ORAL HEALTH ADVOCACY TOOLKIT

Strategies and Resources for Dental Schools and Dental Hygiene Programs

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INTRODUCTION

ADVOCACY HAS BEEN DEFINED as efforts *"to speak up, to plead, or to champion for a cause while applying professional expertise and leadership to support efforts on individual (patient or family), community, and legislative/policy levels, which result in the improved quality of life for individuals, families, or communities."* Dental professionals can take an active role in the community by advocating for effective policies/programs/practices.

The Commission on Dental Accreditation in 2013 recognized the importance of advocacy training for graduating pediatric dental residents by **including it** as a part of didactic and clinical standards. Advocacy is one of the **10 core competencies** recognized by the American Board of Dental Public Health, identifying the skills, knowledge and understanding expected of all dental public health specialists.

Advocacy is also recognized as an important skill for predoctoral dental and dental hygiene students, and therefore **training in oral health advocacy** is highly recommended. It is unclear, however, whether all graduating predoctoral dental and dental hygiene students in the United States are trained in oral health advocacy and whether this training is sufficient. For example, **a 2013 study** cited the importance of dentists promoting water fluoridation in their communities but observed that "current undergraduate dental curricula do not adequately prepare dentists" for this advocacy role. The authors of this study concluded that didactic and practical training are needed for students to develop essential public health advocacy skills. Fortunately, there is some evidence showing that dentists who received training in advocacy during their dental education were **more willing to engage** in an advocacy-related activity.

Dental and dental hygiene academia, therefore, should prepare future dental professionals to become strong advocates of oral health in their communities. In support of this objective, the Temple University's Maurice H. Kornberg School of Dentistry developed this toolkit primarily for dental, dental hygiene, and dental residency programs that wish to initiate advocacy training or refine their existing courses to:

- instill an awareness of advocacy
- identify and explain advocacy's many components, and
- provide tools and templates to support advocacy

The associations and societies that represent dentists and dental hygienists are also encouraged to develop or enhance programs that prepare practicing dental professionals to become effective oral health advocates.

This Oral Health Advocacy Toolkit identifies 13 key components of advocacy. Faculty members are encouraged to develop lessons or assignments that are based on one or more of these components. In addition, **Addendum C** provides four scenarios that can be used to test students' understanding of these components and their ability to use them. People who already work in the dental or medical professions are likely to find much of the toolkit helpful if they seek to assume oral health advocacy roles.

CONTENTS

WHAT IS **ADVOCACY**?

ADVOCACY IS A SET OF STRATEGIES AND ACTIONS used to influence a variety of audiences—especially policymakers because they develop, review or revise the laws and regulations impacting oral health. In the field of oral health, policies are laws, rules, regulations or informal understandings that influence the delivery of dental services and the public's oral health. Policymakers are diverse, including city council members, county commissioners, state legislators, federal agencies and Congress. In many states, local water utility boards can impact oral health because they have authority to set policies related to community water fluoridation. Many school boards are asked to authorize programs to provide dental services in schools.

Policymakers aren't the only audience where advocacy messages can be directed. Advocacy also can be focused on the public as a whole, community organizations or specific "influencers" (community activists, radio talk-show hosts, business leaders, etc.) whose views are relevant, well respected or both.

Often, advocacy means participating in the democratic process by taking action in support of a particular issue or cause. However, advocacy is *not always* aimed at changing laws or policies; oral health advocacy can also be a vehicle for changing the public's knowledge and/or behavior. Helping one's community recognize that caries is a preventable disease can empower them to adopt new or better oral hygiene or dietary practices.

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Oral health advocacy can occur in a variety of forms, and even simple actions can constitute advocacy. Here are some examples of advocacy to advance oral health issues or needs: Writing a letter to the editor to support funding for a new dental clinic in an underserved area

- Providing testimony to a state legislative committee

- Adopting a resolution at a chapter meeting to oppose a health proposal

- Writing a letter to the state board of dentistry to shape its decisions on implementing new dental workforce models

- Meeting with a state legislator to discuss the need for improving Medicaid's adult dental benefits

- Participating in a community rally in support of maintaining water fluoridation

- Calling the news editor of a local TV station to encourage more or better coverage of oral health issues

- Speaking to a school board to urge an expansion of its school-based dental program

- Submitting written comments on proposed policy changes like state Medicaid waivers or federal regulations impacting oral health

Advocacy aimed at policymakers usually is direct, including the methods cited above. However, stakeholders also can use *indirect* methods, such as creating web pages that declare their positions on important issues and use language that might persuade others—inspiring them to speak up.

Advocacy can be directed to specific subgroups within a city or community—people who would be affected the most by a new proposal or changes in an existing program. Making members of this subgroup aware of what's at stake can prompt them to become advocates on this issue. This, in turn, helps oral health advocates build a base of support to create momentum.

Sometimes, educational and outreach efforts include an element of advocacy. For example, participating in a community health fair gives advocates an opportunity to educate attendees about good oral health habits. At the same time, advocates' mere presence at the event can encourage a parent or city official to make oral health a greater priority. It can also help advocates build stronger relationships with key stakeholders in their community.

Advocacy can take place as a single task (such as writing a letter to the editor) *or* as a broader campaign that encompasses most or all of the 13 components listed on **page 5**.

THE VALUE OF ADVOCACY

Some dental and dental hygiene students and oral health professionals may wonder whether advocacy is an appropriate role for them. They may connect it with the role of lobbyists, a group that is often viewed unfavorably by the public. However, dental professionals have a critical role to play in shaping public understanding of oral health and public policy.

Leading oral health organizations recognize the value of advocacy and working with others who share a commitment to optimal health. For example:

■ According to the **American Dental Association's** (ADA) Code of Professional Conduct, "the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all."

■ The **American Academy of Pediatric Dentistry** identifies advocacy as part of its mission, noting that advocacy activities "bring pediatric oral health to the forefront of health policy deliberations.

■ In its Code of Ethics, the **American Dental Hygienists' Association** outlines dental hygienists' numerous responsibilities, including the obligation to "[s]erve as an advocate" for patients' welfare.

Moreover, the ADA **identifies several ways** in which its members can advocate on behalf of the public's oral health. These include promoting "preventive public health measures like sealants, community water fluoridation and school-based dental screenings," as well as seeking collaboration between private-practice dentists and Federally Qualified Health Centers, which serve lower-income Americans.

"Dental professionals have a critical role to play in shaping public understanding of oral health and public policy."

Advocacy should not be viewed as merely a way to advance a person's or group's self-interest. Engaging in advocacy is a way for health professionals to address the policies or practices that significantly affect their ability to keep patients and communities healthy. For example:

■ Congress and federal agencies make decisions affecting access to and the cost of dental coverage.

■ Legislators and other state officials set eligibility rules and reimbursement policies for Medicaid and the Children's Health Insurance Program (CHIP).

■ Local governments and health boards decide whether to fund dental clinics.

Advocacy by dental and dental hygiene students and professionals is important to ensure that policymakers make informed decisions. Their training, clinical knowledge and experience give them a unique lens, making their advocacy more than just sharing opinions. When students and professionals remain silent, policymakers are more likely to make decisions that may not reflect the realities of oral health needs—or their decisions might be at odds with the scientific evidence. Dental and other health providers have an obligation to find ways to pursue their professional needs in tandem with efforts to expand access to care, strengthen its affordability and focus on disease prevention.

Leading oral health organizations recognize the need for oral health advocacy. For example, the **American Student Dental Association** observes an Advocacy Month each fall, encouraging its chapters to plan and engage in advocacy activities. Similarly, the ADA and many state dental societies and dental hygiene chapters host "advocacy days" during which their members meet with state legislators or members of Congress.

Ideally, advocacy is a *strategic* process, carried out with a consideration of appropriate timing, potential allies and message development. Careful planning strengthens the odds of success.

COMPONENTS OF *EFFECTIVE ADVOCACY*

THE SECTIONS OF THIS TOOLKIT THAT FOLLOW identify the components of effective advocacy. Advocacy can happen in a matter of minutes—posting a social media message or writing a letter to the editor. Those activities can be episodic or part of a longer campaign, requiring more planning and coordination to achieve an advocacy goal.

Careful consideration should be given before launching a lengthy advocacy campaign. Some things to consider are:

- How important is the issue at hand? Is it worth the time and resources that will be required? Are there other ways to work on this issue?
- What individuals or groups might support this advocacy goal? What individuals or groups might oppose it?
- How would this advocacy goal be defined? And how long is it likely to take to achieve it?

Becoming familiar with the **13 Components** of effective advocacy can help you answer these questions and start shaping a campaign. Writing a letter to the editor or engaging in another single advocacy activity does not require a thorough knowledge of all components. Yet the impact of one activity can be strengthened by exploring other components. For example, *Framing Messages* (Component 9) offers insights that can strengthen the impact of a letter to the editor.

THE 13 COMPONENTS OF ADVOCACY ARE:

1. Creating a Culture of Advocacy
2. Understanding the Decision-Making Process
3. Setting Advocacy Goals
4. Knowing Your Audiences
5. Choosing Allies, Building Coalitions
6. Developing Effective Messages
7. Finding and Presenting Data
8. Identifying Modes and Messengers
9. Framing Messages
10. Establishing a Media Presence
11. Meeting with Decision-makers
12. Mobilizing Supporters
13. Managing an Advocacy Campaign

Note: Appendix B provides an example of how each of these components are related in an advocacy campaign.

① CREATING A CULTURE OF ADVOCACY

DENTAL AND DENTAL HYGIENE STUDENTS become more effective advocates when a culture of advocacy exists within a dental school or dental hygiene program. This is also true for a local dental society or oral health coalition. Any membership organization can take specific steps to build and sustain this culture. Even a dental clinic, dental hygiene student organization, or local dental society can take small steps to nurture this culture. Here are a dozen ways to create a culture of advocacy:

1. Make policy issues a part of the agenda for American Student Dental Association (ASDA) and other chapter meetings on campus. When these issues are regularly discussed, it serves as a cue for discussing the role of advocacy or planning specific actions. Look for ways to connect policy issues to the day-to-day work of potential advocates.

2. Show the importance of advocacy by finding "teachable moments" to link a concern to the policies (or lack thereof) that helped create it or allowed it to fester.

3. Create an annual "Advocacy Day" event or participate in such an event that is sponsored by ASDA, another membership organization or the dental school itself.

4. Survey the members or coalition partners to seek their views on policy priorities. This will help narrow the focus and establish "buy in" from the members. (See the "Setting Advocacy Goals" section.) People are more likely to engage in advocacy when they have shaped the priorities that drive it.

5. Identify events or activities that can help members better understand the barriers—such as cost, low health literacy, and lack of transportation—that can make it difficult for many people to achieve good oral health.

6. Lead by example. Those who hold leadership roles in the local ASDA chapter, for example, can encourage advocacy by modeling this behavior. Leaders can participate in advocacy events and promote these activities through blogs and social media.

7. Use emails or phone calls to thank participants who show up for a rally, write letters or engage in other advocacy activities. Better yet, in a newsletter or on a Facebook page, feature one or more advocates who went the extra mile to volunteer their time.

In the Tools & Worksheets section, Checklist 1A can be used to monitor whether a group is taking the necessary steps to build a culture of advocacy.

8. Identify students and faculty with advocacy experience who can mentor "newbies" and invite them to participate in advocacy-related activities. This also builds camaraderie within a membership organization.

9. Build relationships with decision-makers that help them get to know your members and the issues you care about. For example, consider inviting a legislator to attend part of a local ASDA meeting. Or ask elected officials to attend a Mission of Mercy event, which can raise their awareness of unmet oral health needs in your state.

10. Demonstrate that advocacy is an ongoing responsibility. Building relationships with decision-makers takes time and policy change can often be a multi-year process with smaller, incremental achievements along the way.

11. Learn whether the dental school/clinic allows a half-day or full day off for students, staff or employees to participate in an advocacy event. This is an excellent way for dental school deans and/or clinic managers to encourage advocacy.

12. Holding an orientation session can be a helpful way to explain an advocacy goal, provide an overview of the issue, and let people know what they can do to help. Activities that seem self-explanatory to some people might not appear "simple" to those who have never engaged in advocacy.

Look for examples you can highlight showing how advocacy led to meaningful change. This is a helpful way to show new advocates the potential impact of their efforts. In the **Tools & Worksheets** section, use **Checklist 1A** to monitor whether your group or coalition is taking the necessary steps to build a culture of advocacy.

SETTING ADVOCACY GOALS first requires an understanding of the policymaking process, whether it's the legislature, a city council or a regulatory board. It is also important to know how the leaders of decision-making bodies set their agendas. Without this working knowledge, it is difficult to assess whether advocacy goals are achievable and on what timeline. Additionally, knowing these processes can help dental professionals determine the right timing for mobilizing supporters, contacting the media or other activities.

The legislative process is one way in which policies are approved. As its name suggests, this process is how legislatures (Congress and state legislatures) introduce, review, debate and vote on policy proposals. This process is governed by a legislative calendar, which varies significantly by state. Some states have legislatures that meet every year, while others have legislatures that convene every other year—unless a special session is called by the governor.

Although legislation can be critical in enacting policy, there is also significant and often far-reaching policy set by regulations, clinical guidance and other rules. Typically, the policies enacted through legislation are implemented only after regulatory and administrative agencies adopt protocols and processes that define how these policies are put into practice.

Medicaid agencies, state dental boards, city councils and other policy- or rule-making bodies follow a different process than legislatures. Future and current dental professionals should become familiar with these processes if their advocacy goals require action by these entities.

The **American Dental Education Association's** (ADEA) website has helpful information on the decision-making processes used by **state legislatures** and **Congress**—the path by which a bill can become a law. ADEA explores how bills are drafted, introduced, discussed and voted on, as well as what advocacy activities might be appropriate for each stage.

Timing and Procedures

Know the timing and duration of the decision-making bodies in which you will advocate. Legislative calendars vary from one state to the next. For example, the Maryland General Assembly meets each year, but its standard legislative session does not exceed 90 days. By contrast, members of the Nevada State Assembly gather in odd-numbered years for sessions that are limited to 120 days.

Getting a bill introduced early can be pivotal to increase the odds that legislators act on the proposal before the session concludes. Many people who are new to advocacy are surprised at how complex the legislative process can be. The American Academy of Pediatrics created **this infographic** outlining the process by which a bill becomes a law in most state legislatures. Visit your state legislature's website to see if a similar infographic or tutorial exists.

Dental boards, Medicaid agencies and other state administrative bodies tend to follow a different process for decision-making. Advocates should learn as much as they can about the various stages of this process. Is there a period when testimony or public comment is welcomed? This is the kind of question advocates will want to answer.

Congress and most state legislatures consider two key categories of bills. First, there are authorization bills, which establish specific programs and define their purpose. Second, there are appropriation bills, which actually approve the spending needed to implement an authorization bill.

Generally, hearings are held before a bill receives a vote—and the general public, including dental professionals or students, can request to offer testimony at such hearings. Simply attending these hearings can help dental students and dental professionals better gauge the questions, concerns or criticisms that a bill might spur.

During this stage of the decision-making process, advocates can support or oppose a bill based on its consequences for patients and providers. Keep in mind that many decisions, such as legislative language, are made outside of public hearings.

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The Importance of Being Nimble

The decision-making process can produce surprises. Being nimble can help ASDA chapters and other oral health advocates be prepared if an issue unexpectedly arises at an agency or in the legislature.

Even if a particular issue is not one of your advocacy goals, it might be worth adopting a resolution or policy statement on that topic. Having a statement "on record" enables advocates to move quickly and express their support or opposition. Otherwise, a local group or chapter probably would feel the need to take the issue through its governance process, which might not be completed until the vote or decision has occurred.

Remember: Although the policymakers may be legislators, city council members or board members, these decision-makers are often assisted by staff that can be influential in their own right. Know the roles that staff members are likely to play.

Finally, it is important to understand the rules in your state about lobbying. Certain actions could require ASDA members or other oral health organizations to register with the state as a lobbyist. Other actions might simply be categorized as "educational" activities. Some municipalities and counties also have rules requiring people who lobby to register. State and local rules vary so these rules should be confirmed.

③ SETTING ADVOCACY GOALS

ADVOCACY BEGINS BY IDENTIFYING A CHALLENGE or problem that needs to be addressed. These challenges are the catalyst for establishing goals that an organization or coalition wishes to accomplish. These goals should reflect its values and its vision for educating the community about oral health prevention and/or improving access to care. Goals should be set through a structured process—in other words, by holding a meeting during the fall to solicit ideas and then having a discussion to decide which goals will guide your advocacy during the next calendar year.

Goal-setting is strengthened when all members of an organization or coalition are involved. Depending on the group's size, it can be helpful to use online apps to create, send and tabulate a survey to gather input. Most groups will find they have a list of goals that is too large to accomplish in a single year. In addition, it is crucial to understand the legislative or regulatory process through which your issues will be reviewed and decided; this enables you to assess which goals are achievable—and on what timeline.

The SMART approach can help an organization review and condense its list of advocacy goals. SMART poses the following questions:

- Is the goal **Specific**? (What change in policy or practice is sought?)

- Is the goal **Measurable**? (How can one know if the goal has been achieved?)

- Is the goal **Achievable**? (Goals should be realistic.)

- Is the goal **Relevant** to the organization's mission?

- Is the goal **Time-bound**? (Is the timing clear? Take into account factors such as the legislative calendar and budget cycles.)

- Identify a challenge that can be addressed through policy or programmatic change

- Discuss and choose goals through an open, inclusive dialogue

- Ensure that goals reflect the SMART standard

- Periodically review goals to assess the need to change them

Even presidents benefit from setting SMART goals. In 1961, President John F. Kennedy delivered a speech sharing his vision for improving America's exploration of space. In his address, President Kennedy stated that "this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the Moon and returning him safely to the Earth."

The president's goal reflected the SMART approach. His goal was specific, and it was measurable too. As history demonstrated, it was an achievable goal—the first moon landing occurred in 1969. During his years in the White House, the president explained why his goal was relevant to our nation, citing the "new knowledge to be gained" and his concern that the knowledge gained will be used for good "only if the United States occupies a position of pre-eminence" in this scientific field. It was a time-bound goal because President Kennedy called for a moon landing to be completed "before this decade is out."

Adding or Changing Goals

Once advocacy goals have been adopted, they should be reviewed periodically and modified if circumstances change. Several months into a new year, a coalition might consider adding a new goal to its priorities—especially if an unexpected opportunity arises. Although new issues must be taken into consideration, it's important to thoroughly weigh the pros and cons of doing so. While a new goal will draw energy and resources away from your existing goals, it could be justified if the opportunity or threat is critical to your mission.

If a new goal is added, decide where it ranks as a priority (compared with existing goals). Allocate your time, energy and resources accordingly, which may mean pushing another goal to the backburner.

Scenario: Creating a SMART Goal

Imagine a state dental association wanting to persuade the Medicaid agency to approve a procedure code allowing reimbursement to dental providers who counsel patients about tobacco use. The association's leaders might fulfill the SMART benchmarks in the following manner:

- **Specific**: Our state Medicaid program will reimburse dental providers who provide counseling to patients on ceasing tobacco use.

- **Measurable**: Dental providers will have a billing code to use when seeking Medicaid reimbursement for counseling patients on tobacco cessation.

- **Achievable**: Several other states allow Medicaid reimbursement for this activity, demonstrating its viability. We believe we can build a coalition to garner the necessary support in our state.

- **Relevant**: Tobacco use (smoking or chewable forms) is linked with gum disease, oral cancer, delayed healing after oral surgery and other problems.

- **Time-bound**: Dental providers should be able to bill Medicaid for tobacco counseling by next January.

④ KNOWING YOUR AUDIENCES

ACHIEVING SUCCESS REQUIRES that messages be directed to **decision-makers** who determine the law, regulation, rule or other policy you are seeking to create or change. Yet victory also might require speaking to **influencers**—people who are most likely to persuade the decision-makers who exercise authority over the issue. After all, it doesn't matter how persuasive a message is if it isn't reaching the right audiences.

Before deciding what to say, advocates should separate their audiences into two buckets: decision-makers and influencers.

Decision-makers can include legislatures, state dental boards, city councils, school boards, state Medicaid agencies or Congress. Influencers are those who have the potential to impact the choice that is made by the decision-makers.

Influencers do not have to be wealthy or well-known. Parents of schoolchildren can be influencers by attending school board meetings and wearing buttons in support of a proposal to make lunch menus healthier. Individuals with friendships or close ties to the decision-makers also can be influencers, even if the decision to be made won't personally affect them.

Consider a hypothetical situation of a group of residents in a city called Pleasantown. They want the city council to approve a plan creating a new park in the East End neighborhood. If these residents identified the decision-makers and influencers in their city, each bucket might look like this:

Decision-makers	Influencers
■ City council ■ City council's staff ■ Mayor	■ Voters in each Pleasantown council district (ward) ■ East End residents ■ East End Improvement Committee ■ Director, Parks & Recreation Department ■ Health providers and health advocates ■ Pleasantown Medical Center ■ Pleasantown Children's Alliance ■ Athletic coaches ■ East End business owners ■ Faith community

Messages to decision-makers and influencers should be similar, but not identical. Some influencers may not know how the pending decision would affect them. For this reason, an advocate will need to provide information showing why these individuals have a stake in this issue. In other words, it's critical to answer the question: "why should I care?" Advocates should briefly explain why action (or inaction) on this issue could help or hurt health or quality of life.

Many people in Pleasantown might be influencers but not necessarily realize it. Moreover, they might not be aware of the upcoming decision about an East End park. Advocates might need to raise awareness, asking stakeholders to get involved, perhaps by signing a petition or attending a city council meeting.

Non-Policy Advocacy

If advocacy efforts are focused on changing how the public thinks or acts—as opposed to altering a policy—decision-makers and influencers are still important. In this case, the decision-makers would be the *residents* of your community because the goal is enhancing knowledge and encouraging behavior change.

For example, if advocates want to raise awareness among women that getting dental care during pregnancy is both safe and important, women of child-bearing age are the decision-makers to persuade. The influencers would be people who are most likely to interact with women in health care settings, neighborhood and cultural events. Women's organizations and maternal health advocates are a few examples of these influencers.

Identifying Knowledge Gaps

Many of the decision-makers who enact or shape oral health-related laws and regulations may know relatively little about dental caries, periodontal disease or other oral health conditions, their prevalence and their impact. These same knowledge gaps might exist among many influencers. Understanding these gaps requires understanding the people who serve as policymakers. There are important questions to answer:

1. Have any of the decision-makers previously spoken publicly about oral health issues? If so, what did they say—and what does this reveal about their knowledge and current position?

2. Are any of the decision-makers connected to people or institutions that care about oral health? (For example, do they work for a hospital system or are they married to medical or dental professionals?) Or do they represent a constituency with unmet oral health needs?

3. What does the public (local community) know about the issue in question? Which groups or populations are most likely to feel the impact—positive or negative—from a decision on this issue?

4. Have any members of your group or coalition spoken to the influencers about oral health or other health issues? If so, what did they say?

Doing some research can help. Many legislative or city council websites provide brief biographies of elected officials. LinkedIn and similar online sources provide other information about many decision-makers or influencers. It can be helpful to refer to notes taken from any previous conversations with these individuals.

Advocates shouldn't think about decision-makers or influencers as a single group. Instead, they should consider what they know (or can learn) about each of them as individuals. For example:

- Who are the nine members of that newly-created health access committee?

- Who are the seven members of the city council?

- Who is the state Medicaid dental director?

- Who is the CEO of the leading employer in the county?

- Who are the members of the state board of dentistry who oversee and enforce rules?

Approaching it this way will help advocates gather insights that improve their effectiveness.

A worksheet in the Tools & Resources section can help you plan and strategize your outreach to each decision-maker: **Worksheet 4A**: Understanding Each Decision-Maker explores how the decision-makers have resolved similar issues, what information they are likely to need and which individuals or groups are likely to influence their decision. The "what they need to know" question is a reminder that people who serve on the same committee, council or board may seek different types of information before they feel comfortable making the decision you want them to render.

Decision-makers are influenced by a variety of people. If the decision-makers happen to be elected, the voters in their district or jurisdiction are a primary influencer. Identifying these influencers (see Worksheet 4A's right-hand column) will help advocates determine which individuals or groups to reach out to, educate or involve in advocacy efforts.

Dental students, academics and professionals are potential influencers themselves. Their clinical knowledge and patient interactions lend them a perspective that most influencers lack.

ADVOCATES SHOULD SEEK STAKEHOLDERS whose interests align with theirs, building effective coalitions to achieve an advocacy goal. In the Tools & Worksheets section, use **Worksheet 5A** and **5B** to help you identify the best advocacy partners.

It's important to consider the patients or other people who will be affected by advocacy goals. Advocates should reach out to them or the community organizations that represent them. This engagement can help advocates understand the concerns of the patient population and consider whether the details of an advocacy goal should be refined.

What If They Say No?

If a stakeholder declines to join an advocacy effort, advocates should not take it personally. A variety of factors shape the decision to collaborate, including the limits of a stakeholder's capacity (time, staff, etc.). Recognize that although a stakeholder may decline to partner on a certain issue, they might be willing to partner on a future issue. For this reason, the interactions with a potential ally should be handled professionally and respectfully.

Reaching Out to Potential Allies

When advocates invite a stakeholder to meet or talk about partnering on an issue, they should begin by answering this question: Why would they care? An email or letter should begin by connecting the dots between the issue and the stakeholder's mission or interests. (Refer to **Worksheet 5C** for an example of how to do this.)

This initial outreach message should be concise and to the point. It's fine to attach a fact sheet or a background one-pager. But advocates should not overload the stakeholder with too much information in this initial communication. There will be later opportunities to provide more details and share helpful resources.

Building Relationships with Allies

Once a partnership is formed, it's important to strengthen and nurture the relationship. No coalition partner wants to feel taken for granted. Building an enduring relationship could include lending support to an advocacy goal that matters a lot to an ally. In addition, recognizing an ally's helpful role in your newsletter or public remarks could go a long way to making them feel respected and valued.

For an example of an initial email seeking support from a stakeholder, see Resource 5C in the Tools & Resources section.

6   DEVELOPING EFFECTIVE MESSAGES

MESSAGES CAN BE DELIVERED IN MANY FORMS—from social media to emails, from videos to leaflets. Whatever form they take, they must be understood by audiences to be effective. Different audiences have varying levels of health literacy and are likely to be motivated by different messages. Taking a "copy-paste" approach to communications ignores these realities.

Dental professionals or other health providers will understand clinical terms that can confuse many people—even well-educated adults. This is one reason why leading health educators are promoting the use of plain language.

The Centers for Disease Control and Prevention (CDC) has published a guide called **Everyday Words for Public Health Communication** that helps replace clinical terms with plain language words. The CDC's **Clear Communication Index** is a research-based tool that can help advocates assess whether their messages will be understood by people with limited health literacy.[2]

Core Messages

Core messages are used consistently over the course of an advocacy campaign or effort. Core messages are the glue that holds together your advocacy. These messages should connect an advocacy goal with the hopes and values of your audience.

Defining your core messages is crucial before you and your allies start communicating about an issue. When your core message is unclear or complicated, it is less likely to resonate with policymakers and the public.

PEARS is an abbreviation for five elements (below) that can help you identify what your core messages should be. And these messages can be used over and over when you give a presentation, write a press release, or provide testimony. Here are the five elements of PEARS and why each is important:

Problem: Urging policymakers to adopt a specific "solution" requires that advocates first identify a problem or challenge that exists in their community, state or country. The problem should answer this question: What is happening or not happening that your audience cares about?

Evidence: Saying there is a problem is one thing; proving it is another. The problem may not be as self-evident to policymakers as advocates think it is. It is important to share facts or data that demonstrate this problem exists and reveal its impact. Evidence can also be helpful to build confidence in your solution.

Action: What are advocates asking the audience to do? The answer to this question should be specific. The action probably will vary based on whether the audience is composed of decision-makers or influencers. Advocates will ask decision-makers to make the right choice, but they will encourage influencers to make their voices heard by signing a petition, emailing decision-makers, or taking other steps.

Reality Check: Advocates should play devil's advocate by thinking of the skeptics in their audience. What might they say to dispute or dismiss your messages? Try to anticipate and overcome their skepticism by offering responses that are grounded in the facts.

Solution: This is different from the Action. The Solution identifies what will change if the Action is taken. If policymakers or people take the desired action, what impact will it have? How will it change things for the better? Advocates should consider tailoring the solution to different audiences because they may define "the better" differently.

PEARS makes more sense when it is applied to a hypothetical advocacy goal. Suppose a group of residents in the city of Fallenbury wants their school board to approve a plan to ban sugary drinks from the cafeterias and student-accessible vending machines on all school campuses. Each of the PEARS elements could be defined like this:

- **Problem:** Obesity, tooth decay and diabetes rates are high—in fact, obesity affects roughly three in 10 adults. That's partly because many children, teens and adults in this low-income area regularly drink soda and other sugary drinks.

- **Evidence:** Research shows that sugary drinks harm the health of children. For example, drinking an additional 12-ounce soda each day raises a child's odds of becoming obese by 60 percent. Sugar is a primary driver of tooth decay, and a recent oral health survey showed 56 percent of third graders had experienced at least one cavity.

- **Action:** Join us in urging the Fallenbury School Board to approve the proposal next month that bans drinks with added sugar from all of the 31 elementary, middle and high schools.

- **Reality Check:** Residents expect our school board to manage its tax dollars wisely. Our proposal respects this desire because it would not require any meaningful expense. School cafeterias, for example, would simply offer water, white milk, 100-percent fruit juice as replacements for soda and other drinks that contain added sugar.

- **Solution:** Banning sugary drinks from school cafeterias and vending machines will help lower obesity, tooth decay and diabetes by reducing Fallenbury children's sugar intake.

Each element of PEARS is important, but they don't have to flow in this order. In some cases, the Problem might be widely recognized by the audience, and it's the Action that needs to be followed by Evidence confirming its benefits. For example, you might want to point to other school systems where a similar policy action had a positive impact.

Evidence is very important, but data is not the only form that evidence can take. Petitions submitted by a neighborhood council can amplify statistics by providing real-world evidence of what residents want. Sharing stories or first-hand concerns from individuals helps to put a "face" on the issue, showing who is affected and how. By offering their perspectives or experiences, these individuals can serve as powerful advocates. For example, the campaign to win school board approval of this new policy might seek to identify several influencers from diverse areas to deliver messages that reinforce your PEARS:

A dentist shares disturbing stories of how sports drinks affect teens' teeth based on youth she has treated at her dental clinic

- A faith leader/cleric shares his concerns about childhood health issues he sees within his congregation and calls the proposal a step in the right direction

- A high school athletic coach talks about how children and teens of color are constantly exposed to ads and other messages promoting sugary drinks

- A school nurse talks about the health impact when children and teens make sugary drinks their primary beverages

- A local parent living with her two children talks about how this ban on sugary drinks would strengthen her ability to place firm limits on soda at home

Be Careful with Myths

Many groups, including health agencies, have tried to combat myths by creating web pages or handouts that present them with the corresponding fact. As reasonable as this approach might seem, it is likely to backfire. This was revealed in a 2006 study in which researchers circulated a myths-and-facts handout about the flu vaccine that the Centers for Disease Control and Prevention (CDC) produced. Soon after viewing the CDC handout, many participants misremembered several myths as facts.

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Be careful when responding to false information. Circulating a myths-and-facts handout can backfire.

MUCH LIKE DENTAL CARE SHOULD REFLECT THE CLINICAL EVIDENCE, advocacy should reflect the evidence. Sharing data is a critical part of showing decision-makers why the position you're advocating is reasonable. Knowing where to find appropriate data is important to raising awareness about oral health. Yet sending a bunch of statistics to policymakers is unlikely to persuade them. Instead, it's critical to provide them with the right *kind* of data, the right *amount* of data and the *context* for understanding it.

Highlighting too much data makes it harder for audiences to retain the key messages from a fact sheet or other document. Focusing on one or two statistics makes it easier for someone unfamiliar with oral health to understand the challenge and why it matters.

Collecting Data

Data to support your advocacy will come from a variety of sources. Nearly all states collect and publish data on tooth decay prevalence among 3rd grade children. Some states collect more robust oral health data through a Basic Screening Survey (BSS), a mechanism supported by the Association of State and Territorial Dental Directors (ASTDD). This data is often accessible through a state health department's website or the CDC's Oral Health Data portal—providing state-level data on tooth decay prevalence, dental sealants, and untreated tooth decay among school-aged children.

The CDC provides helpful data on other oral health issues. Its resources include national and state-level statistics on community water fluoridation, basic access to dental care for adults, and state-level data on access to dental care for pregnant women through the Pregnancy Risk Assessment Monitoring System (PRAMS). Nationally representative data on disease prevalence is accessible through the National Health and Nutrition Examination Survey (data is available for two-year periods).

Some states collect and post more oral health data than might be accessible through the CDC's website. Advocates should check their state health department's oral health web page.

Other federally-supported data collection initiatives provide information about access to oral health care, coverage and oral health status. For example, the National Survey of Children's Health (NSCH) collects state-level information about insurance status, access to care, and parent-reported information about the condition of their children's oral health. The NSCH website provides interactive tools to sort survey data by variable and geographic location.

Similarly, the National Health Interview Survey (NHIS) collects a wide variety of information through phone surveys, including parent-reported access to oral health care, source of care, insurance status and the ability to afford care. In addition, the Medical Expenditure Panel Survey (MEPS), provides national-level data on coverage status and oral health access, as well as the average cost of care by demographics and the source of coverage. Further, the Agency for Healthcare Research and Quality released a data chartbook on dental-specific use, coverage and expenditure data from 1996 through 2015.

For children and youth of ages 0-21, the Centers for Medicare and Medicaid Services (CMS) requires that states report on a number of utilization measures for oral health services. This report is made available on an annual basis through the CMS 416 report. In addition, states voluntarily report on measures of quality and utilization for Medicaid and CHIP programs through the Child Core Set, including dental visits and sealants for school-aged children enrolled in public coverage.

In addition to oral health statistics reported by providers, other types of data can offer important insights for decision-makers:

- **Census data** can be found online that shows the portion of residents living below the poverty line by county and city, while the Census Bureau's American Community Survey provides more frequent information about employment, family size, and health insurance status.

- The **Bureau of Labor Statistics** also provides information on access to and uptake of medical and dental benefits by employer size through its Employee Benefits Survey.

- **County Health Rankings & Roadmaps**, a Robert Wood Johnson Foundation program, provides helpful metrics on counties' overall health status, as well as their rates of smoking, obesity, food environment index and other health behaviors. This site also provides county-by-county data on the **ratio of dentists** to population.

Much of the oral health data is collected and reported by states on a voluntary basis. Sometimes, this leads to inconsistent data across states or gaps in the frequency or availability of data. For example, only about half of states report on oral health access for pregnant women as part of PRAMS.

However, organizations such as ASTDD or the American Dental Association (ADA) may be helpful in sorting through the many data sources available. ASTDD maintains a state data reference guide, outlining the available data sources and metrics therein while also serving as the clearinghouse for BSS data. ASTDD is well-positioned to help identify what oral health data is available for a given state. Similarly, the ADA publishes state oral health fact sheets through its Health Policy Institute. Those resources provide state-level data on everything from the supply of dentists to self-reported oral health status and state Medicaid dental reimbursement rates.

Other Sources for Data

Articles in peer-reviewed journals are another good source for identifying data to demonstrate the impact of dental disease and how oral health is linked to overall health. For example, a 2011 study revealed that North Carolina children with poor oral health were nearly three times more likely to miss school because of dental pain.

Public opinion surveys that explore people's knowledge or attitudes about oral health are another source for relevant data. By identifying major gaps in people's knowledge, for example, a survey can strengthen your case for seeking new policies or expanding existing programs. What is true for studies is equally true for surveys—their methodology matters. Surveys are generally taken seriously only if they are conducted in a scientifically appropriate manner, including the use of a representative sample.

Tips for Choosing and Sharing Data

Whenever possible, advocates should share state and local oral health data. People who set policy want to know what's happening in their state or their community, so national statistics are far less meaningful to them. It may also be helpful to combine data sources to demonstrate gaps in access between oral health and other health services, highlighting opportunities for improvement.

Infographics can be a helpful way to present data, but many of them are poorly designed and packed with too many facts, making readers struggle to recall the key takeaways. When creating an infographic, keep it simple and try to limit the number of facts or data. Leave ample "white space" so readers' eyes aren't overwhelmed.

Personal stories—even brief ones—can complement statistics. For example, citing the cavity reductions that followed the introduction of fluoride in water and toothpaste may not resonate with some people. But using stories can paint a vivid picture for your audience, reaching them on an emotional level. In 2016, a Vermont dentist urged his community to maintain a fluoridation program by recalling an era when the prevalence of tooth decay was "unmanageable" and his reception room "played loud music to muffle the sound of children crying as their teeth were drilled, filled, redrilled, and refilled."

Credibility Counts

Credibility should never be taken for granted. Advocates should use data from reputable sources. A statistic highlighted in a news article or shared by a friend or colleague should be double-checked to confirm its accuracy. Sometimes, people change the wording of a sentence (with no ill intent) in ways that could render a data point inaccurate. If the data came from a particular study, find the journal article and check to ensure that the statistic is being used appropriately.

If someone finds an incorrect statistic or number in a letter, testimony or other document, advocates should move quickly to take responsibility and correct it. Partners and decision-makers who were given a previous, incorrect document should be sent the corrected version.

Additionally, it's important to monitor the data being circulated by those who oppose the advocacy goal in question. Opponents could be misrepresenting data or taking it out of context; this is often the case, for example, when critics of water fluoridation post articles or comments online. Advocates should be prepared to explain to decision-makers how adversaries are misinterpreting data.

8   IDENTIFYING MODES AND MESSENGERS

WHEN IT COMES TO COMMUNICATING MESSAGES, two important questions should be asked by advocates: 1) What modes of communication should we use to deliver these messages? and 2) Who should deliver these messages?

The Best Modes

Advocacy is often most effective when messages are delivered in a variety of ways that reinforce and complement each other. The best modes of communication will vary based on the purpose and the audience:

Stakeholder meetings: Face-to-face meetings with key stakeholders remain one of the best ways to communicate about a topic and engage others. Stakeholders might be residents of certain neighborhoods or rural areas of a state where access to care, for example, might be affected by the issue at hand. Meetings are especially valuable because they can provide helpful insights before advocates fully develop the details of their advocacy proposal.

Listservs: A listserv is typically the best way for advocacy leaders and close allies to stay connected, plan activities, discuss logistics or debate strategies.

Social media: Social media platforms such as Twitter, Instagram, and Facebook reach large audiences very quickly. They can be used to generate interest and disseminate fact sheets, infographics or other materials to a wider audience. Users should be familiar with how to organize social media events and how hashtags can expand advocates' reach and generate enthusiasm. Facebook and Twitter ads can help advocates reach and interact with potential supporters.

Online/Web: If an ASDA chapter or a similar local organization has a website, this can be used to promote and explain advocacy goals. Creating a website from scratch might not be worth the trouble if the advocacy campaign is unlikely to last more than 6 months. If it makes sense to create a website, WordPress and Squarespace are two options for building one.

Emails: Emails and e-newsletters are a good way to provide information, share progress and explain how colleagues and supporters can make a difference. Constant Contact, MailChimp and GetResponse are some examples of email marketing software (EMS) that can facilitate this. An EMS might or might not be worth the cost depending on budget constraints and advocacy needs. Using an EMS can give emails a professional appearance and help you learn how your messages are performing (e.g., open rates, click rates, etc.).

Handouts: Although most advocacy communications can be delivered electronically, there will always be meetings, hearings and other events for which it makes sense to bring printed copies of fact sheets or other handouts. Having something to leave behind can help others remember an issue and how to contact advocates if they want more information.

Elevator speeches: Leaders and other members of an ASDA chapter or local oral health coalition should be ready to give an "elevator speech" — a message intended to be delivered in 30 seconds or less to familiarize others with your advocacy issue. (See **Worksheet 8A** for tips on creating an elevator speech for your issue or goal.)

The Best Messengers

Although dental and other health professionals can be excellent messengers, certain messages are more effective when delivered by others. Finding good messengers from the local community (outside of dentistry) can help expand support. These messengers should be chosen strategically and deployed where they can be most effective.

Visit the Tools & Worksheets section and consider using Worksheet 8B: Identifying Messengers. This resource can help you determine which messengers will provide crucial support to your advocacy goal(s).

Depending on the advocacy goal, people in the following list could lend credibility and identify new supporters:

- Medical professionals
- Parents
- School nurses, teachers and administrators
- Business owners
- University faculty or academic officials
- Civic leaders and neighborhood activists
- Faith leaders
- Local celebrities
- Newspaper columnist
- A blogger in your community
- People who are part of the affected population
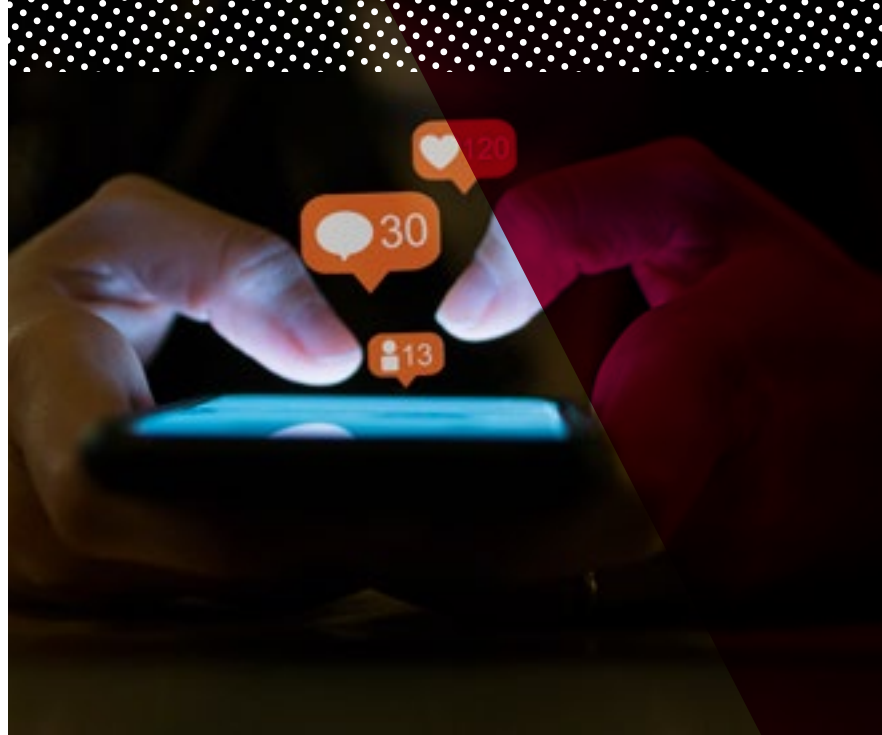
Messengers will bring different attributes and strengths. A parent or community activist might share their personal experience, talking about how oral health issues have affected them. A researcher at a local college can summarize what the data shows about the scope of the problem, lending her credibility to support the advocacy goal.

Training and Support

Some of the messengers identified and recruited might not have experience speaking or presenting in public venues. Even those with experience may have little or no experience speaking publicly about oral health issues. Nearly all messengers can benefit from practice or training.

Advocates should consider holding a session in which messengers can practice giving testimony or delivering a five-minute "talk" about an issue. Additionally, this can be a helpful time for messengers to hone their responses to the two or three toughest questions they might be asked. People who practice speaking in this safe and supportive environment are more likely to be an effective messenger.

FRAMING MESSAGES IS A STRATEGY that seeks to put an issue in the appropriate context. Framing recognizes that the way we talk about oral health—or any topic—can shape the decisions that are made about policies and programs. In other words, frames can determine how decision-makers and the public "hear" and interpret messages about oral health. Frames are created by various factors, including an audience's pre-existing attitudes and the words that are commonly used to talk about an issue.

What is framing? It occurs when a person or group presents an issue in a way that makes an audience more likely to support or oppose a particular position. Framing takes into account the beliefs and attitudes of the audience.

Consider this real-world example: In the 1990s, when some interest groups in the U.S. wanted to cut or eliminate the federal estate tax, they **began calling it** "the death tax." This new term was promoted by a business federation to shift attention to the event that prompted the tax.

The federation's leader said the new name "really helped us shape the debate on the unfairness of the whole tax, not who is paying it." This change in perception was confirmed by focus groups showing that Americans were more likely to oppose the estate tax when it was called the death tax.

To be effective advocates, dental students and professionals must understand the dominant "frames" that exist among the public, decision-makers and their influencers.

Recent Research
The FrameWorks Institute (FWI) examined what Americans think of when the topic of oral health is raised, sharing their findings in **a 2017 report**. During interviews, people typically talked about brushing and flossing teeth, and about their smiles—focusing more on the cosmetic quality of a smile versus the underlying health of teeth and gums. It was rare for people in FWI's interviews to cite the connection between their oral health and *overall* health. For most adults, the dominant frame viewed oral health as an individual responsibility. Few people made note of the system in which dental care is provided—how and where care is delivered, how dental providers are paid by patients and insurers, and other rules and policies.

Based on its findings, FWI urged oral health advocates to "consistently explain how problems in oral health are connected to other health issues that go beyond the mouth." This can help underscore the importance of prevention, as well as the need for broader changes in the system of care that make insurance and care more accessible and affordable. Oral health advocates should "focus on solutions that address the social determinants of poor oral health," FWI advised.

In 2017, the Children's Dental Health Project—a nonprofit policy institute in Washington D.C.—commissioned research with influencers to learn which messages were most likely to resonate with decision-makers. According to **this research**, influencers felt oral health would be seen as more of a priority if decision-makers received facts and statistics showing the impact of poor oral health, rather than data stressing the *prevalence* of poor oral health. For example:

>   **LESS COMPELLING:** Nearly one in four children has experienced tooth decay by the time they enter kindergarten.

>   **MORE COMPELLING:** Children with poor oral health are nearly three times more likely to be absent from school.

Dental Professionals' Role

Individuals can take concrete steps to protect their oral health, and dental professionals should regularly advise their patients on these steps. Yet providers should not get trapped in the "individual responsibility" frame. Instead, it's essential to talk about oral health in broader terms that recognize:

- the system that shapes the quality of oral health in a community, including whether the local water supply is fluoridated, whether the workforce is sufficient and effectively deployed to meet access needs, etc.

- the role that poverty and other social determinants play in raising people's risk of tooth decay

Dental professionals should stress that it's impossible for someone to be in good health without having good oral health. Clinicians can add that both tooth decay and gum disease can be prevented or managed so they don't progress to the point where they negatively affect overall health.

> **THE BOTTOM LINE:** Framing means using words or phrases in advocacy messages that align with and/or reflect the core values of target audiences—decision-makers and their influencers.

MEDIA ARE ONE OF THE MANY INFLUENCERS that shape how decision-makers think and act. Generating a positive news story about an issue or building a strong presence on social media can advance an advocacy goal. Even those who think they lack the time or bandwidth to create a media strategy should consider basic ways to create a media presence.

Web & Social Media

■ *Establish a website and/or social media presence.* It is okay to think big, but start small. Advocates should consider their resources before deciding the kind of presence they create. Launching a website takes a lot of time and effort—and the design, hosting and other tasks can be costly. It might make more sense to create a Facebook or Twitter account; a website can always be launched later if desired. For organizational accounts, Facebook allows users to preschedule messages, and various apps also enable Twitter messages to be scheduled in advance.

■ *Using social media consistently.* Advocates should try to post at least one or two messages each day. Sharing or retweeting a few messages each day is a good idea too, but advocates shouldn't view this as a substitute for sharing their own perspective. HootSuite, TweetDeck or other software can be used to preschedule social media messages and collect metrics on those messages.

■ *Creating a file of "evergreen messages" that can be used throughout the year.* Advocacy-related messages are only one part of the content to share on your social media. Providing oral health facts and tips is also helpful. Because these tips remain relevant throughout the year, these messages are "evergreen" and can be used when you can't think of other content to post. The Centers for Disease Control and Prevention's **oral health page** has a variety of facts and resources that can be shared through social media. The Association of State & Territorial Dental Directors also has a **social media library**.

■ *Reminding members and supporters to "like" or follow the organization's social media accounts.* Creating an account is only the first step. The next step is encouraging members, friends and supporters to "like" or follow it. One way to increase followers is to follow other accounts in the oral health or public health sector, such as dental schools, schools of public health, a state or local children's alliance, and community health centers.

■ *Using calendar events as an opportunity to organize or participate in social media events.* Throughout the year, a variety of observances can be leveraged to draw attention to at least one of your advocacy goals. Children's Dental Health Month is celebrated each February. October is observed as both Health Literacy Month and National Dental Hygiene Month. Drinking Water Week happens in early May. And April is celebrated as National Minority Health Month. ASDA chapters and other organizations should look for ways to link their advocacy goals to these events. Twitter chats and other social media events are often organized around these types of observances.

Traditional Media

- ***Developing a media list.*** This list should include the names, media outlets and contact information (at least their email addresses) for key reporters, editors and other media in your community. Think broadly by making bloggers, radio show hosts, TV reporters and others a part of this list. Many newspapers and other media provide names and email addresses for most or all of their reporters or news directors on their websites.

- ***Designating a spokesperson for media interviews.*** Someone should be chosen as the person who will be quoted in press releases and/or who will handle interviews when those requests are made. Other members of the chapter or organization should direct any media requests to this designated spokesperson. The spokesperson should receive practice or coaching to maximize their effectiveness.

- ***Creating talking points for your spokesperson.*** Ideally, these talking points should consist of no more than 3-4 key messages, and they should fit on one side of a page. Talking points should be reviewed periodically and refined if needed. For a good example of talking points, see **Resource 10A** in the "Tools & Resources" section.

- ***Choosing the right time to reach out to news media.*** Advocates should think carefully before deciding when or if to send an email or press release to their media list. Will reporters believe this issue will interest their readers or listeners? Advocates should avoid taking a "one size fits all" approach to media outreach—some events might be interesting to newspapers but not to a TV news staff (perhaps because the story lacks good visuals). See **Resource 10B** in the "Tools & Resources" section for Media Interviews: Nine Tips for Talking to Reporters.

- ***Building a relationship.*** The experts call it "media relations" for a very good reason—building a relationship with reporters and editors is crucial. One of the best ways to start a relationship is for advocates to send an email thanking a reporter for a story and suggesting a related story for a future article. This email can correct or clarify a detail that appeared in the reporter's story, but advocates should choose their words carefully and respectfully. (Keep in mind that the vast majority of reporters strive to write accurate stories.) Advocates can establish themselves as a resource by sharing a link to a report or web page that a reporter might find useful.

- ***Using letters to the editor to raise the profile of an issue.*** Letters to the editor (LTEs) are a good, quick way to raise awareness of an issue. LTEs are much easier to write than guest opinion columns, partly because they are shorter in length. Generally, newspapers and other media sites prefer LTEs that have fewer than 300 words. Most newspapers or media websites provide instructions for submitting letters, including their word limits. One way to encourage others to send LTEs is for advocacy leaders to make the process of writing easier—by circulating talking points that can be reworded slightly to form most of an LTE.

11 MEETING WITH DECISION-MAKERS

FACE-TO-FACE MEETINGS with city council members, health department officials, legislators or other decision-makers are a golden opportunity to advance advocacy goals. This form of engagement enables advocates to deliver an unfiltered message, clarify any misconceptions and get direct feedback. In some instances, a staff person may be the only person available for a meeting; this is not necessarily a setback. In many cases, the staff person will have considerable influence on the decision-maker's views.

Seeking the Meeting
Before requesting a meeting with a decision-maker, advocates should do their homework and start planning by asking themselves these questions:

- What will your "ask" be? Decision-makers really want to hear about issues they can do something concrete to address. Be ready to make a request that spells out what they can do to make a difference (i.e., revise a rule, vote to table a bill in committee, etc.).

- What do you know about the decision-maker? (See **Worksheet 5A**) This knowledge can help you frame the meeting's purpose (when you call or email) in a way that is more likely to appeal to the decision-maker.

- How much time do you want to request from the decision-maker? Be sure to specify the length of time when you ask for the meeting.

- How many people will attend the meeting from your organization or coalition? The decision-maker might ask you this question so be ready to respond—even if it's "there will be no more than four of us."

- When do you want to meet? It's best to meet before the issue has been widely debated for weeks or months. By then, the decision-maker may have formed a firm opinion that will be more difficult to change.

- Where do you want to meet? Legislators and other decision-makers usually prefer to meet in their offices, but you could suggest another location if the site is relevant to your issue, such as a community health center.

Preparing for the Meeting
- Advocates should decide who should attend the meeting from their side. They should choose no more than three or four individuals. Ideally, one of the advocates resides in the district or area represented by that policymaker. For many issues, it also makes sense to include at least one participant who can answer questions about clinical or scientific issues.

- Advocates should be prepared for pushback. Decision-makers might voice skepticism or opposition to the advocacy goal—either because they are opposed or simply to play devil's advocate. Advocates should reach consensus before this meeting on the kinds of pushback they are likely to face and how each argument can be addressed.

- Every meeting with decision-makers should have a clear objective. Advocates might want them to agree to co-sponsor a legislative bill, hold a hearing on a proposal, or vote for changing a regulation. Advocates should decide what their "ask" is and which one of them will make this request before the meeting concludes.

- Participating advocates must know their roles. Advocates should decide ahead of time which one of them will act as the facilitator for your side—speaking first, introducing the others and making the "ask". Agreement should be reached on the key points that each member of the advocacy team will cover so no one's remarks are duplicative. Most importantly, one member of the advocacy team should take notes of what is said during the meeting.

- Advocates should bring one or two items (a fact sheet or other materials) to the meeting to cite and share as "leave behind" documents.

Attending the Meeting

- It's important to arrive on time. This shows respect for the decision-maker, who may be on a tight schedule. Being late will start the dialogue on a sour note.

- Advocates should treat everyone in the office with respect, including staff members who often play key roles. Decision-makers lean on their staff for support and advice.

- Advocates should present their case briefly, clearly and effectively. Each person on the advocacy team should keep their remarks brief and avoid the use of jargon or clinical terms. Decision-makers might bring up a different but related issue during this meeting so don't be surprised—speak to the issue briefly and then return to the topic that matters most.

- The meeting should conclude with the advocacy team's "ask". If the response is positive, advocates should thank the decision-maker. If the response is negative or non-committal, advocates should stay positive and project optimism: "Thanks for sharing your views. We do hope you will keep an open mind as you learn more about what is at stake." Decision-makers might not be supportive on this issue, but they might be helpful on a different issue—another reason for advocates not to burn their bridges.

- Questions should be answered with care. Advocates shouldn't try to make up a response to a question if they aren't sure of the answer. If they are uncertain, advocates should promise to look into the question and follow up as soon as possible.

- During the meeting, decision-makers may ask the advocacy team for additional information or data. Whoever is taking notes should record these requests so their team can follow up promptly. As the meeting wraps up, the note-taker should repeat the information that was requested to confirm the decision-maker was accurately understood.

After the Meeting

- Within 24 hours of this face-to-face meeting, advocates should send an email thanking the decision-maker for taking time to meet with them.

- Advocates should follow up appropriately. Within the next few days, the advocates should gather the information that was requested and send a follow-up email with answers or resources that were sought.

THE LEADER OF AN ORGANIZATION OR COALITION is often the public "face" of an advocacy goal. However, leaders can only accomplish so much on their own. Mobilizing members, colleagues or other supporters is crucial to achieving advocacy goals. It takes energy and persistence to generate action. These tips can spur supporters to act:

Making a Clear Call to Action

This articulates the action that advocates want members, colleagues or supporters to take (e.g., send an email to an elected official, sign an online petition, attend a rally, etc.). This should be stated as clearly as possible. And the call to action shouldn't be buried three or four paragraphs into an email. Advocates should use underline, boldface type, bullet points or other graphic enhancements to make their call to action stand out.

> **Members are more likely to take action if they can do so quickly.** To mobilize members, the American Student Dental Association (ASDA) uses Engage. This email system enables ASDA to contact its members, briefly explain an issue and ask them to help by clicking a few buttons. In less than a minute, Engage generates an email message from that member and sends it to the appropriate public official based on the member's home address.

Making it Easier to Participate

Supporters are more likely to take action if they are provided with some resources. For example, providing a sample telephone script can ease the anxiety that some may have about calling public officials. Sharing some talking points or sample language will encourage more people to write emails or letters to the editor.

Having Realistic Expectations

Planning is crucial to ensure that members or colleagues receive ample notice for the action that they are being asked to take. If the call to action is attending a meeting or rally, people need at least several days of lead time—ideally, a week or more of notice. Even requests for emailing or calling public officials should be sent a few days before people are supposed to take action.

Providing Context for the Action

When members or volunteers are asked to participate in an advocacy effort, they should understand the issue and why it matters. Many of them may not have read previous emails or communications about the issue. It's important to provide some brief background in the call-to-action message that covers the questions readers are likely to have. Examples: What would this proposal do? Why does our organization support or oppose it? What could happen if we don't take action?

Finding Efficient Ways to Contact Supporters

Email messages are often used to alert members or supporters that their help is needed. Email marketing software (EMS) could be a helpful way to store lists of contacts, generate messages and collect metrics on how well each message performed—providing open rates and click rates, for example. MailChimp, Benchmark and Constant Contact are among the different types of EMS that can be used for advocacy.

Writing Subject Lines that Grab their Attention

Subject lines influence whether recipients open their emails. First, advocates should be concise by limiting their subject line to 30 characters. Second, they should focus their subject line on what is new ("Medicaid Bill: House to Vote Tues") rather than using a message like this: "Legislative Update: Take Action." By definition, virtually every email is an update about something, so focus on what is new or urgent.

Using All Platforms to Mobilize Supporters

Advocates should share their call for action far and wide. It can be sent through email, promoted as a Facebook event, and posted on other social media platforms. Communicating a call to action on a variety of platforms is a good way to ensure that it's seen by members and supporters.

⑬ MANAGING AN ADVOCACY CAMPAIGN

HAVING A PLAN IS ESSENTIAL. Although it can be revised when needed, the advocacy campaign plan should identify the goal, the strategies being used, the tactics that flow from each strategy and a timeline. (A tactic is a specific activity that flows from a strategy. For example, "educate legislators about the need for raising Medicaid reimbursement rates" is a strategy, and "deliver testimony at the April committee hearing" would be a tactic for implementing it.)

The plan should designate those who will take on the specific roles that are integral to implementing the campaign plan. A variety of online tools for project planning may be helpful in creating and updating this plan. Even the best campaign plan needs a good manager. This individual should have the time, organizational skills and people skills needed to succeed. This manager should:

- Be able to state the advocacy goal in SMART terms (see Setting Advocacy Goals)

- Provide periodic updates on the campaign's status

- Understand the strategies being used to advance this goal and the tactics (activities and events) planned for the coming days or weeks

- Ask members and supporters to play certain roles

- Coordinate the roles for which different people are responsible (to avoid duplication of effort)

The campaign manager should focus on the desired outcomes and not try to micro-manage how members or volunteers carry out their roles.

Monitoring and Assessing Progress

Any advocacy campaign that is expected to endure for more than a few weeks will need its manager to monitor and assess progress. This assessment is essential for the campaign to consider the strategies and tactics they are using. In addition, unexpected obstacles may require refining strategies or pursuing different approaches.

The campaign manager should schedule periodic meetings or conference calls to get firsthand reports from members or supporters. Good questions to ask include:

- Have they faced any unexpected obstacles?

- Do they need more support to handle their roles effectively? If so, what kind of support?

- Are there state or national organizations with resources that can help?

Getting these questions answered will help advocates assess progress and make any appropriate shifts in their approaches.

TOOLS & WORKSHEETS

CHECKLIST 1A:
CREATING A CULTURE OF ADVOCACY

Use this checklist to ensure that your planning and execution of activities is building a culture of advocacy:

LAY THE GROUNDWORK FOR BUILDING THIS CULTURE

☐ Conduct a survey seeking your members' or colleagues' views to determine advocacy goals

☐ Make policy issues a part of your regular meeting agendas

☐ Set specific goals for your advocacy priorities

☐ Establish an annual Advocacy Day or participate in a similar event hosted by a dental/dental hygiene organization

PLAN FOR SUCCESSFUL ADVOCACY BY TAKING THESE STEPS

☐ Give members and colleagues ample notice of advocacy activities so they are more likely to fit in their schedule

☐ Identify experienced advocates who can mentor "newbies" and invite them to participate

☐ Use your website, Facebook page, listserv, etc. to promote the upcoming event

☐ Provide instructions that cover the details and logistics—if people are asked to meet downtown, share info about parking or mass transit options

AFTER EACH ADVOCACY ACTIVITY

☐ Use emails, text-messages or phone calls to thank all who participated

☐ Monitor participation levels to compare and determine which kinds of advocacy activities are most popular

☐ Debrief with others to assess your advocacy activities—what went well, what didn't, etc.

☐ Promote advocacy by using your e-newsletter or social media to feature specific members who are actively involved

WORKSHEET 4A:
UNDERSTANDING EACH DECISION-MAKER

Answering these key questions for each decision-maker can help you tailor and strengthen your advocacy to the people who will ultimately make the decision:

DECISION-MAKER	Have they made decisions on a similar issue before? If so, what did they decide?	What do you think they need to know or hear to make the decision you are advocating for?	Who is likely to influence their decision? *(individuals and/or organizations)*

WORKSHEET 5A:
IDENTIFYING ALLIES

Answering these key questions can help you identify stakeholders who might serve as allies on one or more of your issues.

☐ Schedule a meeting or conference call with colleagues about an advocacy goal. Tell them the purpose is to hold a brainstorming session to identify potential advocacy partners in your state or community who might share an interest in achieving this goal. Participants should be encouraged to think broadly. It's better to start with a list of too many potential partners than with too few.

☐ Use the brainstorming session to narrow down the list of potential partners to a handful—perhaps 5 to 7 stakeholders. (The ideal number may depend somewhat on the issue.)

☐ After the meeting, assign each participant one or two potential partners for which they will gather additional information. Ask them to use **Worksheet 5B** to record this information. Some of this information can be collected simply by visiting the websites of potential partners, reading their organizational missions and learning the issues on which they work.

☐ Set a deadline for participants to report back with their findings. Circulate their completed worksheets and schedule a second meeting or call—this time to discuss the strengths and weaknesses of each stakeholder.

☐ At the second meeting, post the worksheets on the wall or on a flip chart. Each worksheet will provide the names of stakeholders along with their perceived strengths and weaknesses (as potential partners). Allow time for questions and
ample discussion.

☐ Near the end of the second meeting, hand out the same number of colored stickers (stars or dots) to each participant. The number of stickers you hand out should probably be about four or five. Each participant is then instructed to "vote" by placing a sticker next to the stakeholders they feel would make the best partners for advocacy.

☐ Count the number of stickers placed next to each of the stakeholders. The stakeholders with the most stickers are your target list. Prioritize them starting with the organization that received the most votes or stickers.

☐ Briefly discuss which person within your organization should contact each stakeholder to request a meeting to discuss partnering. Your chairperson or president might be the ideal person to reach out, but, in some cases, another person might have an existing relationship that makes it more appropriate for them to send the initial email to make this request.

☐ Refer to the **Resource 5C** for strategies on writing an email or letter to request a meeting or phone call to explore a stakeholder's willingness to partner with you.

☐ Set a deadline for when each target partner will be contacted and report back with an update on progress. If potential allies asked for additional information, be sure to follow up promptly to their requests.

The deadline for reporting back on target partners is _____ .

WORKSHEET 5B:
ASSESSING POTENTIAL ADVOCACY PARTNERS

Answer these 5 questions about each stakeholder that could be a potential advocacy ally. Offer details where appropriate. For example, don't simply answer "yes" or "no" to these questions—elaborate on why you gave that answer.

STAKEHOLDER	*Alignment:* Are they working on this issue or does it align with their mission?	*Reputation:* How well known are they? Do they have a good reputation?	*Leverage:* Do they have leverage or credibility with the decision-makers?	*Assets:* Do they bring expertise or other assets you lack? Do their strengths complement yours?	*Connection:* Do you know anyone who has a friend or contact at the stakeholder group?

RESOURCE 5C:
SAMPLE EMAIL TO RECRUIT ALLIES

The following email message is a sample of how to make an initial contact with a potential ally with whom you aren't acquainted.

Hello, Mrs. Davidson. As PTA president, you are well aware of the connection between children's health and their ability to learn in school. Research shows that children with poor dental health are nearly 3 times more likely to be absent from school. I am writing to seek your support for a school-based dental prevention program that could improve students' oral health and learning in Ridge Hills.

The Ridge Hills School Board has announced that it will discuss a proposal at its March 4th meeting to fund a school-based dental program for elementary-age students. We would appreciate having you lend your support by: 1) being present at the meeting, and 2) co-signing a letter to Board members that will be sent later this week.

Can we count on you to be a supporter? We are planning to meet at 5:30 p.m. this Thursday at the Happy Smiles Dental Clinic to plan and prepare for the March 4th meeting. The clinic is located at 1244 East Pine Street. Please let me know if you or another PTA leader can attend this meeting. If you have any questions, don't hesitate to call or email me.

Sincerely,
Dolly Madison

- ■ Tell the stakeholder why you're writing them by describing how this issue relates to them
- ■ End this initial paragraph by introducing your "ask"

- ■ Share what is happening and, most importantly, the call to action that you're seeking this stakeholder to take

- ■ Repeat your ask
- ■ Provide more details on logistics (e.g., where a meeting will be held or when a phone call is scheduled)

WORKSHEET 8A:
ELEVATOR SPEECHES

An "elevator speech" is not a real speech. It's a set of remarks delivered in no more than 20-25 seconds — about the length of time that two people might chat while riding in an elevator. An elevator speech is designed to attract someone's interest and pave the way for a future conversation. It's brief and compelling enough to use when you happen to run into an influential person in your community. An elevator speech should be in your own words and should not sound like a "script" that someone else prepared. It can be given anywhere you cross paths with someone who potentially could become an ally. Here are the three elements of an effective elevator speech:

1. Identify a problem or challenge.
Get their attention with a fact that might surprise them

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2. Connect the problem to your listener's needs or values.
Tell them why they or their organization/community should care. How are they affected?

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3. Let them know there is a strategy or approach that could address the problem.
Provide a sense of hope — the solution is cost-effective and achievable.

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If your remarks won't fit in the boxes provided for each element, you will need to find a more concise way to communicate your message. You might need short phrases to transition from #1 to #2, or from #2 to #3. Of the three elements, focus more on #1 and #2 — you may not have time to offer details on #3 and that's okay.

Remember: Brainstorming ahead of time can make you more effective at #2. Think about some of the people you might encounter (children's advocates, educators, business owners, community activists, etc.). Consider how their mission or interests are affected by dental disease.

Use the checklist on the following page to hone and finalize your elevator speech.

A CHECKLIST:

- ☐ Test your elevator speech with someone else. Ideally, try it on someone who isn't familiar with oral health issues. Consider their feedback and then revise your "speech" appropriately.

- ☐ Share the final version of your elevator speech with a colleague in your membership organization, clinic or coalition. Practice saying it aloud with them.

- ☐ Deliver the elevator speech whenever you meet others in the community at social functions, networking opportunities, or other public events.

- ☐ Exchange business cards or email addresses so you can send follow-up information to someone after giving your elevator speech.

- ☐ Consider translating your elevator speech into an email message that can be used with people outside the dental community whom you might want to engage or involve at an appropriate time.

WORKSHEET 8B:
IDENTIFYING MESSENGERS

Identify the best messengers for your advocacy effort by completing this worksheet. Once you have filled out the worksheet, use the information in the Pros and Cons columns to help you choose the best messengers.

NAME OF EACH POTENTIAL MESSENGER	*Target Audiences:* Which audiences or communities would this messenger resonate with?	*Pros:* How would this messenger help our cause? What knowledge, experience or credibility would they bring?	*Cons:* How would this messenger hurt our cause? Would their messages antagonize any audiences?

RESOURCE 10A:
TALKING POINTS (SAMPLE)

Community water fluoridation is a smart choice for our community

Fluoride is nature's way to prevent tooth decay. It's a mineral that exists naturally in lakes, rivers and groundwater. Adding a little more fluoride to drinking water is proven to prevent tooth decay in both children and adults. We know it's a safe way to improve health because we have 70-plus years of research and experience with fluoridation.

The leading health, medical and dental organizations recommend water fluoridation. The Centers for Disease Control and Prevention named fluoridation one of 10 "great public health achievements of the 20th century." U.S. Surgeons General have consistently endorsed fluoridation, regardless of the president who appointed them.

Fluoridated water saves money for families and taxpayers by reducing tooth decay. Communities that stop fluoridating—or never start—are wasting money treating a preventable disease that can cause pain and disrupt their lives. A 2016 study shows every dollar spent on fluoridation saves $32 by avoiding the cost of fillings and other dental procedures.

RESOURCE 10B:
NINE TIPS FOR TALKING TO THE MEDIA

1 Prepare some good soundbites—well ahead of time. Soundbites are concise statements that media use in a story because they complement the facts. In the newspaper world, soundbites are quotes. The ability to speak in soundbites usually determines whether someone gets quoted in a story. Good soundbites are pithy, clever and/or passionate. Before you contact a reporter (and before you think one might contact you), create soundbites to cover the three key points you want to communicate about your issue. Practice saying them aloud. Each soundbite should take less than 25 seconds to say.

Sometimes it's not *what* you say, but *how* you say it that turns a statement into the "soundbite" that media will broadcast or quote. Here are three examples of soundbites about oral health-related issues that speak to both the head and the heart:

> A toothache is like a bee sting that never stops. No child should endure that kind of pain. That's why we need to educate and support families so they know what concrete steps they can take to prevent their children from experiencing tooth decay.
>
> More than 75,000 children in our state count on the CHIP program for medical and dental coverage. Unless CHIP funding resumes, those kids and their families will be left in a world of hurt.
>
> Schools are an ideal place to provide dental services because we can reach large numbers of children in one place. Many of these kids would otherwise struggle to get the dental care they need. Kids with healthy mouths are much more ready to learn.

2 Take a deep breath. Doing an interview on a moment's notice means you are more likely to make a mistake. Ask the reporter for their deadline and "buy" as much time as you can so you have more time to prepare. Assure them that you *will* call them back in a timely manner — and remember to do so.

3 Do your homework. First, learn as much as you can about the reporter *before* your interview. For example:

- Does the reporter specialize in health and medical issues or do they cover a variety of issues?

- Has the reporter written any stories about oral health over the past few years? (Google or Bing searches should answer this question.) If so, were the articles generally accurate, or did they provide more of a platform to people with anecdotal or fringe points of view?

Second, be clear on the details for your interview by asking the following questions:

- Will the interview be conducted by phone, by email or in person?

- If it's a TV or radio interview, will your interview be "live" or will the interview be taped and aired later?

- If the interview is "live," will you be the only guest on the program? If your interview is on camera, appearance matters more so keep this in mind.

- It's okay to ask the reporter what kind of questions they plan to ask. Some reporters may not give you a helpful response, but making this request might help you get an idea of how they plan to approach the topic.

4 Anticipate the tough questions. Think of the two or three toughest questions you are likely to be asked. Develop clear, concise answers for each of these questions that don't sound defensive. Test your answers on a friend or colleague who can give you honest, constructive feedback. Be prepared to use "bridging" (see #6) to help redirect the interview in a better direction.

5 Use plain language. Terms such as "caries" and "tooth eruption" are readily understood by your peers, but not by most consumers of media. For these reasons, stick with words that people outside the medical and dental communities will understand. And look for ways to shorten and simplify your messages.

6 **Don't *do an interview—manage it.*** Think of it as an opportunity. Consider the three key points you want readers or viewers to know about the issue (but no more than three). What are those points? Focus on them. Don't let the questions you are asked steer you in a direction that is unrelated to your key points. Look for ways to circle back to those points. These techniques can help:

Flagging: Using certain words in an answer can reinforce the key points. Flagging provides a reporter with cues about what matters most. These phrases are examples of flagging:

- ◼ "The key point is . . ."
- ◼ "The real issue is . . ."
- ◼ "We won't solve this problem unless we . . ."

Bridging: Bridging helps redirect the conversation to the key points when a reporter starts to go off on a tangent. Advocates can bridge back to their key points by using phrases like this:

- ◼ "Let's not forget that . . ."
- ◼ "The critical thing to remember is that . . ."
- ◼ "Keep in mind that . . ."

7 **Don't guess the answer and don't talk "off the record."** If you aren't sure of the answer to a question, tell the reporter you will consult with appropriate experts and follow up soon. Never guess. Your credibility is too important to be jeopardized. Additionally, sharing information "off the record" can easily backfire. Some journalists might respect your wish, but others may not. Even if you think the interview is over or the microphone is off, do not say anything that you wouldn't want to see in a news story. Better safe than sorry.

8 **Keep your composure.** Don't allow yourself to be provoked—even if a reporter asks you a "loaded" question or goes off on a tangent. Getting angry or sounding defensive will reflect poorly on you. Take a deep breath. Use bridging and flagging to return to your key points.

9 **Be ready to share final thoughts.** Many reporters will wrap up an interview by asking a question like this: "Okay, is there any other information you think I should know?" Be prepared because an open-ended question like this allows you to share a brief story or other information that reinforces your key points.

APPENDIX A: *ADDITIONAL ADVOCACY RESOURCES*

I. Setting Priorities

The Policy Consensus Tool
Children's Dental Health Project
https://www.cdhp.org/resources/315-policy-consensus-tool

Situation Analysis and Priority Setting
World Health Organization
http://www.who.int/nationalpolicies/processes/priorities/en/

The Public Policy Process (6 steps)
University of Texas at Austin, College of Liberal Arts
http://www.laits.utexas.edu/gov310/PEP/policy/

II. The Decision-Making Process

ADEA Federal Advocacy Toolkit
American Dental Education Association
http://www.adea.org/federaltoolkit.aspx

ADEA State Advocacy Toolkit
American Dental Education Association
http://www.adea.org/state-advocacy-toolkit.aspx

State Legislators – Who They Are and How to Work with Them: A Guide for Oral Health Professionals
National Conference of State Legislatures
http://www.ncsl.org/research/health/a-guide-for-oral-health-professionals.aspx

State Legislature Websites
Congress.gov
https://www.congress.gov/state-legislature-websites

III. Building Effective Coalitions

Developing Effective Coalitions
The Prevention Institute
https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide

Coalition Building and Maintenance
Community Catalyst
https://www.communitycatalyst.org/resources/tools/roadmaps-to-health/coalition-building-and-maintenance

IV. Communication Tips & Tools

Everyday Words for Public Health Communication
Centers for Disease Control and Prevention
https://www.cdc.gov/other/pdf/everydaywords-060216-final.pdf

A Way with Words: Guidelines for Writing Oral Health Materials for Audiences with Limited Literacy
National Maternal & Child Oral Health Resource Center
https://www.mchoralhealth.org/PDFs/AWayWithWords.pdf

The Clear Communication Index
Centers for Disease Control and Prevention
https://www.cdc.gov/ccindex/index.html

Health Communications
Association of State & Territorial Dental Directors
https://www.astdd.org/health-communications-committee/

Public Health Thank-You Day
Research America
http://www.researchamerica.org/advocacy-action/public-health-thank-you-day/get-involved-public-health-thank-you-day

Submitting guest opinion columns to newspapers
The Op-Ed Project
https://www.theopedproject.org/submission-information/

Infant and Toddler Messaging Guide (Update)
Advocacy & Communication Solutions
http://www.advocacyandcommunication.org/wp-content/themes/acs/docs/ACS_Infant__Toddler_2017-May_11.pdf

Designing campaign posters

Adobe Spark
https://spark.adobe.com/make/posters/campaign-posters/

Canva
https://www.canva.com/create/campaign-posters/

Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform
FrameWorks Institute
https://frameworksinstitute.org/assets/files/PDF_oralhealth/oral_health_messagememo_may_2017.pdf

Toolkit: Talking about Children's Oral Health
FrameWorks Institute
https://www.frameworksinstitute.org/toolkits/oralhealth/

Public Health Communications: Strategies & Best Practices
Maris, West & Baker
https://mwb.com/manage/wp-content/uploads/Public-Health-Communications-Strategies_Web.pdf

V. Storytelling: An Advocacy Tool
Story Bank Toolkit
Families USA
http://familiesusa.org/story-bank-toolkit

Telling Your Story
Community Catalyst
https://www.communitycatalyst.org/resources/tools/roadmaps-to-health/telling-your-story

Engaging in Story-Based Work: What Oral Health Organizations Need to Know
Families USA
http://familiesusa.org/product/engaging-story-based-work-what-oral-health-organizations-need-know

VI. Data Sources and Use
Oral Health Data Overview
Centers for Disease Control and Prevention
https://www.cdc.gov/oralhealthdata/overview/index.html

Oral Health Data Sources
Oral Health Workforce Research Center
http://www.oralhealthworkforce.org/resources/oral-health-data-sources/

Making Data Talk: A Workbook
National Cancer Institute
https://www.cancer.gov/publications/health-communication/making-data-talk.pdf

Data Collection, Assessment and Surveillance Committee
Association of State & Territorial Dental Directors
http://www.astdd.org/data-collection-assessment-and-surveillance-committee/

County Health Rankings & Roadmaps
Robert Wood Johnson Foundation
http://www.countyhealthrankings.org/

Presenting Data Effectively
Spark Policy Institute
http://sparkpolicy.com/presenting-data-effectively/

Communicating Data for Impact
Forum One & Institute for Health Metrics and Evaluation
http://bit.ly/2yEYRDu

Finding & Using Data
Center for Lobbying for the Public Interest
https://www.councilofnonprofits.org/sites/default/files/documents/07_data.pdf

VII. Other Toolkits
Health Policy and Advocacy Toolkit
Families USA
http://familiesusa.org/advocacy-toolkit

Oral Health Toolkit
Arizona Association of Community Health Centers
https://aachc.org/wp-content/uploads/2014/01/AACHC+Oral+Health+Toolkit_2nd+Edition.pdf

Rural Oral Health Toolkit
Rural Health Information Hub
https://www.ruralhealthinfo.org/toolkits/oral-health

Oral Health Policy Toolkit
University of the Pacific Arthur A. Dugoni School of Dentistry
http://www.dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/oral-health-policy-toolkit

APPENDIX B: *APPLYING THE TOOLKIT'S COMPONENTS*

NOTE: *This appendix provides an example of how a local oral health organization might apply the components that comprise this toolkit.*

SCENARIO: The leader of Gotham City Children's Alliance (GCCA), a local children's advocacy organization, has informed you that their group intends to urge the city council to adopt an excise tax on soda and other drinks with added sugar. Citing how sugary drinks can influence tooth decay rates, she asks if your local dental society will actively support the campaign. As vice-president of the county dental society, you promise to raise the request at your next membership meeting.

Setting Advocacy Goals

In advance of the dental society's next membership meeting, you brief the president about your conversation with the children's advocacy leader. He agrees that the issue is worth raising at the dental society meeting to see if members want to formally lend support to the campaign to seek a sugary drink tax (SDT). At the meeting, you explain the proposal to members and voice your own support for the SDT. A motion is made to add support for this campaign to the society's advocacy goals, and the motion is approved by a vote of 13-4.

By voice vote, members approve the Advocacy Committee chair's motion to add the following language to describe this advocacy goal: By the end of next year, the dental society pledges to work with other organizations to convince the city council to approve a per-ounce tax on the sugar-sweetened beverages to retailers. These beverages include any drinks with added sugar, which includes corn syrup products. All revenues from the tax would be used to fund new or existing health programs.

Creating a Culture of Advocacy

At each membership meeting, the county dental society will ask someone to report on the status of the SDT campaign and other advocacy goals. The chapter president will make it a point to thank member-volunteers who have played key roles in advocacy.

Understanding the Decision-Making Process

A city council member must be identified as the sponsor of an ordinance enacting the sugary drink tax (SDT). Once the proposal is drafted, it is likely to be considered by the city council's Public Health Committee, which has five members. If approved by the committee, the proposal would go before the full nine-member council. If the city council as a whole approves the SDT, the mayor could choose to sign it, veto it or allow it to become an ordinance without her signature.

Knowing your Audiences

In collaboration with the GCCA and other SDT supporters, the dental society will identify the leading influencers for each council member. You and other officers plan to talk next week to Councilwoman Richardson, who is married to a local dentist and has expressed an interest in sponsoring the SDT proposal. The society is also working other SDT supporters to identify the mayor's influencers too. Mayor Lavaca is known to be very close to the local Chamber of Commerce president. Three members of the dental society also belong to the Chamber, and two of them have agreed to ask the Chamber president to arrange a meeting with the mayor or his chief of staff. You have asked other members of the society if they have an existing relationship with any influencers that could help to advance our advocacy goal.

Choosing the Best Allies

A variety of diverse allies will be sought. Because the Gotham City Teachers Union is very active on community issues, the dental society and GCCA have scheduled a meeting with the person who chairs the union's health care committee—hoping to encourage the union to encourage its members to support the SDT. The dental society's secretary has promised to have a conversation with a good friend who has worked as a school nurse in Gotham City for more than 15 years.

The dental society's president has sent an email requesting to meet with the chief medical officer of Gotham City Memorial Hospital. The president will explain why the society backs the SDT and explore whether the hospital might agree to publicly support the tax. The owners of convenience stores and grocery stores might be inclined to oppose the SDT. For this reason, GCCA has asked all partners of the pro-tax campaign to try to identify a small business owner who is willing to go public with their support; this can convey the message that not all business owners are opposed.

Developing Effective Messages

Working with the GCCA, dental society members participated in a strategy session in which the following sequence of messages was developed:

- **Problem:** One in three adults in our county is obese, and our diabetes rate exceeds the national average. Obesity, diabetes and other health conditions interfere with the ability of kids and adult to live healthy, happy and productive lives.

- **Evidence:** Soda and other sugary drinks are a major factor driving rates of obesity, diabetes and tooth decay. Research shows the negative impact of sugary drinks. For example, each additional 12-ounce soda consumed daily by a child raises their odds of becoming obese by 60 percent. Sugar is a primary driver of tooth decay, and nearly 45 percent of third-graders in our city have experienced at least one dental cavity.

- **Action:** We want the city council to approve the SDT. We want allies and influencers to issue public statements in support of the SDT, as well as bring their supporters to the key meetings of the city council.

- **Reality Check:** We can't blame families for this problem. Soda industry ads have targeted certain communities for years—making change difficult without the support of better policies. Research shows that when SDTs are passed, consumption of sugary drinks falls. And every penny of tax revenue will be directed to health and wellness programs.

- **Solution:** Adopting an SDT can create a healthier city where children are better able to learn and adults are better able to earn.

Finding and Presenting Data

The GCCA-led coalition will seek state and local data on obesity and diabetes from federal sources and the local hospital system. GCCA's president has asked the dental society if it can gather any data or stories from local dentists to amplify local data from the state's most recent 3rd grade oral health survey.

Identifying Modes and Messengers

The GCCA-led coalition will schedule face-to-face meetings with a list of key stakeholder groups to present our concerns, learn whether they share our concerns and explore their willingness to partner with us. We will create a listserv to update our leading partners on planning and activities to pass an SDT. A website will be established to explain why our city needs the SDT and how it would work. A Facebook page will be created to disseminate information and showcase the broad support for the SDT.

Diverse people will be identified to be the public voices of the campaign, drawing from the medical and dental communities, the faith community, educators and parent-activists. Dentists will be encouraged to leave a one-page leaflet about the SDT in their waiting rooms and/or consider adding them to patients' "goodie bags" as they check out and leave. A speaker training will be held in 10 days to share key talking points and give our leading speakers a chance to practice their skills and test their ability to handle tough questions about the SDT.

Framing Messages

Rather than focusing solely on the prevalence of obesity and other related health harms, our message will stress the actual impact that results from drinking too many sugary drinks. We will be guided by **research** and other empirical evidence showing which messages and themes resonate most with decision-makers and other target audiences. To counter the argument that parents can simply choose not to buy sugary drinks, we will point out that blaming families isn't fair because inner-city communities have been targeted by soda companies with a constant barrage of ads and marketing efforts.

Establishing a Media Presence

The GCCA-led coalition will develop a media list of local reporters, bloggers and editors. We will encourage our supporters to write letters to the editors of local media outlets, and we will provide a list of key messages for all supporters to include in their letters. We will choose a lead spokesperson for high-profile interviews and for public debates, if any should be proposed.

Meeting with Decision-Makers

The dental society has scheduled a meeting with Councilwoman Richardson, who could be the chief sponsor of the SDT proposal. This meeting will determine whether she knows of any colleagues who might sign on as co-sponsors. The society will report back to GCCA and then discuss which council members it should meet with next—and in what order. If other meetings are sought, the GCCA-led coalition will discuss which individuals on the pro-SDT side would be the ideal persons to participate in these meetings. Participants will vary depending on the council member who is hosting the meeting.

Mobilizing Supporters

The dental society will draft a tentative plan for mobilization based on when it expects the key events to occur—for example: 1) when the SDT will be formally introduced by a city council member, 2) when it is likely to be voted on by committee and, later 3) when the full council will vote.

Managing a Campaign

The dental society will appoint a person who coordinates members' participation in the SDT campaign. Each week, this coordinator will meet in-person or by conference call with the president and the GCCA's coalition—providing updates on progress, discussing ways to address current obstacles, and/or identifying potential concerns.

APPENDIX C: *SCENARIOS FOR USING THE TOOLKIT*

Note to Faculty: *The following four (4) scenarios can be used to test students' ability to apply the Toolkit's components to an advocacy situation. Consider breaking a class into four small groups and assigning one of these scenarios to each group.*

SCENARIO 1: SETTING A SMART ADVOCACY GOAL

Reach consensus on an oral health-related issue or challenge that should be addressed in the local community or in the state. Now, write it in the form of a goal that meets the SMART standard that is part of the advocacy toolkit. SMART requires you to develop a goal that answers the following questions:

- Is the goal **Specific**? *(What policy or practice are you trying to pass or change?)*

- Is the goal **Measurable**? *(How will you know the goal has been achieved?)*

- Is the goal **Achievable**? *(Your goal should be realistic.)*

- Is the goal **Relevant** to your organization's or coalition's mission?

- Is the goal **Time-bound**? (Is the timing for this goal clear? When will you know whether this goal has been accomplished? It's crucial to take things like legislative calendar and budget cycles into account.)

Share the wording of your advocacy goal once you have completed the SMART discussion. Be prepared to answer questions about the language you chose to express your goal.

SCENARIO 2: CHOOSING THE BEST ALLIES

Develop an advocacy goal. It can be a hypothetical goal or one that you truly feel is important. Your objective is to create a list of the individuals or stakeholders who would make the best allies for achieving your advocacy goal. Here's how you might approach this:

1. Discuss what types of people or groups might be "natural allies" — in other words, those who would see your goal as advancing their interests or mission.

2. Conduct an online scan (search) to find the kinds of individuals or organizations that were suggested during your discussion. Look for evidence on their websites or through news coverage that their mission, goals or activities would make them view your goal as desirable.

3. Write down the assets that you believe each ally would bring to your advocacy effort. This might include the audiences they could mobilize in support or the connections they have to the decision-makers.

4. Reduce your list to no more than four (4) allies. Be prepared to provide reasons why the final choices "made the cut" but the others did not.

SCENARIO 3:
FINDING AND PRESENTING DATA

Develop an advocacy goal. It can be a hypothetical goal or one that you truly feel is important. Every advocacy goal should be supported by data. Data can be used to establish the nature or scope of the problem, as well as to demonstrate why a proposed strategy would be successful. Search for data that supports your goal.

- **Dental health data on children is the easiest to find.** Nearly all states collect and publish data on tooth decay prevalence among 3rd grade children. Some states collect more robust oral health data through a Basic Screening Survey (BSS), a mechanism supported by the Association of State and Territorial Dental Directors (ASTDD). This data is often accessible through a state health department's website or the CDC's Oral Health Data portal—providing state-level data on tooth decay prevalence, dental sealants, and untreated tooth decay among school-aged children.

- **Some adult data is accessible.** For example, the CDC provides data on basic access to dental care for adults, as well as state-level data on community water fluoridation. In addition, Oral Health America issued a 50-state report that assesses states' performance on meeting the oral health needs of older adults.

- **State and national data is provided through multiple platforms.** The CDC also maintains state-level data on access to dental care for pregnant women through the **Pregnancy Risk Assessment Monitoring System** (PRAMS) and nationally-representative data on disease prevalence through the **National Health and Nutrition Examination Survey** for which summary data is available for two-year periods of data collection. Some states collect and post more oral health data than might be accessible through the CDC. For this reason, consider checking the state health department's oral health web page.

Review the relevant data you have found. Reach consensus on which data are most helpful to your advocacy goal and which data are not. If you struggle to find meaningful data, what strategies could you use to minimize this obstacle?

SCENARIO 4:
DEVELOPING EFFECTIVE MESSAGES

Develop an advocacy goal. It can be a hypothetical goal or one that you truly feel is important. Now, once you have your goal, consider how you should talk about it to secure support. Use the PEARS format to develop a message narrative for your advocacy goal. Below is an example for using the PEARS format to advocate for a city council to adopt a tax on sugary drinks. This example can help you apply PEARS to *your* issue:

- **Problem:** One in three adults in our county is obese, and our diabetes rate exceeds the national average. Obesity, diabetes and other health conditions interfere with the ability of kids and adult to live healthy, happy and productive lives.

- **Evidence:** Soda and other sugary drinks are a major factor driving rates of obesity, diabetes and tooth decay. Research shows the negative impact of sugary drinks. For example, each additional 12-ounce soda consumed daily by a child raises their odds of becoming obese by 60 percent. Sugar is a primary driver of tooth decay, and nearly 45 percent of third-graders in our city have experienced at least one dental cavity.

- **Action:** We want the city council to approve a Sugary Drink Tax (SDT). We want allies and influencers to issue public statements in support of the SDT, as well as bring their supporters to the key meetings of the city council.

- **Reality Check:** We can't blame families for this problem. Soda industry ads have targeted certain communities for years—making change difficult without the support of better policies. Research shows that when SDTs are passed, consumption of sugary drinks falls. And every penny of tax revenue will be directed to health and wellness programs.

- **Solution:** Adopting an SDT can create a healthier city where children are better able to learn and adults are better able to earn.

Write out your PEARS narrative so that it is structured like the one above. Be prepared to answer questions about it.

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