

Oral Health System: Pandemic Response

Virtual Meeting

November 19, 2020

4:00-5:30 pm ET

Group Memory

Convenor:

[Michael Monopoli](#), Vice President, Grants Strategy
DentaQuest Partnership for Oral Health Advancement

Facilitator:

[Patrick Finnerty](#), Strategic Advisor
DentaQuest Partnership for Oral Health Advancement

Content Manager:

[Sara Oaklander](#), Interaction Institute for Social Change

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I. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the 9th pandemic response work group meeting.

A lot has happened since we last met – I know I always say that and it’s particularly true this time. We started this group by focusing on oral health care and oral health as an essential service and all that went with that. And now we are starting a second wave of the pandemic, as expected, and we will remain focused on how that is impacting oral health care delivery. We are still waiting for CDC guidelines on mobile care and the challenge of closed schools and access to care for children. And we need to focus on how we can stay informed and keep the public informed about safe care.

The group has now identified critical issues on which to focus its efforts, and has established the need to be grounded in racial justice, health equity, and overcoming root causes. Now that we know the political and policy environment in which we will be working – even while there are still unanswered questions -- we have a better idea and can now look at the issue areas and start working on the specifics.

Today we will start with our “lay of the land” approach to these issue areas and discuss how we might form teams on each of these areas.

B. Participants, Guests, and Introductions

Pat Finnerty welcomed two new members who are joining the group to bring a community voice to the work. They are:

- Susan Flores, Senior Policy Coordinator, California Pan-Ethnic Health Network
- Emily Stewart, Executive Director, Community Catalyst

Each of them introduced their organizations and themselves. Please note that while Emily will be joining the group, she could not attend today; Colin Reusch is here today in her stead.

Participants

- American Association of Dental Boards (Tonia Socha-Mower, RDH, Executive Director; Robert Zena, DMD, President)
- American Dental Association (Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention; Chelsea Fosse, DMD, MPH, Senior Health Policy Analyst, Health Policy Institute)
- Arcora Foundation (Vanetta Abdellatif, President and CEO)
- Association of State and Territorial Dental Directors (Chris Wood, Executive Director)
- California Pan-Ethnic Health Network (Susan Flores, Senior Policy Coordinator)
- Community Catalyst (Colin Reusch, Senior Advisor for Oral Health Policy)
- Delta Dental of Washington (Diane Oakes, MSW, MPH, Chief Mission Officer)
- DentaQuest Partnership for Oral Health Advancement (Myechia Minter-Jordan MD, MBA, President and CEO, DQP and Catalyst Institute; Michael Monopoli, DMD, MPH, MS, Vice President for Grants Strategy)
- Henry Schein (Steve William Kess, MBA, Vice President of Global Professional Relations) National Association of Community Health Centers (Vicki Young, PhD, Chief Operating Officer)
- Hispanic Dental Association (Edwin A. del Valle-Sepulveda, DMD, JD, President; Gilberto Rios, MPH, Operations Manager)
- National Association of Dental Plans (Eme Augustini, Executive Director)
- National Dental Hygienists Association (NDHA) (Latisha Canty, RDH, Interim President)
- National Indian Health Board (Casey Long, Public Health Project Associate)

- Oral Health Progress and Equity Network (Ifetayo Johnson, MA, Executive Director)
- Oral Health Coordinating Committee/IHS/USPHS (RADM Tim Ricks, DMD, MPH, FICD, Chief Professional Officer)
- Project Accessible Oral Health (Barbie Vartanian, Executive Director)
- Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)

Unable to attend today's meeting

- American Dental Association (Marko Vujicic, PhD, Vice President and Chief Economist, Health Policy Institute)
- American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)
- Association of Dental Support Organizations (Mitch Goldman, JD, MBA, Executive Committee ADSO and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)
- Community Catalyst (Emily Stewart, Executive Director)
- Dental Trade Alliance (Sarah Miller, MPA, Development Coordinator)
- Hispanic Dental Association (Manuel A. Cordero, DDS, Executive Director)
- National Dental Association (Sheila L. Armstrong, DDS, President; Hazel Harper, DDS, MPH, Past President)
- National Indian Health Board (Stacy Bohlen, CEO)
- National Rural Health Association (NHRA) (Alan Morgan, MPA, Chief Executive Officer)

Guests:

- Dr. Caswell Evans, Professor Emeritus in Pediatric Dentistry at the University of Illinois-Chicago's Department of Prevention and Public Health.
- Dr. Cherry Houston, President/CEO of Critical Learning Systems, Inc.
- Matt Jacob of Jacob Strategies

Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Dora Hughes, MD, MPH, Associate Research Professor, GWU Milken Institute School of Public Health and former Counselor for Science and Public Health, Department of Health and Human Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy
- Brenda Cocuzzo, Executive Assistant, DentaQuest Partnership for Oral Health Advancement
- Hannah Cardoso, Administrative Coordinator, DentaQuest Partnership for Oral Health Advancement

C. Revised Process Proposal

Pat Finnerty explained how plans have progressed since the last meeting.

Based on your input at the last meeting, we have revised the draft process proposal for our work in 2021 – for the full group and for four working teams. Those four strategies are:

- Advocating for better oral health coverage in Medicaid and a dental benefit in Medicare
- Integrating oral health into overall health and amplifying interprofessional care
- Improving the availability of data and research by sub-populations to support better-informed policy decision-making
- Developing and deploying effective messaging about oral health

The proposal calls for each of the working teams to be guided by two foundational issues:

- Understanding the root causes of the obstacles to achieving equitable oral health in the U.S.
- Addressing structural racism in the oral health system so that we can move toward structural equity

I want to review the revisions that have been made to the process proposal. We added the purpose of the overall work and the purpose of the work of the working teams. And, we have articulated the audience for the overall effort.

0 Purpose of Our Work Together in 2021

- 0 continue monitoring the impacts of COVID-19 on safety, infection control, and access, and to discuss action steps as necessary
- 0 to broaden our focus and identify ways to have a collective impact on the prioritized advocacy strategies selected by the group

0 Purpose of the Working Teams

- 0 understand the eco-system of the particular advocacy strategy so the PRW can contribute to and amplify the work underway
- 0 bring an equity lens and root cause analysis to our understanding of the advocacy strategy
- 0 consider the strategy in the context of COVID-19 and the permanent changes likely to result from the pandemic
- 0 bring back a set of recommendations to the PRW on progress, challenges, next steps, and actions to be taken

0 Audience

- 0 entities that can make or impede the desired changes (e.g., policymakers, thought leaders, the provider community, the consumer community, advocacy organizations, and others engaged in the U.S. oral health system)
- 0 specific audience will depend on the particular advocacy strategy

F. Desired Outcomes

Pat reviewed the desired outcomes.

Today's meeting has been designed to help us begin to move in the direction this sets out.

By the end of the meeting, the group is expected to have:

- An opportunity to welcome new members to the group
- A shared understanding of the revised process proposal and the sequence of meetings in November, December, and January

- An awareness of the ecosystem of organizations, and activists and their work on: Data & Research and Effective Messaging
- A list of priorities for consideration for the Data & Research and Effective Messaging Teams to consider
- An awareness of next steps

As you can see, today, we will be hearing about work underway in Data & Research and Effective Messaging; this will be followed in December when we will be briefed on the work in Medicaid and Medicare and in Integrating Oral Health into Overall Health and Amplifying Interprofessional Care. And, in January we will dive more deeply into Health Equity & Root Cause Obstacles.

For each “advocacy strategy” we will provide “lay of the land” briefings to give a broad overview of work currently underway, stakeholders engaged, pending policies and legislation and any opportunities and challenges that can be anticipated in coming year.

While we are participating in these learning events over the next few months, we will also be forming the working teams. We will be hearing more about that at the end of today. In the meantime, let’s get started and hear from our guests, who have so graciously agreed to present today.

II. Data and Research: Lay of the Land

A. Presentation: Dr. Caswell Evans and Dr. Cherry Houston

Mike Monopoli introduced Dr. Evans and Dr. Houston.

Dr. Caswell Evans....Dr. Evans has had a long and very distinguished career in dental education and public health. He is a Professor Emeritus in Pediatric Dentistry at the University of Illinois-Chicago’s Department of Prevention and Public Health. One of his many career highlights was serving as the Executive Editor and Project Director for “*Oral Health in America: A Report of the U.S. Surgeon General.*” He was also past board chair of the DentaQuest Foundation during which we worked very closely.

Dr. Cherry Houston...Dr. Houston is a Ph.D. and an RN...she is the President/CEO of Critical Learning Systems, Inc. She is the developer/coordinator of the Oral Health Needs Index (OHNI) which is an interactive mapping tool of various health data. Dr. Houston is a member of the OPEN Advisory Board, and is OPEN’s Network Response Team Lead for Data/Measurement. She also is a David Satcher Health Leadership Institute Fellow.

Dr. Evans and Dr. Houston presented this slide; the remarks they shared are captured below. Dr. Houston’s remarks are taken from her prepared talking points and may include some details not presented on the call.

Improving the availability of data and research by sub-populations to support better-informed policy decision-making

Special Thanks – Dr. Caswell Evans

Overview – Dr. Cherry Houston

Importance:

- Achieving Health Equity (recognizing, rectifying historical injustices/addressing contemporary injustices)
- Quality information
- Analyze and understand data

Gaps/Challenges:

- Data/tech platform to facilitate the fusing of multiple data sets
- Rethinking Data-Driven and Analytical Approaches
- Meaningful data use of data especially local clinical (dentist locations by specialty) and integrating those into tools and models for organizations to input into dashboards, story maps, policy briefs, and funding

Current work/Who/What

- **Oral Health Needs Index** - The Index is an Interactive geographic visualization of demographic data, Social Determinants of Health indicators, and community infrastructure *juxtaposed* with dental provider locations and other community assets.
Esri 2021 User's Conference: Oral health disparities in the U.S., a case study examining elderly access to oral health providers, using SDOH indicators to calculate a standardized index value for census tracts. The index values, transit layers, and dental provider locations were visualized on an ArcGIS Dashboard which served as the analytic platform for a StoryMap about oral health access for 65+ residents in two MA counties
- **Landscape of Liberation/The African American Geography of Tennessee:** Mapping the Destruction of Tennessee's African American Neighborhoods
- **Red Cross disaster relief sites in Nashville, TN:** Developing community scientist from Pearl Cohn HS-transference of disaster relief site data to excel spreadsheets
- **Metro Nashville Public Schools:** Develop content for geographic information systems (GIS) training workshop for Metro Nashville School faculty. Using ArcGIS Online-based learning activities and more (e.g. EJ SCREEN, ArcGIS Online, EnviroAtlas, etc.

Opportunities for Collaboration with the Pandemic Response Workgroup

- Support strategies to develop, replicate, implement community level projects
- Support a robust community geo-spatial platform that brings together: geospatial data, geospatial tools, learning about GIS, enhanced community engagement
- Pilot several community level projects using storymaps, dashboards, data storytelling

Wrap Up/Making a Difference - Dr. Caswell Evans

DentaQuest™ 1

Dr. Evans' Remarks

Simply stated, the current problem and challenge for the future, our entire population – the population that least needs care receives the most care, and those who need the most receive the least. There are all manner of issues embedded in that – that's where the equity issues arise. And until this statement can be changed, the system will not change or be responsive.

Dr. Houston's Remarks

Importance: Communities need quality information to thrive. They also need a way to analyze and understand the world around them, especially information and data that impact their daily lives. Data is important and fosters deeper understanding of communities regarding need and assets. Without data, cities, organizations, and others are making decisions in the dark. **However, most health-related data exist only at the county or state level.** Our approach is to abstract community/zip code level data and apply a more practical application of data usage and visualization to benefit a community recognizing and rectifying historical injustices and addressing contemporary injustices.

Gaps/Challenges:

- Data/tech platform to facilitate the fusing of multiple data sets
- Rethinking Data-Driven and Analytical Approaches
- Meaningful use of data especially local clinical (dentist locations by specialty) and integrating those data into tools and models for organizations to input into dashboards, story maps, policy briefs, and funding

Examples of Current Work:

- Esri 2021 User's Conference: Oral health disparities in the U.S., a case study examining elderly access to oral health providers, using SDOH indicators to calculate a standardized index value for census tracts. The index values, transit layers, and dental provider locations were visualized on an ArcGIS Dashboard which served as the analytic platform for a StoryMap about oral health access for 65+ residents in two MA counties

- RWJF Interdisciplinary Research Leaders (IRL): Replicate the Oral Health Needs Index work (OHNI) for Nashville/Middle TN. National leadership development program that aims to foster and support new interdisciplinary, action-oriented research collaborations that will help build the evidence base for effective community interventions to improve health for all.
- Landscape of Liberation/The African American Geography of Tennessee: Mapping the Destruction of Tennessee’s African American Neighborhoods
- Red Cross disaster relief sites in Nashville, TN: Developing community scientist from Pearl Cohn HS-transference of disaster relief site data to excel spreadsheets
- Metro Nashville Public Schools: Develop content for geographic information systems (GIS) training workshop for Metro Nashville School faculty. Using ArcGIS Online-based learning activities and more (e.g. EJ SCREEN, ArcGIS Online, EnviroAtlas, etc., free ArcGIS Online licenses)
- Mapping Black California Project: facilitated a partnership between the Mapping the Count coalition and Esri, leading to the donation of more than 1,300 free ArcGIS Online licenses to grassroots organizations around the U.S. that were working to get a full census count.

These projects build community trust, collaboration, advocacy. They address historical and contemporary injustices. They build knowledge and capacity.

Opportunities for Collaboration with the Pandemic Response Workgroup:

- Support strategies to develop, replicate, and implement community level data story maps, data storytelling, OHNI projects
- Support a robust community geo-spatial platform that brings together: geospatial data, geospatial tools, learning about GIS, enhanced community engagement
- Pilot several community level projects using story maps, dashboards, data storytelling
- Use the influence and platform of PRW to connect with large tech companies such as Esri who uses their various platforms to:
 - Visualize Racial Equity
 - Operationalize Racial Equity Best Practices
 - Visualize Racial Disparities
 - Developed the Racial Equity Community Outreach Solutions – leveraging technology
 - Connect with their Racial Equity Team – developing pipelines to HBCUs, TCUs (tribal colleges and universities), and Women’s Colleges
 - Esri Disaster Response Program

Dr. Evans’ Remarks:

Having been an English major and editor, I am sensitive to language. I suggest you look at your wording of “subpopulations.” It is coming out of the lexicon of white privilege and there are better descriptors.

Other areas of research that are important include:

- What is happening in academia in terms of recruitment, retention, and education of students of color, as well as faculty of color. CODA has standards in this regard and the related research is important
- Workforce is a focus of future research and there is promise there
- The future has to be envisioned and imagined without great reliance on the past. Our experience with COVID-19 will change the platform of health service and delivery in many ways, including dental care access and delivery.
- We need to think about the future of data and research in some new ways.

B. Small Groups

Participants were invited to discuss in small groups: How might the PRW Data & Research Working Team contribute to the work underway as shared by Dr. Houston and Dr. Evans?

Each small group shared their reflections in the chat.

- The PRW is comprised of a unique cross-section of organizations that collectively have the ability to shine light on and identify the needs of various populations we serve, such as: lower income children, young parents, people with disabilities, older adults. We also have a wide net of partners outside the PRW that could play an important role in helping us address oral health inequities, such as physicians and other health care professionals and community-based organizations. These relationships with the communities we serve will contribute to greater understanding on WHY there are barriers, why there is lower utilization, why there are poorer health outcomes, and potential solutions unique to each of these populations -- how to help meet their needs, optimizing these populations' individual assets.
- Perhaps the major role of the PRW could be to serve as connectors between different sources of data (local, state and federal).
- Showcasing the issue of health equity is made easier through data-mapping (zip code-level data, etc.), so where these data maps already exist or where different sets of data can be overlaid -- this is something for us to explore.
- ROI is something that our field has needed for a long time to demonstrate oral health's importance, and we should make this one of our objectives as we review data sets.
 - State and national data sets - advocacy to support the development of these. Examine how data development and research is financed, perhaps develop tool kits or other resources that help researchers secure support. Continue to work with the larger group - what questions should we be trying to answer?
- Main guidance for data work team is to determine the question to be answered before determining data collection
- Granularity of data will help evaluate future effectiveness
- State boards implementing programs that prevent individuals of a community from benefitting from tele dentistry services unless they are a patient of record. Discriminatory and an issue that can be nipped in the bud.
- We were lucky to have Cherry in our group and she is saying that we can use our influence and platform to connect with large tech companies and bring tech access to the community level support strategies to support and implement a geo spatial platform and data story telling we can also support data mapping projects. e.g., you map transportation, housing, etc. with oral health access
- We should consider developing shared data definitions with OPEN's Data NRT.

III. Effective Messaging: Lay of the Land

A. Presentation: Matt Jacob

Mike Monopoli introduced Matt Jacob.

Matt Jacob is the owner of Jacob Strategies, a communication consultancy that works with public health stakeholders. Previously, he managed communications for the Pew Children’s Dental Campaign and the Children’s Dental Health Project.

Matt’s presentation slides on “Messaging that advances our goals” are attached in the Appendix.



B. Small Groups

Participants were invited to discuss in small groups the following question:

How might the PRW Effective Messaging Team contribute to the work underway as shared by Matt?

Each small group shared their reflections in the chat.

- There is a lot of work that has already been done in this area. Our group recommends that the workgroup gather guidelines, best practices, and templates that have already been created, collect all of them, analyze for gaps, especially as the messaging addresses health equity, and then disseminate to the groups who can use them with specific audiences.
- Apply the lens that Matt provided to OPEN's communications and the messages that the PRW prepares. Language that describes the relationship between oral health and overall health is powerful. OH data - that describes the relationship between oral health and economic mobility is also powerful.
- Take into consideration of language and variations within foreign languages
- Come up with key message(s) for policymakers, distribute, and stay on message
- With grassroots groups, identify trusted messengers
- Let the community lead the message and we then support them

IV. Next Steps and Close

A. Closing Comments

Pat thanked everyone for their time, and expressed appreciation to...

Susan and Colin for adding the community voice to our efforts and to Drs. Houston and Caswell and Matt Jacob for their presentations today.

We will see you all again at our next meeting on Thursday, December 17, and then again on Thursday, January 21, both times 4-5:30 pm ET.

Dr. Jordan thanked everyone for their engagement today and for their commitment to this work.

I'm excited that we can work together to make a difference in people's lives. Does anyone want to share a sentence or two about your hopes and expectations for 2021?

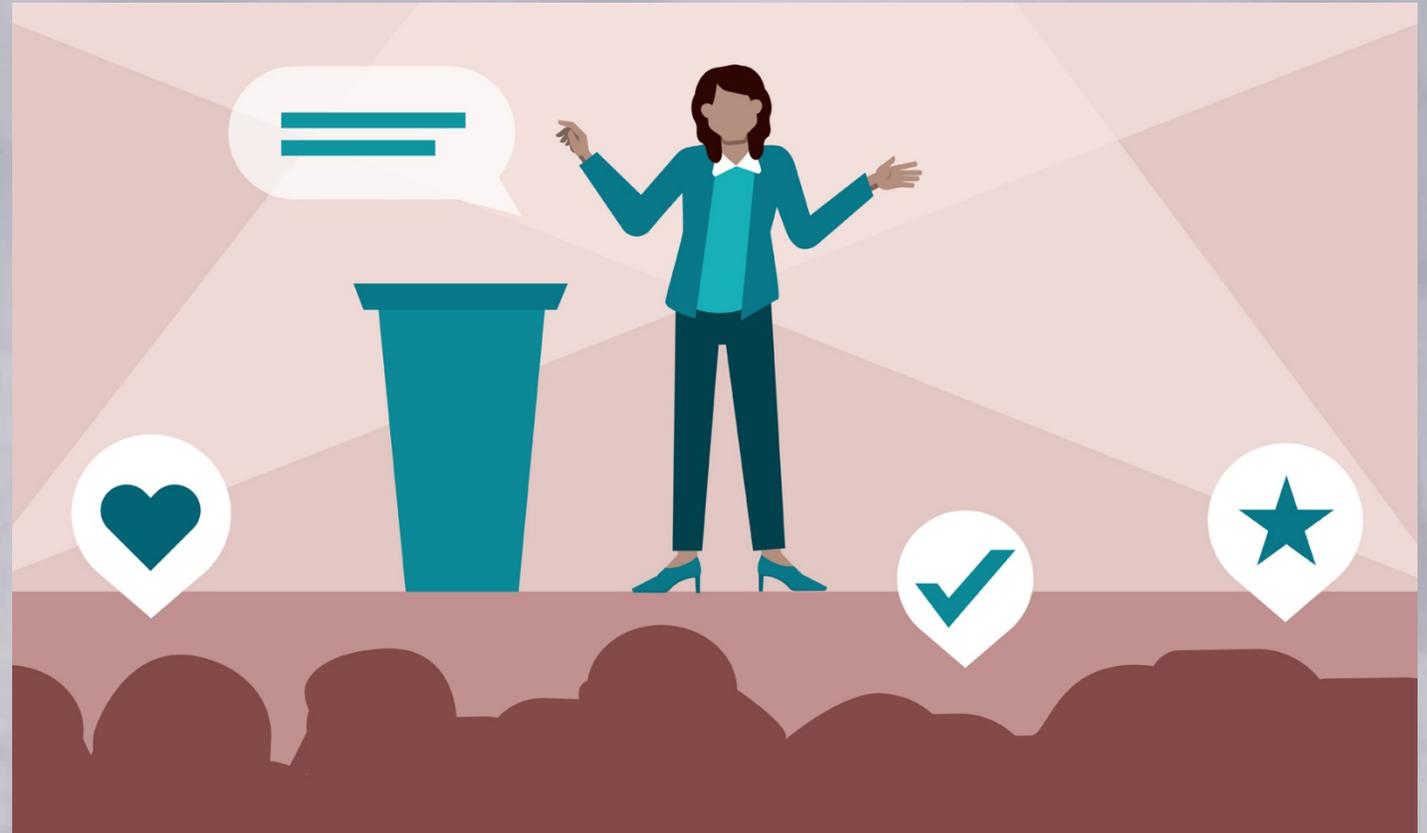
- Ife: I want us to come together as one powerful voice in the data and messaging we do in the coming year
- Steve: I echo what Matt spoke about and the power of communication – the importance of messaging that is precise, continuous, and of knowing your audience and making messaging succinct and clear to ensure people hear our messages. Finding that one voice will take a lot of effort but it will be great if we can accomplish it.

Thank you. And please stay safe, have a fantastic holiday, and we'll be in touch soon about the work of the teams.

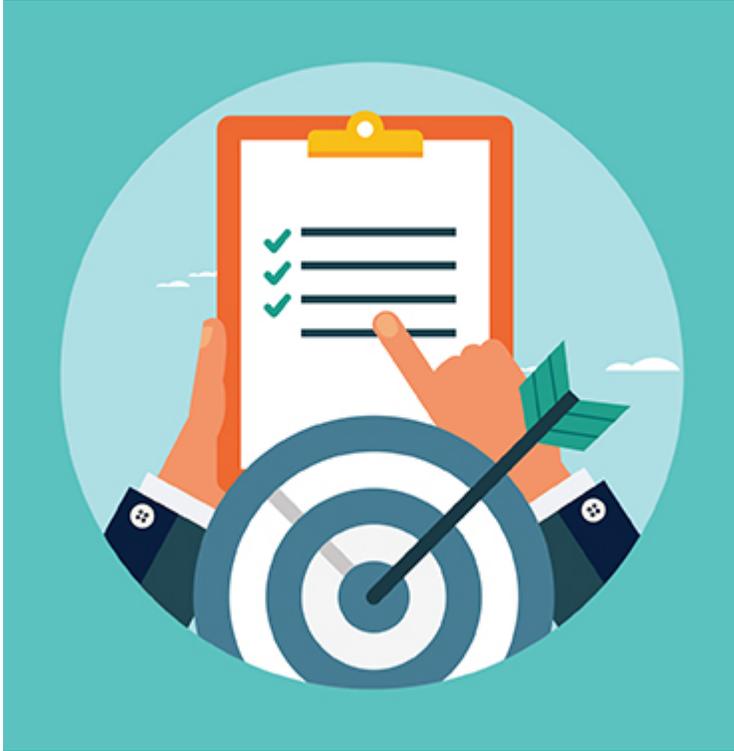
V. Appendix: Matt Jacob's Presentation Slides - Attached

Messaging that advances our goals

Developing and
deploying solid
messages about
oral health



Problem statement

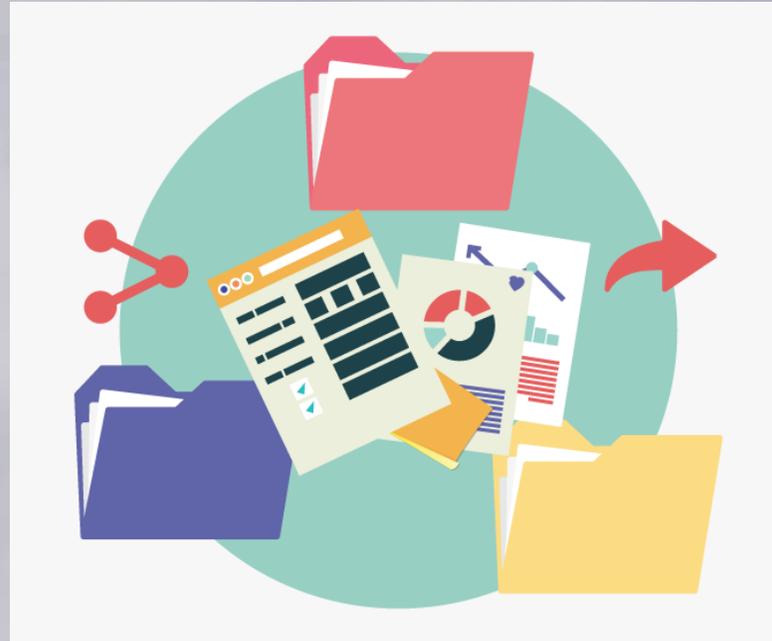


How do we communicate to policymakers, stakeholders and the public in ways that will persuade them to support our efforts to improve oral health?

Gaps in our understanding

1. Who are the best messengers for advancing our goals?
2. How can we engage, support and empower the affected communities to be effective messengers?
3. When communicating with communities of color, older adults, etc., are we using language that is respectful?
4. How can we test messages with actual legislators or other policymakers to assess their effectiveness?
5. Which communication modes are best to reach policymakers?
6. Are we better off focusing more of our communications on potential champions?

Helpful resources for message guidance



Good resources for messaging

1. **FrameWorks Institute** (FrameworksInstitute.org)
 - Use messages that will overcome or avoid the “**health individualism**” trap
 - Establish oral health’s link to overall health
 - Appealing to your audience’s **values** “can have a measurable effect on people’s attitudes and policy preferences”

INSIGHTS

Public thinking of oral health:
<https://bit.ly/FWpublicthinking>

A communications toolkit:
<https://bit.ly/FWtoolkit>

Good resources for messaging

2. Marketing For Change (MarketingForChange.org)

- Engaged in message-testing to explore perceptions related to Medicare dental coverage. Key takeaways:
 - ✓ Frame this as something that seniors stand to lose rather than something they stand to gain
 - ✓ A dose of humor can help: “Medicare doesn’t think you have teeth”

INSIGHTS

Has the pandemic changed public attitudes about a dental benefit in Medicare?

https://bit.ly/Medicare_COVID

Good resources for messaging

3. CDHP's qualitative research (Maine and Texas)

- Conducted focus groups of “influencers” to gain insights about how to engage them and their legislators. Key takeaways:
 - ✓ Most felt their legislators would care more about improving Medicaid benefits if they knew tooth decay is a **disease**
 - ✓ Oral health's links to school success and jobs motivated their advocacy

INSIGHTS

Report on the Maine findings:

https://bit.ly/CDHP_Maine

Report on the Texas findings:

https://bit.ly/CDHP_Texas

Good resources for messaging

4. DentaQuest Partnership for Oral Health Advancement

- With state budgets facing major revenue shortfalls, Medicaid adult dental benefits could face cuts in various states
- DQP has produced some communication materials that support advocacy for Medicaid adult dental benefits

INSIGHTS

Healthy Mouths: <https://bit.ly/DQPHealthyMouths>

Medicaid Advocacy Toolkit:
(available soon)

Good resources for messaging

5. **Families USA** (familiesusa.org)

- Its website provides talking points about oral health coverage that are based on research and feedback from its partners.
- The talking points and some sample Q's for policymakers focus on Medicare
- Conducted a national survey (2019) to learn voters' views about seeking a Medicare dental benefit

INSIGHTS

Talking points on coverage:
https://bit.ly/FUSA_TalkPts

Medicare survey results:
https://bit.ly/FUSA_Medicare

Good resources for messaging

6. **OPEN – Oral Health Progress and Equity Network**
(OpenOralHealth.org)
 - One of its founding objectives has been to improve the public perception of oral health — and it just created a Public Perception Network Response Team
 - OPEN created a Medicare Dental Advocacy Guide to help advocates prepare for virtual meetings with their elected representatives

INSIGHTS

Medicare Dental Advocacy Guide
<https://bit.ly/OPENAdvGuide>

Why Oral Health Is Critical Now
<https://bit.ly/OPENCritical>

Good resources for messaging

7. The Opportunity Agenda (racialequitytools.org)

- Its communication toolkit promotes the Opportunity Frame for talking about racism and other structural obstacles:
 - ✓ Leverage the consensus about “opportunity”
 - ✓ Americans react better to positive messages than to negative ones
 - ✓ This frame presents a goal in a forward-looking way

INSIGHTS

Their communications toolkit can be accessed at:

https://bit.ly/TOA_Toolkit

Additional thoughts about messaging



Important considerations

- **The partisan divide:** Partisan bubbles have intensified, driven by social distancing and the Trump era. This requires us to choose our words carefully.
- **Beware of the ‘M’ confusion:** Some people confuse Medicaid with Medicare — and many people don’t know what their state’s Medicaid program is called*
- **Don’t get stuck in the ‘problem’ phase:** In your messaging, move as quickly as possible from the problem to the solution.



* This can affect an organization’s ability to field surveys about oral health coverage.

One size doesn't fit all

Messages should vary **based on the audience** they are directed to:

- Policymakers
 - Medicaid officials
 - Legislators
- Partners or allies
- Consumers/Communities of interest
- Your members



Language matters

Avoid using:

- Diabetics*

- Medicaid **enrollees**

- **Poor** people
- Safety-net **populations**

- **Free** dental care

Better language:

- People with diabetes

- Medicaid **members**

- **People** who live in poverty or low-income **people**

- A **low-cost** or **no-cost** dental program

* People-first language may not always be appropriate. We should take our cues from the language used by patient/community advocacy organizations. One example where advocates choose to self-define by health/medical condition is the Amputee Coalition of America.

Tiny differences can shift perceptions

Conservatives may like:

Creating a preventive dental benefit in Medicare is doing what is right and taking care of the working class.



But might care less for:

Creating a preventive dental benefit in Medicare is doing what is right and taking care of the most vulnerable in our nation.

A caveat to consider

“Spokespersons who tell personal stories about problems in their lives are often blamed by audiences for their problems.”

– The Opportunity Agenda

My thoughts: A personal story can backfire for this reason. But details matter. It’s possible to find a powerful story that will not push people into the “health individualism” frame.

Matt Jacob

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**Questions?
Comments?**

