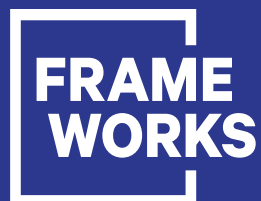


Framing for Oral Health Equity Now



A Communications Toolkit for
Advancing Oral Health Reform

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Framing for Oral Health Equity Now Introduction

Welcome to Framing for Oral Health Equity Now, a toolkit to help you communicate effectively about community-led, collaborative approaches to eliminating oral health disparities.

While today's political climate presents many challenges for oral health advocates, it has also sparked a national dialogue about our society's values and priorities. This conversation presents ongoing opportunities to communicate in ways that build understanding and support for policies and programs that address oral health barriers in communities facing discrimination, economic exclusion, and other forms of injustice.

Moreover, the importance of communicating effectively only increases in noisy and contested times. Better communication won't resolve every challenge facing the movement for health equity right now. But our communications are one aspect of the current environment where we can exert some control, and there are important steps we should take.

To facilitate this, we created this supplement to 2017's [Reframing Oral Health](#) Toolkit. The tools and recommendations in this supplement draw on original studies of culture and communication conducted by the FrameWorks Institute, while also incorporating best practices in strategic communications and crisis communications. They were then refined in collaboration with and for members of the Oral Health Progress & Equity Network (OPEN).

With consistent, coordinated framing, we can build the public and political will to drive meaningful change, address inequities, and ensure that every community has access to the oral health care they need.

These strategies can help you make sound decisions about what to say in settings like:

- Public conversations with non-scientific audiences
- Reports, fact sheets, or website copy about oral health disparities
- Press releases or media advisories
- Letters to the editor, op-eds, or other written commentary
- Comments in television, radio, or podcast interviews
- Social media messaging
- Messages to an elected representative or other official
- Testimony to legislative committees or other public bodies
- Contributions to policy working groups and other systems-change initiatives

Boosting Support for Prevention-Based Policy

Key Message: Oral health disparities are preventable differences in the burden of disease and access to oral health services. Oral health disparities have many causes, all of which are rooted in injustice against social groups that face marginalization and disadvantage.

As a society, we struggle to adopt policies that keep people healthier now and in the future. Too often, prevention is sidelined in favor of responding to problems that have already taken root. This isn't because people don't value the idea of prevention. Rather, our brains are wired to focus on the here and now, which makes it difficult for us to think longer term about preventive solutions. The present feels tangible and malleable, while the future is hazy and easy to put out of mind.

Additional cognitive hurdles arise from our inclination to reach for *Individualism* and *Consumerism* (for more on these mindsets, see below) when contemplating societal issues. *Individualism* suggests that prevention is about brushing and flossing regularly, while *Consumerism* fosters an expectation of immediate, tangible returns on investment.

Because of these ingrained ways of thinking, advocates for prevention-based policies need strategies to effectively communicate the value of these policies and how they work.

This section offers a set of strategies.



Prevention-Based Policies

Policies, laws, programs, or initiatives that are designed to stop health problems or social problems before they start by addressing risk factors and other root causes.

Perhaps one of the most common prevention-based policies in the oral health care arena is public water fluoridation. Fluoridating public water provides benefits to everyone in the community, significantly reducing tooth decay at the population level and saving communities money on dental treatment costs. Increasing access to oral health care in early childhood is another example of prevention-based policy, as are school-based dental sealant programs, regulations or taxes on sugary beverages and tobacco, and even scope-of-practice expansion for dental hygienists, school nurses, community dental health coordinators, and others.



Prioritizing Mindsets to Move Now

By changing the way we talk about oral health, we can change the way people see it.

When making sense of messages about addressing oral health disparities, people tend to default to the mindsets on page 6. Unfortunately, these “default” mindsets can activate unproductive lines of reasoning, obscuring the truth that oral health is a shared, public concern that requires increased public support, investment, and attention. With consistent, strategic framing, we can build the political will needed to implement systems-level solutions.

Mindsets

Mindsets are widely shared and deeply rooted patterns in thinking about the world that shape how people understand issues like oral health.

As a concept, mindsets are where culture, cognition, and public conversations about social issues meet. They emerge in a culture over time. We “take them in” (so to speak) through the media, public discourse, and through our participation in social institutions like schools, family life, and the workplace. We use them to make sense of what we read, watch, and experience. We all hold multiple (and sometimes even conflicting) mindsets.

Knowing which mindsets are at work in public discussions about a social issue provides a strategic advantage to communicators. This is because how we say what we have to say can determine which mindsets get pulled to the foreground and which mindsets get pushed to the background.

Mindsets are neither wrong nor right. However, communicators working to advance social justice can think of some mindsets as productive and others as unproductive. What we call productive mindsets support genuine understanding of a social problem and inspire people to consider systems-level solutions. In contrast, unproductive mindsets tend to shut down deliberate thinking, obscuring the truth about an issue and making it difficult for our audiences to grasp the potential value of systems-level solutions to social problems.

Bottom Line: Mindsets matter because they influence how people interpret stories, assign blame, and decide whether or not to support systemic or preventive solutions. Crucially, patterns of thought springing from these mindsets hinder prevention efforts because people assume problems reflect personal failures or fate, rather than solvable systems flaws.

Move These Mindsets to the Background

To change the public conversation on oral health disparities, avoid using images, vocabulary, or arguments that can activate the mindsets below.



INDIVIDUALISM	OTHERISM	CONSUMERISM	FATALISM
<p>Don't reinforce the narrow view that the causes and consequences of social problems lie with individuals. When it comes to oral health issues, Individualism can also present as:</p> <p><i>Health Individualism:</i> People assume health outcomes are exclusively the result of personal lifestyle choices.</p> <p><i>Health Reductionism:</i> People tend to assume that "not sick" equals healthy.</p>	<p>Don't reinforce narratives that emphasize negative views of people facing racism, discrimination, or economic marginalization. When it comes to oral health issues, Otherism can also present as:</p> <p><i>Health Otherism:</i> People tend to blame social groups for health disparities.</p> <p><i>Zero-Sum:</i> People tend to assume that helping one group means taking resources from another.</p>	<p>Don't reinforce the assumption that the health care system is like a market in which you "get" health when you consume "good" products and services. When it comes to oral health issues, Consumerism can also present as:</p> <p><i>You Get What You Pay For:</i> People assume that money is the only key to the quantity and quality of oral health care a person receives. When people view health care through a consumerist lens, they focus on personal incomes, household budgets, financial literacy, "good choices," and other individual-level factors that might affect what kind of health care they can "afford."</p>	<p>Don't add to Americans' pervasive sense that social problems can't be solved and that we're each on our own to manage the mess. When it comes to oral health issues, Fatalism can also present as:</p> <p><i>Government Ineptitude:</i> People readily assume government is inherently ineffective.</p> <p><i>The System Is Rigged:</i> In recent years, the majority of Americans have begun reaching for this mindset to make sense of what's happening on almost every social issue.</p> <p>The core assumption baked into this mindset is that there are a "powerful few" (corporations, politicians, coastal elites, media) who use their power to rig "the system" (economy, government, health care, immigration) to benefit themselves at the expense of regular people.</p> <p>This mindset is especially strongly endorsed by younger people, Black people, Republicans, and people with less education.</p> <p>Unfortunately, many uses of this mindset lead in toxic, divisive, and dangerous directions.</p>

Move These Mindsets, Values, and Metaphors to the Foreground



To change the public conversation on oral health disparities, use images, vocabulary, arguments, and examples that can activate the mindsets, values, and metaphors below.

CONTEXT AFFECTS HEALTH	INTERCONNECTEDNESS	KEYS TO ORAL HEALTH	STRONGER TOGETHER
<p><i>Context Affects Health:</i> This mindset helps people see oral health as a public good, worthy of public investment.</p> <p>To move <i>Context Affects Health</i> to the foreground, call attention to the contexts and conditions that shape health outcomes.</p> <p>Whenever possible, paint a broad picture of health that includes oral health as well as physical, mental, social, and relational well-being.</p> <p>Incorporate explanations and examples to show how power and powerlessness affect people's social conditions and community- or population-level health outcomes.</p>	<p><i>Interconnectedness:</i> This tested values message helps communicators shift <i>Otherism</i> to the background and boost support for policies and programs designed to strengthen well-being.</p> <p>To invoke this value, use examples that show how our fates are connected. Frame targeted policies as ways to achieve community health and well-being, and live up to shared ideals of justice.</p>	<p>To move <i>Consumerism</i> to the background, reframe patients as active participants (not “shoppers”) in a system we can collaboratively redesign to promote our collective well-being.</p> <p>Use the <i>Keys to Oral Health</i> metaphor to bring systemic barriers into view and present concrete, systems-level solutions.</p>	<p><i>Stronger Together:</i> Pair a widely-shared value like <i>Responsible Management</i> with an example of an effective public policy or initiative and explicitly invoke the idea that <i>We're Stronger Together</i>.</p> <p>Note, however, that FrameWorks research shows that advocates for progressive policy change should not (and usually can't) avoid The System Is Rigged mindset, but rather must engage in the contest over its meaning.</p> <p>This is because The System Is Rigged offers a fuzzy way of thinking about power and systems that leaves unsaid who exactly is rigging the system, how, and for whose benefit.</p> <p>That's why we must talk about rigged systems in ways that cultivate collective efficacy and build support for systemic changes that advance justice.</p> <p>To do this, invoke a tested value like <i>Stronger Together</i> (aka <i>Solidarity</i>), and fill in the blanks by explaining HOW the system is rigged, by whom, and for whose benefit. Offer solutions that match the scale at which the problem is explained.</p>

For more detail on mindsets — see [“Fact Sheet: 6 Things to Know About Cultural Mindsets.”](#)

You Say ... They Think ... What Helps

People have a difficult time breaking out of their established patterns of thinking about health and the government's role in supporting it.

That's why even when true, unframed or poorly framed messages (like the ones under "You Say . . .") can unintentionally activate unproductive assumptions and responses. When this happens, the likelihood that the message will be misunderstood or backfire entirely increases.

Under "They Think . . ." you'll find some unproductive assumptions and responses that OPEN members have encountered over the years. In the "What Helps" box, you'll find framing strategies you can use to craft messages that land.

This section concludes with a few plain language swaps for jargon, because simple language always makes advocacy communications stronger.

You Say ...

We need to make sure people with lower incomes can access dental care.

They Think ...

This is a problem? If people have Medicaid, they already have access.

What could be triggering this kind of response?

Many people do not know that a Medicaid card is a necessary but not sufficient key for accessing dental care. (This is assuming you're in a state where Medicaid includes adult dental benefits.) Even those who understand that benefit limitations, low dentist participation, and bureaucratic hurdles can make it difficult to get care may not be aware of "invisible" barriers like limited transportation, low appointment availability, and inability to take time off work.

Moreover, because the public tends to accept the divide between health coverage and dental coverage as "the way it is," a sense of *Fatalism* about health care systems extends to oral health. *Consumerism* can also trigger this response because it shifts attention toward individual budget priorities, obscuring the fact that many households face serious financial constraints and often make tough tradeoffs in order to keep things running.

What Helps

- Characterize Medicaid's limitations as locked doors and policy reforms as *Keys to Oral Health*.
- Link Medicaid's limitations to environmental and social access barriers such as geographic distribution of providers, transportation challenges, provider capacity, provider acceptance, workplace inflexibility, discrimination, and limited availability of interpreters or culturally competent care.
- Explain how policy reforms both expand access and offer shared benefits; don't just name needed reforms. For example, rather than simply asserting that Medicaid enrollees need comprehensive coverage, explain HOW ensuring that enrollees can receive both preventive and restorative care will improve health outcomes at the individual and population levels while also reducing long-term health care spending. See [Unleashing the Power of How](#) for guidance.
- Reinforce the belief that collective efforts can achieve positive change and address shared problems. See the *Ingenuity* reframe guide for inspiration.

You Say . . .

Keeping our children cavity-free starts with advancing policies that do things like fluoridate our community's water supply, bring sealant programs into our schools, and equip local pediatricians to apply fluoride varnish.

They Think . . .

It's all about the parents. This is not something the government needs to interfere with. If parents want their kids to have nice smiles, then it's up to the parents to take their kids to the dentist and teach them how to brush and floss. It's really that simple.

What could be triggering this kind of response?

Many things. First of all, in our country the public tends to assume that maintaining one's health is about personal (or parental) choices and responsibility (*Health Individualism*). This makes it difficult for people to see how society can help beyond raising awareness of the need to brush, floss, and go to the dentist regularly. On top of that, if people reach for *Health Otherism* to make sense of this statement, they are likely to worry that government support for "other" people's children takes resources away from "me and mine." Moreover, the assumption that the main reason oral health matters is appearance makes it harder to see cavities as a serious health concern. The value of prevention can also be difficult for people to understand, because our brains are wired to focus on immediate problems, rather than future risks or slow-developing issues.

What Helps

- Lead with the fact that our oral health is connected to our overall health, and provide a quick example — e.g., swollen or bleeding gums may raise the risk of stroke later in life. For inspiration, see *Oral Health and Overall Health Are Linked*.
- Widen the "lens" to show context. Explain what differential access looks like. See the *Keys to Oral Health* reframe guide for guidance.
- Spark a prevention mindset by connecting current actions/conditions to later outcomes or current outcomes with prior policy choices. See also *Responsible Management* reframe guide.
- Sidestep patterns of thought springing from *Health Otherism* by setting either a "loss frame" or a "gain frame" to emphasize the collective stakes. See *Annotated Legislative Testimony* for an example.
- Always explain how prevention stops problems before they start, instead of simply asserting that prevention is good for oral health. For example, when it comes to community water fluoridation, you can explain that fluoride is a mineral that exists naturally in all water supplies, but most communities don't have enough to protect teeth. Adding the right amount of fluoride to drinking water helps strengthen children's teeth as they grow, and keeps teeth stronger over a lifetime. (Note: You can learn about fluoride myths and facts [here](#).)
- Consider using stories and visuals (e.g., props, hands-on demos) to make prevention strategies like dental sealants tangible.
- Finally, use plain language whenever possible. For instance, you could describe sealants as shields that keep food and germs out of cracks in our teeth and cavities as little holes that form in our teeth when sugar and bacteria sit there for too long.
- When talking about how social conditions and policy contexts influence health, consider using a story. For example:

"Imagine this. Your insurance covers only a handful of dentists, and the nearest one is across town. You do not have a car. Your paycheck is tight, and your job schedule is unforgiving. For these reasons, taking your child to the dentist involves lousy trade-offs. But, it doesn't have to be this way. By expanding provider networks, improving public transportation options, and ensuring paid leave for parents, we can give more families more keys to good oral health."

You Say . . .

Community members bring lived experience that make programs more trusted, practical, and effective.

They Think . . .

We don't need community input. Professionals already know what's best.

Or —

I'm not sure anyone wants to listen to what I have to say.

What could be triggering this kind of response?

Some advocates believe that policy and program design should be guided by professional “experts,” assuming that technical expertise is more valuable than lived experience. Some may view community engagement as merely symbolic, or as too costly in terms of time and/or resources. *Otherism*, especially *Health Otherism*, can strengthen these assumptions.

Community members may be reluctant to participate in advocacy and policy design due to negative past experiences with advocacy groups, mistrust of systems that have consistently fallen short, and/or *Fatalism*. Time constraints, emotional fatigue, and/or the mistaken belief that effective advocacy requires formal education can also contribute to reluctance.

What Helps

- Lead by invoking the value of *Interconnectedness*.
- Use *Interconnectedness* to explain why effectively addressing disparities in oral health outcomes requires the leadership of those most affected. For example:
“When oral health needs go unmet in some communities in our state, the effects ripple outward: emergency rooms become overburdened, workplaces lose productivity, classrooms lose students, and overall health care costs rise. To strengthen our health care system, it is essential to involve people who live with the challenges caused by its current weaknesses. Their expertise and insight cannot be captured by any model, credential, or dataset alone. That’s why inclusive decision-making leads to better policies and outcomes and a healthier and more resilient state.”
- Avoid using jargon like “in-reach.” Instead, redirect thoughts away from *Fatalism* and inspire buy-in by offering concrete examples of how “in-reach” works as a process and by sharing success stories.
- Strike a practical tone as you underscore the increased strength and influence that comes from individuals working together toward a common goal. See the *Ingenuity* reframe guide for inspiration.

You Say . . .

We can expand access to oral health care through teledentistry.

They Think . . .

Why are you trying to pass off second-class care to me as if it were premium?

What could be triggering this kind of response?

Presenting teledentistry as a “substitute” rather than as a complementary or accessible option can trigger perceptions of low quality. Overemphasizing cost savings and/or focusing on the tech involved can also make teledentistry seem gimmicky, especially when terms like “virtual,” “online,” and “remote” are overused. Educational or promotional materials that show only patients and phones or computers can reinforce doubts, especially if those materials do not acknowledge technological barriers like limited access to reliable internet.

What Helps

- Describe teledentistry in plain language. For example:
“Teledentistry lets you talk to a dentist on the phone or via video call and send pictures of your teeth without having to go into a dentist’s office.”
- Highlight the value teledentistry offers patients and be honest about the limitations.
- Make clear that teledentistry is not a replacement for in-person care, but rather a tool for making sure small dental problems don’t become big ones.
- If community stakeholders helped design policies to allow or expand teledentistry services, share what they have to say about why they got involved and what mattered most to them.
- Distinguish policy-level prevention like teledentistry from individual-level prevention.
- Beware of overemphasizing cost savings.
- Use the *Social Change Storytelling* template to craft stories that answer the public’s big questions about any policy proposal.

You Say . . .

We need to integrate oral health into primary care.

They Think . . .

I don't want my primary care provider to know what's going on with my teeth — and vice versa!

Or —

Of all the things I have to worry about, this is what you want to push?

What could be triggering this kind of response?

Mistrust associated with a mindset called *Threat of Modernity* can shape how people respond to messages about integrating oral health and primary health care. From this perspective, policies that involve technological fixes, especially if they are described as “emerging technology,” appear suspect. Messages filled with jargon like “implement a bidirectional referral system” or “value-based payment models” may deepen suspicion. Moreover, if a message about integrated care focuses too much on cost-cutting or convenience, audiences may assume that the care itself will be rushed or second-rate. Terms like “monitoring health” or “data sharing” may trigger surveillance fears, which can be deepened by concerns about insurers misusing combined records to limit or deny coverage. Finally, widespread lack of understanding about the ways in which oral health and overall health are intertwined obscures the value of medical-dental integration, especially if it is left undefined.

What Helps

- Lead with the idea that *Oral Health and Overall Health Are Linked*, then follow with an explanation of how medical-dental integration can improve the care experience.
- Be sure to explain the value of whole-person, integrated care principles from the perspective of patients, not just doctors.
- Beware of overemphasizing cost savings and convenience. Make this solution part of a broader story of prevention.
- Use the *Social Change Storytelling* template to craft stories that answer the public's big questions about any policy proposal.

Choosing Words That Open Doors for Everyone

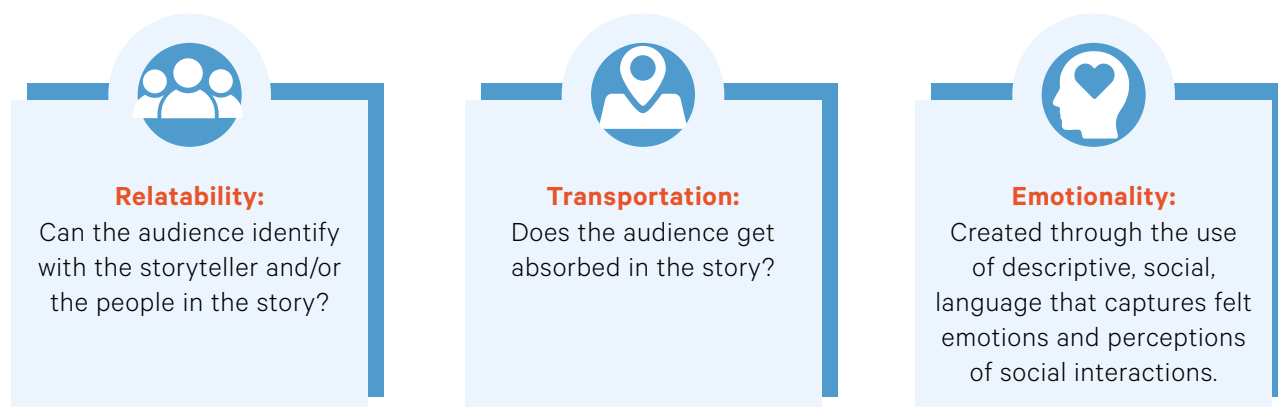
Plain language makes advocacy communication clearer, more inclusive, and more persuasive. This is true no matter your audience. Below are a few technical terms that can backfire, along with plain language alternatives. Consider copying this table and adding to it as you engage with people — policymakers, fellow advocates, dental professionals, community members — in the course of your advocacy work.

JARGON / TECHNICAL TERM	PLAIN LANGUAGE SWAP
Oral health equity	A fair chance for everyone to have what they need to be healthy
Access to care	Being able to find and use a provider when you need one
Integration of care	Doctors, dentists, and others working together to support your oral and overall health
Network adequacy	Enough nearby dentists taking your plan
Reimbursement	Payment to the dentist or doctor
Systems change	Changing the rules to improve the quality of oral health care and make it fair and easy to use
Policy advocacy	Speaking up to change rules or laws
Upstream thinking	Solving problems at their source, not just treating the things we notice
Prevention-based policy	Plans and programs that stop problems before they start
Evidence-based practice	A method that has been proven to work; what's really happening; proven strategies; real information to steer decisions

Telling Advocacy Stories

An advocacy story is a real, personal story that shows how a policy, system, or institution has directly impacted people's lives — for better or for worse. Effective advocacy stories build the public will for change, influence decision-makers, and mobilize communities toward action.

What makes an advocacy story effective? Research suggests the following:



Unfortunately, these three qualities — relatability, transportation, and emotionality — lend themselves to what we call *Isolated Actor* stories. Isolated actor stories not only reduce support for oral health equity policies, but also risk reducing community-based stakeholders to victims. This is because isolated actor stories draw focus to the private realm, the realm of emotions, motivations, and family life. The problem is that by tightly focusing on the private realm, isolated actor stories easily suggest that the solutions to complex social problems like inequitable access to oral health care lie with the individuals experiencing the problem. Society has little or no role to play.

“Widening the lens” is the key to telling stories that are both compelling and move the public to think about the broad social contexts and structural realities that influence how well we do in life. Think of these wide lens stories as *Contextualized Actor* stories. These kinds of stories can foster thinking about broad-scale and longer-term change. They remind us that things like access to good jobs, stable housing, reliable public transportation, health insurance, and healthy food don’t just happen. These conditions are created and maintained through policies, laws, and collective decisions. *Contextualized Actor* stories remind us that when we work together to support laws and policies that support individual and collective well-being, we’re fostering a healthier and more productive society.

When we tell stories in this way we increase our capacity to build trust with community stakeholders. As a story form, *Contextualized Actor* stories make it easy for community stakeholders to share their lived experience in ways that honor their agency and expertise. And, when we share *Contextualized Actor* stories, we’re not just amplifying voices, we’re shifting power.

What elements comprise *Contextualized Actor* stories? Here are some (annotated) examples.

Widen the Lens

Show trends and patterns that shape the environment in which a community or group of people operates.

FROM	TO
THE NUMBERS SAY THIS IS ABOUT BAD APPLES	THIS IS ABOUT FLAWED AND UNJUST SYSTEMS
<p>Fifty percent of incarcerated individuals reported having a dental problem during the time they were incarcerated.</p>	<p>A disproportionate number of incarcerated people come from communities that face substantial barriers to health and dental care. Thus, unmet dental needs are common among this population.</p>
THE NUMBERS SAY THIS IS ABOUT RACE	THIS IS ABOUT FLAWED AND UNJUST SYSTEMS
<p>Black adults are incarcerated in state prisons at nearly four times the rate of white adults.</p>	<p>Black adults face higher incarceration rates than white adults due to laws, policies, and social norms rooted in racism and economic discrimination such as heavier surveillance in Black neighborhoods (regardless of crime levels), racially-biased sentencing laws, public defense disparities, and cash bail.</p>

...

This context “widens the lens” by elongating the timeframe of thinking — taking us “upstream” to see that the oral health challenges began before incarceration.

...

Describing the root causes of harm enables a communicator to set up potential solutions.

Highlight Expertise and Agency

Intentionally disrupt harmful stereotypes and toxic narratives by connecting firsthand perspective to concrete and systemic solutions. Show how personal experiences have cultivated deep expertise and unique insights.

FROM	TO
CRISIS FRAMING	HIGHLIGHTING AGENCY IN A CRISIS
<p>Like many older Americans, Gloria has been directly harmed by recent cuts to health and human services under the Trump administration. When federal funding for home- and community-based care programs was slashed, Gloria lost access to the in-home aide who helped her manage medications and prepare meals safely. She began skipping appointments because transportation assistance had also been reduced. These cuts — part of broader efforts to shrink Medicaid and dismantle programs under the Older Americans Act — left Gloria isolated, vulnerable, and struggling to maintain her health. The erosion of public systems meant to support aging with dignity created a cascading crisis in her daily life.</p>	<p>Like many older Americans, Gloria understands the consequences of disinvestment in public health systems — and in the power of speaking out. When she lost access to essential services after Trump-era cuts to Medicaid and aging programs, she didn’t just suffer quietly. She connected with others facing similar barriers, shared her story with local officials, and advocated for the reinstatement of transportation support and home care funding. Gloria knows that her struggle was the result of policy decisions that put cost-cutting above care. Through her experience, she’s helping others understand why reinvesting in community-based services is essential. And she didn’t stop there. She’s also advocating for Medicaid adult dental benefits. She’s become a source of insight for building a future where older people have what they need to thrive.</p>

...

Agency

The capacity of individuals to make conscious choices and take deliberate actions that affect their own lives and the world around them which are (to some degree) independent of constraints imposed by external factors.

In short, agency is the capacity to make things happen even in the face of obstacles. Effective advocacy stories highlight agency by showing how personal experiences have cultivated expertise and unique insights into the issue.

...

Framing the story in this way helps to show Gloria’s agency.

Point to Shared Humanity

Avoid gatekeeping language about who deserves support. Instead, use inclusive language that emphasizes shared connection. Explain how action is needed because our public health policies, practices, and programs should demonstrate respect for the inherent *dignity* of people and communities.

FROM	TO
WORTHINESS FRAMING	SHARED HUMANITY FRAMING
<p>Helen served her country and now, in her retirement, is a caregiver for her grandchildren and her aging parents. She volunteers in her community and never asks for help. But like many veterans, she struggles to get access to oral health care.</p> <p>Helen is one of the 80% of veterans who are only eligible for medical care through the US Department of Veterans Affairs (VA) and is not eligible for dental coverage or care. This is because for a veteran to get dental benefits from the VA, they need to have been a former prisoner of war, be 100% disabled, or have a service-related dental injury.</p> <p>So, despite everything she's done — everything she's given — Helen's being denied the oral health care she's earned. People like Helen shouldn't be left behind after a lifetime of contribution.</p>	<p>Helen served her country and now, in her retirement, is a caregiver for her grandchildren and her aging parents. Like many veterans, she lacks access to oral health care. It shouldn't be this way. And with people like Helen leading the way, we can make it right.</p> <p>Veterans have greater rates of tooth decay and gum disease than their civilian peers. They're also more likely than non-veterans to have diabetes and hypertension, which dental disease can make harder and more expensive to manage. These outcomes have social, structural, and individual drivers. Understanding how veterans perceive their own oral health and how they access oral health care is critical to implementing systemic changes that reduce these oral health disparities.</p> <p>Helen's firsthand experience has given her insight into how to make oral health more accessible for veterans. She has joined a coalition in her community to push for the expansion of eligibility criteria for veterans and to integrate medical care with dental health care. This would be a boon to all of us.</p> <p>Helen's work reminds us that aging well isn't about earning care — it's about having a society that supports each other's well-being. By listening to people like Helen, we can build systems that honor our shared humanity — and make sure no one is left without supports.</p>

Build Stories Toward Solutions

The story below was built to set up school-based dental screening programs as a key to oral health. Think of this solution as the story's foundation. Lay it first, and then work backward to establish a broader vision and give needed explanation and context.

In many parts of our state, communities are struggling because they are not given a fair chance to do well. When some communities are denied the resources they need, they are unable to overcome problems like poor oral health for their children. This is because programs and services that support health are not fairly distributed across all communities. There are a number of things we can do to level the playing field so that where you grow up doesn't determine your health outcomes. For example, we could improve funding for school-based dental screening programs statewide to identify children with unmet oral health needs.

• • • •

Here's the proposed solution that the entire story builds toward.

Planning for More Effective Storytelling

Be intentional about collecting stories that demonstrate how community action and systemic and structural change are critical to improving oral health outcomes. While story banks are nothing new, strategic framers know that the kind of stories advocates tell is just as important as how many they tell and how often. That's why recommend looking for narratives that can foster people's thinking about broad-scale and longer term change. **And by keeping a file of thematic or “wide-angle lens” stories on hand, you will be ready to frame effectively even when facing a reporter's deadline and make the most of opportunities to bring public attention to factors that contribute to good oral health.**

- Focus on stories that show how community action and systemic and structural change are essential to establishing a health system that allows people to access the oral health care they need.
- Create diverse ways to capture stories. For example: story circles, individual interviews, online forms, submitted videos.
- Build a story bank. Create a central place to store stories, along with a clear system for verifying consent to share the story, updating details, and deciding how/where to share them.
- Share stories in multiple formats. Use social media, reports, newsletters, and speaker series to reach different audiences.
- Pair stories with complementary visuals. Use images that highlight activity, systems, and communities.

Supporting Community-Based Storytellers

There are multiple ways to amplify community voices. These strategies range from storytelling for use in public campaigns to storytelling for leadership development. In any case, it's important to avoid extractive and harmful practices that are disempowering and to interact with community members as equal stakeholders.

- Offer storytelling training and support.
- Promote a culture of treating personal stories as belonging to someone who may or may not choose to share that story in any given setting.
- Treat community stakeholders as equal partners who are no more obligated to share personal information than are network members.
- Provide ways for community stakeholders to contribute meaningfully to story shaping.
- Provide numerous ways for community stakeholders to serve as equal and critical partners in the work of increasing access to quality oral health care — other than sharing their stories.

Example Prompts

Plan prompts/questions in advance, but be prepared to think of new ones on the fly.

- Tell me about a time when someone told you a story that moved you to act. What made it powerful? What stuck with you?
- Describe a society that works the way you believe it should. What does it look like when it comes to health and fairness? What values shape your vision?
- Has your experience trying to get quality oral health care matched that vision? If so, what helped? If not, where did things fall short?
- What specific challenges or roadblocks have you run into when trying to get the care you need? Think about costs, access, respect, or anything else that made it harder.
- What changes would you bring to our oral health care system that would bring it more in line with your values and vision? What would make things work better — not just for you, but for others too?

When You Need To ...

This section of the toolkit is organized according to dilemmas and scenarios that face oral health equity communicators across the nation. We hope you find the guidance useful as you continue your vital work.

When You Need To ...

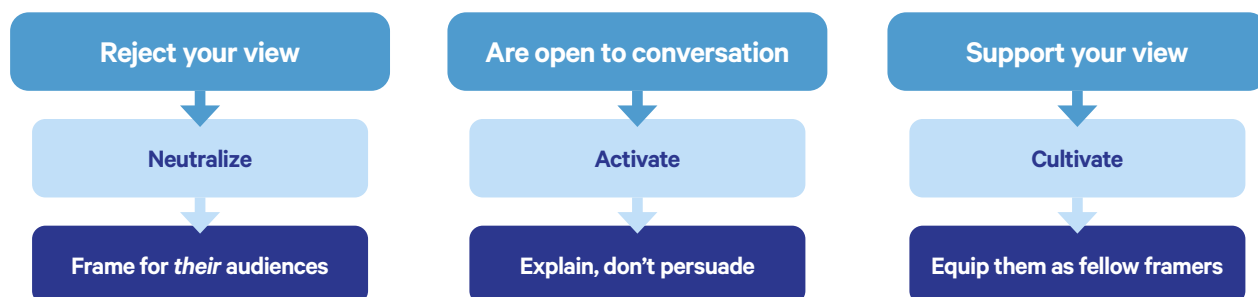
Make strategic decisions about who you're trying to reach and why

Remember that “immovable opponents” are not your audience. Framing that is only focused on immovable opponents who are entrenched in their position offers minimal return on your communication investment and diverts resources from reaching receptive audiences. In many cases, rebutting their arguments publicly can fuel further polarization. Rather than engaging in unproductive debates with immovable opponents, think about who they are trying to reach — and look for ways to engage those audiences with more productive, accurate ideas.

Even if your goal is to change a policymaker's mind, don't forget about public audiences. Engaging the public can shift incentives for policymakers, as widespread public support demonstrates the breadth of concern. When the public understands and supports an issue, it's harder for policymakers to ignore or dismiss it as fringe. Additionally, mobilizing the public can create a sense of urgency and accountability, pushing policymakers to act.

Prioritize audiences to maximize communication impact and avoid using limited resources on efforts that won't pay off. In situations where extreme or disingenuous rhetoric affects the communications context, segmenting your audience by traditional demographics like political affiliation, race, or gender might lead to missed opportunities or wasted effort.

Instead, keep your focus on audience alignment with your ideas and set achievable goals tailored for those audiences who reject your view, those who could be persuaded, and those who already support your view:



A note about balancing immediate and long-term communication goals

In moments when policies, funding, or other key factors are changing rapidly, it can feel difficult to know how to allocate our resources and attention. It can help to remember that moments of cultural upheaval have also been moments of great possibility. Social disruptions can highlight the inadequacies of existing systems and norms, prompting an openness to new ideas. Strategic communicators can seize these moments to push for change in deeply-held mindsets and harmful narratives.

During crises, the most strategic stance communicators can take is one that balances the need for immediate action with the pursuit of long-term objectives. Here are some tips for making this commitment actionable and practical:

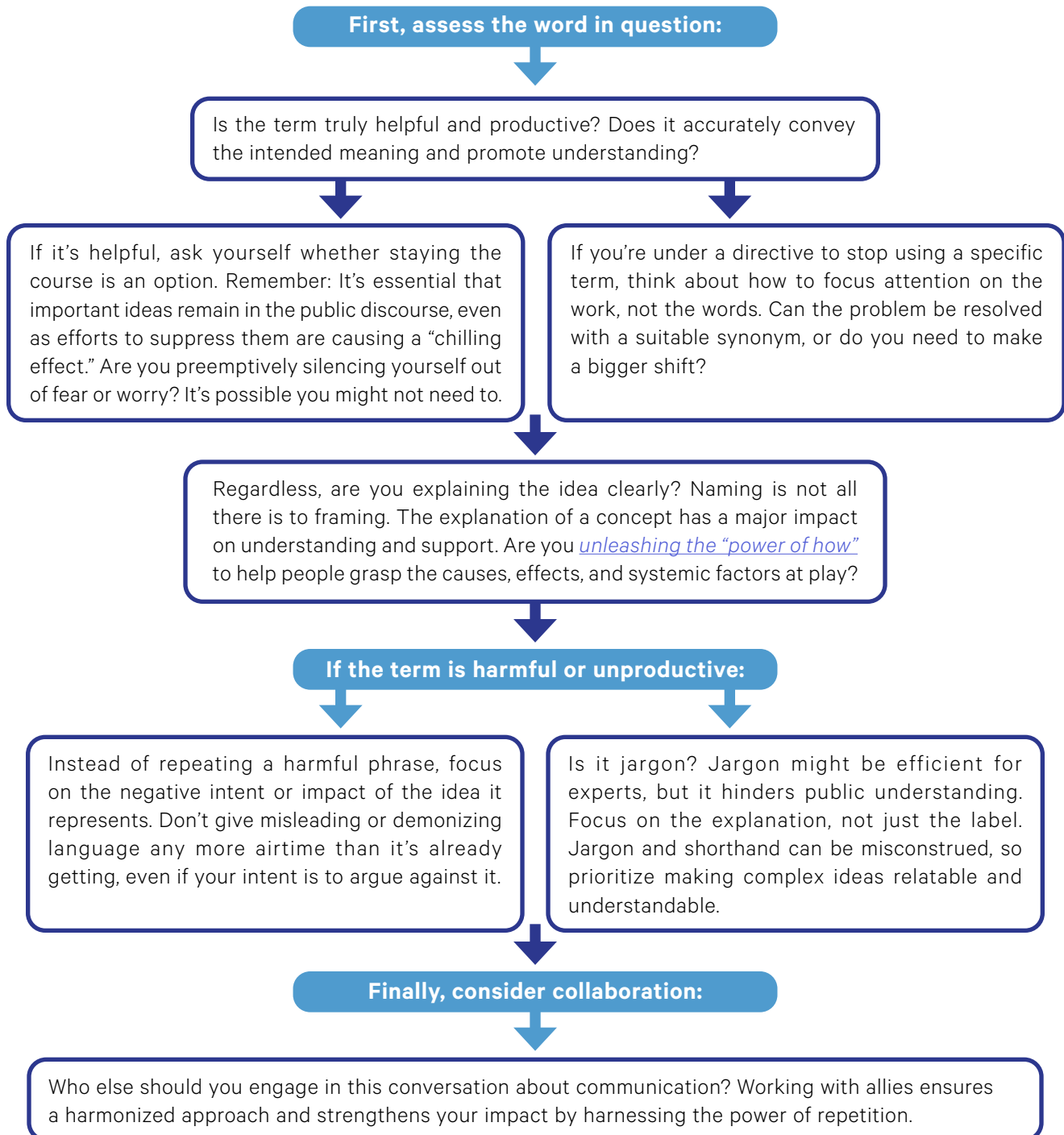
1. Adopt a *both-and* approach. Don't accept a false choice between addressing urgent, immediate needs or pursuing long-term goals for social change. The threats to public health are coming from both discrete, current actions and broader, long-term structural forces and dynamics in culture and politics. Strategic responses must address pressing issues while simultaneously working toward longer-term goals, like changing narratives and shifting [cultural mindsets](#).
2. Prioritize core mindsets as a focus for your communications. Remember that even in turbulent times, people's fundamental ways of understanding the world tend to remain consistent. No matter what unexpected news is breaking on your topic, it likely connects to a familiar, identifiable cultural mindset. Try selecting one or two mindsets from [Prioritizing Mindsets to Move Now](#) as focus areas. Refer to these priorities as you craft individual communications. In this way, immediate actions contribute to a larger, coordinated strategy to shift public thinking.
3. Use framing as a dual-purpose tool. [Fundamental framing strategies](#) — such as values, explanations, and [solutions](#) — aren't just for the long haul. They are powerful tools for immediate communication. Articulate the framing strategies you'll use again and again, across contexts. Then rely on them in fast-moving situations: build them into leadership quotes for the media, rapid-response posts on social media, or public statements on a major event. Use them in communications materials you build over time, too: major reports, new website copy, and longer-term social media campaigns. In both immediate and long-term communications, the framing strategies can help to clarify stakes, replace confusion with understanding, and offer hope.

Organize, strategize, and harmonize with allies. Remember that you don't have to go it alone — and you shouldn't. Coordinated communication is essential for amplifying impact and achieving sustained change. Shared framing efficiently streamlines messaging and resources. Joint strategizing allows for comprehensive approaches that address both immediate needs and long-term goals. By working together, communicators can contribute to collective impact that transcends individual efforts, driving meaningful results.

When You Need To . . .

Manage pressure to change language that's central to the work

When facing pressure to change your language, there is no one-size-fits-all answer, but there are things to keep in mind when making decisions about word choices. These strategic questions can help you navigate distracting, politicized reactions to wording and focus attention on the work that's needed.



Never underestimate the power of everyday language to make complex ideas more accessible, relatable, and understandable to a broader audience.

When You Need To . . .

Talk about systemic racism and other systems-level causes of oral health disparities

To ensure oral health for all, we must advance programs and policies that eliminate health disparities and address the underlying inequities that cause them. Yet the label for this concept of “health equity” has become politicized and distracting. In some states, public health agencies have been directed not to use the term. We can’t walk away from the work of addressing uneven and unfair health burdens that weigh on rural communities, communities of color, and other underserved groups — it’s too urgent and important.

Start by paying attention for “othering”

People tend to think with an othering mindset when it comes to systems-level disparities, thinking of those who experience the problem (“them”) as fundamentally different from those who do not (“us”). Narratives and rhetoric often reinforce this way of thinking. Fortunately, research shows that there are ways of activating more inclusive and expansive ways of thinking to build support for policies that reduce inequities.

In 2024, FrameWorks found the following framing strategies to be helpful in engaging skeptical audiences in more productive conversations about ensuring that every person and community has a full and fair opportunity for health and well-being. The strategies and recommendations can be easily extended and applied to conversations about oral health.

Lead with the value of *Dignity* to Ground Conversations

To open people’s minds to promoting health in marginalized communities, start by expressing the ideal that every person has inherent *dignity* — and that we all have a responsibility to honor people’s *dignity* by promoting and protecting oral health.

Why this matters for health equity now:

Grounding conversations in *dignity* helps sidestep polarizing terminology while keeping the focus squarely on what matters most: ensuring every person and every community can thrive. Leading with *dignity* keeps the focus on shared humanity, while reinforcing that addressing health disparities is about upholding the fundamental worth of all people.

Explain How Systems Shape Health, Safety, and Well-Being

Use plain language to talk about social conditions and policy contexts, showing how health — including oral health — is primarily influenced by contexts we create through collective decisions.

Why this matters for health equity now:

Focusing on systems and environments shifts the focus from blaming individuals to understanding the broader factors that influence health. This is especially important now, when individual responsibility narratives dominate and powerful voices are undermining systems. By consistently showing how policies create the conditions for oral health, we emphasize that disparities are not inevitable — and that there’s a role for systems and institutions in addressing shared civic problems.

Connect the Past to the Present

Explain how historical injustices have led to current health inequities, using concrete and specific examples of past policies that have harmed the health of specific groups and communities — and show how the past affects today.

Why this matters for health equity now:

There are loud voices currently decrying present outcomes and looking for where to lay the blame. Often, conversations don't take into account why and how things came to be this way. Share concrete examples of past policies or practices that have contributed to today's reality. This can be tricky, but being strategic about the order of your examples can help. Establish common ground before moving to topics and groups commonly painted as “other.” When addressing skeptical audiences, consider starting with causes of rural health disparities before discussing racialized, minoritized, or other underserved groups.

Focus on Solutions to Show What Works and Why Prevention Matters

To build support for health equity efforts, consistently emphasize system-level solutions that prevent harm before it happens. Focusing on solutions helps people see that progress is possible, which wards off *Fatalism* — the sense that the problems we face are too big or entrenched to solve. Describe what the future would look like if we took steps to ensure that all communities have the resources needed for good oral health.

Why this matters for health equity now:

In this moment, aspirational messages are an essential antidote to [Otherism and Fatalism](#). Solutions-framing offers a hopeful vision for progress at a time when cynicism about government and public health is running high. Emphasizing prevention solutions, rather than just describing disparities, helps people understand that systemic change is possible — and that they have a stake in it.

For more ideas and examples like these, see [Explaining the Social Determinants of Health](#) and [Talking About Racism in Child and Family Advocacy](#).



When You Need To . . .

Be effective in a contested conversation

If you aim to create a shared dialogue on civic issues, these framing moves can help overcome resistance, encourage productive conversations, and build consensus. Though not suitable for every situation, they are especially useful for engaging people who are not involved yet and unexpected allies on politically charged topics.

DO	DON'T
Distill and deliver your perspective. Focus on crafting concise, positive messages that help the public grasp <i>your</i> point of view.	Don't adopt your opponents' frame. Rebutting critics' arguments point-by-point wastes precious time and public attention.
Adopt a measured tone. Position yourself as a reasonable partner in an important, inclusive conversation. Think of yourself as inviting newcomers into the conversation.	Don't use charged language. Hyper-emotional rhetoric, an oppositional stance, or sensational examples can alienate listeners who could be persuaded.
Lead with widely shared values, not an appeal to scientific authority. Focus on principles like well-being, dignity, and fairness. Talk about research as a tool for problem-solving to achieve these goals.	Don't imply that science is the only answer, or that people should accept it without question. Avoid phrases like "the science is settled" or "trust the science," as these can invite skepticism.
Talk about facts as mainstream knowledge. Use words like "widely acknowledged" or "long-established" to normalize ideas grounded in evidence.	Don't repeat dangerous or deceptive ideas. Restating misleading messages amplifies them. Instead, talk about their harmful intent or impact.
Strive for framing that appeals broadly. Avoid jargon and make your ideas easy to understand. Remind people of common ground. When possible, highlight the benefits of your idea for everyone, regardless of political affiliation.	Don't use partisan language. Partisan framing can cause uninvolved people to view your communication as "just politics" and dismiss it. Take care to avoid word choices, themes, and examples that people associate with a particular political perspective.

Communication Tools

Grab-and-Go Language

Use these inviting words and phrases to paint a vision of our shared stake in the important work of improving access to oral health for all.

Some “Grab and Go” Words

Words that include and invite:

We, us, our, our community, shared needs

Rather than words that divide like “they” or “them” or emphasizing the needs of specific people or groups, call out our shared responsibilities as citizens, members of a community, voters, and taxpayers to meet those needs.

Refer to the [Targeted Justice](#) reframe guide for further inspiration.

Words that show the interconnectedness of oral health and overall health:

Interconnected, integrated, linked, interdependent, entwined

Refer to the [Oral Health and Overall Health Are Linked](#) reframe guide.

Words to invoke prevention:

Looking ahead; we can anticipate; upstream/downstream; innovative; systems approach; sustainable over time; broad and strategic; benefit everyone; general population; health of all; places where we live, work, and play; an ounce of prevention is worth a pound of cure

See [Boosting Support for Prevention-Based Policy](#) section for more.

Upstream Thinking

A hallmark of prevention-based policy work, this problem-solving approach involves focusing on the source of a problem rather than its symptoms.

The term *upstream thinking* comes from the idea that we can save people from drowning by stopping them from falling into the river in the first place. In health and social policy, *upstream thinking* is associated with interventions that address the social determinants of health (things like built environments, economic stability, social support networks, education access and quality, health care access and quality), as opposed to interventions that treat illness after it manifests.

Words that point to many agents of change:

Medical professionals, community and business leaders, policymakers, educators

You can include dentists and hygienists, but don't make them the only representatives of the oral health system.

Words that point to collective instruments of change:

Statutes, ordinances, policies, interventions

Use words like these in lieu of calling attention to individual choices, behaviors, and decisions.

Words that draw attention to context / environmental factors:

Access to healthy food, places to play, reliable transportation, providers in your language

You can include what happens at home and or the dentists' chair, but don't make these scenes the only ones that matter.

Some “Grab and Go” Phrases

- Right now, there are barriers in place which — like locked doors — prevent people from accessing oral care. These include a location accessible by public transportation, or with hours that accommodate inflexible work schedules, or staff who speak languages other than English.
- At _____, we’re unlocking the doors to oral health.
- We can create and endorse oral health policies that unlock more doors for more people.
- When it comes to our oral health, we have a responsibility as a society to prevent problems and promote healthy solutions.
- We all have a role to play in ensuring that good oral health is available to everyone in our communities.
- Different kinds of health professionals are on the ideal oral health care team: dentists, hygienists, school nurses, pediatricians, primary care physicians, and public health officials.
- Prevention is an approach that works! We can stop problems with the mouth, teeth, gums, and tongue — and in fact, the whole body — before they start.
- As a society, we have solved tough challenges before and we can do it again. There is much we can do to make sure that we all have the keys we need to access good oral health. And when we do so, we all benefit.
- We can do better as a society to prevent avoidable problems now. We know the risk factors, and we know what works to promote better oral health outcomes.
- As a culture, we need to change the perception that oral health is something “extra” or “nice to have.” Things would be better for all of us if we made policy decisions shaped by a deep understanding of the connections among our oral and overall health.
- Because we know how to prevent many oral health challenges before they occur, ensuring that our community has strong prevention programs in place is the responsible thing to do.
- We have innovative solutions that work! Things like teledentistry, mobile clinics, or care in community settings like schools remove barriers to oral health like transportation.
- [Insert your solution] is a positive influence on oral health, just as access to fluoridated water, nutritious food, or dentists who accept various kinds of insurance. [Insert description of how your solution removes barriers/provides access.]
- As a society, we know that the only way to create the world we want is by coming together across our differences. When people try to keep us down or we run into challenges, we can change things by acting together. This means recognizing our different needs along with what we have in common so that we can do right by all of us and each of us.
- Our collective prosperity is a policy choice. When we increase investments in public health — including oral health — we shore up the foundations of well-being and make real progress toward a society that offers fair and just opportunities for everyone.

Bottom Line: As a community, we get to decide what kind of society we want to create. We can and should do more to ensure that we all get to live, work, play, and learn in environments that support our oral and overall health. When we see disparate patterns in the health and well-being of different communities or social groups, we can trace them to health environments and the decisions that created them. Working together, we can change those environments to ensure everyone in our community has the keys they need to access quality oral health care.

Social Change Storytelling Template

1. ASPIRATION	2. EXPLANATION	3. COMPLICATION	4. SAVE THE NATION
Establish an outcome that matters to us all.	Explain how it works, or how it should work.	Show a reason we need change.	Point to solutions.
Tap into a collective concern — ideally, using a tested values frame.	Help people grasp a cause-and-effect sequence. Show what affects what.	Show how social conditions or structures are uneven and unfair. Cast problems as serious, but not insurmountable.	Ward off <i>Fatalism</i> by highlighting what we can do to improve the situation.

When sitting down to create a story, begin with the ending. Think about where you want it to end, and build the story to go there.

An Example:

Start Here 

1. ASPIRATION	2. EXPLANATION	3. COMPLICATION	4. SAVE THE NATION
As we strive for a future in which every person can reach their full potential through optimal health, we must extend quality oral health care to incarcerated persons.	This is because what starts in the mouth can harm the whole body, and good health makes it easier to work and participate in community life. For people returning from incarceration, both are essential to achieving succesful re-entry into society.	Right now, however, restrictive treatment guidelines for incarcerated people combined with limited clinical dental staff means that dental issues are often dismissed for too long or handled in a manner that leads to long-term health problems.	We can improve the overall health and prosperity of our communities by expanding public health benefits like Medicaid to incarcerated people, updating treatment guidelines to include preventive and restorative care, and incorporating supervised dental hygiene students to expand access. Steps like these would improve health, can lower rates of recidivism, and would deliver long-term savings and stronger communities across our state.

Annotated Legislative Testimony

The sample testimonies below illustrate many of the framing strategies suggested in this toolkit.

Example 1:

This statement is an example of written legislative testimony, which can include more details and evidence than oral testimony (see example 2 below). See annotations throughout for particulars on each framing move.

Testimony of [Name of Person, Title]
[Organization, Location]
[Committee Name]
[Location], [Date]

Thank you Chair [Name], Vice Chair [Name], and members of this committee for inviting me to discuss the importance of investing in our oral health, specifically through HR 3409.

Oral health is a key component of overall health and well-being. We must promote and protect it, and we can do that by amending the Public Health Service Act to include oral health coverage for individuals with a developmental disability.

I join you today as a representative of [organization name], an organization that focuses on improving the oral health of all people in [state]. We recognize that as our elected representatives, you reflect the desires of our citizens to use our nation's resources efficiently and effectively. Supporting proven approaches to oral health care which can stop problems with the mouth, teeth, gums, and tongue before they start — and even protect overall health — is a practical way to achieve that goal. Moreover, such an approach would reflect and demonstrate respect for the dignity of all people and communities and allow us as a society to make good on our commitment to support the health and well-being of all of us.

There are many public conversations happening in our country these days about who we are and how we want to design the societies and contexts which will shape our collective health and well-being for generations to come. These conversations are crucial as we decide how to live up to our ideals of justice and our shared social responsibility for the collective health of our communities. Unfortunately, however, oral health care is often left out of these conversations, just as it is typically not included in available insurance plans, nor is it covered for all people by Medicaid.

• • •

Connect oral health to overall health to increase the salience of the issue.

• • •

Invoke *Responsible Management* to begin making the case for prevention and shift thinking away from *Health Individualism* (a mindset that leads people to see health as exclusively under an individual person's control).

• • •

Remember: you can invoke the idea of prevention without using the word "prevention."

• • •

In lieu of rights-based language, explain health equity as a way to recognize and uphold people's *dignity*.

Medicaid programs are required to cover dental care for children and youth — and they do cover health benefits for many adults with developmental disabilities, but not for their oral health. As a result, many people aren't able to get the care they need [insert some well-framed data from your state about challenges faced by people with disabilities] and without access to preventive care, their only recourse is the emergency room. According to the ADA, there are an estimated 2 million visits to hospital emergency departments annually for dental pain. Many of these visits can be referred to local dentists and clinics, saving our health care system an estimated \$1.7 billion while providing people with the ongoing oral care they need.

We can prevent these kinds of problems, and avoid associated costs, by ensuring everyone has access to dental coverage. Emergency rooms are the most expensive source of care and are ill equipped to handle oral health problems. It makes sense to use our resources more efficiently and effectively by focusing on the communities that face disproportionate challenges to accessing care. By removing the obstacles to dental care faced by people with developmental disabilities, we can build a more health-promoting and cost-effective system.

A truly effective system must recognize that different people have different needs when it comes to their oral health, and different situations call for different responses. A one-size-fits-all approach rarely works. Achieving good oral health can be thought of as moving through a series of locked doors. Some doors lead to accessible, trauma-informed practices; others to dentists experienced in accommodations and universal design; and still others to health professionals who will travel to their patients or meet in non-traditional settings. Some people have all the keys needed to unlock every door, while others lack one or more keys. Without the right keys, no amount of effort can open the doors to good oral health. A truly effective system would ensure that everyone has the keys they need to access good oral health.

We can make sure more people have these keys by reshaping the Public Health Service Act to include people with developmental disabilities. Doing so will support good oral health across our state — and move our society toward a health care system that is more just, more efficient, and more responsible overall.

Thank you for the opportunity to talk about the importance of HR 3409. We welcome any questions you may have.

Setting a “Loss Frame” by highlighting how inaction can result in unnecessary costs to society was found to be more persuasive to Republicans, while an “Action Leads to Gains” frame was more effective with Democrats.

Return to *Responsible Management*. Since the concept was invoked earlier, the callback can be achieved with a light touch.

Be sure to broaden the aspiration beyond saving money. Remind people that *Responsible Management* promotes health at the population level.

Invoke *Targeted Justice* to redirect thinking away from *Individualism* and toward our collective responsibility to address inequities and provide access to care.

Use the *Keys to Oral Health* metaphor to bring into view the systemic and environmental influences on oral health.

Offer concrete solutions to boost the public's collective sense of efficacy.

Callbacks to *Dignity* and *Responsible Management*.

Example 2:

This statement was built using a planning table (see below) that can help you create time-limited oral testimonies. As in the above example, see annotations for particulars on each framing move.

Submitter: Erica Bailey

On Behalf of: Latinx Dentists of Oregon

Committee: House Committee on Health Care

Measure: HB5052

I'm here to talk to you today about an opportunity to create a healthier, more prosperous Oregon by unlocking more doors to oral health for more people.

• • •

Invoke *Interconnectedness* and *Keys to Oral Health* to increase the salience of the issue while sidestepping patterns of thought springing from *Otherism*.

Too many Oregonians face linguistic and cultural barriers to care. These barriers can cause misunderstandings, which in turn can reduce trust and quality of care.

As a result, members of linguistically and culturally marginalized communities can become hesitant to seek oral health care, putting their overall health at risk. Practical challenges like limited transportation, the inability to take time off from work for appointments, lack of childcare or eldercare create additional barriers.

• • •

Use explanatory chains like this one to make the unfamiliar familiar.

House Bill 5052 establishes mobile oral health care units that meet communities where they are: culturally, linguistically, and geographically.

• • •

Explicitly connect the proposed legislation to the visible problems that it seeks to address.

On behalf of the Latinx Dentists of Oregon, I lend my support to this bill. . . .

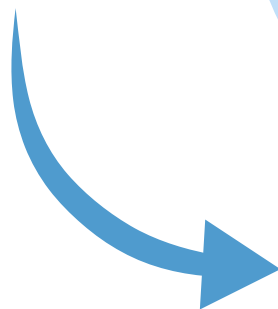
LEGISLATIVE TESTIMONY PLANNING TABLE	
STEP 1	What policy are you advocating for or against? HB 5052
STEP 2	What solutions does this policy put into place? Mobile oral health care units that meet communities where they are: culturally, linguistically, and geographically
STEP 3	What (visible) problem(s) does this policy seek to address? Members of linguistically and culturally marginalized communities delay getting oral health care, putting their overall health at risk
STEP 4	What underlying cause of the problem(s) does this policy solve? Linguistic and cultural barriers to care can reduce trust and quality of care

When you're done filling out the table, turn it upside down and add a tested value. Now you have a concise, well-framed oral testimony.

The Big Idea

FROM:

Good oral health
is nice to have.



TO:

We can create a stronger,
more just society if we make
sure our health system allows
people to get the kind of
care they need to support
good oral health.



Mind the Gaps & Avoid the Traps — A Checklist

Work through each of the following questions, one at a time, to ensure that your communication is on frame. (Don't worry if you aren't able to incorporate every tip below into every single message. That said, the more you include, the stronger your frame and the greater your potential for impact.)

Have you made sure to . . .

SHOW Context: Widen the Lens

- ☐ Make the case that working to protect our community's oral health is essential to protecting its overall health and well-being.
- ☐ Emphasize that public health succeeds when we focus on creating the conditions that support people's physical, mental, social, and relational well-being.
- ☐ Use plain language to talk about how social conditions and policy contexts influence health and are created through collective decisions.

Describe HOW Prevention Works: Offer Concrete, Collective Solutions

- ☐ Avoid leaving prevention undefined, undescribed, or individualized. People are more likely to assume that preventing oral health problems simply means keeping one's own teeth clean through self-care and periodic deep cleans from a professional. In fact, few Americans are aware that prevention in any other form exists.
- ☐ Devote communications space to descriptions of how community and policy-based prevention strategies improve oral health problems across society and reduce the cost of care.

Connect NOW to Later: Help People Think Preventively

Using Temporal Cues

- ☐ Use so-called "when-words" like *now*, *currently*, *today*, *tomorrow* to make future benefits feel more concrete and believable.
- ☐ Explicitly connect current actions/conditions with later outcomes or current outcomes with prior policy choices.
- ☐ Pair loss-framing and gain-framing to spark action: If we act now, we set ourselves up for [good things]. But if we delay, or fail to act, we risk [undesirable things].

Using Linguistic Cues

- ☐ Use alternative wording for "prevention" — e.g., working to get ahead of, stopping before it starts, avoiding foreseeable problems.
- ☐ Talk about present actions in clear, relatable terms.
- ☐ Use vivid action verbs — e.g., tackling, launching, equipping, etc. (Instead of verbs that point to slow processes like educating, ensuring, encouraging, and the like).

Temporal Cues

Signals — verbal, visual, or contextual — that communicate a sense of timing, sequence, urgency, or duration.

Temporal cues are especially useful in policy messaging because they help communicators make abstract concepts like prevention or progress feel more concrete. Temporal cues are also essential for setting a "loss frame" or a "gain frame," as they explicitly connect what happens in one moment in time to what happens in another moment in time. Temporal cues may be linguistic (e.g., words like "today," "soon," "every year," and "tomorrow") or visual (e.g., a timeline or an image of a clock), or conceptual (e.g., life stages, policy timelines, historical eras, developmental milestones). Example 1: "Helping people get good oral health care now means better public health later." Example 2: "For children, untreated dental disease can make it hard to eat, sleep, and concentrate in school. These struggles can have lasting effects into adulthood. Moreover, if poor oral health continues, it can raise the risk of chronic conditions like heart disease and diabetes later in life."

Linguistic Cues

Specific words, phrases, or speech patterns that steer interpretation in specific directions.

Linguistic cues, when used deliberately, can help communicators guard against misunderstanding. For example, a communicator could choose to use the pronouns *we* or *us* to signal shared responsibility and inclusion. Consider, for instance, the oft-used tagline: *We heal better when we heal together*. Or, to offer an oral health example: *We can take care of our communities by making sure that all of us can access the oral health care we need*.

REFRAME GUIDE

AVOID/INSTEAD



OVERVIEW OF ORIGINAL RECOMMENDATIONS

AVOID		INSTEAD
Images, definitions, and explanations that narrow the scope of oral health to teeth	→	Use images, definitions, and explanations that connect oral health to overall health
Language and images that narrow oral health care to dentists' offices and their staff	→	Advance the idea that oral health involves a team of professionals that work across the community
Illustrating systemic problems by zooming in on individual cases	→	Compare systemic barriers to locked doors and policies/programs that remove them to keys
Leaving the idea of prevention undefined, under-described, or individualized	→	Use Responsible Management to make an economic case for widespread prevention strategies
Unframed data about disparities	→	Frame data about disparities with either Targeted Justice or Responsible Management
Leaving solutions up to the public's imagination	→	Share concrete, collective solutions that show what works and why prevention matters

REFRAME GUIDE

AVOID/INSTEAD



OVERVIEW OF NEW, COMPLEMENTARY RECOMMENDATIONS

AVOID		INSTEAD
<i>Individualized Actor</i> advocacy stories	→	Share <i>Contextualized Actor</i> advocacy stories
Creating different messages for different audiences	→	Vary your communications goal to suit different audiences, but use the same fundamental framing strategies for all messages
Relying on crisis framing when creating messages that address the news cycle	→	Address pressing issues while simultaneously working toward longer-term goals, like changing narratives and cultural mindsets
Implying that science should be accepted without question	→	Talk about scientific research as a tool for advancing shared values like Dignity and Targeted Justice
Repeating dangerous or deceptive ideas	→	Talk about their harmful intent or impact and use an inclusive tone
Using partisan language — e.g. "Republicans are blocking health care access."	→	Focus on ideals like Dignity and Well-Being to remind people of common ground

ORAL HEALTH AND OVERALL HEALTH ARE LINKED



A reminder to be explicit about the two-way connection between oral health and overall health

THE BASIC MESSAGE:

Oral health is inextricably linked to overall health.

EXAMPLE:

Healthier mouths mean healthier people. And healthier people mean stronger communities.

ORAL HEALTH AND OVERALL HEALTH ARE LINKED



WHEN TO USE THIS MESSAGE:

- Early and often. FrameWorks research shows that people don't understand that oral health and overall health are linked, or how this two-way relationship works.
- When you need to elevate the importance of oral health.
- Whenever you're talking about solutions, because when the conversation about oral health is narrowed to teeth, the potential for substantive reform also narrows.

PRACTICAL SUGGESTIONS FOR USE:

- Emphasize how problems in oral health relate to other health issues beyond the mouth, including behavioral and mental health issues.
- Select graphics/images that “widen the lens” and suggest a systemic perspective.
- Remember: The image that telegraphs the topic easily or efficiently is not always, from a reframing perspective, the most effective.

KEYS TO ORAL HEALTH



A tested metaphor that brings systemic barriers to oral health and policy solutions into view

THE BASIC MESSAGE:

Accessing good oral health is like going through a series of locked doors. Some people have the keys to unlock every door, while others are missing some or all of the keys they need. They can't access oral health no matter how hard they try.

EXAMPLE:

Access to stable housing, reliable public transportation, fluoridated water, job flexibility, and healthy school meals all unlock doors to oral health. But these conditions don't just happen. They're created and maintained through policies, laws, and collective decisions. Laws and policies that create health-promoting environments are the keys to a healthier and more productive society.

KEYS TO ORAL HEALTH



WHEN TO USE THIS EXPLANATORY METAPHOR:

- To show that solutions need to go beyond brushing, flossing, and visiting the dentist.
- To redirect conversations that zoom in on an individual's good or bad choices, behaviors, and decisions around oral health.
- To redirect thinking to the inequitable structures that cause disparities in oral health outcomes and away from stereotypes about groups that disproportionately experience poor oral health outcomes.
- As a way to talk about equity without saying the word equity.
- To characterize systemic solutions as both reasonable and feasible.

PRACTICAL SUGGESTIONS FOR USE:

- To show systems (for both problems and solutions).
- To kick off a list of systemic positive influences on oral health like access to fluoridated water, nutritious food, and dentists who accept various kinds of dental coverage.
- Remember that this metaphor is a theme, not a script. You can invoke and express the idea with a light touch, by using words in the same metaphorical domain, like “unlock”, “open”, “unfettered”.

RESPONSIBLE MANAGEMENT



A tested values message for making the case for prevention and expanding the timeframe of the work

THE BASIC MESSAGE:

**Using our nation's resources wisely means making smart decisions now to avoid problems later.
By making sure that all communities have strong prevention efforts in place, we can
reduce costs by stopping problems before they start.**

EXAMPLE:

We need to use our nation's resources efficiently and effectively. When it comes to oral health, we know we can reduce costs by stopping problems before they even start. This means making sure that all communities have strong prevention efforts in place, that oral health care is available in locations people can access, and that our approach to dental coverage includes everyone.

RESPONSIBLE MANAGEMENT



WHEN TO USE THIS VALUES MESSAGE:

- When making an economic argument and discussing avoidable costs.
- To prevent people from blaming “them” for driving up costs for the rest of “us.”
- To make visible that the choices we make now will yield benefits in the future.
- To overcome crisis thinking and *Fatalism* with pragmatism.

PRACTICAL SUGGESTIONS FOR USE:

- *Responsible Management* is particularly effective when paired with economic arguments that address avoidable costs. For example: Our weak oral health care system drives people to defer treatment they need, which can lead to more serious problems that are more expensive to treat.
- When you find yourself wanting to make the case for prevention using workforce participation, reach for *Responsible Management* to situate workforce participation within its broader social and economic context.
- Remember that this values frame is a theme, not a script. You can invoke and express this value in multiple ways. For example: resource-wise governance, strategic allocation of resources, prudent planning, efficient stewardship, or long-term economic planning.
- Pair the value with specific descriptions of clear, collective, and concrete solutions.
- When setting this frame, be careful not to dehumanize people and communities by characterizing them as cost centers.

INTERCONNECTEDNESS



A tested values message that can boost support for policies and programs designed to strengthen well-being by reminding us that our fates are shared

THE BASIC MESSAGE:

Our futures are bound together, and so our communities benefit when the systems and policies designed to support our well-being are built to serve all of us.

EXAMPLE:

Our future prosperity depends upon ensuring that our systems and policies are designed to work for everyone, not just those who are already ahead.

INTERCONNECTEDNESS



WHEN TO USE THIS VALUES MESSAGE:

- To strategically redirect thinking away from patterns of thought associated with *Otherism* and *Individualism*.
- To elevate the salience of oral health and emphasize the fundamental necessity of collective action.
- To shift the emphasis from who's affected by inequities to who's responsible (us) for supporting the systemic improvements that can address them.
- When mentioning a specific group that faces barriers and/or lacks one or more *keys to oral health*.

PRACTICAL SUGGESTIONS FOR USE:

- Use this value along with a well-crafted explanation or concrete example to help people imagine how closing disparities in oral health outcomes benefits us all.
- Use this value and plain language (in lieu of technical terms and shorthand phrases that have been developed by advocates) to talk about the complex ways that individual health and community health are related.
- Remember that this values frame is a theme, not a script. You can invoke and express this value in multiple ways. For example: “a rising tide lifts all boats,” “we are stronger together,” “what affects one of us affects all of us.”

TARGETED JUSTICE



A tested values message that invokes productive thinking about justice and injustice, while helping to overcome thinking that inequities are inevitable and/or simply too big and intractable

THE BASIC MESSAGE:

In oral health care, a one-size-fits-all approach rarely works. People have different needs when it comes to their oral health, and different situations call for different responses.

EXAMPLE:

When it comes to oral health, some people may need to get care from places that are easy to get to by public transportation, can accommodate their work schedule, or have staff who are fluent in their language.

By making sure that our health system allows people to get the kind of care they need to support good oral health, we can create a more just and fair society.

TARGETED JUSTICE



WHEN TO USE THIS VALUES MESSAGE:

- Before mentioning a policy/support/intervention that addresses a specific community's needs.
- As a way to talk about equity without saying the word equity.
- When introducing data; left unframed, data about disparities may invite blame, laying responsibility for poor outcomes at the feet of those experiencing them.
- To redirect conversations that invoke negative stereotypes, harmful narratives, or dehumanizing language.
- When describing how specific supports, policies, or interventions work to address inequities.
- To describe proposed approaches to eliminating disparities as pragmatic.

PRACTICAL SUGGESTIONS FOR USE:

- Use specific examples of different needs to help people understand that different external conditions create different needs.
- Remember that this values frame is a theme, not a script. That means you can invoke and express this value in multiple ways. You can, for example, reach for close synonyms for justice like integrity, doing what is right, or the honorable thing.

DIGNITY



A tested values message that invokes our shared humanity to help overcome resistance to policy-level solutions to disparities in oral health outcomes

THE BASIC MESSAGE:

Each and every person has inherent dignity and worth. Our oral health policies, practices, and programs should reflect and demonstrate respect for the dignity of people and communities.

EXAMPLE:

To truly treat people with dignity, we need to value each person and their overall well-being. When some communities don't have access to what they need to be healthy and well, we're not demonstrating respect for the people in those communities.

DIGNITY



WHEN TO USE THIS VALUES MESSAGE:

- Early in a communication about oral health.
- Before mentioning a particular community or specific policy to direct thinking toward our shared humanity and the inherent worth of all people.
- To emphasize that your proposed approach to eliminating disparities demonstrates greater respect for the dignity of people and communities.
- To redirect conversations that invoke negative stereotypes, harmful narratives, or dehumanizing language.
- In lieu of rights-based language, which tends to spark patterns of thought associated with *Otherism*.
- When you need to talk about scientific research. (To avoid triggering science skepticism, talk about scientific research as a tool for advancing dignity, rather than as something that should be accepted without question.)
- When you find yourself wanting to make a workforce participation argument, invoke this value to avoid dehumanizing people or activating *Consumerism*.

PRACTICAL SUGGESTIONS FOR USE:

- Weave the idea of dignity throughout your communication.
- Avoid diluting your message by mixing in other ideas like vulnerability, protection, and crisis.
- Remember that this values frame is a theme, not a script. Invoke and express this value in multiple ways. You can, for example, reach for close synonyms like “respect,” “honor,” “inherent value,” or “innate worth”.
- To highlight the unique, additional challenges that face social groups that have been marginalized or excluded, talk about how inequities threaten dignity.

REFRAME GUIDE

INGENUITY



A tested values message that instills a sense of efficacy by reminding us that we have solved tough challenges before

THE BASIC MESSAGE:

We are resourceful, clever, and thoughtful, and we can find innovative solutions to challenges.

EXAMPLE:

By applying ingenuity to health care policy design, we can integrate medical and dental care to ensure patients receive comprehensive treatment that supports their overall well-being.

REFRAME GUIDE

INGENUITY



WHEN TO USE THIS VALUES MESSAGE:

- When talking about solutions, particularly when sharing innovations from other countries, states, or cities. There can be a powerful pull to invoke competition in these moments, but for lasting change, what we need is a greater sense of our *Interconnectedness*.
- To redirect conversations that are stuck in *Fatalism*, or the sense that problems are too big to solve.
- To place emphasis on specific policies or practices that are outdated.
- To remind people that we don't always need to reinvent the wheel.

PRACTICAL SUGGESTIONS FOR USE:

- Endings (of reports, presentations, etc.) are a powerful place to invoke *Ingenuity*.
- Remember that this values frame is a theme, not a script. You can invoke and express this value in multiple ways. You can, for example, reach for close synonyms like “inventiveness,” “innovation,” “resourcefulness,” “creativity”.
- Ingenuity pairs well with a call to action: “Let’s roll up our sleeves and get to work,” “We’re a community of problem-solvers,” “We can think outside the box; just look at how we responded to _____. We can do so again!”

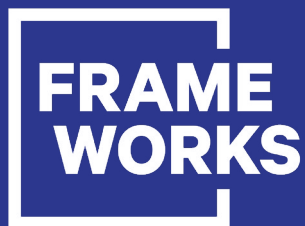
Concluding Thoughts

In the face of today's political challenges, it can be tempting to treat bigger-picture or longer-term strategies for shaping public thinking as a luxury we can't afford, something to set aside until the current upheaval subsides.

But strategic framing isn't just about the long view. Insights from decades of framing research offer tried-and-true wisdom we can rely on in tricky or unpredictable contexts. These strategies can anchor our communications when things feel unstable and offer clear, hopeful ways forward, even amidst fast-moving challenges.

Framing helps us craft messages that work in the short term by cutting through confusion and clarifying what's at stake, while also laying groundwork for deeper shifts in understanding over time. This is because even when it feels like the ground is shifting beneath us, many of the mindsets people use to make sense of the world endure, and that's something we can work with. By focusing on how we frame our messages in ways that move mindsets, we're not just surviving the present — we're drawing from a well of knowledge that can steady us now and help us build the healthier, more equitable future we're striving for.

We'd love to hear how you've used the recommendations in this toolkit to shape your communications. [Please use this feedback form to share your experience and, if possible, include a link to your materials!](#)



About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org



About the Oral Health Progress and Equity Network (OPEN)

OPEN, an initiative of CareQuest Institute for Oral Health, is a diverse network of individuals and entities who are taking on America's oral health challenges so that everyone has a chance to thrive. OPEN members use their unique experiences, knowledge, and skills to lead network activities every year, creating collective energy that is driving large-scale change. CareQuest Institute for Oral Health® is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health.

To learn more visit carequest.org/OPEN



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