Campaigning Effectively About Children’s Oral Health

The Watch your Mouth™ Campaign

A FRAMEWORKS EVALUATION BRIEF

Suzanne Lo, Editor
About FrameWorks Institute:

The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies.

The Institute’s work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

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INTRODUCTION

Tooth decay is the most common chronic, infectious disease afflicting children in the nation. Although it is entirely preventable, millions of the nation’s children go untreated. Low-income children are especially at-risk but significantly less likely to receive dental treatment.

Yet, the issue of children’s oral health – what defines it, the consequences of ignoring it, and what can be done to improve it – is virtually unrecognized by most Americans. For this reason, there continues to be a need to build broader understanding of the problem if oral health is to achieve salience among key publics. Advocates in the field have considerable expertise and commitment, but they need support from a much wider array of community stakeholders, health and child advocates, and policymakers if they are to achieve the goal of improving children’s oral health. With partners in several states across the United States, the FrameWorks Institute has begun to change the public conversation about this issue.

In 2000, with early support from a core group of national funders, the FrameWorks Institute conducted empirical communications research to inform a public outreach campaign designed to help advocacy groups around the country deepen public understanding of, and appreciation for, the importance of oral health to overall health. FrameWorks’ research revealed that Americans know little about children’s oral health and, left to their devices, dismiss the issue as being merely about cosmetic appearance, self-esteem, and good habits – all associated with personal choice and individual impacts. To reframe the issue as one worthy of public policy, the FrameWorks Institute created the Watch Your Mouth™ (WYM) campaign, a multimedia public awareness campaign about children’s oral health. The campaign ran in Washington state from 2000 to 2002, in Maine in 2005, New Hampshire from 2005 to 2006, and in Massachusetts from 2005 to 2010.

As a result of FrameWorks’ research and the resulting campaign, there have been demonstrable improvements in public understanding of the issue of children’s oral health as a public concern – one that requires attention from policymakers and community leaders. Furthermore, advocates who have used the research and implemented the campaign in their states have found that using WYM as a united messaging platform strengthened their capacity to make the case for a policy response to children’s oral health issues.
In this evaluation brief, we outline the communications challenge that preceded the campaign (as revealed by FrameWorks’ research), describe the components of the campaign we developed as a result of that initial research, and subsequently summarize the effects of these campaigns based on evaluation data.

MAKING THE CASE FOR ORAL HEALTH

In May 2000, the U.S. Surgeon General released the first report on the topic, *Oral Health in America: A Report of the Surgeon General*, a potentially agenda-setting event that captured the attention of oral health advocates and raised anew the possibility of elevating children’s oral health as a major public policy issue. An excerpt from that report conveys why there was such optimism in the child advocacy field as a result of the report’s release:

> “The major message of this Surgeon General’s report is that oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans. However, not all Americans are achieving the same degree of oral health.”

> “Everyone has a role in improving and promoting oral health. Together we can work to broaden public understanding of the importance of oral health and its relevance to general health and well-being…”

The Surgeon General’s report drew attention to an important issue that had enjoyed little public visibility. Even though advocates saw the report as a major “win” in getting an influential spokesperson to identify the issue as important, they were realistic in recognizing that it would take due diligence to raise the public salience of the issue for the long term and get it on the public policy agenda. Importantly, they recognized the need to help the public interpret the data in the Surgeon General’s report so that oral health could be supported as a public policy concern.

THE COMMUNICATIONS CHALLENGE

In general, the challenge in promoting children’s oral health is not unlike the challenges that attach to other children’s issues, from childcare to safety. Children’s issues “privatize” easily in the public mind, with parents identified as the “solution” to children’s needs, while systemic reforms, public health remedies, and legislative responses are rarely considered. Moreover, when the social problems are presented as having disproportionate influence on poor and minority families, Americans tend to classify the issues as related to welfare, broadly defined in the public mind as the reluctance or inability to work and take responsibility for oneself and one’s family.
This pattern of association erodes support for the types of policy solutions offered by children’s advocates. These and other problematic patterns in public thinking emerged from a series of studies FrameWorks conducted with ordinary people across the country. Among the findings that emerged were the following:

- Most Americans believed that cavities were the principal outcome of poor oral health, affecting appearance and self-esteem.
- When thinking along these lines, the responsibility for improving children’s oral health was assumed to be parental and children’s oral health outcomes to be the result of parental discipline in encouraging children’s brushing and flossing.
- When understood in this way, solutions such as parental education, individual behavior change and consumer outreach then became the easiest to think.
- This individualized understanding of the issue excludes from the conversation those public solutions that advocates and experts know will improve oral health for children, such as school-based oral health programming, increased access to dental insurance, and community water fluoridation.
- The public did not view dentists as trusted sources on this issue (they were seen as too vested in the issue) nor did they see dental visits as critical to children’s overall health care.
- As a result, dental visits were a luxury – something parents who could afford to provide health care for their children would do – but not a necessity.
- The inability of public audiences to see oral health and its critical relationship to overall health was extremely problematic. The solutions advantaged by this public understanding reinforce parental responsibility in providing health resources for their children and do not provide the public with a way to understand the responsibilities of, and benefits for, communities in assuring children’s health outcomes.
- Popular media traditionally covered the issue as a “dental problem” that could only be solved by personal action (i.e., better brushing and flossing), rather than as a “disease” or public health problem. This further inhibited the public’s ability to see the relevance of systemic solutions (improved access to oral health care, fluoridation, provision of dental insurance, etc.) that contextualize and constrain individual choice.
Alongside these areas of concern, FrameWorks identified more promising ways of thinking about the issue. First, the release of the Surgeon General’s report introduced the issue to many people for the first time and defined it as an issue of national import. The stature of the messenger offered a credible resource in the medical profession that advocates could cite in their own efforts to promote this as a public health issue.

Most important, FrameWorks research revealed that by using an alternative set of issue frames, children’s oral health could be advanced as a public concern. These reframes included talking about: oral health as part of overall health; dental problems as disease; dental problems as a distraction from learning; schools as a locus of intervention for children; and access to dental care as being as important as access to health care. For a more detailed summary of the research, see: http://frameworksinstitute.org/toolkits/oralhealth/.

THE DEVELOPMENT OF THE WYM CAMPAIGN

With extensive research in hand, FrameWorks had the insights necessary to develop a set of campaign materials to reframe the public conversation about children’s oral health. As FrameWorks went into the creative aspects of the framing work, we worked from an even more specific set of directives. The campaign should:

- accurately reflect the findings of the research;
- meet the requirements of a public education message to get PSA placement;
- create a favorable climate for a variety of policy positions (in recognition of the fact that the campaign was designed to support a number of different coalitions across the country with varying policy objectives); and
- be able to garner enthusiastic support of diverse coalition members in those states.

Using these principles, FrameWorks guided the development of a multimedia public awareness campaign for children’s oral health. The result was the Watch Your Mouth campaign, designed to reframe the issue by using empirically tested values, metaphors, and unlikely messengers to:

- put children’s oral health on the public agenda;
- frame children’s oral health as a problem that requires both individual and societal solutions;
• engage a powerful constituency that says it can and should be solved; and
• identify and introduce policy and community-based solutions for mitigating this problem.

THE COMPONENTS OF THE WYM CAMPAIGN

The WYM campaign is organized to take advantage of three critical elements:

• Expert knowledge of issue framing
• Effective communications vehicles (advertising, events, earned media, etc.) tailored to the individual situation
• Mobilized grassroots coalitions to develop policy, advocate for policy, and deploy communications

FrameWorks provides the first two of these components, and the third is the responsibility of the state coalitions who license the campaign for use in their state. The latter – mobilization – is no less critical, as a key factor in the success of the WYM campaign has been in unifying a mobilized constituency to work toward state-level policy changes using a coordinated communications strategy.

The WYM campaign includes a public service advertising campaign (complete with print ads; radio and TV spots; posters; brochures; and such novelty items as t-shirts, temporary tattoos, mugs, golf balls, stickers and lapel pins).
In addition, FrameWorks provides significant support to its state partners through: workshops designed to inspire, educate and enable local groups to mount the campaign; toolkits that explain the issue and how to promote it; regular access to FrameWorks personnel who understand the issue and the campaign; ongoing review of materials and feedback to improve them; the adaptation of existing ads to suit the licensee’s policy menu; creative ads designed to support the licensee’s policies; op/eds created to support the policies; design and supervision of website; collaboration in evaluation; presentation to Boards and funders; and other products and interactions as FrameWorks and the licensees identified them.

THE WYM CAMPAIGN IN THE STATES

FrameWorks developed Watch Your Mouth as a campaign that could be licensed by coalitions across the country. Since 2000, the campaign has been licensed and implemented by four statewide coalitions (Washington, Massachusetts, Maine and New Hampshire) seeking to change the policy landscape.

In addition to offering the developed campaign materials to these state partners, FrameWorks worked with the coalitions to implement the campaign, attract earned media, as well as to launch the public service advertising campaign. In later iterations of the campaign, the Institute developed a comprehensive toolkit that compiled the research, applications, and other resources in an online, accessible format for advocates interested in this issue.

The coalitions in these states also received other forms of support around messaging from FrameWorks. First, they received feedback on materials such as press releases and statements to the media. The online toolkit now contains some of these “redirections” based on advocate materials reviews completed as part of FrameWorks’ support for the campaigns in the states.

An example of the kinds of reframing redirection advocates received is represented below in the “before” and “after” snapshots. The task was to define the problem in such a way that it invited public intervention.

A Before Snapshot

Tooth Decay is the most common chronic childhood disease in America. Nationally, it affects 50% of first graders and 80% of 17-year-olds.
An After Snapshot

When a child’s oral health suffers, so does school performance, because children who are in pain cannot pay attention to teachers and parents, and thus, they lose ground. Untreated oral disease has been linked with longterm health problems such as heart and respiratory diseases. They good news is we know how to prevent the majority of this disease from ever occurring.

The “before” snapshot is framed in terms of disease but not explicitly as a public issue. That is, this snapshot could easily be a message targeted at promoting parental responsibility for children’s health outcomes. While this is only one of many reframes that FrameWorks’ staffers provided to advocates, it is an example of the types of redirections offered to advocates as they implemented the campaigns in their states.

In addition, FrameWorks also trained advocates in the coalitions to use the reframes, effectively respond to media requests about the issue, and use the power of communications to unite the coalition’s energies under one messaging platform.

EVALUATING THE IMPACTS OF THE CAMPAIGN

As a result of the campaign, oral health advocates in Washington state reported that more than 190 groups became members of the Citizen’s Watch for Children’s Oral Health, including influential health, business, union, education, and children’s organizations. In addition, advocates across the states were able to use the campaign as a catalyst to develop a menu of oral health policy options from state and national experts and to gain consensus on a range of future policies.

In addition to these national outcomes, the statewide campaigns have been evaluated (to varying degrees) using both qualitative and quantitative research, and have demonstrated the ability of the WYM campaign to build public will. Massachusetts’s statewide evaluation was exceptionally well-conceived, yielding pre- and post-campaign data on public understanding and other quantitative measures. Other partner states relied to a greater extent on qualitative analyses of impact. These data, taken together, suggest that the WYM campaign has a proven track record of increasing public awareness and public understanding of the societal importance of addressing children’s oral health, as well as in increasing understanding of the community interventions needed to keep children healthy. Here
we summarize the evaluative research from Massachusetts, Maine, and New Hampshire.

Massachusetts
In 2005, Massachusetts launched Watch Your Mouth to complement the policy advocacy work of the statewide Oral Health Advocacy Taskforce. It was supported by grants from the Oral Health Foundation and Dental Services of Massachusetts. In its first year, the campaign nearly doubled Taskforce membership by bringing in new constituencies: school nurses, pediatricians, community members, Head Starts, and WICs. The campaign reached over 4,000 people directly through presentations, conferences and fairs and trained a core of 62 campaign advocates and spokespeople. It also communicated regularly with the entire membership through eight issues of “Framing 101” series and monthly Watch Your Mouth newsletters and was featured regularly in media (26 earned media pieces across the state and paid advertising in 41 newspapers, three business journals, 15 radio stations, five television stations and nearly every train station in Greater Boston).

FrameWorks also conducted its own independent analysis of the effects of the Massachusetts campaign, compared to a baseline survey of public attitudes conducted before the campaign’s launch. From subsequent tracking surveys in the state, we can show substantive changes in public understanding of the issue over time:

• Children’s oral health emerged as a legitimate, consistent priority among children’s issues – even in the midst of major economic recession in the state.
• By the conclusion of the paid media, significantly more Massachusetts residents ranked children’s oral health as a “high priority” or an “extremely high priority” than before the campaign.
• Massachusetts’ residents were much less likely to agree that brushing and flossing were adequate protection against dental disease (in and of themselves).
• The Watch Your Mouth Campaign was shown to have broadened the constituency for children’s oral health beyond “the usual suspects,” with several demographic categories showing marked improvement.
• Data show significant improvement in public understanding of the role of dental visits and preventative treatment as opposed to prior thinking that brushing and flossing were sufficient.
Beyond the quantitative measures, the Watch Your Mouth campaign in Massachusetts experienced many other gains. For example, a coalition of oral health advocates that pre-dated the Watch Your Mouth campaign numbered 600. After just one year of the campaign, that number nearly doubled to over 1,100 members. The campaign was able to reach an audience in excess of 4,000 people directly through presentations, conferences, and fairs, and was able to draw more than 5,000 people to the website and hundreds more to a toll-free telephone number. Having a statewide base of allies also helped the campaign to distribute sizable quantities of campaign literature: 10,000 posters, 8,500 brochures, 11,000 stickers, 3,000 buttons, and 4,300 temporary tattoos.

In the policy arena, the Massachusetts coalition succeeded in implementing caseload caps for dentists who accept state-subsidized insurance, and in helping to establish a new Third Party Administrator to run that dental benefits program. The Watch Your Mouth campaign helped to secure funding for the first year of a countywide pilot project that seeks to have every child in pre-school care receive a dental screening prior to starting kindergarten.

In five years of campaigning, Massachusetts made great advances – from reinstating Medicaid Dental benefits for all adults in the state, to passing an omnibus oral health bill that mandated a state office of oral health with a state dental director. New classifications of oral health professionals were created, helping to further to increase access to care.¹

**Maine**

Maine also made strong strides on the issue. Watch Your Mouth Maine was supported by grants from the Maine Health Access Foundation, Betterment Fund, Northeast Delta Dental, Anthem Blue Cross and Blue Shield of Maine, and Harvard Pilgrim Health Care Foundation. The campaign ran for two years. In this time, Maine showed an increase in the priority of dental care as an issue for the general public, a major accomplishment for the first year of a campaign. Outreach through schools and radio advertising appear to have played particularly important roles. A comparison of pre-campaign and post-campaign attitudes shows that the Maine Watch Your Mouth campaign was effective in connecting oral health to overall health. Statewide and in the Portland media market, residents became more likely to understand the health consequences of poor oral health.
New Hampshire

Watch Your Mouth New Hampshire was supported by grants from the Endowment for Health, Ronald McDonald House Charities, Northeast Delta Dental and Harvard Pilgrim Health Care Foundation. In NH, the campaign also produced a significant shift away from belief that brushing and flossing keeps mouths cavity-free, to understanding that brushing and flossing are not enough and that dental care and preventive measures are also needed. Also, the campaign was effective in connecting oral health to overall health. Statewide, residents became more likely to say that health consequences are the main reason to be concerned about poor oral health. The campaign in New Hampshire also effectively stabilized the priority of children’s oral health. In 2005, the research demonstrated that survey responses were very fluid, suggesting that a key objective for the campaign should be to solidify support. The 2006 post-media campaign survey demonstrated that many more respondents became stable supporters of this issue.

Beyond the numbers, WYM in New Hampshire realized many other gains. For example, the campaign was selected to be a component of the New Hampshire Children’s Action Network’s agenda, which was targeted to New Hampshire’s key elected and appointed policymakers. Watch Your Mouth in New Hampshire also sponsored a legislative breakfast and was invited to present at a number of other forums that targeted legislators and other policymakers.

In addition, presentations were made to numerous groups, including PTAs; rotary and other business, civic and professional organizations; health care providers; and special events. The WYM website was visited by nearly 6,000 individuals in New Hampshire. Op-eds, letters to the editor and news articles were successfully placed in major newspapers and magazines statewide. Through press events and interviews with campaign spokespeople, the campaign also received coverage across commercial, public and cable television stations in New Hampshire. As such, the impacts of the Watch Your Mouth campaign across a diverse set of states and localities have been demonstrable – moving oral health out of the private domain of families and establishing it as a public issue.

We are confident that these kinds of accomplishments – and many others – can be replicated in many other states across the country, changing the larger public conversation about children’s oral health in the United States.
CONCLUSIONS

Watch Your Mouth builds on a body of policy and communications research to illuminate the need for systemic solutions to children’s oral health. As a comprehensive, coordinated campaign, it helps advocates build a broad constituency equipped to engage in a consistent communications strategy. Each state that has implemented Watch Your Mouth has made advances in increasing public awareness and, importantly, public understanding of the issue of children’s oral health.

The Watch Your Mouth campaign is trademarked and owned by the FrameWorks Institute. The Institute welcomes additional state coalitions interested in moving the dial on children’s oral health issues. The campaign was created for replication and adaptation by many different coalitions. Campaign components can be tailored to meet the specific needs of each state as long as the ultimate goal of the coalition is to broaden public understanding of children’s oral health as a public concern.

Watch Your Mouth Funders

Over the years, the FrameWorks Institute has received funding from a variety of funders to conduct the research as well as to develop, implement, and evaluate various components of Watch Your Mouth campaigns around the country. We would like to acknowledge those funders for their support of this work: the DentaQuest Foundation, the Endowment for Health (NH), Ronald McDonald House Charities, Northeast Delta Dental, Harvard Pilgrim Health Care Foundation, Maine Health Access Foundation, the Betterment Fund (ME), Anthem Blue Cross and Blue Shield of Maine, Washington Dental Services, the Benton Foundation, Annie E. Casey Foundation, and the David and Lucile Packard Foundation.

FRAMEWORKS ONLINE RESOURCES

The FrameWorks Institute publishes its research and recommendations on our website at www.frameworksinstitute.org

Resources Related to Children’s Oral Health

- Children’s Oral Health Issue Page
- Watch Your Mouth: A FrameWorks eWorkshop
- Watch Your Mouth Informational Brochure
- Watch Your Mouth Campaign

Resource Related to Strategic Frame Analysis

- Strategic Frame Analysis™ eWorkshop
- An Introduction to FrameWorks Perspective and Strategic Frame Analysis™

Resources Related to Study Circles:

- A Description of FrameWorks Study Circles

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