests of specific groups. Limit the number of key messages to three or four and support them with a few bullets that illustrate or enhance the message. Use simple language and brief phrases that can prompt sharing of more personal stories or examples.

Benefits of Key Messages

When messaging is focused on repeated themes, it has more strength due to redundancy and consistency. Key marketing messages contain all the important points about your service or “product” (in this case, oral health policy).

Having consistent and focused marketing messages allow you to respond to the needs of your audience and create a buzz about your services, campaign or program. Key messages should focus on these elements:

- Educating and informing
- Explaining benefits
- Creating an image

The different purposes of key messages include the following:

- Attract attention and interest
- Generate an emotional response
- Elicit action or alliance
- Counter opposition

Key messages must be focused, crystal-clear and speak to the interests and needs of your target audiences. Your carefully crafted messages should make them want to find out more, and ultimately, to do something to support your cause.

Key Messages and Storytelling

Think about your key messages as part of an important story you want to tell. A story can be eight words, eight paragraphs, or eight chapters and is told through strategically selected tactics which maximize the story’s impact.

Our brains are wired from a very young age to listen to stories so think about how you frame your information and facts as part of a story (see the Six Characteristics on page 24).

Creating Key Messages, cont.

Types of Key Messages

■ **Factual (just the facts, please)**

Factual messages have a reliable source and are often statistical in nature. Here is an example:

–Two published studies conducted by CDC found that for larger communities of more than 20,000 people where it costs about 50 cents per person to fluoridate the water, every \$1 invested in this preventive measure yields approximately \$38 savings in dental treatment costs.

■ **Emotional/remarkable (I had no idea!)**

These messages are crafted to make an emotional connection with the person/group receiving the message.

–Thanks in large part to community water fluoridation, half of all children in the U.S. ages 5 to 17 have never had a cavity in their permanent teeth.

–Fluoride is nature’s cavity fighter and is naturally occurring in all water sources. Community water fluoridation, has been around for over 50 years, and is simply the process of adjusting the fluoride content of community water to the recommended level for optimal dental health.

■ **Action (let’s do something about this...)**

Action messages are very specific about what you want the target audience to do next, and are often combined with the other types of messages as the “call to action” part of the overall message.

–Community water fluoridation is the single most effective public health measure to prevent tooth decay. Sign a petition to support community water fluoridation in [TOWN] by visiting [WEBSITE URL].

■ **Reframing (in fact, the truth is...)**

There may be opposition to your efforts to create oral health policies. Remember that being proactive works better than being put in a defensive position when you are debating opposing arguments.

–The Centers for Disease Control and Prevention has proclaimed community water fluoridation as one of 10 great public health achievements of the 20th century.

Example: Storytelling (once upon a time...)

Six Characteristics of an Effective Story

1. Invites people into a conversation 	4. Allows people to draw their own conclusions 
2. Has a clear purpose 	5. Helps people see the "what if" and future possibilities 
3. Is relevant/framed for the listener 	6. Ends with a call to action 

1. "Conversation" can mean actual dialogue, or thoughts that are triggered/ stimulated in the "listener's" brain.
2. Answers the question, "Why are you telling this to me?"
3. Answers the question, "What's in it for me?"
4. "The listener" can process the information and make personally relevant decisions.
5. Stimulates thinking and energy towards action.
6. Connects the dots by suggesting a "Something you can do is..."

Example: Key Message Cards

Topic: Oral Health and General Health

Target: General Public

Type of message: Emotional

Key message: Oral health is integrally connected to general health. Oral disease is associated with pain, speech, behavior and self-esteem in children, as well as chronic diseases such as diabetes, nutrition, cardiovascular and pulmonary disease in adults and seniors.

Topic: Dental Decay in Children

Target: General Public

Type of message: Emotional

Key message: The bacteria that cause tooth decay are passed from parents or caregivers to infants and young children. Try not to share food with your baby or clean a dropped pacifier in your own mouth before giving it back to your baby

Example: Key Message Cards

Topic: Oral Health Prevention Strategies

Target: General Public/Policy makers/medical and dental providers

Type of message: Factual

Key message: Early preventive care, beginning no later than age one, can help to prevent tooth decay in young children. An age one dental visit is promoted by the American Dental Association, the American Academy of Pediatric Dentists and the American Academy of Pediatrics.

Topic: Dental Decay in Children

Target: General/Policy makers

Type of message: Factual

Key message: Although tooth decay is almost 100% preventable, it remains the most common chronic disease in children. Preventive care and education of pregnant women, preventive dental visits beginning at age one, and good home health habits can positively impact the rate of decay in all children.

Tool: Key Message Cards

Make copies of the cards and distribute to team members to begin drafting the messages your coalition wants to convey. Sort messages by topic and target, select and refine the chosen messages. Share ideas and come to consensus on the best message cards.

IDEA: Use colored card stock to differentiate types of messages or messages by target audience.

Topic: _____

Target: _____

Type of message: _____

Key message: _____

Topic: _____

Target: _____

Type of message: _____

Key message: _____

Choosing Tactics

Your messages need to be communicated in a compelling and convincing way, with some frequency and using different outreach tactics. There are many marketing communication tactics and tools that can help you get the word out, including advertising (paid placement), public relations, special events and the use of collateral (print and giveaway).

As you consider your outreach strategy, and the tactics and tools you will use, you should also keep in mind the following:

Timeline—Use a calendar to create a proposed timeline of outreach opportunities during the year. Remember to allow for development and production time for materials to use at those opportunities.

Budget—Placing media buys, printing brochures, and producing promotional items costs money, so find out what budget is available to support your marketing communication efforts.

Donations—If coalition guidelines allow, ask for donations from local groups or individuals, as well as requesting free media (e.g., public service announcements) where applicable. This is also an opportunity to identify allies and future supporters.

Resources—In addition to financial resources, you also need to identify the human resources available to assist in outreach, as well as environmental resources such as meeting space, tables, chairs, audiovisual equipment and so on.

Choosing Tactics, cont.

What are the elements of your marketing strategy?

A marketing “wheel” can help you think about and select different outreach tactics. Your program’s wheel should reflect what makes sense for your local environment and the target audiences you want to reach. The wheel elements in this example are described on the following pages.



Choosing Tactics, cont.

Needs Assessment

Thorough assessments will provide you with the information needed to effectively communicate your message(s). Research includes gathering information about potential key supporters and helpful organizations, getting baseline data about oral health issues in your community, and understanding how different organizations, agencies and politics work. After collecting data, you will have the necessary foundation to determine an effective plan of how to create outreach materials that will support the efforts of your coalition.

Doing research also allows you to meet important people such as government leaders, parents, oral health professionals, school administration, and community organizations and businesses. Building strong relationships is essential for communicating and sharing your messages.

Public Relations

Public relations encompasses everything that advertising does not. Everything from a letter to the editor, to a presentation to a group of students on campus can fall under the label “public relations.”

In the case of oral health policy in your local community, you want to educate target audiences about the benefits of oral health policy and urge decision-makers to adopt policies. The goal is to educate everyone who can understand and promote your messages, thereby creating a “ripple effect” in and around the community.

Get to know editors and reporters; knowing your local media representatives will provide you with a unique advantage when pitching a story idea or reacting to an inaccurate news article.

Advertising

Advertising is a paid media while public relations is earned. In order to place an ad in the newspaper, on TV, or in a magazine, you must pay to place that ad. Again, this differs from public relations because rather than pay for message placement, you “pitch” a story to a reporter in order to get the story in the newspaper, on TV, etc. Advertising guarantees the placement of your message while public relations is often subject to other news that may bump your story because it’s breaking/major news.

Choosing Tactics, cont.

Events

Event marketing gives you a unique opportunity to connect with your target audiences in person. You can host events to gain support and momentum for policy change and/or participate in events external to your program. Become informed about the different events happening in the community and consider participation as an exhibitor, panelist, speaker, or partner. Coalition members can become “street marketers” and can distribute promotional items and messages to participants at events. Contact event planners to find out how you can participate.

Ideas for Making Normal Events Policy Events



You can lay the groundwork by incorporating elements of policy into events. This can be as simple as gathering names and e-mails of people interested in oral health issues. Have sign-up sheets at every event you hold. This will allow you to build a database of supporters.



Emphasize any normative messages that are supported by data.



Use your events to start the conversation about the connection between oral health and overall health. You do not even need to mention the word “policy” until you have spread the some basic, informational/awareness messages.

Promotional Items (Collateral)

Promotional items are a collection of materials used to support the promotion of a service or idea. These materials are intended to make the communication effort easier and more effective. Your brand is clear on these materials. Examples include:

- Informational brochures
- Postcards
- Letters
- Posters, signs and banners
- Visual aids used in presentations (e.g., PowerPoint)
- Web content
- Key messages/talking points
- Fact sheets
- Newsletters
- Gear/giveaway items (e.g., branded with a logo, phone number, and/or website address, such as stress balls, highlighters, key chains, etc.)
- Display ads

Choosing Tactics, cont.

Sponsorships

Consider sponsoring key events in order to reach target audiences.

Strategic alliances

Building strong relationships is essential for creating power for your coalition. Think about who and what you need in order to create widespread support for policy change.

Coalitions

Oral Health Colorado coalition members can help you with your outreach and advocacy strategies. Use the “parent” coalition to assist with materials, data, tools and resources that can be adapted at a local level to increase the use of common messages around the state.

Web/Internet/Intranet

The web continues to grow as an important vehicle for reaching target audiences. If you have a website, use it as a strategic tool for sharing information, and use oralhealthcolorado.org as a centralized “hub” of oral health information and resources.

Other trends

Consider social marketing channels such as FaceBook and Twitter that can reach certain target audiences with key messages.

Engaging the Media

Many organizations feel that they don’t have the time to incorporate media into their overall social change strategy, but the media can provide visibility, legitimacy and credibility to an issue and your group. The media provide advocates with an avenue to reach people whose power can help move the issue on the policy agenda. The news media communicate to opinion leaders and influential people, as well as the general public, what issues they should think about, how they should think about them, and who has worthwhile things to say about the issues.

Choosing Tactics, cont.

Ten key rules for media efforts

- 1.** You can't have a media strategy without an overall strategy.
- 2.** If you want to be taken seriously as a credible source for reporters, you need to take the media seriously.
- 3.** Understand the conventions and values that drive journalists.
- 4.** Pitch stories, not issues.
- 5.** Supply journalists with creative story elements that illustrate the solution you support.
- 6.** Make your news events count.
- 7.** An interview is not a conversation.
- 8.** Use the opinion pages to reach policy makers and opinion leaders.
- 9.** Consider all kinds of media in your strategy.
- 10.** Use evaluation to refine your media strategy and improve your effectiveness.

Source: News for a Change An Advocates Guide to Working with the Media

Choosing Tactics, cont.

Tips for Working With the Media

- The bottom line for any reporter is going to be, “*What’s In It For Me?*” This means that your story must have an interesting angle or hook to it that the audience will care about. Your policy work may be the most fascinating thing in the world to you, but if there is not something interesting within it for the general public, the story may never be printed/aired.
- Do your research! If you plan to pitch your story to various outlets, take the time to find out which reporters cover your topic area. In this case, you might look for the higher education or health reporters. Familiarize yourself with their work and if they tend to have a particular slant or bias.
- If possible, introduce yourself to the key reporters before ever pitching a story to them.
- If you receive phone messages from reporters, be sure to return the calls in a timely manner. Reporters have a short turn-around time, so be prompt.
- Never say, “No comment.” In the public’s eye, this immediately implies guilt.
- Do not ask to approve the story before it goes to press. Your request will usually be denied or ignored.
- Always assume that “the microphone is on.” This means that everything you say could be used against you, even if it is “friendly banter” before or after the interview.
- Use layperson-friendly language. Many people will not understand jargon or insider terminology. Also be sure to spell out acronyms.
- Develop a list of key messages that you want to get across in any story or interview. This should be shared with and agreed upon by the task force.
- Prepare several talking points that you want to get across to the public, and find ways to keep the discussion going back to those key points. Your oral health policy is about health, so always bring your comments back to the importance of health for all.

Choosing Tactics, cont.

Tips for Working With the Media, cont.

- A reporter may try to steer the discussion into something more controversial. Stay on message. (For example, they may insinuate that your task force is opposed to personal freedom and smokers' rights. Rather than address those comments directly, re-emphasize your positive health messages.
- Be sure to look into other “non-traditional” media outlets, especially ones that are meant for specific populations, such as GLBT (gay, lesbian, bisexual, and transgendered), ethnic or labor groups.
- Overall, maintain a positive attitude and be helpful to the reporter. They will appreciate it and be more likely to contact you again in the future.
- Provide additional resource articles or websites that might provide additional story background information for the reporter.

EXAMPLE: Press Release



NEWS RELEASE For Immediate Release

Delta Dental of Colorado
4582 S. Ulster Street, Suite 800
Denver, Colorado 80237
Telephone 303-741-9300

Contact:
Liz Jans
The Meyocks Group
515-238-4304
lizjans@meyocks.com

June is National Smile Month

Survey shows Colorado children need to brush, floss more often

DENVER (April X, 2012) – June is National Smile Month, and a great time to get back to the basics of oral health care and teach kids the best ways to keep their teeth healthy – by brushing twice a day and flossing once a day.

According to a survey by Delta Dental of Colorado,¹ poor brushing and not enough brushing may be the major obstacles keeping children from having excellent oral health and are the areas that cause Colorado caregivers the greatest concern.

While nearly two in five Coloradans (37 percent) report that their child's overall oral health is excellent, nearly two in five of the survey respondents (38 percent) admit their child brushes his or her teeth less than twice a day. And three in five (60 percent) say their child brushes his or her teeth for at least two minutes, which is the amount of time dentists typically recommend spending on each brushing.

Another 8 percent of survey respondents believe that the biggest obstacles to their child's good oral health are poor flossing and not enough flossing. While the American Association of Pediatric Dentistry recommends flossing daily, nearly two in five Coloradans (36 percent) whose children have teeth say they have never been flossed; only 21 percent report their child's teeth are flossed daily.

Make Brushing Fun

Getting children to brush regularly, and correctly, can be a real challenge. Here are some easy ideas from Delta Dental of Colorado to encourage brushing:

- **Trade places:** Tired of prying your way in whenever it's time to brush those little teeth? Why not reverse roles and let the child brush your teeth? It's fun for them
-

EXAMPLE: Press Release

and shows them the right way to brush. Just remember, do not share a toothbrush. According to the American Dental Association, sharing a toothbrush may result in an exchange of microorganisms and an increased risk of infections.

- **Take turns:** Set a timer and have the child brush his or her teeth for 30 seconds. Then you brush their teeth for 30 seconds. Repeat this at least twice.
- **Call in reinforcements:** If children stubbornly neglect to brush or floss, maybe it's time to change the messenger. Call the dental office before the next checkup and let them know what's going on. The same motivational message might be heeded if it comes from a third party, especially the dentist.

“Colorado caregivers say they understand that proper brushing techniques are critical to children’s oral health,” said Elizabeth Shick, DDS, MPH, assistant professor of pediatric dentistry at Children’s Hospital Colorado & University of Colorado School of Dental Medicine. “But there’s clearly a need for more frequent and better education, to teach practices that will ensure lifelong oral health. And, since people overwhelmingly prefer the dentist as their primary information source, dental benefits that encourage visits to the dentist are crucial.”

Visit www.MonthlyMouthfulCO.com for more tips to help teach kids proper oral health care.

About Delta Dental of Colorado

Delta Dental of Colorado is the largest and most experienced provider of dental benefits in the state. As a not-for-profit, Delta Dental of Colorado invests in oral health projects through the Delta Dental of Colorado Foundation that focus on access to care, prevention, education and research. The Colorado company is a member of the Delta Dental Plans Association, a national organization of not-for-profit Delta Dental plans. The national association is the largest dental benefits carrier in the nation providing coverage to more than 56 million people in nearly 95,700 employer groups.

###

¹ *Morpace Inc. conducted the 2011 Delta Dental Children’s Oral Health Survey. Interviews were conducted by email statewide with 150 primary caregivers of children from birth to age 11. For results based on the total sample of Colorado adults, the margin of error is ±8 percentage points at a 95 percent confidence level.*

TOOL: Write a News Release

Here is a format for writing news releases. It includes all the necessary elements and what information you should provide in each place.

CONTACT: (Name)
(Phone Number)

FOR IMMEDIATE RELEASE
(Today's Date)

HEADLINE: KEEP IT SHORT, ALL CAPITAL LETTERS

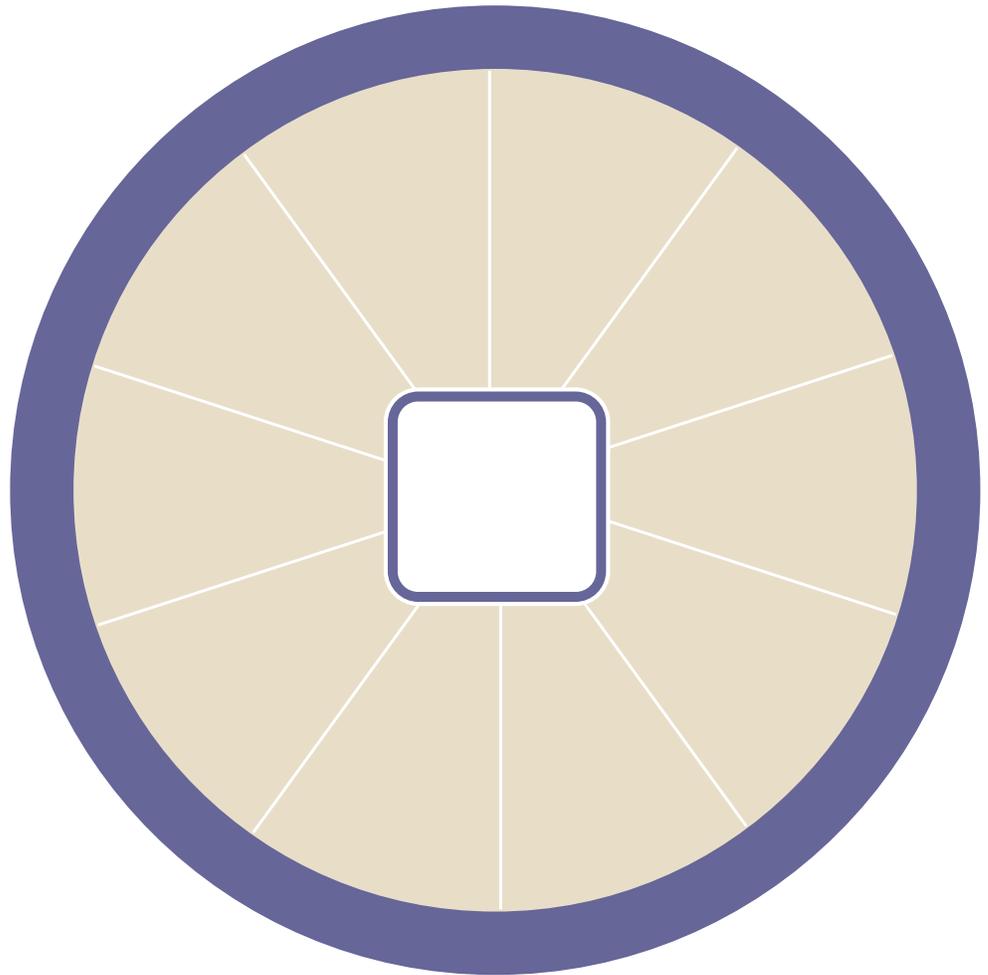
1st Paragraph	What is happening, who is involved, where and when (briefly)
2nd Paragraph	Why this information/event is significant and newsworthy
3rd Paragraph	Quote from an expert involved that emphasizes how significant this information/event is
4th Paragraph	More details
5th Paragraph	Other pertinent details including: <ul style="list-style-type: none">• Further quotes from other spokespeople• Description of any photo opportunities• Speakers' names and affiliations (if applicable)
Final Paragraph	One-sentence "boiler plate" description of the organization(s) involved.

MORE (if the release goes to a second page, or)

(to indicate end)

TOOL: What's in Your Wheel?

Use the blank wheel provided to map out the tactics and tools that you plan to use as part of your oral health policy communications strategy.



Media Outreach	Promotional Items	Advertising	Web/Internet	Sponsorship
Public Relations	Presentations	Strategic Alliances	Event Outreach	Needs Assessment

TOOL: Tactical Plan

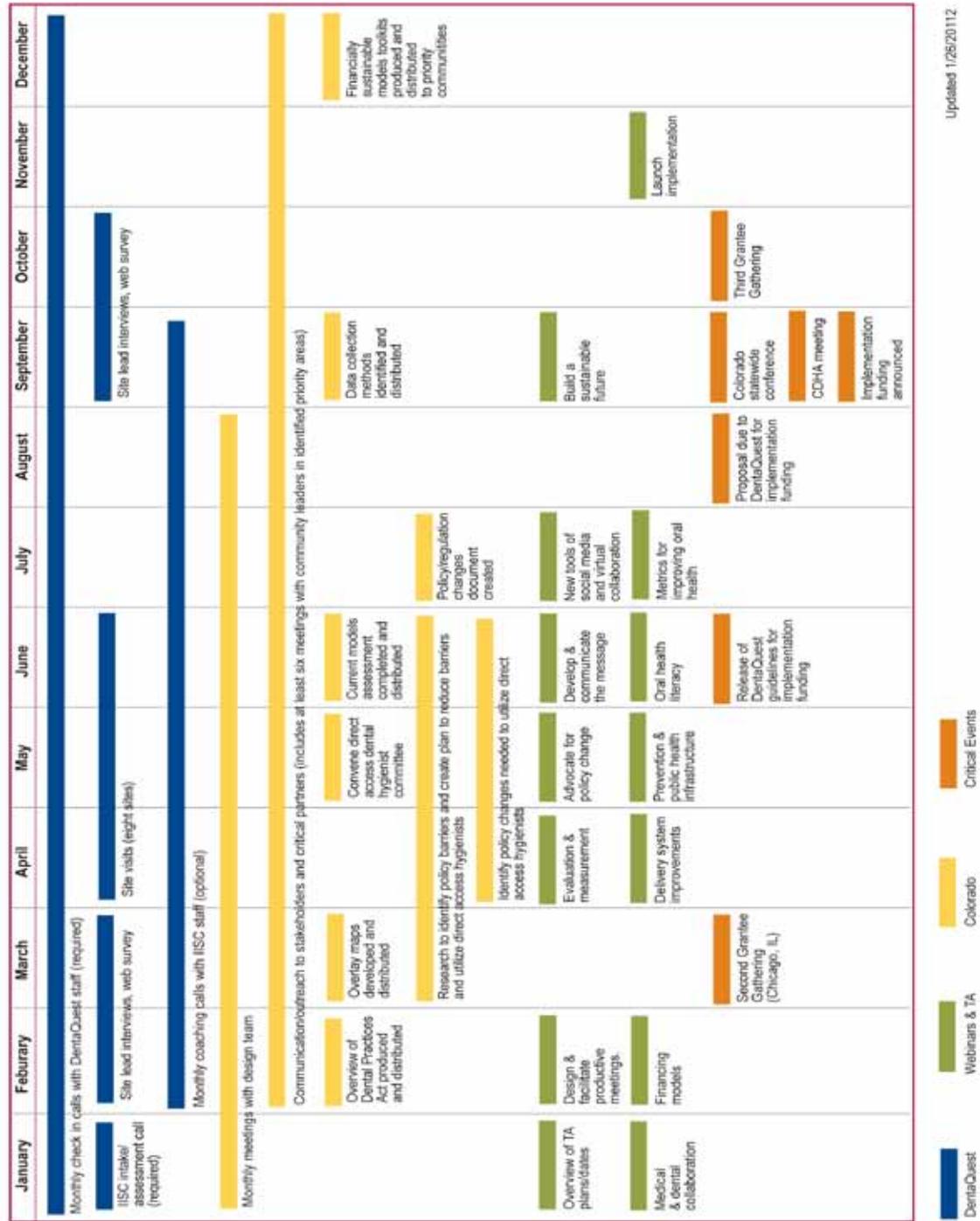
Add some detail to the tactics and tools that you put in your wheel. Describe the purpose of each tactic and how you will achieve it. An example is provided to get you started.

Tactic	What is the purpose of this tactic?	How will you achieve your purpose?
Fluoridation print ads in community newspapers.	To increase awareness about the importance of fluoridation to prevention of caries.	By pointing out the science/data behind the use of fluoridation and the community benefits.

TOOL: Implementation Timeline (table)

Begin to map out the various communication and outreach opportunities by month (fill in the month names in the green column headers). Make adjustments to ensure repeated “touches” with target audiences using different communication tactics (events, earned media, paid advertising, presentations, etc.).

EXAMPLE: Implementation Timeline (gant chart)



Updated 1/25/2012

TOOL: Implementation Budget

Line Item	Estimated Cost	Funding Source
Personnel		
Professional Staff		
Student Stipend		
Materials		
Advertising (4 print ads)		
Other items (posters, brochures, fact sheets)		
Branded gear/give-aways (e.g., hats, t-shirts, pens)		
Signs, banners		
Meeting materials		
Other		
Meeting materials, food		
Room rental		
TOTAL		

Measuring Success

Have you ever wondered if the money you spent on producing a report for policy makers paid off? Or if your online strategy is helping you reach your audience(s)? Do your key constituencies perceive your organization the way you want them to? Evaluation can help you answer these questions and more.

Evaluation improves the effectiveness of your communications

Developing a smart communication plan is an essential first step. But without a thoughtful evaluation strategy, you have no way of knowing if your plan is working or whether you need to make adjustments. Knowing the effect of your communication activities and fine-tuning those areas that need improvement will help you reach the outcomes you seek.

Evaluation can help you effectively engage with your audience

How do you identify and connect with your audiences and ensure that your messages are resonating with them? Evaluation is key. Baseline research conducted at the beginning will help you understand your audiences' priorities and values. Throughout implementation, evaluation can help you find ways to gather feedback from your audiences and learn how they are responding to your messages.

Situations change—strategies and tactics may need to change as well

In working to generate social change, you will inevitably face unexpected events, opportunities and threats that affect your work. Evaluation helps you collect valuable information at these critical moments so that you can make tactical and strategic adjustments. It can also help you determine whether your changes are putting you back on the path to success.

Evaluation helps you allocate resources wisely

Everyone works with limited human and financial resources. Evaluation can help determine whether your communication investments could be redistributed more effectively to achieve the desired results.

Asibey, Edith, Parras Toni, and van Fleet Justin. Are We There Yet?. New York: Asibey Consulting, 2008.

Measuring Success, cont.

Evaluation Methods

■ Interviews

Interviewing consists of selecting a handful of individuals who represent the base of your audience and asking targeted yet open-ended questions. This will allow you to receive better insight into how people are responding to your marketing activities.

■ Focus Groups

You may want to bring together a group of people from your audience to test new messages or have a directed group discussion about your communication activities. Unlike interviews, focus groups are moderated by a facilitator and allow people to bounce ideas off one another, building a richer set of data. An example of guiding questions for a marketing focus groups follows on page 60.

■ Surveys (online, face-to-face)

Using simple and inexpensive technology, you can administer an online survey consisting primarily of multiple-choice questions. While you may be able to ask some open-ended questions, surveys are best for “checkbox” answers that garner quantitative data. Surveys can also be administered in person, allowing you to also observe the respondent and gather additional data based on his or her reactions to the questions.

■ Quantitative Data Collection

Websites, blogs, and other social media allow you to collect useful data. For instance, on a website, you can track the number of daily or monthly visitors, downloads, and page views. For blogs and social media, you can track number of subscribers and number of comments left by visitors.

■ Promotional Item Distribution Tracking

You can track the reach of your promotional items by tallying distribution numbers for mailings, e-mails, brochures, flyers, and materials disseminated at conferences. Though this data does not assess the value of your marketing materials, it does demonstrate reach and effort to contact target audience groups.

Measuring Success, cont.

■ **HTML E-mail Response Rates**

Most HTML e-mail providers collect data on the numbers of e-mails sent, percentage opened by recipients, the numbers forwarded or shared with additional partners, and the quantity of website links or downloads clicked on by each recipient. These data, which can be separated by each individual target audience member, gives you clear information on the types of e-mails that get noticed, forwarded, and the specific information within the e-mail perceived as most valuable to the recipients.

■ **Action Research**

You can alter the messaging and/or timing of your tactics to see which specific marketing outreach provides the most significant response rate from participants. For example, to promote a webinar, try four different provocative or informational subject lines in your e-mail invitations, and send each one to a separate test list. Using your HTML e-mail provider response rate data, see which e-mail subject line stimulates the highest “open” and “click” rates from the target audience group. Use this version to send the invitation out to the remainder of your target audience list.

Adapted by OHCO: Asibey, E., Parras T., & van Fleet J. Are We There Yet? A Communication Evaluation Guide. New York: The Communications Network.

TOOL: Evaluation Worksheet

Desired Outcome: _____

Tactic	Baseline	Post-Outreach	Notes/Comments
E-mails campaign	2009-10 e-mails: Coalition sent one marketing e-mail from personal account to 1200 policy makers statewide. No data available on "open" or "click" rates.	2010-11 HTML e-mail campaign: 1300 recipients. 35% "open" rate for e-mail. Of those that opened, 75% (or 340 recipients) clicked on the registration link.	50 requests for more information within two weeks of the e-mail campaign. "Open" and "click" rates are approx. 35% higher than the HTML e-mail provider's averages.

Tools & Resources

Links You Should Use

American Dental Hygienists' Association

<http://www.adha.org/>

Association of State and Territorial Dental Directors

<http://www.astdd.org/>

Caring for Colorado Foundation

<http://www.caringforcolorado.org/>

Cavity Free at Three

<http://www.cavityfreeatthree.org/>

Children's Dental Health Project

<http://www.cdhp.org/>

Colorado Department of Public Health and Environment

<http://www.cdphe.state.co.us/pp/oralhealth/OralHealth.html>

Colorado Dental Association

<http://cdaonline.org/>

Colorado Health Foundation

<http://www.coloradohealth.org/>

Department of Health Care Policy and Financing

<http://www.colorado.gov/hcpf>

Delta Dental of Colorado Foundation

<http://www.deltadentalco.com/deltadentalfoundation.aspx>



Using Fluoride to Prevent and Control Tooth Decay in the United States

Although there have been notable declines in tooth decay among children and adults over the past three decades, tooth decay remains the most common chronic disease of children aged 6 to 11 years (25%), and of adolescents aged 12 to 19 years (59%). Tooth decay is four times more common than asthma among adolescents aged 14 to 17 years (15%).

This summary guidance explains how to achieve protection from tooth decay throughout life, while reducing the chances of developing **dental fluorosis** ([../safety/dental_fluorosis.htm](#)). Dental fluorosis is a change in the appearance of the tooth surface and most commonly appears as barely noticeable white spots. Dental fluorosis can only develop during the time that the teeth are forming under the gums—generally from birth through age 8.

- Drink tap water with optimal amounts of fluoride. Water fluoridation has been accepted as a safe, effective, and inexpensive method of preventing tooth decay. Adding fluoride to municipal drinking water is an efficient strategy to reduce dental disease among Americans of all social strata. It is the most cost-effective way to prevent tooth decay among populations living in areas with adequate community water supply systems.

To find out more about the fluoride level in your drinking (tap) water—

- If you are on a community water system, call your water utility company and request a copy of the utility's most recent Consumer Confidence Report.
- If you live in a state that participates in CDC's **My Water's Fluoride** (<http://apps.nccd.cdc.gov/MWF/Index.asp>), you can go online and find information on your water system's fluoridation status.
- Brush at least twice daily with fluoride toothpaste. Daily and frequent exposure to small amounts of fluoride best reduces tooth decay for all age groups. Drink water with optimal levels of fluoride and brush at least twice a day with fluoride toothpaste—preferably after each meal.
- If you have children younger than 2 years, do not use fluoride toothpaste unless advised to do so by your doctor or dentist. You should clean your child's teeth every day as soon as the first tooth appears by brushing without toothpaste with a small, soft-bristled toothbrush and plain water.

If you have children younger than 6 years, supervise their tooth brushing. For children aged 2 to 6 years, apply no more than a pea-sized amount of fluoride toothpaste to the brush and supervise their tooth brushing, encouraging the child spit out the toothpaste rather than swallow it. Up to about age

6, children have poor control of their swallowing reflex and frequently swallow most of the toothpaste placed on their brush.

- Use prescription fluoride supplements and high concentration fluoride products wisely. Fluoride supplements may be prescribed by your dentist or physician if your child is at high risk for decay, and lives in a community with a low fluoride concentration in their drinking water. If the child is younger than 6 years, however, then the dentist or physician should weigh the risks for developing decay without supplements with the possibility of developing dental fluorosis. Other sources of fluoride, especially drinking water, should be considered when determining this balance. High concentration fluoride products, such as professionally applied gels, foams, and varnishes, also may benefit children who are at high risk of decay.
- Know some of the factors that can increase your child’s risk for tooth decay. These include the following:
 - Older brothers, sisters, or parents who have had decayed teeth.
 - Taking in a lot of sugary foods and drinks, like soda, especially between meals.
 - Not brushing teeth daily.
 - Not using a fluoride toothpaste if older than age 2.
 - Your usual source of drinking water has a very low fluoride content.
 - Presence of special health care needs.
 - No family dentist or regular source of dental care.
 - Wearing braces or orthodontic or oral appliances.

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Date last reviewed: January 7, 2011

Date last modified: January 7, 2011

Content source: **Division of Oral Health** (<http://www.cdc.gov/oralhealth/>), **National Center for Chronic Disease Prevention and Health Promotion** (<http://www.cdc.gov/chronicdisease/index.htm>)

Page Located on the Web at http://www.cdc.gov/fluoridation/fact_sheets/fl_caries.htm

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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Dental Insurance Inequities in Colorado: Impact on Access & Health

Prepared by Diane Brunson, RDH, MPH, Director Public Health, University of Colorado School of Dental Medicine & Bryan Storey, BS, MPH(c), Colorado School of Public Health

March 2012

The 2011 Colorado Health Access Survey, a follow-up to the 2008-2009 Colorado Household survey, provides detailed information on health care coverage, access and utilization in Colorado. A great deal is known about health insurance status in the state and the nation. However, while this fact sheet explores the rates of dental insurance in the State, little is known about the nation's status and the impact on overall health.



Oral health affects overall health, and dental insurance impacts dental care utilization.

Nearly 40% of Coloradans do not have dental insurance compared to nearly 16% without medical insurance.

Lack of dental and/or health insurance, 2009 and 2011

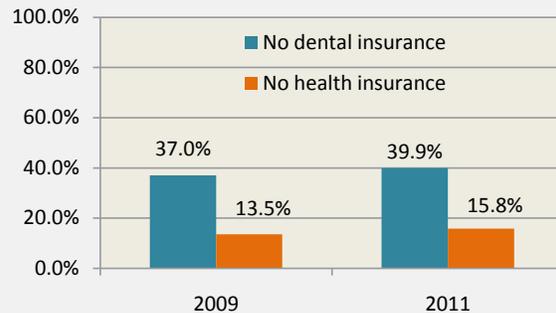


Fig 1: Health and Dental Insurance Percentages 2009 and 2011

Dental insurance differs from health insurance. Health insurance is for the diagnosing, treatment, and curing of disease. Because dental disease is nearly preventable, dental insurance is structured to assure access to preventive services to prevent dental disease.

As with health insurance, the percentage of Coloradans without dental insurance has increased during the 2009-2011 time period. While nearly 16% of residents do not have health insurance, 40% do not have dental insurance (Fig 1).

Importance of Insurance Coverage

Dental insurance affects a person's decision to seek and use dental care services.¹ Those with dental insurance are more likely to report having a dental visit than those without dental coverage.

Oral health is integrally connected to general health. Oral disease is associated with pain, speech, behavior and self-esteem in children, as well as chronic diseases such as diabetes, nutrition, cardiovascular and pulmonary disease in adults and seniors.



Did not receive needed care because of cost, Colorado, 2011

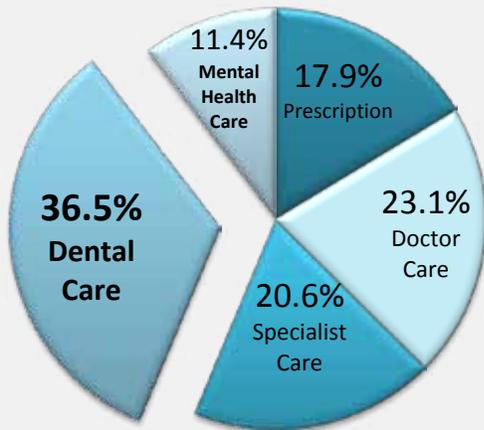


Fig 2: Percent not receiving needed care due to cost

Dental insurance is commonly obtained through employers. Over the last 20 years, the percentage of employers offering dental insurance as a benefit has decreased nationwide. For those employers still offering dental insurance, often the employee pays the full premium.

As a result, a significant portion of dental care is paid for out-of-pocket.

Nearly 37% of Coloradans reported that they did not receive needed dental care because of cost, which is twice as many as those not receiving needed prescriptions (Fig 2).



Uninsured Children

In the Colorado Health Access Survey, 22% of children ages 0-18 do not have dental insurance (Fig 3), with nearly half of those from families at or below 200% of the federal poverty level. A majority of these children are most likely eligible or enrolled in Medicaid or the Child Health Plan Plus, both of which have a dental benefit.

While this data deserves more in-depth study, one possible explanation is that the family is not aware of the dental benefit in these publicly-funded programs. In 2010, slightly less than 50% of children eligible for Medicaid (at least 90 continuous days) received any dental treatment.ⁱⁱ

The 36% of children in families with incomes above 250% of the federal poverty level are most likely to purchase dental insurance through the state insurance exchanges mandated by 2014. That translates to 98,735 Colorado children who may have newly acquired dental insurance in the next few years.

Nearly 100,000 children may be able to purchase dental insurance from the state insurance exchange when it is available in 2014.

Comparison of no dental insurance and no health insurance, children ages 0-18 years, Colorado, 2011

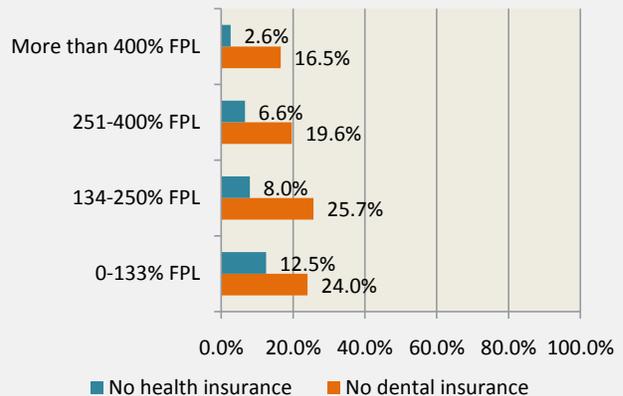


Fig 3: Health and Dental Insurance for Children by Federal Poverty Level.

Uninsured Adults

In 2010, according to the Behavioral Risk Factor Surveillance Survey administered by the Colorado Department of Public Health and Environment, 32% of adults over age 18 years old did not visit a dental professional in the preceding year.



This will continue to be an issue as oral health in Colorado improves and adults retain more of their natural teeth.

- The number of adults who have lost teeth over the past ten years has decreased nearly 20%.
- The number of seniors who have lost all their teeth has also decreased.
- The need for dental care will continue to increase for adults, particularly those at high risk for oral disease.

Comparison of no dental insurance and no health insurance by age, 2011

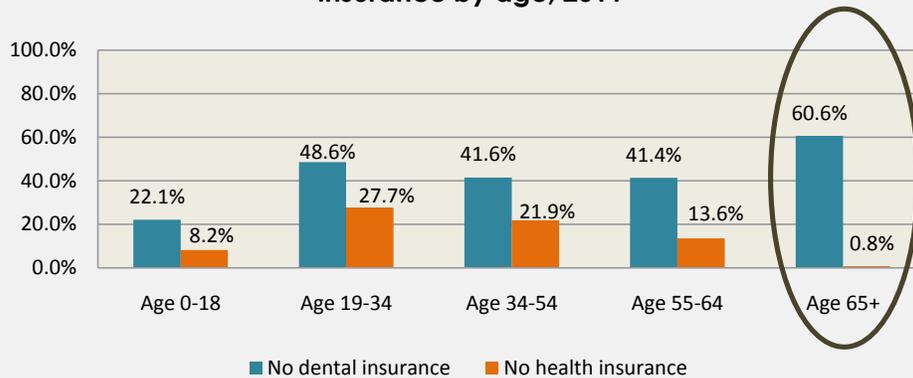


Fig 4: Health and Dental Insurance by Age, 2011

“Although poor and minority adults experience greater levels of dental disease, they frequently face cost and other system-level barriers to obtaining dental care.”ⁱⁱⁱ

Adults are eligible for Medicare health insurance at age 65. However, there are no dental benefits in Medicare. As a result, over 60% of seniors have no dental insurance coverage and many are on fixed incomes that prohibit high out-of-pocket expenses for dental treatment (Fig 4).



The Retirement Effect

“In a population that on average is becoming older over time, this suggests a slight but steady downward future trend in dental coverage for older persons if all else remained equal. Retirement results in a high likelihood of losing dental coverage and a low likelihood of acquiring coverage.”^{iv}

Effect of Where Coloradans Live and Work

Coloradans who are not employed, not in the work force or looking for work have the greatest proportion of dentally uninsured (Fig 5).



Comparison of no dental insurance and no health insurance for working adults in Colorado by employment status, 2011

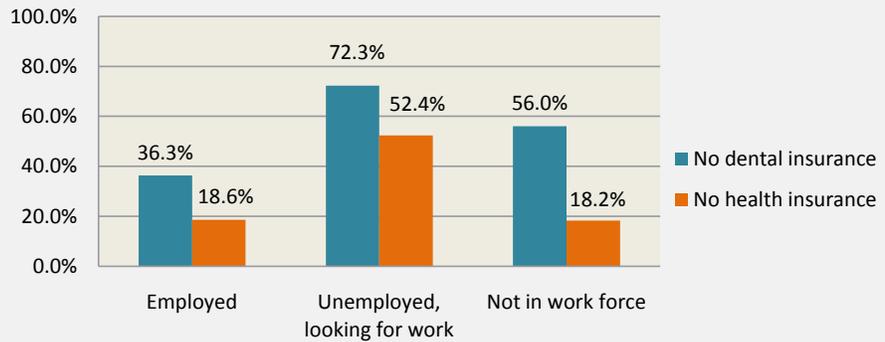


Fig 5: Dental Insurance by Employment Status, 2011

Percent lacking dental insurance by Health Statistics Region, Colorado, 2011

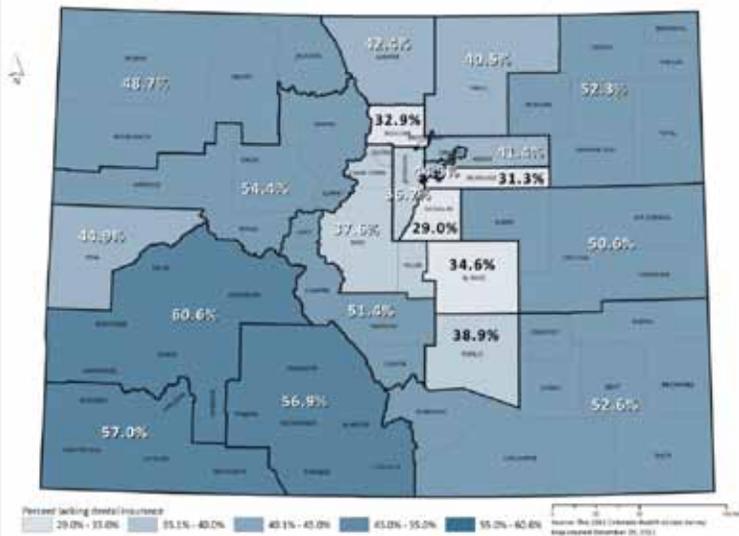


Fig6: Colorado map of lacking dental insurance by Health Statistics Region

Overall, where Coloradan's live also has an impact. Individuals in rural areas of Colorado, particularly the southwest portion of the state, have significantly less dental insurance coverage than those in urban areas (Fig 6).

- ❖ The Governor has declared oral health as one of his "winnable battles" over the next five years.
- ❖ The federal government has identified oral health as a leading health indicator for Healthy People 2020.
- ❖ Colorado has proclaimed oral health services as a key component of public health for all regions of the state.

Key Findings:

- ❖ There is significant disparity between health insurance and dental insurance status for Coloradans. Nearly 40% of Coloradans do not have dental insurance.
- ❖ Over 60% of seniors do not have dental insurance while concurrently retaining most of their natural teeth, and consequently will be more in need of insurance.
- ❖ A significant number of children will be able to obtain dental insurance through the state insurance exchange in 2014.

- i Manski RJ, Macek MD, Moeller JF. Private dental coverage: who has it and how does it influence dental visits and expenditures? JADA 2002;133(11):1551-1559.
- ii CMS 416 Report
- iii Cohen LA, Manski RJ. "Visits to non-dentist health care providers for dental problems." Fam Med. 2006 Sep;38(8):556-64.
- iv Manski, R., et al. "Dental Care Coverage Transitions." Am J Manag Care. 2009; 15(10):729-735.

Improving the Oral Health of Colorado's Children

Prepared for The Colorado Trust, Caring for Colorado Foundation and the Delta Dental of Colorado Foundation by Diane Brunson, RDH, MPH, Director of Public Health, University of Colorado School of Dental Medicine



Executive Summary

March 2012

Children's oral health is one of the top priorities for the nation—and Colorado. Colorado's governor has designated children's oral health as one of the state's 10 winnable battles over the next five years.

Oral disease may unnecessarily impact a child's performance in school, speech development, nutrition, self-esteem and sleep. Yet it is entirely preventable through three major areas of focus:

- Public health strategies
- Access to oral health care
- Educate children and families

Oral disease may unnecessarily impact a child's performance in school, speech development, nutrition, self-esteem and sleep.

In this brief:

- Oral health data for Colorado's children
- State responses to children's oral health needs
- Best practices and next steps

Colorado children living in poverty face the greatest oral health challenges despite increased awareness about the importance of oral health, more preventive measures such as fluorides and sealants, and efforts to improve access to oral health care.

Nearly 60 percent of low-income kindergartners in Colorado have suffered from tooth decay. For more than one in four of those children, tooth decay goes untreated.

Most of those kindergartners have dental coverage through publicly funded programs—Medicaid and Child Health Plan *Plus* (CHP+). But fewer than half use the coverage. Only one in four visited the dentist by age 1 as is recommended.

Why? The reasons are complex:

- **Public health strategies.** Proven preventive strategies—such as community water fluoridation and school-based sealant programs—are underutilized.
- **Access to oral health care.** Too few dental providers accept publicly funded programs, and not enough are trained to treat very young children.
- **Educate children and families.** Families may not realize how important early dental care is or that publicly funded dental coverage exists.

Colorado has made commendable strides in addressing children's oral health needs. Local foundations have increased investments in prevention, access to care and workforce development. Public-private collaborations have



Download the full, eight-page brief at <http://www.oralhealthcolorado.org/advocacy/reports>



CDHP Policy Brief

Cost Effectiveness of Preventive Dental Services

Preventive Dental Interventions Reduce Disease Burden and Save Money

Preventive dental interventions, including early and routine preventive care, fluoridation, and sealants are cost-effective in reducing disease burden and associated expenditures.^{i,ii,iii,iv} While millions of children in the United States benefit from routine preventive dental care, there are still millions of additional children who needlessly suffer from avoidable dental disease. As a result, tooth decay continues to remain the single most common chronic disease of childhood, causing untold misery for children and their families.

Preventive Care: Low-income children who have their first preventive dental visit by age one are not only less likely to have subsequent restorative or emergency room visits, but their average dentally related costs are almost 40% lower (\$263 compared to \$447) over a five year period than children who receive their first preventive visit after age one.ⁱ

Fluoridation: The Centers for Disease Control and Prevention reports that for every \$1 invested in fluoridation, \$38 in dental treatment costs is saved.ⁱⁱ In addition, Medicaid dental programs costs as much as 50% less in fluoridated communities compared to non-fluoridated communities.ⁱⁱⁱ

Sealants: Sealants prevent cavities and reduce associated dental treatment costs, especially among high-risk children, where sealants applied to permanent molars have been shown to avert tooth decay over an average of 5-7 years.^{iv,v,vi}

Lack of Dental Care Leads to Costly Emergency Department Visits and Temporary Solutions

Without access to regular preventive dental services, dental care for many children is postponed until symptoms, such as toothache and facial abscess, become so acute that care is sought in hospital emergency departments.^{vii} This frequent consequence of failed prevention is not only wasteful and costly to the health care system, but it rarely addresses the problem, as few emergency departments deliver definitive dental services. As a result, patients typically receive only temporary relief of pain through medication and in some acute cases, highly costly, but inefficient surgical care. A three-year aggregate comparison of Medicaid reimbursement for inpatient emergency department treatment (\$6,498) versus preventive treatment (\$660) revealed that on average, the cost to manage symptoms related to dental caries on an inpatient basis is approximately 10 times more than to provide dental care for these same patients in a dental office.^{vii}

The Connection Between Access and Preventive Care

Multiple interrelated social and demographic factors, including income, race, and education can limit children's access to preventive dental care.^{viii,ix} Low-income children are only half as likely to access preventive dental services as middle or high-income children, despite their higher occurrence of dental problems. They are also two to three times more likely to suffer from untreated dental disease.^{viii, ix} Minority children are less likely to have access to dental services than their white counterparts, as are children whose primary caregivers have limited education.^{viii, ix,x}

Dental insurance coverage plays an integral role in accessing preventive care. Children with private or public dental coverage are 30 percentage points more likely than low-income uninsured children to have a preventive dental visit in the previous year.^x Children with Medicaid coverage are significantly more likely to have a usual source of care.^{xi}

For many low-income children, Medicaid's EPSDT program provides public coverage and access to dental care, including routine preventive services, such as sealants and fluoride treatments. Parents of children covered by Medicaid are 3.5 times less likely to report that their child has an unmet dental need than uninsured children.^{xii} In addition, cost-estimation modeling of preventive interventions predict cost savings of \$66-\$73 per tooth surface prevented from needing repair among young Medicaid-enrolled children.^{xiii} Further estimates reveal a savings of 7.3 percent from regular screening and early intervention.^{xiv}

The Consequence: Untreated Dental Disease Affects General Health

The progressive nature of dental diseases coupled with lack of access to preventive care can significantly diminish the general health and quality of life for affected children. Failure to prevent dental problems has long-term adverse effects that are consequential and costly. In particular, unchecked dental disease compromises children's growth and function (including their ability to attend to learning, to develop positive self-esteem, to eat and to speak), thereby making the cost of preventive dental care low compared to alternatives of suffering, dysfunction, and expensive repair.^{viii,xv}

Despite historic achievements in oral health, such as community water fluoridation and other preventive measures, millions of children are still without basic dental care. Oral health promotion and prevention is critical to reducing disease burden and increasing quality of life. Failure to provide access to preventive dental care almost always results in quick fixes that are short-lived and high-priced, especially among low-income children and their families who are without the resources necessary to access dental services. Recognizing that dental insurance, including Medicaid coverage, is an essential part of accessing care may be the first step to reducing barriers to care and eliminating oral health disparities by ensuring that low-income children gain access to the preventive dental services they need.

*Credits: Shelly-Ann Sinclair MPH, Burton Edelstein DDS MPH
February 23, 2005*

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ⁱⁱⁱ Centers for Disease Control and Prevention. "Water Fluoridation and Costs of Medicaid Treatment for Dental Decay—Louisiana, 1995-1996." *MMWR Weekly*. September 03, 1999/48(34), pp.753-757.

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^{xv} US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

NEWS

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For Immediate Release
May 24, 2011

COLORADO MISSES THE GRADE ON CHILDREN'S DENTAL HEALTH

Low-Cost Solutions Can Prevent the Most Common Chronic Disease in Kids

DENVER – Colorado once again did not make the grade in assuring the oral health of its children. In "Making Coverage Matter," a state-by-state report card released Monday by the Pew Center on the States, Colorado attained only five of eight key benchmarks that Pew has identified as crucial to improving the oral health of children, giving the state a "B" grade. Benchmarks missed included:

- Only 70 percent of Colorado's residents who are part of community water systems receive fluoridated water. Fluoridation is one of the most effective and inexpensive ways to prevent cavities. Colorado legislators could have a positive impact on the oral health status of Coloradans by passing legislation requiring communities to provide adequate levels of fluoride in the drinking water.
- Colorado Medicaid only reimburses dental professionals at 51 percent of the 2008 national average of median retail fees. That is more than 9 percent lower than the average Medicaid reimbursement rates for all states. One of the primary reasons that dentists cite for not accepting Medicaid patients is lack of acceptable reimbursement. Currently, only 20% of Colorado dentists accept Medicaid. Increasing reimbursement rates will encourage more dentists to provide care for Medicaid patients. This is particularly important as the state expects significant increases in the number of children eligible for Medicaid coverage under health care reform.

–MORE–

Children's Dental Health – Page 2

- Colorado has not begun a process to authorize a new type of primary care dental provider. While Alaska and Minnesota are currently the only states to have formally introduced new types of providers (dental therapists or advanced practice dental hygienists), New Mexico recently passed legislation approving a Community Dental Health Coordinator, and many other states are considering the effectiveness of expanding the dental workforce to include such providers. New workforce models may prove very effective in helping to meet the oral health needs of rural and frontier communities, as well as the increasing needs of low-income populations.

Like the rest of the nation, dental disease is the most common disease in Colorado's children – more common than asthma, despite the fact it is nearly preventable through low cost programs and polices. The bacteria that cause cavities can be passed from parents to children, but transmission can be reduced or eliminated by teaching parents effective oral health practices. Cavities and gum disease grow progressively worse without treatment, which may lead to adverse health issues such as diabetes and costly treatment options. Children living in poverty suffer two times more untreated tooth decay than their more affluent peers.

According to the report, Colorado met five benchmarks.

- Slightly more than 46 percent of Colorado's children who are enrolled in Medicaid visited a dentist last year (6 percent above the national average). Although Colorado met the benchmark, Medicaid children do not see dentists at nearly the same rate as children who are covered by private dental insurance. Colorado will need to increase the percentage of Medicaid children who see a dentist by about 14 percent to achieve parity with their privately insured peers.
- Colorado is one of 29 states that allow registered dental hygienists to place sealants on teeth prior to having a dentist perform a complete exam. Dental sealants are one of the most effective and inexpensive prevention services that can be offered to children.

–MORE–

- Medicaid in Colorado reimburses medical providers (physicians, nurse practitioners, physicians assistants) when they provide exams, education and fluoride varnish in their medical offices. Such reimbursement encourages early detection of dental disease, and provides earlier and more effective oral health education for parents and children.
- Colorado has dental sealant programs in more than 25 percent of at-risk schools, with many schools and school based health centers adding dental screenings and sealants to their traditional medical and dental procedures.
- Colorado submits its basic dental screening data to the national database that tracks oral health conditions. Timely submission of data allows for effective surveillance of dental disease throughout the country, and provides impetus for the development and dissemination of best practices to combat chronic dental disease.

“Poor oral health affects children living in poverty at twice the rate of their peers; leading to lost school hours and poor academic performance, health problems, and a myriad of costly issues that will have a negative impact on the general health of our residents and ultimately on the state’s economy,” said Karen Cody Carlson, executive director of Oral Health Colorado, the statewide oral health coalition. “The good news is that this is a preventable disease, and we have it in our power to nearly eliminate dental cavities in our children.” The Pew report highlights the effectiveness of low-cost solutions like school-based sealant programs, community water fluoridation and less restrictive supervision rules,” she said.

Oral Health Colorado is a statewide oral health coalition consisting of individuals, organizations and community oral health coalitions. The mission of Oral Health Colorado is “to develop and promote strategies that achieve optimal oral health for all Coloradans.”

For more information, contact Karen Cody Carlson, executive.director@oralhealthcolorado.org; (303) 205-1924. To view the full “Making Coverage Matter” report, visit www.pewcenteronthestates.org/dental/makingcoveragematter .

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SAMPLE OP-ED

Oral Health is More Than Healthy Teeth

By [NAME]
[AFFILIATION]

A visit to the dentist has seldom been at the top of anyone's wish list, which may help to explain why maintaining good oral health often takes a back seat to our other health care needs. Yet all the research now shows that oral health is an inseparable part of our general health and overall wellness.

Good oral health promotes not just dental health but general health. According to the Academy of General Dentistry, more than 90 percent of systemic diseases including diabetes, cancer and stroke have oral manifestations that are detectable during oral examinations.

Oral health is also related to one's general well-being and quality of life as measured along functional, psychosocial and economic dimensions. Diet, nutrition, sleep, psychological status, social interaction, school and work all are affected by impaired oral health.

Oral health is more than healthy teeth. Indeed, any health care reform package considered by the Colorado legislature should include an oral health component that will protect and improve the overall health status of all Coloradans.

To its credit, Colorado's Blue Ribbon Commission on Health Care Reform has recognized that public programs for oral health need to be enhanced from both a service and reimbursement perspective. The Commission's proposed recommendations reflect that oral health can no longer be seen as separate from overall health. It realizes that the impact of poor oral health on our Colorado children, adults and seniors is too serious to ignore.

Although Colorado has made substantial progress in improving the oral health of its residents, significant disparities remain, including access to known preventive measures, the impact of various risk factors and the utilization of benefits:

- In Colorado an estimated 7.8 million hours of school are lost annually due to oral pain and suffering due to untreated diseases which affect children's ability to concentrate and learn. Low-income children suffer nearly 12 times more restricted-activity days due to poor oral health than children from higher-income families.
- Tooth decay, the most prevalent chronic childhood diseases in American today, is 100 percent preventable. Yet, many parents in Colorado have trouble finding or affording dental care for their children.
- Employed adults lose more than 164 million hours of work each year due to dental disease or dental visits.
- 42 percent of adults in Colorado do not have dental insurance. Only 30 percent of seniors age 65 and over have any type of dental insurance.
- Periodontal disease, a disease of the gums, afflicts more than 30 percent of the adult population. It is often under-diagnosed and under-treated, despite mounting evidence of its relationship to systemic diseases such as diabetes, pre-term, low-birth weight babies, and cardiovascular diseases.

The health care community and public, private and non-profit coalition groups like the Oral Health Colorado must – and will – continue to inform and advocate about the importance of including oral health for all Coloradans in health care reform. Dr. C. Everett Koop, the former U.S. Surgeon General, perhaps said it best back in 2000: "You're not healthy without good oral health."

SOCIAL MEDIA

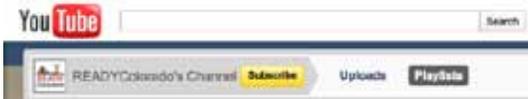


What it is

Social media outlet for short messages up to 140 characters. Messages can be retweeted by followers to reach thousands of people.

Tips

- Set up google alerts (sent to your email each day) based on key words that may provide ideas and links to items to share.
- Queue up a week's worth of tweets at a time in Hootsuite.
- Set up your smartphone to tweet "real time." <http://tinyurl.com/4xzok94>
- Retweet (RT) good information shared by those you follow.



What it is

YouTube is a video-sharing website, created by three former PayPal employees in February 2005, on which users can upload, share and view videos. FUN FACT: The first YouTube video was entitled "Me at the Zoo," featuring Jawed Karim at the San Diego Zoo (and can still be viewed on the site). If a picture is worth a thousand words, a video is worth lots more. Video allows messages and emotions to be conveyed, and are good for presenting "how to" information.

Tips

- Smartphones can capture video.
- "Flip" type cameras have editing software built in to easily create uploadable files.
- Promote RC social networking "hubs" on outreach materials (website, emails, presentations, etc.)
- Take a camera to your next meeting, and have a couple of questions prepared to ask "talent." Download the files, and upload to YouTube.
- Get your organization its own YouTube channel. Check out YouTube for Nonprofits:

http://www.youtube.com/nonprofits?info_lang=ca



What it is

Founded in February 2004, Facebook is a social utility that helps people communicate more efficiently with their friends, family and coworkers. Anyone can sign up for Facebook and interact with the people they know in a trusted environment.

Tips

- Set up google alerts (sent to your email each day) based on key words that may provide content ideas and links to items to share.
- Queue up a week's worth of posts at a time in Hootsuite.
- Set up your smartphone to "mobile upload" "real time." Go to the manufacturer's website to download the facebook application.
- Use "insights" to see stats about users over time, and what content triggered most interest.

