



Government
Analytica®



ADVOCACY GUIDEBOOK

With applications to the oral health
of older adults



A strategic and practical guide
for state and territorial oral
health program leaders

Table of Contents

Foreword	1
About the Authors.....	2
Chapter 1: Introduction	3
Chapter 2: Case Studies in Oral Health Advocacy.....	6
Chapter 3: Planning & Organizing for Advocacy	11
Chapter 4: Message Framing Using the Five Dimensions of Public Value	16
Chapter 5: Communication Tools & Application for Advocacy	22
Chapter 6: Peer Group Activation & Building Coalitions for Influence	28
Chapter 7: Effective Policymaker Meeting Design	34
Chapter 8: The Three Influence Strategies	40
Chapter 9: Evaluating & Sustaining Advocacy Progress.....	46
Glossary	51

This publication is the intellectual property of **Government Analytica** governed by its [Intellectual Property and Use Policy](#). Any unauthorized reproduction, distribution, modification, or use—whether in whole or in part, or under any alternate branding—is strictly prohibited without prior written consent. When authorization is granted, use is limited solely to internal distribution within the named organization unless otherwise noted.

More information can be found at Government Analytica’s Structured Advocacy Framework™ insights resource [page](#).

Foreword

The Association of State and Territorial Dental Directors (ASTDD) represents directors and staff of state and territorial oral health programs. Founded in 1948 and affiliated with the Association of State and Territorial Health Officials, ASTDD advances dental public health policy; supports program development, implementation, and evaluation; strengthens the workforce through position papers and policy statements; and informs health officials and policymakers.

Aligned with the 10 Essential Public Health Services to Promote Oral Health, ASTDD emphasizes:

- Communicating to inform and empower the public about oral health.
- Mobilizing partners to act on oral health issues.
- Developing and implementing supportive policies, laws, and plans.
- Educating about and enforcing laws and regulations that ensure safe practices.

ASTDD's Dental Public Health Policy Committee publishes policy statements, issue briefs, and descriptive reports, while the Healthy Aging Committee champions older adult oral health. Key companion resources include:

- Best Practice Approach Report: Improving the Oral Health of Older Adults (2018; updated 2023).
- Toolkit: Older Adult Oral Health Resources for Collaboration (2022).
- Policy Statement: Older Adults and Oral Health: A Continuing Challenge (2024).

This Guidebook supports informing and educating policymakers, without lobbying. ASTDD has partnered with Government Analytica to provide compliant, practical tools for public agencies. Support for this Guidebook was provided by the Gary and Mary West Foundation and the Delta Dental of California Community Care Foundation. The ASTDD Healthy Aging Committee is pleased to acknowledge Dr. John Pournoor, PhD, MBA, Government Analytica and Dr. Lyubov Slashcheva, DDS, MS, Research Director, Dentist at Apple Tree Dental for their subject matter expertise to guide the development of this document. All case studies were contributions of Dr. Slashcheva and all advocacy guidance were provided by Dr. Pournoor.

About the Authors



Dr. John Pournoor

John Pournoor brings three decades of expertise in government affairs, public policy strategy, and health system innovation, with a national reputation for advancing Medicaid, public health, and oral health reform. He has advised state and federal agencies, coalitions, and provider networks across many states like Minnesota, Michigan, Oklahoma, and national associations, using structured advocacy, public-value analytics, and data-driven policy design. His work integrates executive, legislative, and peer-

group engagement with rigorous research and stakeholder intelligence. His organization, Government Analytica, specializes in demonstrating the public value of government proposals to show the greater good they bring. Dr. Pournoor authored this report to equip leaders and their staff with practical, evidence-based tools that strengthen oral health leadership and modernize public health educational advocacy practices, so those in leadership roles have new tools to use in service to their communities. Dr. Pournoor had leadership roles in government affairs at 3M Company prior to launching Government Analytica. He is also the chair of Policy and Advocacy Committee of the Minnesota Public Health Association. He earned his BS, MS/PhD from the University of California, Berkeley, University of Washington, Seattle, and MBA from the University of St. Thomas in Minnesota. John is a tireless advocate for non-profits and volunteers for community-based organizations. Based in Minneapolis and Washington DC, John and his wife Erin enjoy exploring the arts, nature, and adventures around the globe.



Dr. Lyubov Slashcheva

Lyubov Slashcheva is a population oral health specialist with clinical expertise in geriatric and special care dentistry. She is a dentist and Research Director for Apple Tree Dental.

Dr. Slashcheva completed her dental training at the Virginia Commonwealth University School of Dentistry. At the University of Iowa College of Dentistry, she completed a residency in Dental Public Health, fellowship in Geriatric and Special Needs Dentistry, and graduate certificates in

Biostatistics, Global Health, and ILEND (Leadership Education in Neurodevelopmental and Related Disabilities). She is a Diplomate of the American Board of Dental Public Health, a Fellow of the American Board of Special Care Dentistry, and a Fellow of the International College of Dentistry. She has lent volunteer leadership to numerous organizations, including the APHA Oral Health Section, International/American Association for Dental, Oral, and Craniofacial Research, American Association of Dental Public Health, American Society for Geriatric Dentistry, Virginia/Minnesota Dental Associations, and ASTDD Healthy Aging Committee.

Her research interests center making community settings and data an accessible and valuable resource for advancing health equity through workforce, policy, and practice innovation. She promotes using the Learning Health Systems model to accelerate community-engaged, evidence-based, advocacy-forward systems change.



Chapter 1: INTRODUCTION

This Guidebook helps members of ASTDD, especially leaders and teams within state and territorial oral health programs (S/TOHPs) inform policymakers, agency executives, and partners using a structured, compliant approach centered on older adult oral health.

Introduction

Purpose of the Guidebook

This Guidebook helps members of ASTDD, especially leaders and teams within state and territorial oral health programs (S/TOHPs) inform policymakers, agency executives, and partners using a structured, compliant approach centered on older adult oral health. “Compliance” means accurate, values-based education within non-lobbying boundaries and applicable legal and funding rules. The models and tools, developed over decades by Government Analytica and licensed to ASTDD, are adapted for use by government teams and nonprofit partners, and may be particularly useful in times of emerging policy windows and system shifts.

Who Should Use This Guidebook

- State and Territorial Oral Health Program directors and staff (communications, epidemiology, programs, policy).
- Public health officials in aging, Medicaid, disability, or chronic disease.
- Subject matter experts and peer organizations collaborating with ASTDD members.

Usage rights are granted to ASTDD members; content is designed for education-only engagement.

Definitions and Boundaries

Public health programs may: share data and evidence, participate in advisory processes, distribute neutral briefs, and educate on system needs and implementation readiness. They may not: ask for votes or budget actions, organize lobbying, use public funds for lobbying or partisan messaging, or provide advocacy testimony unless invited as technical experts. This Guidebook helps teams remain squarely within education-only activities.

Why Focus on Older Adults?

An aging population faces higher rates of untreated disease, tooth loss, and barriers rooted in cost, access, transportation, and coexisting conditions. Disparities persist by income, race, disability, and geography. Although oral health remains under-integrated in aging and Medicaid systems, State and Territorial Oral Health Programs can elevate data, connect oral health to aging policy, and frame feasible options.

Efforts were made to use neutral language as much as possible throughout this Guidebook. The words “stakeholder” and “partner” are both intended to encompass individuals, organizations, and communities engaged in or affected by oral health systems work, regardless of formal affiliation or level of influence. For this Guidebook, “stakeholders” can be for, neutral, or against a particular topic.

The Four Processes that Anchor the Guide (Advocacy Framework)

1. Executive–Legislative–Peer (ELP™) Policy Influence Network.

Plan outreach across executive agencies, legislative audiences, and peer groups that can credibly echo messages.

2. Three Engagement Strategies.

Amplify supportive voices; educate and move neutral audiences; blunt the impact of opposition using facts and public value framing.

3. Stakeholder Engagement Planner (3×3 Matrix).

Combine ELP™ with the three strategies to produce nine targeted action zones—who to engage and how to advocate without lobbying.

4. Five Dimensions of Public Value (5PV™).

Frame messages through Government Effectiveness, Economic Value, Social Value, Environmental Value, and Innovations. Strong proposals usually demonstrate two or three dimensions.

Integrating these processes creates a practical, field-tested approach for planning, executing, and evaluating education-focused engagement. That is the purpose of this guidebook.

How the Guidebook Is Organized

Subsequent chapters cover identifying and profiling decision-makers; designing public-value messages; creating education materials and delivery plans; activating and sustaining coalitions; structuring nonpartisan proposals and meetings; applying the three influence strategies; and measuring and improving performance over time. Each chapter includes practice-oriented examples.

What You Will Learn

- **Stakeholders:** Map executive, legislative, and organizational audiences; profile influence, alignment, and communication style; time outreach to windows of opportunity.
- **Messages:** Use public value framing to connect oral health with aging and system priorities; translate data into clear, nonpartisan narratives.
- **Coalitions:** Equip partners with aligned tools, training, and shared metrics.
- **Products:** Build concise one-pagers, briefs, and profiles tailored to role and setting.
- **Evaluation:** Use a simple logic model, gather feedback, and adapt.
- **Sustainability:** Maintain continuity across leadership and policy cycles; integrate oral health into interagency planning.

Structured Advocacy Framework™ (SAF™)





Chapter 2: CASE STUDIES IN ORAL HEALTH ADVOCACY

This chapter highlights the critical role of oral health programs in advocacy by spotlighting case studies depicting opportunities and proposes key messages to policy decision-makers.

Introduction

This chapter highlights the critical role of oral health programs in advocacy by spotlighting case studies depicting opportunities and proposes key messages to policy decision-makers. The ASTDD documents listed below, published in 2022-2024, offer information to supplement this chapter..

- [Older Adult Oral Health Resources for Collaboration](#), October 2022
- [Best Practice Approach: Improving the Oral Health of Older Adults](#), May 2018 with December 2023 update
- [Policy Statement: Older Adults and Oral Health: A Continuing Challenge](#), December 2024



Case Study 1: Leveraging Data to Communicate Public Value

A State Oral Health Program (S/TOHP) initiated a Basic Screening Survey (BSS) to assess the oral health status of residents in long-term care facilities across multiple regions of the state. The survey, conducted by trained dental hygienists using standardized ASTDD protocols, evaluated the presence of untreated decay, gingival inflammation, tooth loss, and urgent treatment needs. Results revealed that over 60 percent of residents had untreated tooth decay, and nearly 40 percent displayed signs of gum disease. In addition, a significant proportion had broken or ill-fitting dentures, impairing their ability to eat comfortably.



Recognizing the policy implications of these findings, the S/TOHP prepared a concise, data-driven brief tailored to the priorities of the state's Department of Aging Services. The brief emphasized the impact of poor oral health on nutrition, systemic health outcomes, and healthcare costs, particularly the preventable emergency visits resulting from untreated infections. Infographics drawn from the BSS data illustrated disparities by region and facility type, making the findings accessible to non-dental stakeholders.

The presentation prompted the state aging services director to convene an interagency workgroup, including public health, Medicaid, and long-term care quality staff. The group's mandate was to identify strategies for integrating oral health assessment into annual care planning, increasing staff training in oral hygiene support, and exploring reimbursement models for on-site dental care.

This case demonstrates how surveillance data, collected with a public health framework, can be transformed into actionable policy engagement, leading to collaborative efforts that strengthen oral health integration within aging services systems.



Case Study 2: Humanizing the Data Through Storytelling

In a largely rural state, a health coalition composed of the S/TOHP, local senior centers, faith-based organizations, and a regional area agency on aging sought to address a persistent barrier: older adults' inability to reach dental providers due to transportation gaps. While existing data showed low utilization of preventive dental care among older adults in rural counties that could be attributed to these gaps, the coalition recognized that numbers alone were not compelling enough to influence Medicaid policy.

To bridge this gap, the coalition gathered personal narratives from older adults directly affected by transportation challenges. Community health workers

conducted in-home interviews, capturing stories such as that of a widowed farm worker who had not seen a dentist in over five years because the nearest provider was 40 miles away and no public transit served her community. Photographs and short video clips illustrated the daily realities of denture pain, difficulty eating fresh produce, and social withdrawal due to embarrassment over missing teeth.

These narratives were paired with county-level data on tooth loss and emergency department visits for dental issues. The combined package of personal profiles alongside clear, concise data visualizations was presented at a regional Medicaid roundtable attended by policymakers, managed care representatives, and local health administrators.

The humanized presentation shifted the conversation from abstract policy to tangible community impact in a relatable manner. As a direct outcome, Medicaid officials agreed to explore a mobile dental unit pilot program and to assess reimbursement structures for teledentistry consultations in rural areas. This approach underscored the power of combining lived experience with epidemiologic evidence to drive systemic change.



Case Study 3: Oral Health in Healthy Aging Strategic Planning and Coalition-Building

A S/TOHP compiled its annual oral health surveillance report with a special focus on older adults. Drawing from state BSS data, Behavioral Risk Factor Surveillance System indicators, and Medicaid utilization records, the report presented a detailed picture of differences in preventive dental visit rates, untreated decay, and complete tooth loss among adults aged 65 and older. County-level maps highlighted clusters of high need, with clear patterns correlating to rural residence, lower income, and higher proportions of populations historically experiencing oral disease.

Recognizing a strategic opportunity, the S/TOHP collaborated with the state's Division of Aging and Adult Services to present the findings to the Healthy Aging Advisory Council, a cross-sector body guiding the state's aging policy framework. The presentation framed oral health as a key determinant of functional independence, nutrition, and chronic disease management, citing evidence from ASTDD best practice reports on cost savings through prevention. Infographics illustrated the downstream healthcare costs of untreated oral disease, including increased hospitalizations and avoidable emergency department visits.

Council members, many of whom represented sectors outside of health care, expressed surprise at the degree to which oral health influenced other priority outcomes such as falls prevention, dementia care, and social engagement. The data and discussion led to a unanimous vote to include oral health indicators and objectives in the forthcoming State Healthy Aging Strategic Plan.

This inclusion ensured that oral health would be equally considered for measurement, funding, and integration alongside other aging priorities, an important step in shifting oral health from a peripheral concern to a core element of healthy aging policy.

While each case reveals a moment of success, what they share is intentional outreach: matching message to audience, moment to opportunity. In chapter 3, we turn to how programs can replicate this structure—starting with identifying and mapping the right stakeholders.

Key Messages for Decision-Makers

When communicating with policymakers, agency leaders, and community stakeholders, S/TOHPs can frame older adult oral health as an important policy priority. The following messages, grounded in surveillance data, best practice evidence, and real-world program examples, should guide that dialogue. To facilitate opportunities for alignment with decision-makers based on their specific priorities, it is important to keep key messages broad enough to avoid fixation on a specific barrier or proposed solution. Different decision-makers—from Medicaid analysts to aging advocates to legislative budget staff—respond to different public value frames. Crafting an effective message for each requires an **understanding of the stakeholder's priorities and communication context**, which is covered in chapter 3.

Oral health is integral to healthy aging.

Oral health is not separate from overall health; it influences nutrition, speech, social interaction, and the management of chronic diseases such as diabetes and cardiovascular conditions. Poor oral health can

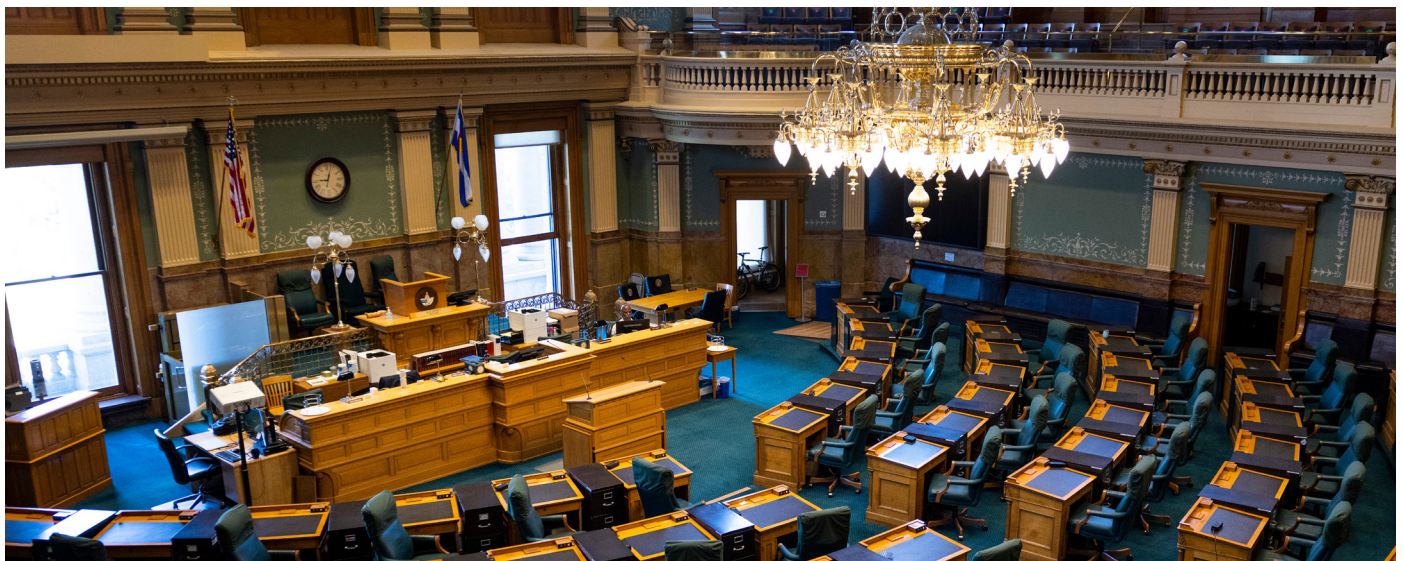
accelerate functional decline, increase the risk of aspiration pneumonia, and diminish quality of life. Decision-makers must recognize that oral health indicators are as critical to healthy aging strategies as blood pressure, mobility, or cognitive measures.

Prevention yields both health and cost benefits.

Evidence cited by ASTDD and from national research demonstrates that preventive dental care and early intervention reduce the incidence of severe oral disease, minimize emergency department visits for dental pain and infection, and lower related medical costs. For older adults, these benefits also translate into reduced hospitalizations, better nutritional status, and delayed need for intensive long-term care. Integrating oral health into aging services is a fiscally sound approach that supports population health goals.

Optimal oral health requires intentional design.

Differences in oral health outcomes mirror broader differences in health and access. Older adults living in rural areas, those with low income, residents of long-term care facilities, and individuals from certain groups face compounded barriers to care. Addressing these inequities requires culturally and linguistically appropriate services, targeted workforce development in geriatric and special care dentistry, and transportation or service delivery models that meet people where they are.



State and Territorial Oral Health Programs provide essential leadership and infrastructure.

S/TOHPs deliver the surveillance, technical assistance, and cross-sector convening needed to translate evidence into action. They are uniquely positioned to align oral health initiatives with chronic disease prevention, healthy aging plans, and Medicaid innovation projects. With adequate resources, S/TOHPs can help states leverage data, policy levers, and partnerships to create sustainable, equitable solutions.



Using These Messages for Policy and Advocacy

These messages should be embedded in legislative briefings, testimony, and budget hearings to demonstrate the return on investment for preventive oral health in aging. They can be paired with local surveillance data to support legislative bills expanding Medicaid adult dental benefits, justify inclusion of oral health metrics in state healthy aging scorecards, or influence regulatory updates for long-term care facilities. In advocacy settings, these points work best when accompanied by real-life stories from older adults and providers, illustrating how policy changes directly affect access, quality of care, and health outcomes. By consistently framing oral health as both a public health and fiscal priority, advocates can build bipartisan support for sustained investments in older adult oral health. These messages speak to economic, governmental, social, environmental, and innovative public values that often motivate policy actors. Understanding which of these values resonates with each audience is crucial to moving oral health forward in a crowded policy environment. The next chapters will guide Oral Health Programs in using public value framing to engage stakeholders more effectively.



Chapter 3: PLANNING & ORGANIZING FOR ADVOCACY

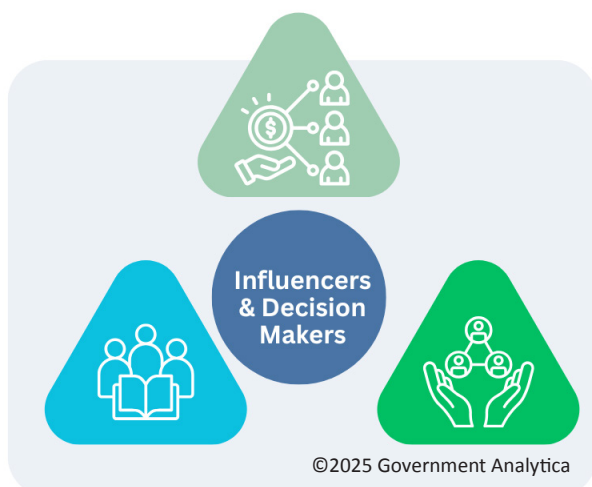
This chapter introduces the ELP™ Advocacy Framework — a structured approach for organizing engagement across the Executive Branch, Legislative Branch, and Peer and Pressure Groups.

Introduction

Effective oral health advocacy does not begin with slogans or awareness campaigns—it begins with planning. State and Territorial Oral Health Programs (S/TOHPs) operate in complex environments where information must be tailored, sequenced, and delivered within strict boundaries of education rather than lobbying. This chapter introduces the **5PV™ Advocacy Framework**—a structured approach for organizing engagement across the **Executive Branch**, **Legislative Branch**, and **Peer and Pressure Groups**. Together, these domains form the backbone of the advocacy playbook that drives later chapters. When applied systematically, the 5PV™ model ensures that outreach is strategic, coordinated, and grounded in public values rather than political positioning.

The 5PV™ Framework

The **5PV™ Framework** helps oral health leaders think about government engagement not as a single event but as a system of relationships. Policy rarely moves in a straight line; it emerges through interaction among executive agencies, legislative priorities, and community or professional networks that shape what becomes feasible. By intentionally planning across these three spheres—**Executive**, **Legislative**, and **Peer**—S/TOHPs can build momentum, prevent duplication, and ensure their messages align with how public systems actually work.



At the federal, state, county, and municipal levels

- Executive Branch
- Peer Groups
- Legislative Branch

Engaging the Executive Branch

Executive engagement begins by identifying senior officials who control policy implementation—such as Medicaid directors, aging services leaders, or health commissioners. These decision-makers focus on feasibility, cost, and program fit, not ideology.

S/TOHPs can serve as trusted partners by offering data, pilot program results, or system-integration ideas that de-risk innovation. Effective executive education often involves:

- Sharing concise technical memos or evaluation briefs that demonstrate measurable outcomes.
- Aligning oral health goals with agency metrics, such as cost avoidance or improved quality of care.
- Presenting clear implementation options—what can be done administratively now versus later.

Educating executives in this way shifts perception from advocacy to partnership. The message is not “support this policy,” but rather, “here is evidence and feasibility to consider as you make decisions.” This approach cultivates credibility and positions S/TOHPs as essential contributors to system improvement.

Informing the Legislative Branch

Legislators and their staff are key audiences for awareness and budget alignment, yet they process information differently. Their time is limited; they rely on concise, well-timed, and locally relevant materials. Legislative engagement works best through:

- One-page briefs that translate data into constituent relevance.
- Field visits that allow lawmakers to see community or clinical operations firsthand.
- Framing oral health as part of larger policy priorities such as rural health, workforce stability, or aging in place.

Legislative education is not about advocating for bills. It is about connecting oral health to the issues legislators already care about. For example, linking

dental prevention to Medicaid savings or emergency-department diversion demonstrates efficiency and fiscal prudence. By aligning oral health within the language of budget performance and local impact, S/TOHPs strengthen legislative understanding and lay groundwork for future collaboration.

Activating Peer and Pressure Groups

Peer organizations and coalitions amplify credibility and reach. These include dental associations, public health alliances, aging networks, disability advocates, and professional or academic partners. Peer groups influence both policymakers and public opinion, shaping what is perceived as feasible or urgent.

Successful activation begins with listening: learning each group’s priorities and helping them see how oral health supports their mission. S/TOHPs can provide shared tools—such as co-branded talking points, public-value briefs, or templates for newsletters—that make it easy for partners to echo aligned messages.

Examples include:

- Partnering with an aging coalition to publish a joint brief on oral health and chronic disease.
- Providing data to hospital associations to highlight the cost of preventable dental visits.
- Coordinating social-media messaging during Oral Health and Older Americans Month.

When peer organizations adopt the message, the issue gains legitimacy beyond dental circles, becoming part of a larger health and equity conversation.

Coordinating Across E, L, and P

The true power of the 5PV™ Framework lies in coordination. Engagement across these three domains creates consistent “surround-sound” messaging: executives receive operational insights, legislators hear constituent relevance, and peer networks reinforce the public value narrative.

Sequencing matters. Begin by briefing executive agencies to secure alignment before educating legislators or mobilizing partners. Then, reinforce shared themes through coalitions and public visibility. This order of operations prevents confusion, builds internal allies, and ensures every contact point reinforces the same evidence-based story.

Mapping Stakeholders

Understanding influence requires more than knowing names. **Stakeholder mapping** transforms complex networks into a visual strategy that shows who matters most, what their stance is, and how to reach them effectively. For S/TOHPs, mapping provides the foundation for organizing education efforts around older adult oral health.

A **strategic stakeholder map** answers key questions:

- Who has formal decision-making authority?
- Who influences those decision-makers?
- Where does each person or organization stand—supportive, neutral, or opposed?
- What timing or process governs their involvement?

By mapping stakeholders, programs can prioritize outreach, coordinate internal efforts, and prevent both duplication and omission.

Stakeholder Map

In favor

Neutral

Against

Executive Branch	<div><div>✓</div></div>	
Legislative Branch	<div><div>✓</div></div>	<div><div>✓</div></div>
Peer or Pressure Groups	<div><div>✓</div></div>	<div><div>✓</div></div>

The 3x3 5PV™ Stakeholder Grid

A simple yet powerful mapping tool is the 3x3 5PV™ Grid, which cross-references the three influence domains with three disposition categories: *In Favor*, *Neutral/Undecided*, and *Resistant*. This matrix helps identify gaps; perhaps the legislative column has no “in-favor” actors, or peer allies are underdeveloped. Mapping allows a team to see where educational energy should go next.

Stakeholder Domain	In Favor	Neutral/Undecided	Resistant
Executive	Medicaid dental directors, aging agency partners	Finance officers, compliance units	Budget controllers skeptical of cost
Legislative	Oral health caucus members	Health committee staff	Appropriations chairs prioritizing other areas
Peer or Pressure	Aging coalitions, dental associations	Academic institutions	Industry groups opposing mandates

Dynamic Mapping

Stakeholder maps should evolve over time. Political turnover, leadership changes, or new partnerships constantly reshape the landscape. Revisiting the map quarterly keeps outreach current and coordinated. Some programs add color-coded “heat maps” to track momentum—green for allies, yellow for neutrals, red for resistant actors. When maintained consistently, stakeholder maps serve as both strategy tools and internal communication aids, ensuring every team member knows the plan and their role within it.

Creating Stakeholder Profiles

Mapping tells you who matters; profiling explains how to communicate with them. A stakeholder profile is a concise synthesis of what motivates a person or organization, how they frame problems, and what information formats they trust. Profiling is respectful and fact-based—it seeks to understand audiences so that public education is efficient and credible.

Profiles include two dimensions:

1. **Linguistic Profile** – preferred terms, tone, and communication style.
2. **Psychographic Profile** – underlying values, motivations, and worldview that shape perception.

For example:

- A **Medicaid administrator** emphasizing “value-based care” and “scalability” is likely to respond to efficiency and innovation framing.
- A **legislator** who speaks about “dignity” or “respect for elders” may be influenced by social-value narratives tied to aging.
- A **coalition leader** who highlights “community resilience” may favor environmental and social value arguments.

Profiling in Practice

Developing a profile involves reviewing publicly available materials—press releases, testimony, speeches, or interviews—and recording communication preferences. Over time, these profiles inform message design and messenger selection. For instance, a technical leader may prefer a data-driven presentation, whereas a legislator may respond better to a short story or visual.

Profiles also document decision-making style, timing preferences, and relationships. This helps teams coordinate who engages whom and when. During leadership transitions, profiles become continuity tools, preserving institutional memory of key contacts.

Ethics and Boundaries

Profiling must always respect professional ethics. Only publicly available or observable information should

be used. The goal is not persuasion but clarity—understanding how to educate effectively within the stakeholder’s professional culture. When applied with integrity, profiling builds trust and long-term engagement.

Integrating Mapping and Profiling

Mapping and profiling work best when combined. Mapping reveals the structure of influence; profiling adds depth to each connection. Together, they help S/TOHPs align communication with both position and perspective.

For example:

- A “neutral” legislative committee chair may move toward support when educated with constituent data and cost-savings analysis.
- A hesitant executive leader may shift position or perspective once operational feasibility is demonstrated.
- A skeptical peer group may engage after seeing shared values articulated through joint materials.

Coordinated use of these tools allows for precision. Teams can target limited resources where they yield the greatest educational return, track stakeholder movement, and refine approaches as context changes. This systematized approach transforms reactive communication into intentional strategy.



Case Study: Building Agricultural Alliances for Rural Seniors

A State Oral Health Program sought to educate a rural legislator skeptical of expanding public dental coverage. The legislator was deeply tied to agricultural constituencies and concerned about state spending. Rather than pressing for coverage expansion, the program collaborated with a regional rural health coalition to collect data on farmworker productivity losses linked to untreated dental pain.

The coalition discovered that older farmers often relied on emergency departments for dental issues, driving unnecessary costs to local hospitals. The program then prepared materials showing how preventive dental care could reduce those emergency visits, improving both economic and health outcomes.

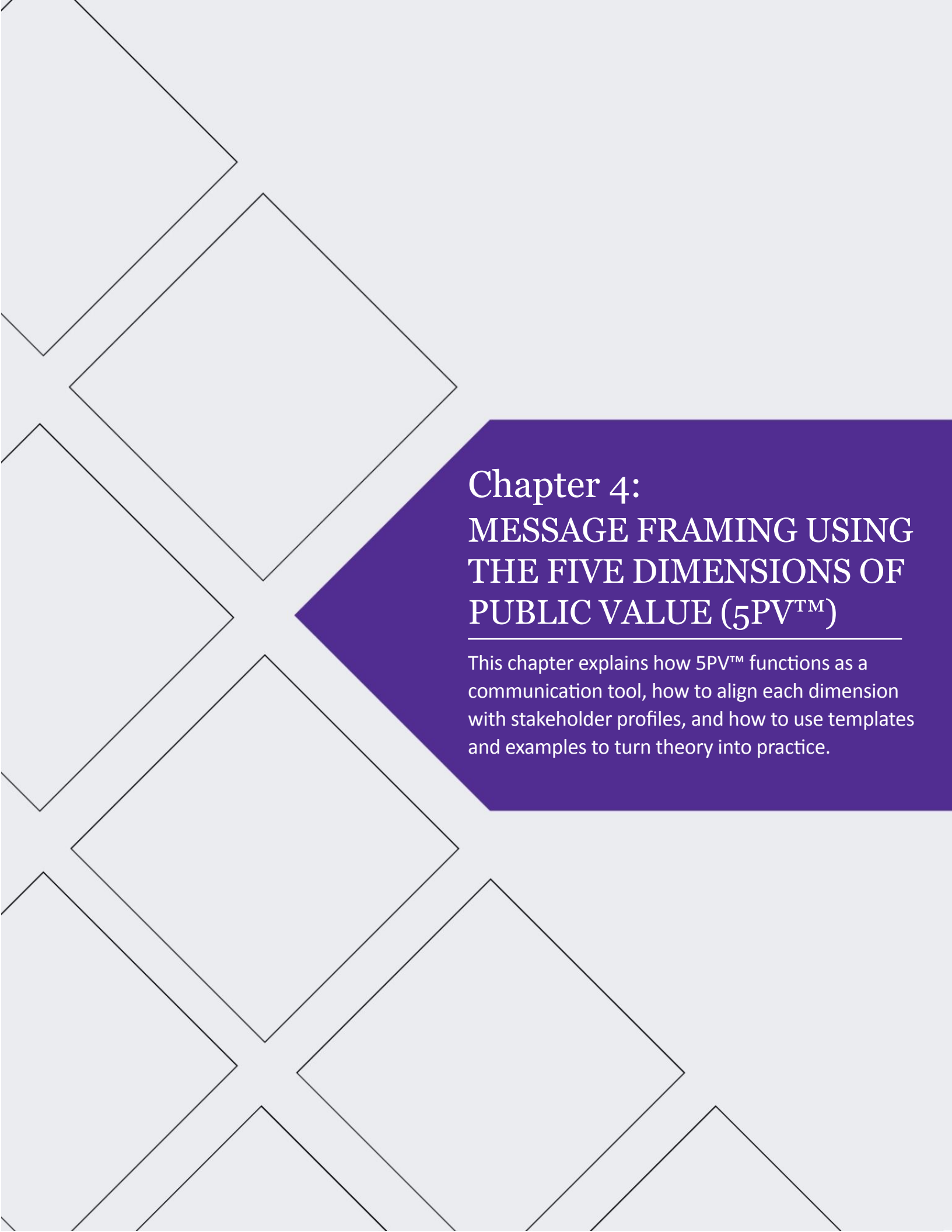
With the agricultural association presenting this evidence, the legislator gradually shifted position from opposing coverage to supporting preventive and diversion programs. Within two sessions, the legislator became an advocate for mobile and teledental initiatives serving older rural residents. The coalition continued updating its stakeholder map, integrating new allies and refining educational messages based on emerging data.

This example illustrates how mapping, profiling, and peer activation come together: understanding the stakeholder’s worldview, aligning messages to shared priorities, and sustaining engagement over time.

Summary

Planning and organization form the foundation of effective advocacy. The 5PV™ Framework ensures that every effort—whether executive briefings, legislative education, or coalition activation—advances in harmony, not isolation. Stakeholder mapping brings structure to complexity, and profiling humanizes it. Together, these tools enable S/TOHPs to communicate with clarity, credibility, and purpose.

The next chapter builds on this foundation by exploring how to craft messages using the Five Dimensions of Public Value (5PV™), transforming strategic understanding into persuasive, legally compliant education that resonates with policymakers and partners alike.



Chapter 4: MESSAGE FRAMING USING THE FIVE DIMENSIONS OF PUBLIC VALUE (5PV™)

This chapter explains how 5PV™ functions as a communication tool, how to align each dimension with stakeholder profiles, and how to use templates and examples to turn theory into practice.

Introduction

Every public health initiative competes for attention in a crowded policy landscape. Even programs with strong evidence must translate data into meaning for decision-makers whose priorities differ by role, budget, and constituency. The Five Dimensions of Public Value (5PV™) framework gives S/TOHPs a disciplined method to do exactly that, framing oral-health initiatives for older adults not as special-interest requests, but as solutions that advance efficient government, economic responsibility, equity, sustainability, and innovation.

This chapter explains how 5PV™ functions as a communication tool, how to align each dimension with stakeholder profiles, and how to use templates and examples to turn theory into practice. The result is an approach that strengthens credibility, supports ASTDD's educational mission, and helps oral-health leaders communicate in language that policymakers respect and understand.

Understanding the 5PV™ Framework as a Strategic Communication Tool

Policy is as much about framing as about facts. In a constrained environment—where agencies juggle budgets, legislators weigh competing demands, and public attention shifts daily—programs must connect their proposals to the larger good government serves. The 5PV™ model organizes that connection into five value frames: **Government Effectiveness, Economic Value, Social Value, Environmental Value, and Innovation.**

Rather than emphasizing need alone, 5PV™ helps programs move from *“we require funding”* to *“this investment strengthens public systems.”* It is not spin; it is context. It positions oral health improvement within the same vocabulary policymakers use to evaluate all programs—cost effectiveness, measurable outcomes, and public accountability

Why Public Value Framing Matters

Government officials decide under scrutiny. To gain traction, oral-health proposals must answer an implicit

question: *“How does this help me fulfill my public duty?”*

The answer differs by audience.

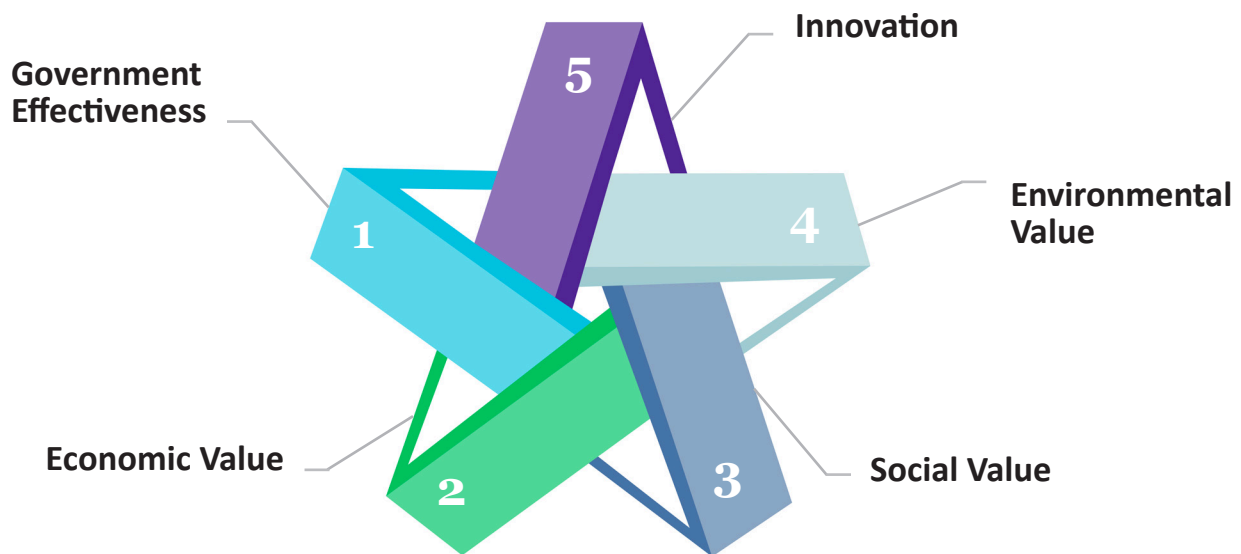
- A Medicaid administrator may care most about lowering emergency department use.
- A legislator may respond to fairness and constituent stories.
- A governor's innovation office may value technology integration.

5PV™ equips S/TOHPs to highlight the dimension most relevant to each perspective while maintaining integrity of evidence.

The Five Dimensions Defined

1. **Government Effectiveness** – Demonstrates better stewardship of public resources. Examples: centralized provider credentialing, streamlined data-sharing between dental and aging programs, or coordinated referrals that prevent duplication. This frame resonates with administrators, budget officers, and oversight committees.
2. **Economic Value** – Shows cost savings, avoided expenditures, or increased productivity. Examples: evidence that preventive dental visits reduce costly hospitalizations, or modeling Medicaid savings from fewer emergency encounters. Ideal for fiscal analysts and appropriations staff.
3. **Social Value** – Emphasizes dignity, access, and quality of life. For older adults, that includes mobile or teledentistry programs, culturally competent care, or community-health-worker outreach. It connects with health-equity committees and advocacy groups.
4. **Environmental Value** – Highlights systems that allow people to live independently and sustainably. Examples: in-home preventive care reducing nursing-home placement or partnerships linking dental screenings to meals-on-wheels programs. This frame appeals to aging services agencies and local planners.

5 Dimensions of Public Value



5. **Innovation** – Captures new, scalable solutions: teledentistry, dental-therapist workforce models, or AI-based risk prediction. It appeals to transformation offices, philanthropic funders, and technology-oriented policymakers.

Integrating 5PV™ into Message Development

Each communication—one-pager, memo, or testimony—should identify which dimensions apply, which matter most to the target audience, and what evidence supports them. Using 5PV™ during planning ensures that education materials are not only accurate but aligned with the priorities of those empowered to act.

Framing with integrity means emphasizing relevance, not changing facts. The data remain constant; what shifts is emphasis. When done ethically, this approach elevates oral-health communication from advocacy to public service education.

Using Stakeholder Profiles to Frame 5PV™ Messages

Knowing the five dimensions is only half the equation. The other half is understanding the people who interpret them. Stakeholder profiles—developed as described in Chapter 3—capture a policymaker’s role, priorities,

tone, and preferred evidence. Matching those insights to the right public-value frame ensures that each message begins where the audience is ready to listen.

Framing as Strategic Respect

Tailoring messages is not manipulation; it is empathy in practice. Policymakers face competing pressures and limited time. A budget director responds to fiscal logic; an aging-services leader to stories of independence. Adapting language to these realities shows respect for both roles and responsibilities.

From Profile to Frame

Typical alignments include:

- **Medicaid Analyst:** Government Effectiveness + Economic Value — emphasize streamlined administration and reduced emergency costs.
- **Health Equity Legislator:** Social Value + Innovation — focus on disparities and new outreach models.
- **Governor’s Innovation Advisor:** Innovation + Effectiveness — present teledentistry as modernizing service delivery.
- **Area Agency on Aging Director:** Environmental + Social Value — highlight independence and aging in place.



Profiles also reveal communication style — whether a stakeholder prefers data tables or constituent stories — and help sequence engagement. A fiscal argument may open the door; later, social or innovation frames deepen support.

Practical Use

Before finalizing any document or presentation:

1. Identify the primary audience and dominant 5PV™ frame.
2. Select evidence and language that reflect that frame.
3. Share a short internal brief so all team members deliver the same message.

Profiles turn abstract strategy into precise action, ensuring every contact reinforces credibility rather than relying on improvisation.

Tools for Designing 5PV™-Aligned Messages

Turning values and profiles into communication requires structure. Consistent tools keep teams aligned even when multiple voices are involved.

The 5PV™ Message Builder Worksheet

This core template functions as a storyboard. It prompts teams to describe the issue, proposed approach, and how each dimension applies—what systems are streamlined, what savings achieved, who benefits, and what is new. Completing the worksheet before drafting ensures that each product begins with clarity about purpose and value.

Public Value One-Pager Template

The one-pager remains the most flexible educational product. Each should include:

- A direct title and one-sentence purpose;
- A short summary of the issue;
- A paragraph for each relevant 5PV™ dimension, written in plain language;
- A sidebar with local statistics or brief success story;
- Contact information.

This balanced format is suitable for agency briefings, legislative packets, or coalition outreach—anywhere a concise, values-based overview is required.

Storybanking Template

Stories personalize statistics. The Storybank captures short accounts from older adults or providers, documenting setting, challenge, intervention, and outcome. Each story is tagged by public-value dimension—for example, Economic Value: “Since receiving a denture, I no longer visit the ER for infections.” These vignettes can be quoted in reports, presentations, or media pieces to humanize data.

Testimonial Worksheet

When coalition partners or clinicians speak in public meetings, this worksheet helps them organize comments: state the problem, link it to a system gap, and connect the solution to one or two 5PV™ dimensions. It keeps testimony focused, brief, and consistent with the program’s educational stance.

Infographic Template and Quick-Reference Matrix

Visual summaries — like a pentagon or wheel showing all five dimensions with short descriptors — translate 5PV™ to audiences who think visually, such as business councils or innovation offices. The accompanying matrix cross-references stakeholder types with the frames most likely to resonate, serving as a training aid for new staff.

Embedding these templates into normal workflows—requiring a completed worksheet before any external communication—turns public value framing from an occasional exercise into daily practice.

Applying 5PV™ in Educational Engagements

Designing strong materials is only half the task; using them strategically completes it. ASTDD members who are state government staff operate within strict boundaries that prohibit lobbying but encourage education. 5PV™ provides a structure for that work, ensuring every interaction communicates relevance without crossing into advocacy.

Briefings with Executive Agencies

Agency audiences value efficiency and evidence. Begin meetings with the dimension that reflects their mandate—usually **Economic Value** or **Government Effectiveness**—and present data visually. Example opening:

“Older adults lacking preventive dental care often end up in emergency departments. Community-based dental services would reduce hospital strain and improve coordination across long-term-care systems—advancing both efficiency and health equity.”

Avoid urging specific legislative actions; focus on system improvements within existing authority.

Partnering with Coalitions and Peer Networks

Coalitions multiply reach when messages are consistent. Share aligned one-pagers and talking points, train partners to adapt 5PV™ framing to their audiences, and reinforce which dimensions to lead with. This approach activates the P in the 5PV™ model—Peer and Pressure Group engagement—while maintaining nonpartisan integrity.

Educational Interactions with Legislative Staff

Many S/TOHPs contribute information to legislative briefings or reports without advocating positions. In those settings, frame discussions around population outcomes and public value:

“This pilot reduced dental-related ER visits by 26 percent among older adults—saving costs and supporting aging in place.”

Such framing demonstrates relevance without urging votes or sponsorships.

Responding to Public Requests for Input

When submitting written comments or testimony for advisory bodies, organize remarks around the five dimensions. Use data and community stories to illustrate how the issue advances government effectiveness, saves money, and improves quality of life. The tone should remain technical and constructive, offering information that officials can use.

Media and Public Forums

Public communication extends reach but requires plain language. Replace technical terms with relatable examples:

“Investing in dental access keeps older adults healthier at home and saves taxpayer dollars by preventing hospital visits.”

Stories from the Storybank can illustrate these benefits while keeping the focus on shared outcomes.

Coordinating Messages Across the Program

Within any S/TOHP, multiple staff interact with different stakeholders. Regular message-planning huddles, shared digital folders, and post-meeting debriefs preserve consistency. Internal coordination turns 5PV™ from a document into an organizational culture.



Internal Messaging Strategy for ASTDD Members

External consistency depends on internal alignment. Every staff member should understand 5PV™ vocabulary and how to choose the right frame for each audience.

Create a Shared Message Grid

A simple chart listing core program themes across the five dimensions clarifies how each topic can be framed.

Example row for Older-Adult Access:

| Effectiveness | Economic | Social | Environmental |
Innovation | Streamlined credentialing | Reduced ER costs | Equity in care | Supports aging in place | Mobile and teledentistry models |

This quick-reference grid allows staff to adapt language while staying coordinated.

Train for 5PV™ Fluency

Hold short internal sessions using real program examples. Role-play how the same issue can be described through different frames. Include a refresher on the difference between education and lobbying. Over time, these exercises build confidence and message discipline.

Develop a Messaging Toolkit

House templates, approved statements, and the 5PV™ Message Builder in one digital location. Update quarterly or more often if needed to reflect new data or policy priorities. A central resource reduces improvisation and ensures continuity during staff transitions.

Coordinate and Adapt

Schedule pre-briefs before major engagements and debriefs afterward to document which frames worked best. Keep a running log of effective messages and update the grid accordingly. Feedback from partners and agencies should inform future framing choices.

Stay Within Ethical Boundaries

Use 5PV™ to focus on data and systems, not positions. Avoid verbs such as support, oppose, or urge. Frame every statement around public interest—what the issue accomplishes for government, communities, and taxpayers.



Case Study: Leveraging Data to Communicate Value

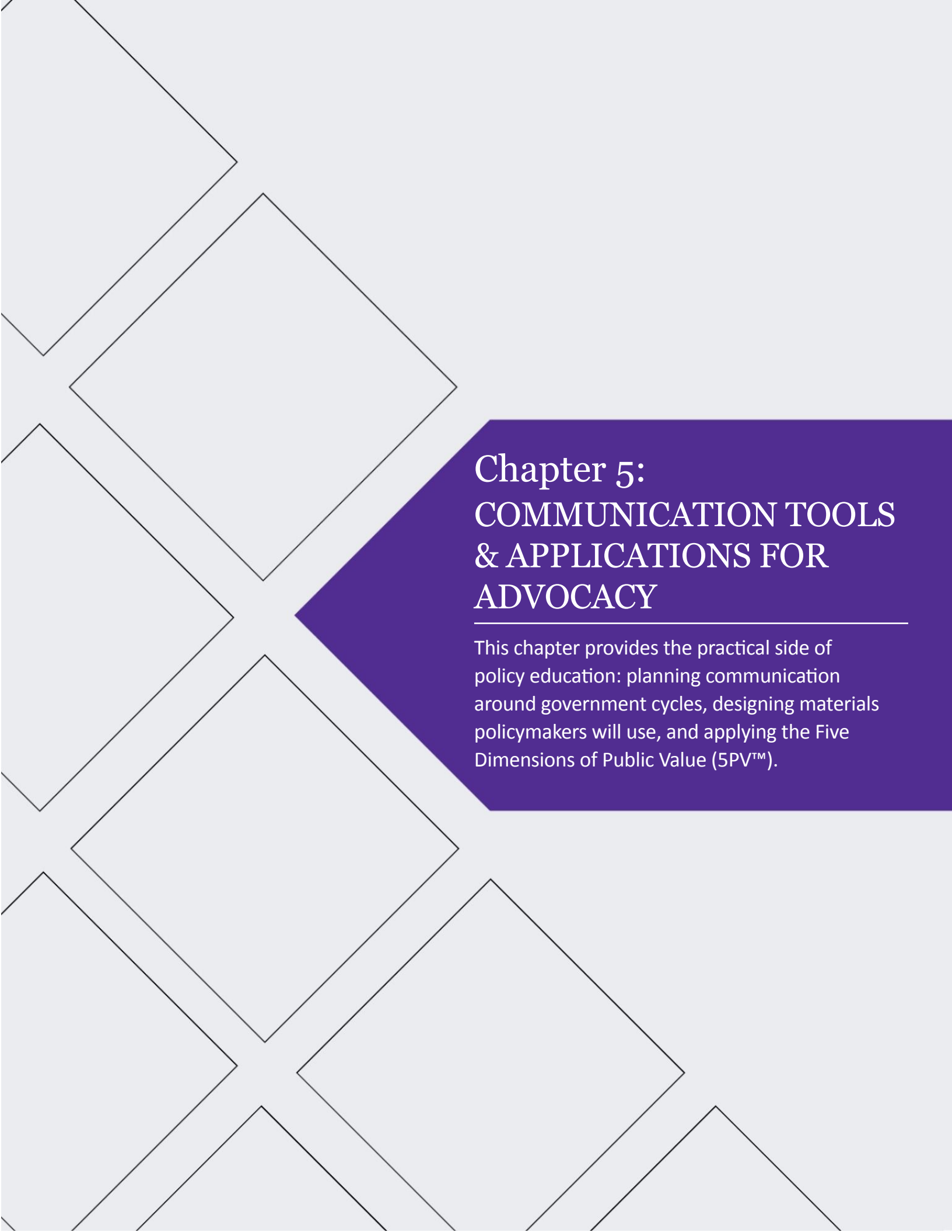
A state oral health program conducted a Basic Screening Survey in long-term-care facilities. Results showed that 60 percent of residents had untreated decay and 40 percent had gum disease. The team prepared a concise briefing for the Department of Aging Services emphasizing nutrition, systemic health, and preventable costs. Visual maps highlighted regional disparities.

The briefing led the department to form an interagency workgroup including Medicaid and long-term-care quality offices. The group explored integrating oral health assessment into annual care plans and developing reimbursement models for on-site dental services.

This example illustrates how surveillance data, framed through multiple 5PV™ lenses—efficiency, economic savings, and social benefit—can transform findings into interagency collaboration without advocacy.

Summary

Chapter 4 introduced the 5PV™ framework as a disciplined approach to shaping oral-health messages around public benefit. By linking each value dimension to stakeholder profiles, using standardized tools, and maintaining message coordination internally, S/TOHPs can educate decision-makers effectively while upholding ASTDD's nonpartisan standards. The next chapter turns from message framing to application—demonstrating how these communication tools support older-adult oral-health advocacy in action.



Chapter 5: COMMUNICATION TOOLS & APPLICATIONS FOR ADVOCACY

This chapter provides the practical side of policy education: planning communication around government cycles, designing materials policymakers will use, and applying the Five Dimensions of Public Value (5PV™).

Introduction

Turning advocacy strategy into practice requires discipline, timing outreach to policy windows, sequencing messages across Executive, Legislative, and Peer (5PV™) audiences, and delivering information that is timely, relevant, and educational. This chapter provides the practical side of policy education: how to plan communication around predictable government cycles, design materials policymakers will use, and apply the Five Dimensions of Public Value (5PV™) as a framing guide.

Each section builds from the principles of Chapters 3 and 4, showing how message design becomes action: when to engage, what to send, and how to stay compliant while earning trust. The result is a repeatable system that keeps oral health education credible, structured, and valuable to government decision-makers.

Policy Windows and Sequencing

Policy education succeeds when it meets decision-makers at the right moment with the right evidence. Government operates on recurring cycles—budget builds, legislative sessions, waiver renewals, and interim studies—that create predictable “policy windows.” Reading these windows as strategy tools helps programs decide who to reach, what to provide, and when engagement will matter most.

Executive windows revolve around budget planning, waiver submissions, and agency performance reviews. These are opportunities to share short memos or dashboards that clarify feasibility, workforce capacity, or data infrastructure needs.

Legislative windows follow session calendars: pre-session briefings, committee hearings, fiscal-note reviews, and oversight reports. Education materials for these periods should be concise, nonpartisan, and district specific.

Peer activation windows occur through conferences, professional meetings, and observances such as Older Americans Month. These moments amplify messages through trusted networks.

Sequencing Across E, L, and P

Order matters. Begin with Executive education to secure administrative alignment. Present the issue as a systems opportunity rather than a policy demand, framed through Government Effectiveness and Economic Value.

Follow with Legislative education, using a one-page brief that translates the same content into local relevance. The purpose is awareness, not advocacy.

Then **activate Peer networks**, including aging coalitions, dental associations, and advocacy partners to echo messages through their own channels. Consistent framing across partners normalizes the topic and lowers perceived political risk.

Matching Format to Moment

The same content can be adapted to multiple settings: an executive work session may require a two-page memo and dashboard; a legislative staffer may need a one-pager and district data inset; a coalition event might use a brief slide deck. The guiding question is, “What does this audience need right now to act intelligently within its authority?”

Guardrails and Calendar Discipline

Before release, every item must pass three checks:

1. **Educational purpose:** It informs with data and options, not advocacy.
2. **Public-value alignment:** It connects to at least one 5PV™ dimension.
3. **Transparency:** It could appear on a public website without risk.

A quarterly communication calendar keeps teams ready for predictable milestones, such as budget deadlines, waiver renewals, and committee hearings, reducing improvisation and ensuring each contact builds toward the next.

Policymaker-Centered Message Architecture

A policymaker’s world is organized around problems they own, levers they control, and values they defend. A message architecture mirrors that logic. It structures

every communication so that the recipient sees relevance immediately.

1. **Problem statement:** Define the issue in their terms—utilization, workforce, or performance.
2. **Why now:** Link to the current policy window or review cycle.
3. **Relevance to authority:** Clarify what lies within administrative power and what requires legislation.

This approach respects time and positions the S/TOHP as a partner, not a petitioner.

Selecting the Right Public Value Frame

Use 5PV™ dimensions strategically:

- **Government Effectiveness:** streamlining oversight and eliminating duplication.
- **Economic Value:** avoiding unnecessary costs and improving budget predictability.
- **Social Value:** advancing dignity, access, and equity.
- **Environmental Value:** supporting aging in place and sustainable community care.
- **Innovation:** modern, scalable approaches such as teledentistry or new workforce models.

Lead with one or two dimensions that align with the audience's priorities; layer others to enrich the picture.

Using Profiles to Tune Tone and Evidence

Stakeholder profiles (Chapter 3) guide message tone.

Budget staff respond to tables and terms like “cost curve” or “trend line.” Aging leaders prefer stories about independence and quality of life. Adjust without altering facts—precision is respect.

The Message Backbone

Every product—memo, slide, or one-pager—should share a stable spine:

1. Problem (in their terms)
2. Evidence (neutral observation)
3. Public-value alignment (5PV™ frame)
4. Options (administrative vs. statutory)
5. Feasibility (workforce, data, risk)
6. Offer (technical assistance or pilot support)

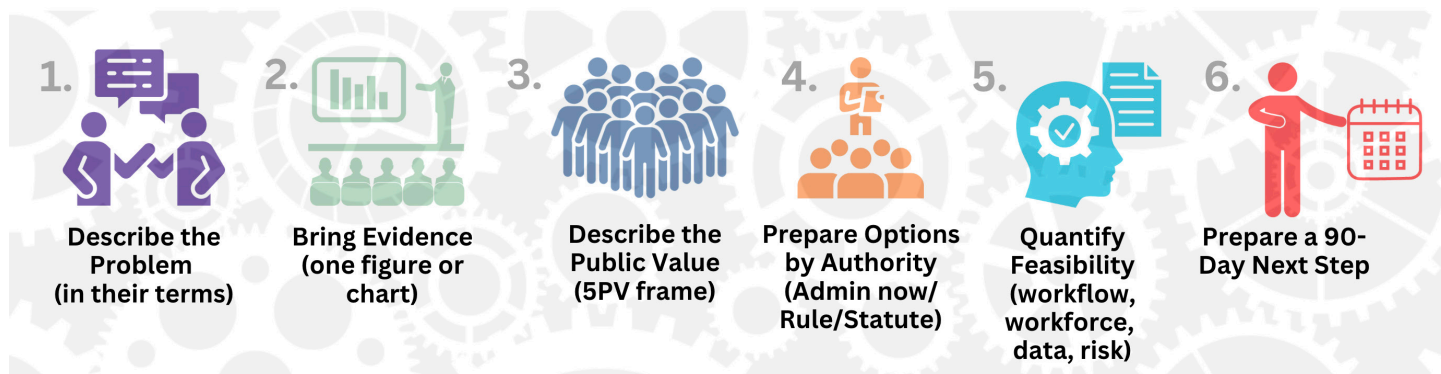
This continuity builds trust across sessions and prevents drift in tone or purpose.

Evidence and Options

Use data that are **local**, **comparable**, and **visual**.

One clean chart or map often carries more weight than paragraphs of text. Present options neutrally—“Administrative now,” “Administrative with rule change,” “Would require statute”—to invite dialogue without implying preference. Anticipate concerns such as cost, workforce, or data privacy and address them briefly to show readiness.

Policy-Centered Messaging



©2025 Government Analytica



Messenger and Format Fit

Match messenger to audience: directors and analysts for executives, concise data voices for legislative staff, coalition partners for peer groups. Calibrate format to setting; for example, use a two-page memo for work sessions, a one-pager for staff briefings, a four-slide deck for interagency groups. The message backbone remains constant across all.

Core Policy Education Products (Non-Lobbying C3)

Consistency of design signals credibility. Each product below is neutral, evidence-based, and framed through public value.

Executive Briefing Memo (≈2 pages): Defines the problem in agency terms, presents evidence, aligns with 5PV™ dimensions, and lists 2–3 options under existing authority with feasibility notes. Tone: calm, factual, concise.

Options Memo: Side-by-side comparison of administrative and statutory pathways, showing impacts, costs, and timelines. It clarifies choices without advocacy.

One-Pager / Issue Brief: Two-sided sheet for legislators or cross-agency teams. Includes headline, short

summary, 5PV™ highlights, localized data inset, and an “administrative vs. statutory” box.

Budget Note / ROI Deck: 3–6 slides showing cost logic, such as baseline spending, savings scenarios, and value framing. Close with next analytical step, not a recommendation.

Feasibility Note: A brief operational roadmap outlining workflow, workforce, data, and risk safeguards. Demonstrates practicality and readiness.

Regulatory Comment or RFI Response: Technical input written in “we observe / for consideration” language, explaining implications for access, quality, and coordination.

Dashboard Tiles: Small visual indicators such as preventive visits, ER use, and network adequacy with short trends and one-sentence interpretations. Updated regularly, they create continuity.

Pilot Synopsis: Two-page summaries translating pilot outcomes into policy-relevant insights—what worked, under what conditions, and which public values were advanced.

Site-Visit Packet: A curated set — agenda, facility snapshot, safety sheet, and consented story — that demonstrates feasibility without any advocacy language.

Internal Talking Points: A one-page shared “spine” aligning staff on the same narrative. Updated quarterly.

Each product follows the same discipline: plain language, visual clarity, transparent sourcing, and strict compliance with education-only boundaries.

Delivery Settings and Tactics

Different venues require distinct rhythms, but the goal remains the same: educate through data and public value framing.

Executive Work Sessions

Prepare a two-page memo and one-page options table. Open with their metric, display one clean visual, and discuss feasible options. Use language such as “We observe...” and “For consideration...” Follow up with a recap and any promised data.

Legislative Staff Briefings

Keep briefings to 10–15 minutes. Use a localized one-pager with district data and a neutral administrative/statutory box. Offer comparables from peer states and coordinate with agency contacts to avoid conflicting signals.

Rulemaking and Waivers

During comment periods or waiver renewals, submit concise, evidence-based letters anchored to specific clauses. Use 5PV™ framing to show how recommendations support efficiency, predictability, and aging in place.

Interagency Working Groups

Bring a four-slide deck: problem, evidence, options, and feasibility. Link each agency's role to a 5PV™ frame it can "own." Keep interventions modest and time-bound with data pulls, pilot scoping, or shared measure definitions.

Policy Labs and Site Visits

Show rather than tell. Curate agendas that trace the client journey, display safety protocols, and include short, consented stories. Keep group sizes small, focus on observation, and end with a five-minute feasibility recap — no asks, only clarity.

Across settings, five habits increase uptake: lead with their metric, use one visual per idea, present neutral options, name risks with mitigations, and make next steps easy.

Techniques That Increase Uptake

Educational uptake grows when relevance, feasibility, and respect intersect.

Start on the Policymaker's Ground. Use their metric, tie to the current cycle, and specify administrative vs. statutory levers.

Lead with One Public Value. Begin with the frame that fits the office—Effectiveness or Economic Value for executives, Social or Environmental Value for aging leaders, Innovation for transformation teams.

Keep Options Neutral. Offer Good/Better/Best pathways with costs and timelines, separated by authority. Neutral language ("for consideration," "administratively feasible") builds trust.

Braid Story and Data. Pair one clean chart with one brief, real-world story that embodies your lead 5PV™ frame.

Use Comparables to De-Risk. Cite peer states or local pilots to show precedent, naming both successes and limits.

Pre-Answer Concerns. Address cost, workforce, quality, and IT risks in advance; short mitigation notes signal readiness.

Calibrate Resource to Moment. Two-page memo for executives, one-pager for legislators, four-slide deck for interagency groups. Right-sized artifacts circulate farther.

Match Messenger to Audience. Directors and analysts for executives, concise data voices for staff, partners for community forums—each using the same message spine.

Localize Evidence and Simplify Visuals. One visual per idea, plain titles, and clearly cited data.

Make Next Steps Small. Offer manageable follow-ups: 90-day data pull, pilot scoping call, or measure draft. Incremental steps sustain engagement.

Document and Adapt. Log questions, refine materials, and update stakeholder profiles after each interaction. Continuous learning strengthens credibility.

Keep Compliance Visible. Run a quick pre-release check: neutral verbs, transparent sourcing, accessible design, updated distribution log. Compliance is not a burden — it is the foundation of trust.

Sequence Across E, L, and P. Brief executives first, educate legislative staff next, and enable peer amplification last. Each audience reinforces the previous one, creating coordinated momentum without advocacy.





Case Study: Coalition of the Willing — Getting to “Yes” with the DHS

A statewide coalition of safety-net dental providers, public-health leaders, payors, and academics convened to understand why prior efforts to advance Medicaid dental policy had stalled. Guided by [Kotter’s Eight Steps to Leading Change](#), the coalition built a unified public-value narrative and a disciplined education plan.

They produced a nonpartisan white paper showing how dental-care investment improved Government Effectiveness and Economic Value by reducing emergency department utilization. Using consistent 5PV™ framing, the coalition educated executive and legislative audiences over a year, building trust with the Department of Human Services. The result was the first major Medicaid dental program advancement in a decade — achieved through alignment, evidence, and respect for process, not advocacy pressure.

Summary

Chapter 5 translates strategy into disciplined execution. It teaches when to act, how to frame, and what to deliver—using predictable policy windows, policymaker-centered architecture, and a replicable toolkit of educational products. Delivery across executive, legislative, and peer settings is guided by 5PV™ framing, neutral tone, and compliance integrity. Techniques that raise uptake—relevance, clarity, and respect—turn isolated briefings into a pattern of trust that makes older-adult oral health easier for government to understand, consider, and advance.

The next chapter focuses on the “P” in the 5PV™ model: activating peer coalitions and public networks to amplify these messages and sustain policy progress through coordinated, values-aligned advocacy education.





Chapter 6: PEER GROUP ACTIVATION & BUILDING COALITIONS FOR INFLUENCE

This chapter operationalizes the “P” in the Executive–Legislative–Peer (ELP™) model — the discipline of mobilizing trusted networks to echo and extend State and Territorial Oral Health Program (S/TOHP) messages.

Introduction

Chapter 6 operationalizes the “P” in the Executive–Legislative–Peer (5PV™) model — the discipline of mobilizing trusted networks to echo and extend S/TOHP messages. The sections below define peer activation, describe how to convene and equip partners, outline systems for sustaining collaboration, introduce a spectrum, and illustrate these practices through case studies. Together, they create a structured, values-based chorus that policymakers recognize as credible and useful.

Peer Group Activation Defined

Peer or Pressure Group Activation is the practice of aligning external partners to reinforce consistent, education-only messaging. While Executive and Legislative outreach target decision-makers directly, Peer activation engages credible voices—aging networks, professional associations, faith organizations, and local leaders—who shape perception from the ground up. When coordinated, these voices multiply reach and relevance while maintaining ASTDD’s nonpartisan, educational mission.

Why peers matter

Public officials learn informally, at association meetings, in coalition discussions, and through trusted community figures. When those sources echo shared public-value messages, understanding deepens through three effects:

- **Amplification:** Repetition across different venues increases familiarity.
- **Translation:** Partners adapt examples and language to local context.
- **Validation:** Independent repetition signals that the message reflects shared purpose, not campaign advocacy.

Peer activation is not about scale but orchestration — a few credible echoes timed around policy windows.

Boundaries and purpose

Activation means educating with partners, not advocating through them. It includes co-creating neutral talking points, sharing public value one-pagers, co-hosting educational events, or curating site visits.



It excludes urging votes, referencing bill numbers, or mobilizing for outcomes. This distinction protects compliance and credibility.

Priority partners

Effective activation draws on existing infrastructure:

- **Aging networks:** Area Agencies on Aging, caregiver organizations — trusted access to older adults.
- **Dental associations and societies:** Clinical credibility and workforce realism.
- **FQHCs and rural clinics:** Safety-net reach and operational experience.
- **Tribal health programs:** Cultural grounding and trust.
- **Chronic disease coalitions:** Shared measures and wider policy relevance.
- **Long-Term Services and Supports (LTSS) and home-care providers:** Continuity-of-care insights.
- **Faith-based networks and Community Health Workers (CHWs):** Relationship-based outreach.
- **Universities and Extension programs:** Evaluation, student engagement, and local presence.

Think in roles — signal boosters, translators, data partners, and feasibility bridges — rather than names alone.

Principles for effective activation

Shared purpose: Frame oral health for older adults as a public-value issue using 5PV™: effectiveness, economy, society, environment, innovation.

1. **Co-design the core message:** Agree on the same backbone: problem → evidence → public value → options → feasibility → assistance.

2. **Cultural and linguistic respect:** Provide translations, large-print versions, and culturally grounded imagery.
3. **Visible compliance:** Include a “do/don’t” language strip (“for consideration” vs. “support/oppose”).
4. **Equip lightly:** Supply editable templates, slide decks, and data tiles that partners can adapt quickly.

Alignment across 5PV™

Peers prepare the ground before executive briefings, provide stories alongside legislative education, and sustain visibility afterward. Executives hear feasibility, legislators see local relevance, and communities reinforce continuity.

Mobilizing Peer Organizations

Mobilization turns intent into coordinated, values-aligned action. The aim is disciplined orchestration — the right partner, carrying the right message, at the right time.

Step 1 – Alignment session

Hold a 60-90 minute kickoff to confirm purpose, message spine, lead 5PV™ frames, and compliance guardrails. Clarify audiences and roles, noting who reaches which group and through what channel.

Step 2 – Co-create a ready-to-use toolkit

Provide assets that lower the lift:

- **Talking points (1 page):** Aligned to the message spine.
- **Public value one-pager:** Adaptable brief with optional district insert.
- **Explainer slides (4–6):** Problem, evidence, value, options, feasibility, next step.
- **Storybank prompt & testimonial worksheet:** Consent-ready storytelling aligned to a 5PV™ frame.
- **Site-visit checklist:** Agenda, safety sheet, and consented quotes.
- **Compliance insert:** Language guardrails and attribution rules.

Use shared folders with version control to prevent drift.

Step 3 – Establish cadence and roles

A simple editorial calendar maps quarterly visibility bursts to policy windows (budgets, hearings, Older Americans Month). Assign who updates which artifact, who leads distribution, and who checks accessibility.

Step 4 – Provide brief coaching

Offer “framing labs” and speaker prep sessions: rewrite headlines using a chosen 5PV™ frame, shorten dense text, or craft 90-second stories. Office hours keep support light but reliable.

Step 5 – Localize without losing integrity

Partners may translate, adapt imagery, or add local statistics — but must preserve the backbone and cite sources. Accessibility remains mandatory: clear reading order, high contrast, large fonts, alt text, and plain language.

Step 6 – Track and learn

Ask partners to log where assets go, what questions arise, and which policymakers request data or visits. Update materials quarterly to pre-answer those questions.

Step 7 – Safeguards and equity

Use brief MOUs covering scope, roles, branding, consent, and accessibility. Include two-key approval (content and compliance). Honor lived experience — invite elders and caregivers to review materials, avoid deficit framing, and compensate participation when possible.

Mobilization is successful when peers can educate confidently without oversight — because guardrails, materials, and trust already make alignment natural.



Sustaining Peer Collaboration

Activation creates motion; sustainability maintains harmony. A coalition endures through structure, equity, and steady rhythm.

Shared sightlines

A one-page scorecard reviewed quarterly tracks engagement, quality, and influence. Measure process (briefings, translations), quality (readability, accuracy), and traction (requests from agencies or staff). Pair this with a 20-minute post-activity debrief to capture questions and refine assets.

MOUs with clarity, not friction

Define purpose (education-only), roles, branding, consent, and accessibility. Require language guardrails and designate primary and backup contacts. Keep documentation brief but explicit.

Community voice as co-leadership

Establish advisory circles of elders and caregivers to review materials and suggest improvements. Include them as co-presenters in executive or interagency briefings and compensate their time when possible. Rotating facilitation of meetings shares ownership and credit.

Cadence and governance

Maintain a predictable rhythm: monthly huddles (tasks and windows), quarterly reviews (scorecard and toolkit upgrades), and annual refresh (new data, stories, and translations). Regularity reduces burnout and keeps progress visible.

Safeguards

Cross-train backups for key roles; maintain a contact tree and misinformation protocol for quick corrections. Keep distribution logs and version histories so materials withstand public review.

Ethical stewardship of data and stories

Define every metric, update sources, and label caveats. Obtain consent for stories, confirm quotes, and avoid deficit framing. Use high-contrast, plain-language visuals with alt text for all graphics.

Accessibility and equity as standards

Accessibility is non-negotiable: large-print PDFs, high contrast, translations, and audio versions for key assets. Health equity requires community review before distribution and disaggregated data wherever feasible.

Recognition and motivation

Celebrate partner contributions, co-brand outputs, and highlight “what worked” stories. Offer micro-trainings and design support to sustain participation.

Sustainability is achieved when the coalition operates as a learning system — self-correcting, inclusive, and resilient across leadership changes.

Coalition Maturity Spectrum

Coalitions evolve in stages. The maturity spectrum helps S/TOHPs recognize where they are and focus on the next achievable step rather than idealized endpoints.

Coalition Maturity Spectrum



Why it matters

Assessing maturity prevents both over-engineering and stagnation. Each level—Emerging, Active, Advanced—represents distinct capacities in governance, messaging, and equity. Progress depends on strengthening systems while maintaining education-only discipline.

Emerging: Informal relationships, inconsistent messages, limited evidence use, ad hoc accessibility.

Active: Regular cadence, shared toolkit, consistent 5PV™ framing, some localization, basic tracking.

Advanced: Co-produced assets, version control, advisory review, equity governance, interagency engagement.

Progression strategies

Emerging → Active:

Hold an alignment session; publish the core message backbone; issue a starter toolkit; schedule monthly huddles and a quarterly review; execute one small visibility burst.

Active → Advanced:

Add two-key approvals, expand accessibility and translation checks, integrate advisory circles, formalize MOUs, and introduce a quarterly scorecard with four domains: process, quality, influence, and equity.

Advanced → Sustained:

Develop shared dashboards, join interagency working groups, add a rapid refresh cycle for data tiles, and maintain cross-training for continuity.

Coalition Maturity Matrix

Assess six domains semiannually — Governance Rhythm, Messaging Discipline, Equity & Accessibility, Data Stewardship, Delivery Capacity, and Learning. Score 0–2 (Emerging–Advanced) and improve one domain per quarter.

Example: [1,1,0,1,1,0] → focus on equity and learning; [2,1,2,2,1,1] → strengthen messaging and delivery.

Decision principles

If conflict arises, choose compliance over advocacy, public value framing over preference, clarity over style, and community voice when evidence is equal.

Growth signals

Partners request editable assets, policymakers seek district tiles, and agencies invite collaboration. Each signal means the coalition’s credibility — and its message — has matured.

Common Scenarios: Peer Activation in Practice

Real examples make theory actionable. Each scenario below shows how disciplined coordination and 5PV™ framing turn peer engagement into visible traction.

Emerging > Active

Scenario 1 – Reawakening a Dormant Coalition

A rural coalition revived itself before a budget cycle. With an alignment session and starter toolkit, partners (the S/TOHP, an Area Agency on Aging, an FQHC, and the state dental association) used a shared Government Effectiveness and Social Value frame. Coordinated one-pagers, executive memos, and AAA newsletters restored visibility. Within months, agencies requested data tiles and site visits.

Active > Advanced

Scenario 2 – Fiscal Education for Budget Analysts

Facing scrutiny over costs, a multi-county network prepared a five-slide ROI deck and options memo highlighting Economic Value and Effectiveness. Neutral verbs and feasibility notes built credibility. The Medicaid agency requested pilot data, and legislative staff sought local inserts — proof that neutrality invites dialogue.

Active

Scenario 3 – Tribal Partnership for Elder Messaging

Tribal leaders, CHWs, and S/TOHP co-designed bilingual materials centered on Environmental and Social Value. Community radio segments and accessible PDFs reached elders effectively. Agencies later integrated dental screening into aging outreach — a direct result of culturally grounded messaging.

Advanced

Scenario 5 – Integrating Oral Health with Chronic Disease Coalitions

Tribal leaders, CHWs, and S/TOHP co-designed bilingual materials centered on Environmental and Social Value. Community radio segments and accessible PDFs reached elders effectively. Agencies later integrated dental screening into aging outreach — a direct result of culturally grounded messaging.

Active ► Advanced

Scenario 4 – Site Visit Demonstrating Feasibility

To address safety concerns around mobile dentistry, a small group observed operations at an LTC facility. A concise packet—agenda, safety sheet, journey map—showed efficiency and innovation in action. The outcome: administrative pilots and modernized service standards.

Across scenarios, the same lessons recur: shared message spine, consistent 5PV™ framing, compliance discipline, and small, feasible next steps. Peer activation works because credible partners deliver coherent messages that policymakers encounter repeatedly, in familiar voices, over time.

Summary

Peer activation transforms isolated education into a steady, trusted presence across policy environments. With shared framing, ready-to-use tools, predictable rhythms, and strong compliance, partners help executives and legislators see feasibility, relevance, and public value — without advocacy. Coalitions mature not by scale but by discipline: clarity of message, equity in voice, and steadiness in practice.

Chapter 7 builds on this foundation, turning sustained collaboration into measurable outcomes through continuous learning and evaluation.



Chapter 7: EFFECTIVE POLICYMAKER MEETING DESIGN

This chapter translates the ELP™ and 5PV™ frameworks into practical meeting choreography.

Introduction

This chapter translates the ELP™ and 5PV™ frameworks into practical meeting choreography. It shows how to plan, run, and follow up on education-only meetings with executive, legislative, and peer audiences. Each section provides a blueprint for structure, tone, and follow-through — turning limited time into measurable progress. The approach protects compliance while helping public officials see oral health as a shared public value investment, not an advocacy plea.

Meeting Types and Design Principles

Every policymaker meeting, from a 10-minute hallway conversation to a 60-minute work session, follows the same disciplined sequence:

problem → evidence → public value → options by authority → feasibility → small next step

This consistent structure builds trust, shortens briefings, and keeps education within non-lobbying boundaries.

Purpose

Meetings exist to educate, not persuade. The goal is to maturity officials see how oral health connects to outcomes they already track—budget stability, efficiency, and aging in place—while offering clear, feasible next steps.

The 5PV™ anchor

Frame the issue through the Five Dimensions of Public Value — Government Effectiveness, Economic Value, Social Value, Environmental Value, and Innovation. Choose the one or two that best fit the office. Effectiveness and Economic Value resonate with executives and budget staff; Social and Environmental Value reach aging and equity teams; Innovation engages modernization units.

Common formats simplified

In practice, meetings fall into a few predictable types, each requiring only modest adaptation of the same backbone:

- **Governor or senior executive briefings (15–30 min):** Open with a fiscal or performance metric, show one clean trend, link to Effectiveness and Economic Value, outline administrative options, and close with a 90-day deliverable such as a data pull or pilot scan.
- **Commissioners and agency directors (30 min):** Focus on implementation feasibility — rules, IT, and workforce. Present a matrix of administrative vs. statutory levers and propose a short feasibility review.

Meeting Design



©2025 Government Analytica

- **Legislative staff or members (10–20 min):** Use local data tiles and clear language distinguishing administrative from statutory steps. Offer site visits or district inserts for context.
- **Interagency and technical meetings (20–30 min):** Use a four-slide version of the spine to define a shared metric, assign owners, and confirm a 90-day action.
- **Peer or site-visit sessions (60–90 min):** Show, don't sell. Let officials observe workflows, safety protocols, and patient experience, supported by a safety one-pager and consented quotes.
- **Media briefings (20–30 min):** Treat reporters as educators of the public — one chart, clear definitions, transparent methods, and strict neutrality.

Each format begins with the policymaker's own metric, uses one visual, connects to public value, distinguishes what can be done under current authority, and ends with a specific next step. Accessibility—large-print handouts, plain language, high contrast, alt text, and translated summaries—is built into every design.

The unchanging guardrail

Never use advocacy verbs (“urge,” “support,” “oppose”) or bill numbers. Every meeting, whether in an office or online, is education-only: a technical conversation framed by evidence and feasibility.

Meeting Strategy, Design, and Preparation

Preparation determines whether a meeting educates or meanders. Strong design aligns the meeting to the policy window, clarifies the goal, chooses a lead public value frame, and assigns precise roles.

1 – ALIGN TO THE WINDOW

Match meeting type to timing.

- **Executive budget cycles:** bring a two-page memo with options “administrative now / with rule-IT / requires statute.”
- **Interim legislative studies:** use a district one-pager and peer-state comparable.

- **Rulemaking or waiver renewals:** convene a short interagency session with a defined micro-deliverable.
- **Public observances:** host an education-only site visit.

2 – CLARIFY THE GOAL

Each meeting should achieve one educational outcome:

- **Orient** – ensure shared understanding of the problem and authority lines.
- **Deepen** – define feasibility questions for the next step.
- **Advance** – confirm a specific 90-day action (e.g., feasibility note or data scan).

Avoid goals implying persuasion or legislative outcomes.

3 – SELECT THE LEAD SPV™ FRAME

Executives respond to Effectiveness and Economy; aging services to Social and Environmental Value; innovation teams to Innovation and Effectiveness. State the frame plainly so the audience hears alignment with its mission.

4 – APPLY STAKEHOLDER PROFILES

Use language and evidence that fit the office's lens—financial, operational, or equity—without altering facts. A Medicaid analyst may prefer tables; an aging services director, stories of independence. This is strategic respect, not spin.

5 – ASSEMBLE THE TEAM

Keep roles crisp:

- **Director:** opens, manages time, lands the next step.
- **Data/Quality voice:** presents one chart, defines method and caveats.
- **Operations/Safety voice:** explains workflow and risk controls.
- **Community/Peer voice:** a vetted 90-second story aligned to the lead SPV™ frame.
- **Scribe:** logs questions, owners, and dates.

6 – COMPLETE COMPLIANCE PREP

Replace any advocacy phrasing with neutral alternatives: “for consideration,” “administratively feasible,” “would require statute.” Use a short language-guardrail insert and an options-by-authority table distinguishing administrative from statutory actions.

7 – PREPARE LIGHT ARTIFACTS

Keep materials text-based and reproducible: a window-format selector, message-spine checklist, options table, feasibility note, local tile, and guardrails insert. Together they form a portable meeting kit.

Common pitfalls

- **Mismatched content to window:** confirm timing first.
- **Unclear goal:** pick orient, deepen, or 90-day step.
- **Too many visuals:** one chart only.
- **Blurry authority lines:** keep columns separate.
- **Equity added late:** build accessibility from the start.

A meeting that fits the calendar, uses the audience’s metric, and ends with a dated next step will be remembered as useful, not political.

Agenda Architecture and Roles (Run of Show)

A predictable structure allows policymakers to process information quickly. The agenda mirrors their decision logic and keeps discussion within education-only guardrails.

Standard agenda spine (15–60 min total):

1. **Opening** (2–3 min) – Purpose, audience metric, time box, desired outcome.
2. **Evidence** (5–7 min) – One chart, short method, one-sentence limitation.
3. **Public Value** (3–5 min) – Two sentences linking data to 5PV™ frames.

4. **Options by Authority** (8–10 min) – Administrative now / rule-IT / statute; include prerequisites.
5. **Feasibility** (5–7 min) – Workflow, workforce, data, and safety.
6. **Dialogue** (remaining time) – Clarify authority and feasibility, park tangents.
7. **Next Step** (2–3 min) – Confirm a 90-day deliverable, owner, and date.

Facilitation cues

Script transitions: “*We’ve covered evidence; now the public value implications.*” Summarize midway; close with explicit agreement on the next step. The Director manages flow, restates boundaries, and converts questions into design prompts: “*What would need to be true for Option B to be administratively feasible?*”

Accessibility in the room

Provide large-print materials, verbalize visuals, define terms, and offer interpreters or translated summaries as needed. Disaggregate data where it clarifies gaps and pair disparities with system solutions. Begin with a short accessibility note — it signals respect and improves comprehension.

Format variations

- Executive work sessions: expand the “options” and “feasibility” segments.
- Legislative briefs: compress to one local tile and short dialogue.
- Interagency meetings: focus on defining a shared metric.
- Site visits: replace slides with observation, ending in a feasibility recap.

Real-time capture

The Scribe logs five items: questions, decisions, owners, due dates, and requested data. This log becomes the 48-hour recap foundation.

A disciplined run-of-show keeps energy high, answers predictable questions, and leaves officials with confidence that their time was well spent.

In-Room Guardrails for Compliance, Ethics, and Risk

Guardrails are what keep credibility intact. They make meetings safe for both sides and ensure all dialogue remains within public-education parameters.

Language discipline

Prefer: “We observe,” “for consideration,” “administratively feasible.”

Avoid: “urge,” “support,” “oppose,” bill numbers, or calls to vote. Keep every statement recordable.

Authority separation

Visibly distinguish actions:

- Administrative now – under existing authority.
- Administrative with rule/IT – requires internal rulemaking or system change.
- Requires statute – legislative action.

State these divisions in both speech and slides.

Evidence transparency

Use one clearly labeled visual, state method and limits in plain English, and suppress small cells (<10) to avoid re-identification. When using stories, obtain written consent and anonymize details.

Data ethics and privacy

Aggregate data, avoid line-level details, and restrict access to secure folders. Confirm consent for any photos or quotes; never include patient identifiers.

Handling politics and optics

Decline campaign photos or policy endorsements. If asked for a position, restate your role: “Our task is to provide technical information and options.”

Issue-pause protocol

If a factual or cultural concern arises, acknowledge it, record it, and promise a 48-hour clarification note. Do not speculate in the moment.

Site-visit boundaries

Brief all hosts and speakers beforehand. Keep groups small, focus on observing workflow and safety. If

partners engage in advocacy, separate ASTDD’s educational portion clearly.

Documentation tools

Use a one-page language-guardrail insert, a pre-meeting compliance checklist, a plain-English glossary, and an issue-pause template. These are small, printable aids that normalize compliance as part of professional craft.

Equity and dignity

Disaggregate data by geography, disability, or race when informative, pair disparities with feasible fixes. Avoid deficit framing. When community members speak, compensate their time and keep remarks concise and values-based.

Guardrails do not constrain communication — they make it trustworthy. Transparent data, clear authority lines, and respectful language invite honest dialogue and repeat access.

Follow-Up, Measurement, and Learning

Meetings matter only if they produce motion. A disciplined 48- to 120-hour follow-up cycle converts goodwill into progress and builds institutional memory.

STEP 1 – SEND A 48-HOUR RECAP

Keep it one screen long: purpose, what was observed, 5PV™ frame, options by authority, decisions with owners/dates, and attached materials. Tone: factual and recordable.

STEP 2 – DELIVER REQUESTED MATERIALS

Provide only what was promised — clearly labeled and accessible. Note definitions, sources, and small-cell suppression rules.

STEP 3 – TRACK SIGNALS OF TRACTION

Maintain a simple log of follow-ups: invitations to workgroups, requests for data tiles, inclusion of oral-health metrics in draft plans. These are indicators of policy uptake.

STEP 4 – UPGRADE ONE ELEMENT

After each meeting, improve a chart, paragraph, or example based on questions raised. Cumulative small edits keep materials sharp without major rewrites.

STEP 5 – COORDINATE A PEER ECHO

Brief partner organizations on frames that resonated and share updated, compliant one-pagers. Reinforce boundaries with a language-guardrail insert to prevent advocacy drift.

STEP 6 – SCHEDULE THE NEXT TOUCHPOINT

Tie it to the policy window and 90-day step—rule/IT scan, feasibility note, or site-visit debrief—and enter it on the shared calendar.

Tools to support the loop

- **Recap template** – half-page format with six fields.
- **Deliverables register** – item, owner, date, status.
- **Signals tracker** – momentum and headwinds.
- **Update log** – one-line change record.
- **Peer echo brief** – two paragraphs + one-pager.

Common pitfalls

Late or verbose recaps, inconsistent numbers, over-promised analyses, privacy breaches, or partner advocacy slips. Fix them by using the templates, date-stamping versions, confirming scope, aggregating small data, and restating guardrails in every peer echo.

Quarterly learning loop

Every three months, review: which formats and frames worked best, which accessibility changes improved comprehension, and what to retire or refresh. Use findings to refine toolkits and training.

Equity and dignity in follow-up

Apply the same accessibility standards used in meetings — large-print, high-contrast, translated summaries. Confirm consent for stories and frame data gaps as system challenges, not community deficits.

Strong follow-up signals professionalism. A timely recap, on-time deliverables, visible traction, and continuous refinement transform isolated meetings into a learning system that steadily builds influence and trust.

Summary

Chapter 7 turns frameworks into action. Effective meetings are short, structured, and educative: start with the audience’s metric, present one clean figure, link to public value, separate authority paths, and close with a modest next step. Follow up within 48 hours, keep materials accessible and neutral, and log what worked. Consistency across meetings builds credibility faster than persuasion ever could.

The next chapter applies these skills to engagement by stance—amplifying allies, educating neutrals, and blunting opposition—completing the ELP™ system for strategic, values-based advocacy education.



Chapter 8: THE THREE INFLUENCE STRATEGIES

This chapter turns disciplined strategy into action.

Introduction

This chapter turns disciplined strategy into action. The earlier chapters built the foundation — defining public value (Chapters 1–4), creating communication tools (Chapter 5), mobilizing partners (Chapter 6), and conducting policy-safe meetings (Chapter 7). Chapter 8 now applies those tools through the **three influence strategies** that sustain education across policy windows:

- **Amplify** voices already supportive
- **Educate** undecided neutrals
- **Blunt** opposition narratives so dialogue stays factual and constructive.

These strategies keep every message consistent with ASTDD’s education-only mission. Use neutral verbs — “*we observe*,” “*for consideration*,” “*administratively feasible*,” “*would require legislative change*.” Distinguish what agencies can do now from what requires legislation. Build accessibility (large print, high contrast, alt text), equity (disaggregated data, inclusive framing), and consent (written permission for stories) into every artifact.

Each strategy below follows the same pattern: **goals, practical steps, tools, timing, and signals of traction**. Choose the one suited to your audience, confirm the live window, pick a lead public-value frame, and run a small, feasible next step. The repetition creates steady, credible visibility within normal government process.

3 Engagement Strategies



Amplify In-Favor Voices



Educate and Move Neutrals



Blunt Opposition Narratives

Amplifying Supportive Voices

Amplification means helping people who already agree with your message speak clearly and at the right time. The purpose is not noise but credible repetition that normalizes the issue.

Selecting Champions

Identify partners whose credibility fits the policymaker’s perspective. Use stakeholder profiles from Chapter 3 to match messenger and audience:

- **Professional champions** – FQHC leaders, dental-association chairs, aging-service directors.
- **Implementation exemplars** – teledental teams, referral-closure (“closed-loop referral”) pilots .
- **Community witnesses** – elders or caregivers offering short, consented stories.

Match the voice to the audience’s worldview; facts stay constant.

Equipping Champions

Provide light, coherent tools drawn from Chapter 5:

- **Co-branded one-pagers** with a district tile and authority-pathways box.
- Two-page **executive memos** and **options tables** (“administrative now / with rule or IT change / requires statute”).
- **Four-slide decks** following the message spine.
- **Media backgrounders** and a glossary for accuracy.
- **Testimonial worksheets** for 90-second stories.

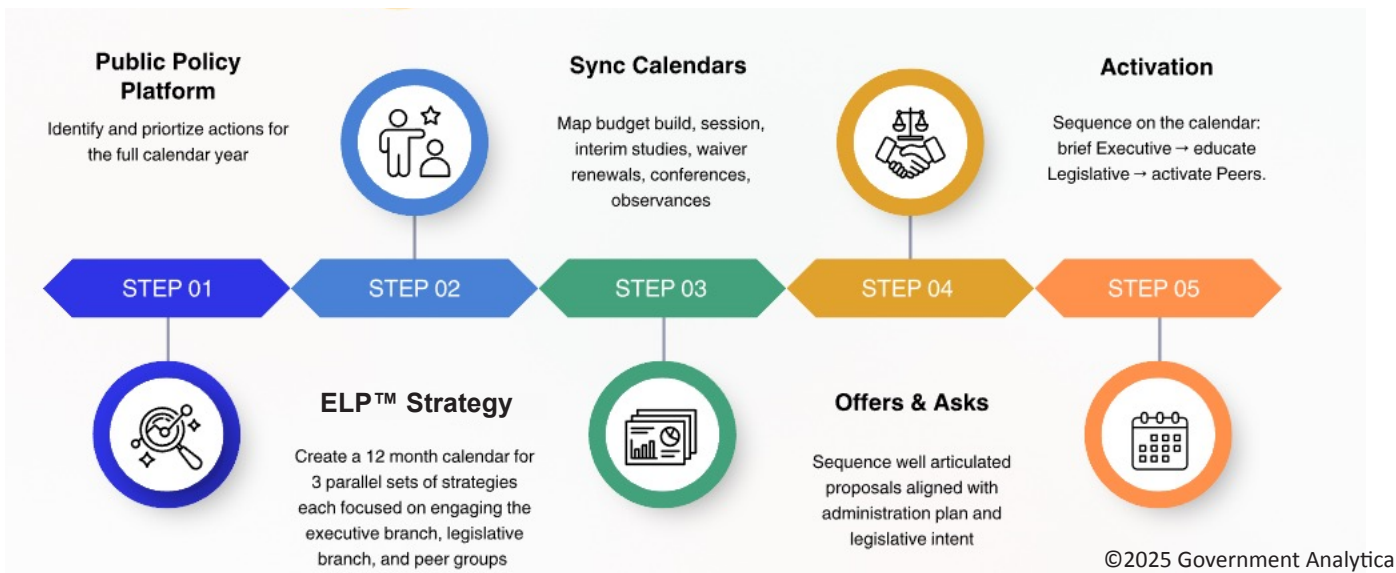
Offer editable, translated, large-print versions; retire old files so everyone uses current content.

Timing Amplification

Align to policy rhythms:

- **Executive pre-budget:** Effectiveness + Economic Value; offer administrative options.
- **Legislative interim:** localize with district tiles; stay neutral.
- **Rulemaking/waivers:** clause-linked feasibility notes.
- **Public observances:** Social + Environmental Value= aging in place, dignity.

12-Month Timeline



A shared editorial — who speaks, when, and with which artifact — keeps partners synchronized.

Maintaining Alignment

Consistency comes from structure:

- **Shared message grid** mapping audience × frame × artifact × messenger.
- **Two-key approvals** (content + compliance).
- **Micro-prep huddles** to confirm openings and phrasing.
- **Version-control folder** for date-stamped files.

Equity and Accessibility

Accessible PDFs, translations, large-print layouts, and plain language broaden reach. Disaggregate data where feasible and avoid deficit framing. Obtain written consent and confirm quotes before publication.

Signals of Traction

Requests for tiles or feasibility notes, invitations to workgroups, accurate media reuse, and repetition of your neutral phrases (“administratively feasible”) show success. Track in a one-page log and update materials quarterly.

Thirty-Day Amplification Sprint

Week 1 – Align on audience, window, and 5PV™ frame.

Week 2 – Release current materials, verify accessibility, prep champions.

Week 3 – Execute a “visibility burst:” newsletters, briefings, one policy-safe site visit.

Week 4 – Debrief, log questions, update files, share results.

Amplification works when messages echo predictably across credible messengers and settings, turning awareness into normalization.

Educating and Moving Neutrals

Education moves undecided officials by reducing risk and clarifying process — not by persuasion. The goal is curiosity that leads to a feasible next step.

Identify True Neutrals

Differentiate undecided actors from quiet allies or skeptics. Build short profiles noting their metrics, language, risk tolerance, and constraints. Choose entry points that fit — their number, not yours.

Choose Low-Pressure Venues

Use meeting types from Chapter 7:

- **Executive work sessions:** feasibility focus.
- **Legislative briefs:** 10–20 minutes, local data, one chart.
- **Interagency tables:** shared metric, 90-day deliverable.
- **Policy-safe site visits:** observe workflow, “show not sell.”

All follow the message spine and end with a small next step.

Design the Learning Experience

Link the issue to at least two public-value dimensions so multiple priorities see themselves in it.

Structure each conversation:

1. Their metric, one sentence.
2. One clear chart, two-sentence read.
3. Two short public value links.
4. Options by authority.
5. Feasibility in brief (workflow, workforce, data, safety).
6. A 90-day administrative next step.

Predictability builds confidence.

Support Curiosity

Provide peer-state comparables, note transferability limits, and offer a feasibility note outlining “what would need to be true.” Close by asking, “Which small step fits your process?”

Track and Adapt

After each interaction, log questions, update one-pagers or memos, and share improvements with peers so everyone echoes the refined answer.

Signals of Movement

Requests for data, inclusion in interagency agendas, pilot scheduling, or adoption of your neutral language mean progress. Respond promptly and document outcomes.

Equity and Accessibility

Provide large-print, high-contrast, translated materials. Narrate visuals aloud. Use respectful, consented stories and disaggregated data that reveal gaps without stigma.

Common Pitfalls

- **Over-explaining:** one chart per idea.
- **Implied advocacy:** avoid verbs like urge/support.
- **Vague feasibility:** always name a risk and mitigation.

Thirty-Day Neutral-Education Cycle

Week 1 – Pick the live window, profile the audience.

Week 2 – Draft spine + two 5PV™ links; prep visuals.

Week 3 – Hold meeting, log all questions.

Week 4 – Deliver follow-ups and upgrade materials.

Educating neutrals works when officials feel safe to learn and see administrative steps within reach.

Minimizing Opposition’s Impact

Blunting opposition preserves space for dialogue by addressing concerns with facts and feasibility. It shifts focus from “whether” to “how.”

Understand the Landscape

Most resistance stems from cost, capacity, or safety — not ideology. Review logs and meeting notes to spot recurring themes and who voices them (budget, quality, IT, operations). Tailor responses to role and window.

Craft Facts-First, Value-Linked Responses

Connect each concern to a relevant 5PV™ frame:

- **Cost → Economic Value:** phased administrative pilots, budget predictability.
- **Workforce → Effectiveness:** training + telesupport workflows.
- **Safety → Social Value:** infection-control, referral closure, incident review.
- **T burden → Innovation:** minimal datasets, privacy safeguards.
- **Aging in Place → Environmental Value:** prevention and continuity.

Keep each reply to two or three sentences with one optional visual.

Select Credible Messengers and Venues

Pair topic and voice: clinician for safety, analyst for cost, IT for feasibility. Deliver responses in calm, process-focused venues: executive work sessions, interagency tables, or site visits. Avoid public argument.

Maintain Neutral Tone

Use education verbs and display administrative vs. statutory columns on every slide. State assumptions, ranges, and limitations; promise follow-up instead of debating. Transparency builds trust.

Monitor and Iterate

Keep a short objections log (theme / who / response / follow-up). Update materials with one new sentence or tile that pre-answers top concerns. Retire old files to prevent quote drift.

Common Errors

- **Debate:** return to process.
- **Over-promising:** use ranges.
- **Data overload:** one chart.
- **Tone missteps:** co-review with advisors.
- **Compliance drift:** apply guardrails insert and two-key approvals.

Thirty-Day Plan

Week 1 – Identify top three objections.

Week 2 – Write two-sentence counters tied to 5PV™ frames; assign messengers.

Week 3 – Insert counters into memos, FAQs, site visits.

Week 4 – Record outcomes, update assets, share recap with partners.

Equity, Accessibility, and Dignity

Provide accessible, translated, large-print materials. Obtain consent for stories; keep examples brief and dignified. Disaggregate data carefully and frame disparities as system issues.

What Success Looks Like

Questions evolve from “whether” to “which option.” Staff echo your neutral phrases, request feasible next steps, and media coverage preserves caveats. Opposition loses traction because every concern meets a factual, process-based reply.



Case Study: Amplification — Association Echoes a Public-Value Narrative

A dental association used a co-branded one-pager and 5PV™ infographic (Effectiveness + Economic Value) to brief members before budget season. The materials included authority pathways and accessible design. Consistent framing and the association’s credibility led agencies to request district tiles and joint work sessions.



Case Study: Education — Site Visit Moves “Whether” to “How”

A neutral legislator visited a long-term-care dental site. Observation replaced debate. Using the message spine and Environmental + Effectiveness frames, the session ended with a 90-day technical briefing. The legislator later requested a measure specification—proof of movement through learning.



Case Study: Blunting — Facts First Budget Brief

When opposition focused on cost and workforce, the program issued a two-page executive memo showing scenario ranges and phased pilots. Clear options and visible sources shifted discussion from politics to feasibility. Budget staff commissioned sensitivity tests and scheduled a data pull.

Across all three, success came from the same discipline: one fact, one frame, visible authority lines, and a small, dated next step.

Summary

Chapter 8 operationalizes influence through three educational plays: Amplify supporters using consistent tools and timing; Educate neutrals by reducing risk and clarifying process; and Blunt opposition with concise, fact-based, public-value replies. Each relies on the shared message spine—problem, evidence, public value, options by authority, feasibility, and a 90-day next step—delivered through accessible, equity-minded materials.

Used together, these strategies create a rhythm of credibility across Executive, Legislative, and Peer spheres. Policymakers begin to echo the same neutral language, request feasible analyses, and integrate oral-health considerations naturally into the ordinary work of government, the lasting sign of influence grounded in public value.





Chapter 9: EVALUATING & SUSTAINING ADVOCACY PROGRESS

This chapter explains how to use a simple logic model and a reliable monitoring rhythm to connect investments, actions, and products to real outcomes.

Introduction

This chapter turns the guidebook into an operating system. It explains how to use a simple logic model and a light but reliable monitoring rhythm to connect investments, actions, and products to real outcomes. These structures help teams learn quickly, adapt to changing policy windows, and keep progress steady even through staff or leadership transitions.

The logic model clarifies what to track and why. The monitoring cadence—monthly check-ins and quarterly reviews—keeps learning continuous. The final section shows how to embed advocacy into everyday program operations so that education-focused communication becomes a normal management habit, not a special project.

Throughout, guardrails remain firm: communication is educational, not lobbying; materials must be accessible, equitable, and consent-based. The goal is durable progress — disciplined, respectful engagement that improves systems for older adults year after year.

Logic Model for Advocacy

A logic model links what we invest (inputs) to what we do (activities), what we produce (outputs), and what changes as a result (outcomes and impact). For S/TOHPs, it ensures that advocacy education stays predictable, measurable, and equitable. It draws together the playbook's earlier chapters — public value framing (Ch. 4), communication tools (Ch. 5), peer activation (Ch. 6), policymaker meetings (Ch. 7), and the three influence strategies (Ch. 8).



Purpose and Use

Use the logic model to plan quarterly work, align partners on deliverables, and focus only on indicators that matter: requests, follow-ups, shared metrics, pilots, and accessibility completion. Review monthly for quick fixes and quarterly for deeper refreshes.

Inputs

People & Time: Clear role assignments—director, content, data/quality, operations, partnerships, and community liaison—prevent drift and guarantee follow-through.

Partners: Aging agencies, Medicaid, FQHCs, dental associations, tribal and chronic-disease coalitions add credibility and reach.

Data & Evidence: Surveillance tiles, referral-closure rates, and plain-language method notes anchor every meeting in facts.

Tools & Templates: Standardized 5PV™ frames, one-pagers, memos, decks, feasibility notes, and site-visit packets keep work fast and compliant.

Compliance & Accessibility: Education-only language, administrative/statutory visuals, large-print and translated formats, and consent workflows protect credibility.

Resources: Modest design, translation, and honoraria budgets maintain quality and inclusion.

Activities

Regular, policy-safe interactions drive results:

- Executive sessions (problem → evidence → value → options → feasibility → 90-day step).
- Legislative briefs (10–20 minutes, localized one-pagers).
- Interagency tables (shared metric, micro-deliverable).
- Site visits (observe workflow and safety).
- Amplify, Educate, Blunt cycles (Ch. 8).
- Accessibility checks and monthly debriefs to retire outdated files.



Outputs

Count what is tangible: number of sessions, site visits, and co-branded distributions; proportion of current materials meeting accessibility standards; number of refreshes and FAQs added. Simple logs provide sufficient data.

Outcomes

Short term (0–6 months): Shared process language (“administratively feasible”), concrete data requests, and invitations to workgroups.

Medium term (6–18 months): Shared metrics adopted, administrative pilots launched, early rule or waiver concepts drafted.

Long term (18 + months): Coordinated systems, improved access measures (fewer dental-related ED visits, higher preventive rates), and sustained mobile or tele-supported models.

Assumptions and Risks

Maintain flexibility for policy-window timing, leadership turnover, workforce or IT limits, and media narratives. Mitigate with quick-turn templates, day-zero binders, and clear backgrounders. Equity risks—language or visibility barriers—require translations, large-print, and alt-text safeguards.

At-a-Glance Dashboard

Track six domains monthly:

- Reach – briefings, visits, distributions.
- Engagement – data or meeting requests.
- Feasibility – pilots and metrics defined.
- Opposition – objections resolved, FAQs updated.
- Accessibility/Compliance – 100 % of new assets large-print, translated, and guardrail-checked.
- Equity – community co-reviews and consented stories.

Quarter-in-Practice Example

Inputs: current one-pager, memo, deck, and translations ready.

- **Activities:** two executive sessions, one interagency table, one site visit.
- **Outputs:** four briefings, three artifacts refreshed, one FAQ added.
- **Outcomes:** new data request and 90-day follow-up scheduled.
- **Equity check:** all assets accessible and one community review complete.

The logic model gives programs a living map — clear steps, evidence of traction, and built-in reflection that turns communication into a continuous-learning cycle.

Monitoring and Adaptation

Monitoring keeps work aligned with real policy movement. It is not paperwork — it is how programs stay timely, compliant, and responsive.

Cadence

Two brief touchpoints are enough:

- Monthly check-in (30–45 min): Review live windows, what was delivered and requested, and which questions need pre-answering.
- Quarterly review (60 min): Assess reach, engagement, feasibility, opposition trends, and equity checks. Decide which materials to retire or refresh.

Predictable rhythm sustains learning without draining staff.

What to Measure

Five signal categories reveal progress:

1. **Reach** – number of meetings, site visits, distributions.
2. **Engagement** – data or meeting requests, invitations to workgroups.
3. **Feasibility** – pilots scoped, shared metrics defined.
4. **Opposition Blunting** – fewer recurring objections; neutral language adopted externally.
5. **Equity & Consent** – completed accessibility standards and dignified story use.

A one-page dashboard suffices; detail lives in supporting logs.

Simple Data Collection

Use lightweight shared tools:

- Meeting recap (decisions, owners, dates).
- Distribution/request log (who used what).
- FAQ/objection tracker.
- Accessibility checklist.
- “Current Versions” folder with date-stamped assets.

These show patterns at a glance — no heavy reports required.

Adaptation Rules

Predetermine triggers so updates happen automatically:

- If two audiences ask the same question → update one-pager and memo within seven days, retire old versions.
- If a policy window shifts → reorder the editorial calendar.
- If visuals confuse → rebuild tile with plain language, high contrast, alt text.
- If misinformation spreads → issue a “truth-sandwich” correction (fact → explain → restate).

Adapt quickly but preserve accuracy.

Governance and Accountability

Assign owners:

- Partnerships lead – trackers and calendar.
- Content lead – wording and 5PV™ alignment.
- Compliance/access lead – education-only and accessibility verification.
- Director – priority setting and tie-breaking.

Include a short README in the repository — what to use, when, and for whom.

Equity, Accessibility, and Consent Reviews

Each quarter, confirm that major assets meet large-print and translation standards, include alt text, and use consented, dignified stories. Add disaggregated data views when feasible. This builds legitimacy and reach.

Quarterly Review Agenda

15 min windows and priorities → 15 min scorecard → 10 min equity/access → 10 min retire/refresh → 10 min plan next visibility burst. End with one sentence naming each owner’s next step.

This rhythm turns reflection into habit and ensures each cycle produces sharper materials and more effective engagement.

Embedding Advocacy into Program Operations

Education-focused advocacy endures when it becomes routine inside program management. Embedding means clear roles, repeatable skills, modest resources, and automatic guardrails.

Clarify Roles and Expectations

Incorporate advocacy education into job descriptions and annual goals.

- **Director:** Sets policy windows, leads executive meetings.
- **Content lead:** Guards message integrity and 5PV™ framing.
- **Compliance/access lead:** Enforces education-only language and accessibility checks.
- **Data/quality lead:** Curates visuals and sensitivity analyses.

- **Operations/safety lead:** Writes feasibility notes, designs site-visit briefs.
- **Partnerships lead:** Manages calendar and coalition distribution.
- **Community liaison:** Oversees co-review and consented stories.
- **Scribe/project manager:** Maintains trackers and repository health.

Build Skills and Cross-Coverage

Use short, repeatable trainings:

- Onboarding modules: message spine, 5PV™ framing, stakeholder profiling, options-by-authority, accessibility basics.
- Quarterly micro-trainings: plain language, visual clarity, and 10-minute role rehearsals.
- Cross-training: maintain a skills matrix and backups; rotate facilitators to prevent single points of failure.

Plan, Budget, and Calendar

Tie the annual plan to policy windows and reserve small but reliable budgets for quality.

- Editorial calendar: who speaks, with which artifact, and when.
- Micro-budgets: translation, design, honoraria, logistics.
- Data/IT alignment: schedule pulls or pilots before windows open.

Standardize Tools and Safeguards

Create a central “Current Versions” folder and brief SOPs that make compliance automatic: language guardrails, administrative/statutory box, accessibility checklist, consent process, misinformation correction protocol, and site-visit ground rules.

Repository discipline—date-stamps and README files—ensures everyone uses current, verified materials.

Develop and Mentor New Leaders

Continuity depends on preparing successors. Pair emerging staff with experienced presenters; assign them small products (tile refresh, feasibility note); maintain a “day-zero binder” with the message grid, logic model, scorecard, contact tree, and 90-day calendar.

Integrate Equity and Accessibility from the Start

Treat inclusion as design, not decoration.

- Minimum standard: large-print/high-contrast, alt text, plain-language reads, translated summaries.
- Community co-review: periodic advisory checks to avoid deficit framing.
- Data practice: disaggregate when feasible, explain gaps as structural, not personal.

Govern and Improve with a Light Cadence

- Blend monitoring into operations.
- Monthly (30–45 min): review windows, deliverables, and upcoming questions.
- Quarterly (60 min): scorecard, accessibility review, retire/refresh decisions, next visibility burst.
- Trigger rule: if a question repeats twice, update within a week.

With this rhythm, advocacy becomes a continuous-improvement system: people know their role, tools stay current, and compliance and equity are automatic.

Summary

Chapter 9 completes the playbook by turning guidance into an operational framework. The logic model links inputs, activities, and outputs to short- and long-term outcomes. Monitoring establishes a predictable rhythm—monthly and quarterly reviews using clear indicators of reach, engagement, feasibility, opposition, accessibility, and equity. Embedding these habits into daily operations—through explicit roles, cross-training, micro-budgets, version control, and standard safeguards—ensures that disciplined, education-only advocacy continues regardless of staff or political change.

With this structure, State and Territorial Oral Health Programs can sustain credibility, adapt quickly, and translate each policy window into measurable public-value gains for older adults.



GLOSSARY

GLOSSARY

Older Adult Oral Health

The oral health status, needs, and outcomes of adults in later life, including disease burden, tooth loss, access barriers, and links to nutrition, chronic disease, independence, and quality of life. The Guidebook centers advocacy and education work on improving these outcomes in aging systems.

State and Territorial Oral Health Programs (S/TOHPs)

Public health programs in states and territories that provide surveillance, technical assistance, and cross-sector convening to integrate oral health into aging, Medicaid, and chronic disease initiatives. They are the primary users of the Guidebook and the backbone of older adult oral health leadership and infrastructure.

ELP™ Framework / Executive–Legislative–Peer (ELP) Policy Influence Network

A structured way to organize outreach across three domains: executive agencies, legislative bodies, and peer or pressure groups, so that each receives tailored information and aligned messages. It is the organizing spine of the Guidebook's advocacy playbook for planning, sequencing, and coordinating engagement.

Stakeholder Map / Stakeholder Engagement Planner™ (3×3 Matrix)

A visual and tabular tool that maps key actors by branch (Executive, Legislative, Peer/Pressure Groups) and stance (in favor, neutral, against), helping S/TOHPs prioritize outreach, prevent duplication or gaps, and align tactics with each stakeholder's authority, influence, and timing.

Three Engagement Strategies

A trio of influence approaches that guide how to interact with different audiences: amplifying supportive voices, educating and moving neutral audiences toward support, and blunting opposition by using facts and public value framing. Together, they turn the ELP map into concrete action steps.

Five Dimensions of Public Value (5PV™)

A framing lens that organizes messages around Government Efficiency, Economic Value, Social Value, Environmental Value, and Innovation. S/TOHPs use 5PV to align oral health messages with the priorities of different decision-makers while keeping facts constant and emphasizing relevance to their mandates.

Public Value Framing

The practice of translating surveillance data, program evidence, and stories into narratives that show how older adult oral health advances efficiency, cost savings, equity, independence, and innovation. Rather than arguing for a bill, it connects oral health to broader public goals that matter to executives, legislators, and peer organizations.

Storybank / Storybanking

A structured collection of short, consented stories from older adults, caregivers, and providers that document setting, problem, intervention, and outcome, each tagged by public value dimension. These stories humanize data and can be quoted in briefs, presentations, and media to illustrate the lived impact behind surveillance statistics.

Logic Model for Advocacy

A simple framework that links inputs (people, partners, data, tools, compliance), activities (briefings, site visits, interagency tables), outputs (sessions, materials, distributions), and outcomes (requests, pilots, shared metrics, equity gains) to show how education-focused efforts lead to policy traction and system change over time. It turns the Guidebook into an operating system for continuous learning.



ASTDD.org
3858 Cashill Blvd.
Reno, NV 89509