FRAMING STRATEGY

Understanding Public Thinking about Oral Health

The Swamp of Oral Health

One key step to reframing conversations about oral health is understanding how the public already thinks and talks about it. If communicators can predict how the public will interpret the oral health field's communications, they can create more effective messages that engage people in productive conversations about:

- The connection between oral health and overall health
- The importance of prevention and preventive measures
- Ensuring access to adequate oral health care
- Addressing disparities in oral health outcomes

The Swamp of Oral Health can be summarized by the graphic below:

(full page print-out available on last page)

This glossary of terms from the *Swamp of Oral Health* is a tool to help communicators like you know more about the public's dominant assumptions about oral health. Use it to anticipate how the public might interpret your messages about oral health and to choose communications cues that lead to more productive conversations about solutions.

Public Thinking about Oral Health

Good Health=No Cavities: The public identifies good health based on what is not there, rather than thinking about what conditions are present. To be in good health means to be free of disease and, specifically, free of cavities. A mouth without cavities is also a mouth free from threats to oral health—and one that does not require intervention from a care provider like a dentist.

Pretty Smile and Fresh Breath: Self-presentation is an important part of the public's view on oral health. Seeing the mouth as a part of a person's appearance is a gateway to public thinking about possible negative consequences of a "poor" appearance. Failure to find a job or a partner are specific examples of consequences of poor oral health. An interesting feature of this model is what it does not include: While the public is able to talk about presentation and appearance in connection with oral health, the public still sees "actual" health as more important than oral health.

Self-Esteem and Social Status: Research into public thinking tells us that the public values the importance of mental and physical health, and sees a connection between self-esteem and appearance. A healthful appearance can boost self-esteem and health, while poor self-esteem can lead to stress about appearances.

Mouth as the Gateway to the Body: The public's reasoning for the mouth as the "gateway to the body" is based on the connection between eating and digesting and the respiratory system. The mouth takes in food, which goes to the stomach and ultimately leads to good health. The mouth also plays a role in breathing and is connected to the lungs. Nutrition and respiration are indicators of good health in this model.

Public Thinking about Health

Health Individualism: The widespread belief that the state of a person's health is his or her own personal responsibility has several important implications. One of these implications is seeing health as something a person *does* by making good choices. In this model, poor health outcomes are the result of poor choices. Additionally, the concept of "health" easily sparks conversations about the health of individuals and ignores factors like family, community, or public health.

Health Hierarchy: When it comes to thinking about the signs of good health, the public sees some indicators as more useful than others. Factors like blood pressure, heartbeat, weight, and pain levels are the top-of-mind ways to gauge someone's health. These vital signs all give clues about which individual behavior changes are necessary to improve health. For example, because weight is controlled by diet, changes in eating habits are a step toward improved health.

Consumerism: The public thinks about the health care system like a market. In this marketplace, you *get* health when you *consume* the right goods and services. At the same time, you also "get what you pay for"—in other words, having fewer resources and consuming the wrong goods and services leads to negative outcomes. In this line of thinking, money is the key to the quantity and quality of care a person receives. This model makes it easy to see more and higher-quality health care as something for the wealthy. The *Consumerism* model has the power to make economic disadvantages visible to the public. But it does not help people think about solutions. Instead, our research finds that the public has a fatalistic view of economic disparities and sees them as intractable problems.

Public Thinking about the Causes of Problems

Poor Personal Hygiene: Individualistic thinking about health and personal choices leads the public to see oral health problems as the result of poor personal choices. Poor hygiene is one of these choices. The assumption that poor personal hygiene is the lead contributor to oral health problems blocks thinking about oral health and hygiene as public health issues.

Bad Parents: When it comes to thinking about who is responsible for health outcomes, blame regularly falls on parents. The view that families are solely responsible for outcomes, particularly negative outcomes, is an extension of the *Health Individualism* model. When the public applies the *Bad Parents* model to oral health, it becomes harder to see the collective solutions to oral health issues.

Too Much Sugar and Smoking: One specific threat to oral health that the public and experts agree on is personal habits like consuming sugary foods and smoking. Both habits are seen as damaging to teeth and negatively impacting oral hygiene. The field and the public also overlap in seeing individual actions like avoiding sugar as strategies for improving oral health.

Choosing to Delay or Avoid Care: The *Health Individualism* model allows the public to think that oral health outcomes depend entirely on personal choices. *Choosing to Delay or Avoid Care* is an offshoot of *Health Individualism* that drives people to explain oral health problems as the result of the "bad" choice of delaying or avoiding dental visits. This model combines the idea that health is the result of individual actions and behaviors with the very limited view of dentistry as the entire oral health care system.

"Culture" of Poor Self-Care: Related to the *Health Individualism* and *Too Much Sugar and Smoking* models is the idea that proper self-care is a central component of oral health. As a result, poor oral health is the result of continued inadequate self-care and poor choices. In this model, self-care is a set of individual behaviors like brushing teeth, flossing, and eating a healthy diet. The public also sees schools and families as entities that can promote self-care.

Public Thinking about the Oral Health System

Dentists' Office=The System: Dentists and dental offices are one small, specialized part of the oral health system. However, the public sees dentistry and dental offices as the main component of this system. Seeing dental offices as the oral health system constrains thinking about how to improve oral health outcomes; if dentists' offices are the oral health system, then a community approach that involves public health, human services, schools, pediatricians, or health centers is hard for people outside of oral health advocacy to grasp.

Team=Dentists, Hygienists, Receptionists: One important aspect of public thinking about dentists' offices is the idea that the team of professionals responsible for oral health are dentists, hygienists, and receptionists. The model reveals how isolated dental offices are in the public's view of oral health.

Dental Insurance Coverage Is Supplemental: Public thinking about oral health systems includes the idea that dental coverage is separate from and supplemental to health coverage. The public sees dental insurance as a minimal piece of the oral health care market that carries limited coverage. Because the public sees the division between health coverage and dental coverage as "the way it is," fatalistic thinking about health care systems is able to creep into thinking about oral health.

Prevention=Better, Earlier Self-Care: Oral health advocates and the public both see prevention as a critical part of achieving good oral health. These two groups diverge in thinking about what counts as prevention. In the public's view, prevention depends on individual behavior change. Actions that display a commitment to better health, like consistent and improved self-care, are what the public considers to be best way to implement a prevention approach.

Public Thinking about Solutions

Three Simple Things: Thinking about oral health as individual habits, the absence of disease, and as improved through individual behavior change all combine to form the *Three Simple Things* model for practicing oral health. In this model, oral health depends on brushing teeth and flossing as preventive measures; regular dental visits; and seeing specialists for urgent problems like root canals. This limited view of solutions to improved oral health overlooks a community approach.

Better Information for Better Decisions: Changing individual decision-making by raising awareness is a recurring cultural model for addressing social problems. When it comes to public thinking about oral health, dentists and hygienists are seen as playing key roles in educating people about good oral health. This pattern of reasoning about improving health outcomes is another offshoot of *Health Individualism*. Within this assumption, more and better information should equip people to make better individual choices.

Low Priority: One consequence of the public's unfamiliarity with the connection between oral health and overall health is that people see oral health as a low priority. Although the public uses the *Three Simple Things* model to think about practicing oral health in adulthood, oral health is not a priority for this group. Thinking about the connection between the mouth and appearance and the ability to make social connections or find employment dominates thinking about oral health for adults.

There's Nothing Society Can Do: Unlike the oral health field and experts, the public does not see oral health problems as preventable. Instead, interviews with the public consistently reveal fatalistic thinking about improved oral health. The idea that there is nothing society can do to improve outcomes allows the public to accept the status quo and the "way things are" when it comes to access to health care.