ADDNING A DENTAL BENEFIT IN MEDICARE

ORAL HEALTH AMERICA’S MISSION IS TO CHANGE LIVES BY CONNECTING COMMUNITIES WITH RESOURCES TO DRIVE ACCESS TO CARE, INCREASE HEALTH LITERACY AND ADVOCATE FOR POLICIES THAT IMPROVE OVERALL HEALTH THROUGH BETTER ORAL HEALTH FOR ALL AMERICANS, ESPECIALLY THOSE MOST VULNERABLE.

National Oral Health Conference
Albuquerque, New Mexico
Monday, April 24th, 2017
TODAY’S SESSION

Moderator:
• Bianca Rogers, Public Affairs Coordinator, Oral Health America

Speakers:
• Judith Jones, Professor and Associate Dean for Academic Administration, University of Detroit Mercy School of Dentistry
• Beth Truett, President & CEO, Oral Health America
• Patrick Willard, Health Action Director, Families USA
ABOUT OHA

National nonprofit based in Chicago, celebrating over 60 years of focusing on the nation’s oral health.

Programs

SMILES
ACROSS AMERICA

WISDOM
TOOTH PROJECT

Campaign for Oral Health Equity
PUBLICLY FUNDED DENTAL BENEFIT

GOAL: Include an adult dental benefit in publicly funded health coverage
  • Medicare includes an extensive dental benefit
  • At least 30 states have an extensive Medicaid adult dental benefit

PARTNERSHIP:
  • DentaQuest Foundation
  • OH2020 Goals & Network
YEAR 1: LAYING THE GROUNDWORK

- Coalition Building & Partnerships
- Public Opinion Poll
- Medicare Symposium
- Take Action Webpage
- A State of Decay, Vol. III
YEAR 1: LAYING THE GROUNDWORK

NEED:

• Public Opinion Poll
  • 52% older adults don’t know or unsure Medicare covers routine dental
  • 2/3 have no plan in place for retirement
• A State of Decay, vol. III
  • State-by-state analysis of oral healthcare delivery and public health factors impacting the oral health of older adults

PARTNERS & STAKEHOLDERS:

• Medicare Symposium
WHO: Stakeholders in dental, aging, policy & Medicare

WHERE & WHEN: Summer 2015, Washington, DC

WHY: To begin to chart the course forward for an added oral health benefit in Medicare.

WHAT: To explore different benefit structures and approaches; to discuss consumer messages aligned with their oral health wants and needs; to build partnerships, new and old.
YEAR 2: BUILDING THE FRAMEWORK

Policy & Procedure

Politics

Marketing & Comm
YEAR 2: BUILDING THE FRAMEWORK

OHA

LEAD PARTNER

POLICY & PROCEDURE
- Developers
- Advisors
- Reviewers

MARKETING & COMMUNICATIONS
- Developers
- Advisors
- Reviewers

POLITICS
- Developers
- Advisors
- Reviewers
YEAR 3: DEEPER DIVE

- POLITICAL LANDSCAPE
- BENEFIT STRUCTURE
- EXTENSIVE MARKET RESEARCH-CONSUMERS
YOU CAN’T BE HEALTHY WITHOUT GOOD ORAL HEALTH—C. EVERETT KOOP

Beth Truett
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Natalie Shaffer
Public Affairs Associate
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50 Wishes for Medicare’s Future

• On July 30, 2015, Medicare celebrated 50 years
• More than 50 million Americans and their families rely on Medicare for basic health and economic security
• What are the small fixes to improve how Medicare beneficiaries navigate their coverage day-to-day?

#1: Add a dental benefit

https://www.medicarerights.org/50wishes, accessed 3/10/17
Disclosures:

Associate Dean for Academic Administration
University of Detroit Mercy School of Dentistry

Senior Fellow, Santa Fe Group
ADA National Elder Care Advisory Committee
ADA Spokesperson on Elder Care
Consultant for VA Oral Health Quality Group

Judith Jones
judjonesja16@udmercy.edu
Proposed Medicare Dental Benefits

• 52 million enrollees in 2013
• 48.7 Million in Part B

(SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>55,969,000</td>
</tr>
<tr>
<td>2030</td>
<td>72,774,000</td>
</tr>
<tr>
<td>2040</td>
<td>79,719,000</td>
</tr>
<tr>
<td>2050</td>
<td>83,739,000</td>
</tr>
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</table>

Estimates of 65+ year olds by poverty level, 2012, in thousands (DeNavas-Walt et al 2014)

<table>
<thead>
<tr>
<th>Percent of FPL*</th>
<th>% of Seniors</th>
<th>Number of Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100%</td>
<td>9.1</td>
<td>3,913</td>
</tr>
<tr>
<td>100-199%</td>
<td>24.1</td>
<td>10,363</td>
</tr>
<tr>
<td>200-299%</td>
<td>15.1</td>
<td>6,493</td>
</tr>
<tr>
<td>300-399%</td>
<td>12.6</td>
<td>5,418</td>
</tr>
<tr>
<td>&gt;=400%</td>
<td>39.1</td>
<td>16,813</td>
</tr>
</tbody>
</table>

*FPL: Federal Poverty Level, or $11,720 in 2012
Medicare Part B

- Is it an option for providing access?
  YES!
- Paying for dental care might even reduce overall health care costs!

Approach
### Part B monthly premium by annual tax return, CMS, 2015

<table>
<thead>
<tr>
<th>Individual return</th>
<th>Joint return</th>
<th>Monthly premium</th>
<th>Income-related monthly adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$23,440</td>
<td>&lt;$47,500</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>$23,440-$84,999</td>
<td>$47,500-169,999</td>
<td>121.8 + $TBD/12</td>
<td>0</td>
</tr>
<tr>
<td>&gt;85k, &lt;=107,000</td>
<td>&gt;170k, &lt;=214,000</td>
<td>170.5 + $TBD/12</td>
<td>48.70</td>
</tr>
<tr>
<td>&gt;107k, &lt;=160,000</td>
<td>&gt;214k, &lt;=320,000</td>
<td>243.0 + $TBD/12</td>
<td>121.80</td>
</tr>
<tr>
<td>&gt;160k, &lt;=214,000</td>
<td>&gt;320k, &lt;=428,000</td>
<td>316.7 + $TBD/12</td>
<td>194.90</td>
</tr>
<tr>
<td>&gt;214,000</td>
<td>&gt;428,000</td>
<td>389.8 + $TBD/12</td>
<td>268.00</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>CHF</td>
<td>Diabetes</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Medicare Beneficiaries with Diagnosis*</td>
<td>1,879,021</td>
<td>4,814,660</td>
<td>8,657,223</td>
</tr>
<tr>
<td>Unique Medicare Beneficiaries within category</td>
<td>1,287,280</td>
<td>2,052,953</td>
<td>3,278,663</td>
</tr>
<tr>
<td>Average Annual Cost Per Beneficiary*</td>
<td>$45,840</td>
<td>$29,472</td>
<td>$18,108</td>
</tr>
<tr>
<td>Total Medicare Cost by Disease Annually*</td>
<td>$59 B</td>
<td>$60.5 B</td>
<td>$59.4 B</td>
</tr>
</tbody>
</table>

*Sources: CMS Chronic Conditions Warehouse, 2016; MaCurdy et al., 2015
## Estimated cost savings/beneficiary/year by selected diseases and insurance programs

<table>
<thead>
<tr>
<th></th>
<th>Stroke</th>
<th>CHF</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigna</strong>^A,B</td>
<td>$10,142</td>
<td>$647</td>
<td>$1,418</td>
</tr>
<tr>
<td><strong>United Concordia</strong>^C</td>
<td>$5,681</td>
<td>$1,090</td>
<td>$2,840</td>
</tr>
<tr>
<td><strong>UnitedHealthcare</strong>^D</td>
<td>NA</td>
<td>$8,466</td>
<td>$923</td>
</tr>
<tr>
<td><strong>American Dental Association</strong>^E</td>
<td>N/A</td>
<td>N/A</td>
<td>$788.5</td>
</tr>
</tbody>
</table>

*Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016*
## Potential annual savings for stroke, CHF, and diabetes, by study cited.

<table>
<thead>
<tr>
<th></th>
<th>Stroke</th>
<th>CHF</th>
<th>Diabetes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna&lt;sup&gt;A,B&lt;/sup&gt;</td>
<td>$13B</td>
<td>$1.3B</td>
<td>$4.6B</td>
<td>$19B</td>
</tr>
<tr>
<td>United Concordia&lt;sup&gt;C&lt;/sup&gt;</td>
<td>$7.3B</td>
<td>$2.2B</td>
<td>$9.3B</td>
<td>$18.8B</td>
</tr>
<tr>
<td>United Health Care&lt;sup&gt;D&lt;/sup&gt;</td>
<td>N/A</td>
<td>$17.3B</td>
<td>$3.0B</td>
<td>N/A</td>
</tr>
<tr>
<td>American Dental Association&lt;sup&gt;E&lt;/sup&gt;</td>
<td>N/A</td>
<td>N/A</td>
<td>$6.8B</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016
### Potential annual percent of savings for stroke, CHF and diabetes, by cited study

<table>
<thead>
<tr>
<th></th>
<th>Stroke</th>
<th>CHF</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigna</strong>&lt;sup&gt;A,B&lt;/sup&gt;</td>
<td>22%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>United Concordia</strong>&lt;sup&gt;C&lt;/sup&gt;</td>
<td>12%</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>United Health Care</strong>&lt;sup&gt;D&lt;/sup&gt;</td>
<td>N/A</td>
<td>29.5%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>American Dental Association</strong>&lt;sup&gt;E&lt;/sup&gt;</td>
<td>N/A</td>
<td>N/A</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Sources:** Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016
Re: Insurance Studies

- All are retrospective - designs not ideal
  HOWEVER...
- ALL consistently show $avings
- $avings may help pay for some of Medicare dental benefit
Benefits Development

- 3 groups: Development, Advisory, Review

Development - meeting at DTA offices on March 2, 2016
- Jean Calvo, Harvard Fellow
- Jeff Chaffin, Delta Dental Iowa
- Elisa Chavez, Santa Fe Group / University of the Pacific
- Mary Foley, MSDA
- Rich Manksi, University of Maryland
- Michael Monopoli, DentaQuest Foundation
- Lynn Mouden, CMS

- All groups: Judith Jones, Bianca Rogers, Mike Alfano, Beth Truett
Benefits Development: Advisory and Review

**Advisory group**
- Jim Bramson, United Concordia
- Mary Lee Conicella, Aetna
- Allen Finkelstein, Dental Insurance Consultant
- Harriet Komisar, AARP
- Mike Hegelson, Apple Tree Dental
- Stacy Sanders, Medicare Rights Center
- Alex White, UNC SPH
- David Lipschutz, Center for Medicare Advocacy
- Kata Kertesz, Center for Medicare Advocacy
- David Preble, ADA
- Kiril Zaydenman, DentaQuest
- Keith Lind, AARP
- Krishna Aravamudhan, ADA

**Review group**
- Stephen Abel, U of Buffalo
- Georgia Burke, Justice in Aging
- Christopher Fox, AADR
- Paul Glassman, U of Pacific
- Jennifer Goldberg, Justice in Aging
- Ira Lamster, Columbia U
- Diane Oakes, Washington Dental
- Foti Panagakos, OHA Board, Santa Fe Group, and Colgate
- Colin Reusch, Children's Dental Health Project
- Grant Ritter, Brandeis University
- Damon Terzaghi, NASUAD
Approach to benefits development

• Global, bundled benefit
• Paid for by the part B premiums except persons <200% FPL
• Includes dx + prevention (+nsurgperio), to decrease inflammation
• Looked at costs of providing direct restorations, removable (dentures), and maybe two implants in the mandible
• An optional benefit would add more services like endo, C&B, maybe implants
Benefits Development Process

- **Development**
  - developed two options: basic and moderate

- **Actuary**
  - descriptions sent to actuary

- **Review**
  - Iterative approach, Summer 2016
Benefits Development Process (2)

Advise
- Used estimates from actuaries and input from development and advisory groups

Revise
- Apply suggestions to both documents
- Clarify questions

Review
- Revisions reviewed at all three levels
- Description/estimates shared at Santa Fe Group Salon
Benefit levels: Global

- **Purpose:** eliminate inflammation, stabilize and prevent new disease
- **Includes:** dx, prevention, non-elective surgery, non-surgical perio, direct restorations
- **Optional 2nd level:** indirect restorations, C+B, Endo, Removable, 2 lower implants
Actuaries included in calculations:

- Unit costs based on 50%tile of UCR fees by CPT code;
- Source = Fair Health, a national database of commercial dental UCR charges
- Assumed Utilization at 65%, 55% female and 45% male
- Incentives for providers to manage more closely the use of services → decrease
- Pent up demand → increase
- Cost sharing → decrease
Example: 50%tile, 70%UCR, $1500 max for level 2

<table>
<thead>
<tr>
<th></th>
<th>Bundled care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global pmpm</td>
<td>$32 from plan + no copay ($584 to provider)</td>
</tr>
<tr>
<td>Covers</td>
<td>Dx, prev, ext, fillings, non-surgical perio</td>
</tr>
<tr>
<td>Optional pmpm second level</td>
<td>$31.58 from plan $14.14 copay (31%)</td>
</tr>
<tr>
<td>Covers</td>
<td>Crowns, bridges, RCT, Dentures, 2 implants under dentures</td>
</tr>
<tr>
<td>Income Range</td>
<td>Individual return</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>&lt;$23,440</td>
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<td>&gt;214k, &lt;=320,000</td>
</tr>
<tr>
<td>&gt;$160k, &lt;=$214,000</td>
<td>&gt;320k, &lt;=428,000</td>
</tr>
<tr>
<td>&gt;$214,000</td>
<td>&gt;428,000</td>
</tr>
</tbody>
</table>
The bottom line

Total annual cost of global benefit for 37.3 Million enrolled members with provider compensation at 70% of UCR =

~$16.853 Billion dollars
Potential annual savings for stroke, CHF, and diabetes, by study cited.

<table>
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<th>CHF</th>
<th>Diabetes</th>
<th>Total</th>
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<tr>
<td>United Health Care&lt;sup&gt;D&lt;/sup&gt;</td>
<td>N/A</td>
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<td>N/A</td>
</tr>
</tbody>
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Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016
Questions we considered:

• Global for all?
• UCR ranges from 60-80%
  – at what point will most providers opt in?
• Copays range from 0 to 20 (level 2) to 50% (high cost)
  – at what point will most patients buy in?
• Is it reasonable for dual eligibles to have no premium? Copays?
• Would people who see more Medicare patients get a better UCR?
• Should there be a copay for bundled benefits?
Next steps?

• What do we need to do to carry this forward to put oral health back in health care?
• Make sure it fits with Medicare Part B structure and functions
• Make sure the structure facilitates quality and value rather than (or in addition to) paying for procedures
• Revisit the development process with above in mind
Thank you!
Global benefit costs, 70% of UCR, 20% copay level 2

<table>
<thead>
<tr>
<th>services</th>
<th>pmpm costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>11.12</td>
</tr>
<tr>
<td>Preventive</td>
<td>7.27</td>
</tr>
<tr>
<td>Extractions + I&amp;D</td>
<td>1.01</td>
</tr>
<tr>
<td>Amalgams</td>
<td>1.38</td>
</tr>
<tr>
<td>Composites</td>
<td>6.71</td>
</tr>
<tr>
<td>Non-surgical perio: SRP, debridement, perio maintenance</td>
<td>4.53</td>
</tr>
<tr>
<td>Global payment</td>
<td>32.01</td>
</tr>
<tr>
<td>Cost sharing</td>
<td>0</td>
</tr>
<tr>
<td>Dentures (cost estimates under level 2)</td>
<td>4.02</td>
</tr>
</tbody>
</table>
QUESTIONS
ENGAGING CONSUMERS TO GAIN AN ORAL HEALTH BENEFIT IN MEDICARE

ORAL HEALTH AMERICA’S MISSION IS TO CHANGE LIVES BY CONNECTING COMMUNITIES WITH RESOURCES TO DRIVE ACCESS TO CARE, INCREASE HEALTH LITERACY AND ADVOCATE FOR POLICIES THAT IMPROVE OVERALL HEALTH THROUGH BETTER ORAL HEALTH FOR ALL AMERICANS, ESPECIALLY THOSE MOST VULNERABLE.
MarCom Timeline: 2015-2017

2015
- OHA Public Opinion Poll
- Hosted 1\textsuperscript{st} Medicare Symposium
- Engaged Marketing4Change, a Salter Mitchell Company

2016
- Launched Rapid Response online survey
- Tested first Creative Concept in FL and VA: \textit{n}=1,000
- Hosted 2nd Medicare Symposium

2017 - To date
- Selected Orlando Test Market
- Convened MarCom Working Group
- Conducted Quantitative Research
- Conducted Qualitative Research
Who are the Stakeholders?

- **Consumer campaign**
  Designed to spur complaints about the lack of a dental benefit from 50+ activists outside the beltway, building grassroots pressure for congressional candidates to acknowledge and address the issue.

- **Public affairs support**
  Designed to communicate the benefits of adding a dental benefit to members of Congress, the administration, the media and other inside-the-beltway influentials.

- **Coalition support**
  Designed to translate the consumer campaign and public affairs effort into a unified message large supportive organizations can rally around. Also supports helping coalition members spread that message and communicate with each other.

Focus of this presentation

Consumer Coalition Public Affairs
The Big Idea: Not about insurance, but how the government sees you.

- Loss Aversion
  You’ve had dental insurance, dental care and teeth your whole life. When you turn 65, some dumb government rule could take all that away.

- Self Standards
  You may be in your 60s, but you’re not really that old. You’re not so so old you’re going to stop taking care of your teeth for example.

- Less transactional or actuarial
- More about what you could lose than what you gain
- Not really about health; more about health benefits you are owed
- More about who you are than what you get
THE GOVERNMENT DOESN’T THINK YOU HAVE TEETH.

Medicare still doesn’t cover dental even though most people keep their teeth well into old age.

Tell the government you like your teeth.

DemandMedicareDental.org
Medicare officials baffled by the existence of teeth in American adults born before 1951.

Send your used toothbrush to Congress

Let’s get Medicare to recognize that reality -- most people keep their teeth well into old age.

Just letting you know... I have teeth!
#1: Voice support to pollsters, but not engaged

6 in 10 have **never** thought about it

*When, if ever, was the last time you talked or thought about whether Medicare should cover dental services?*

- **58%** Never
- **27%** Last year
- **15%** More than a year
- **6%** Last 30 days

... and most are not interested in taking actions to change things

- **29%** Somewhat interested
- **27%** Very interested

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Salter>Mitchell Online Survey of 18+, n=1,000. July 24-26, 2016
Which of the services below, if any, should Medicare plans be required to cover? (Can only pick one)

- Long-term care: 24%
- Vision care (eye exams, eyeglasses, etc): 23%
- Dental services (checkups, cleanings, etc): 23%
- Regular in-home care: 9%
- Hearing aids and fitting exams: 7%
- Medicare should cover NONE of these: 5%
- Personal care assistance: 3%
- Cosmetic surgery: 2%
- Weight loss fitness programs: 2%
- Chiropractors: 2%
- Acupuncture: 1%

56% of total know it’s not covered

#3: Majority support: not a ‘Liberal Issue’

Salter>Mitchell Online Survey of 18+, n=1,000. July 24-26, 2016
Voices of concern with first creative concept

MarCom Working Group

• Developers: MarCom Professionals in Oral Health, Aging and Public Policy
• Advisors: MarCom Professionals in Related Health Professions
• Reviewers: Interested professionals without MarCom specialty
Creative Concepts: Quant Online n=400

B – We Earned It

C – Medicare Keep Up

E – Govt No Teeth
No single ad or concept stood out above others in terms of movement to act.

Which of these ads most makes you want to contact your Congress(wo)man?

- 22%
- 22%
- 18%
- 14%
- 13%
- 12%
Collection of ads was likely to spur people to petition, discuss and research positions.

**% Likely to Take Action**

- Sign a petition (online or in-person) to support adding dental...
  - 76%
- Talk to family or friends about the issue
  - 75%
- Tell a friend or family member about the ad or its message
  - 71%
- Do some research about what Medicare does and doesn’t cover
  - 65%
- Look up your Congressman’s position on the issue
  - 63%
- Contact your Congressman
  - 57%
- Talk to your dentist about it
  - 55%
- Attend a meeting, event or hearing about the issue
  - 44%
- Share the ad or its message on Facebook or other social media
  - 39%
- Join a group or volunteer to help move the issue forward
  - 33%
- Donate money to help move the issue forward
  - 29%
Most people don’t realize dental isn’t in Medicare. Clear majority support its inclusion.

Think Medicare Includes Dental

- No: 40%
- Yes: 39%
- Not sure: 22%

61% are either wrong or unsure.

Support and Opposition

- Somewhat Favor: 25%
- Very Much Favor: 55%
- Very Much Oppose: 3%
- Somewhat Oppose: 3%
- No Opinion: 15%
Q15. Please read the below five statements about the issue of whether Medicare should include a dental benefit. Which comes closest to your own personal opinion? N=400

<table>
<thead>
<tr>
<th>Statement</th>
<th>Unengaged</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t know enough about the issue to have an opinion or take action.</td>
<td>8%</td>
<td>30%</td>
</tr>
<tr>
<td>I know enough, but I don’t care enough to actively support or oppose it.</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>I have a strong opinion, but don’t have time/resources to take action.</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>I have a strong opinion, but don’t think I can make a difference.</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>I have a strong opinion and will take (or have taken) action.</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

#2: Only 2 in 10 feel emboldened enough to report having taken or plans to take action
#3: There is a large swath of potential support with little active/potential opposition.
Creative Concepts: Qual Focus Groups n=67

Emotional

- Love
- Trust
- Submission
- Fear
- Alarm
- Surprise
- Sadness
- Disappointment
- Remorse
- Contempt
- Aggression
- Anger
- Anticipation
- Optimism

Rational
- Likable
- Understandable
- Believable
- Relevant
- Think Different
- New Information

Engagement
- Active
- Passive
- Positive
- Negative
Concept D: Dental For All Generations

Well-liked. Better on rational attributes, but weaker in engagement potential.
Concept E: Government Doesn’t Think You Have Teeth

Concept engages people strongly at mostly a highly emotional level.
Concept B: We Earned It

This concept benefited from a clear message that resonated in an emotional and engaging way.
Not everybody will be with us, and that’s okay

Even if we use an approach as universal as “We Earned It,” there will be people against us. The key is knowing where our potential audience lies.

**Likely Supporters**
- Approaching Retirement
- Middle Income
- Healthcare Liberals
- Family-focused Conservatives

**Possible Supporters**
- Working Class
- Social Justice Warriors
- Cultural Conservatives

** Likely Opposition**
- Low Income
- High Income
- Budget Hawks
- Politically Knowledgeable Conservatives
2017 - To date
• Selected Orlando Test Market
• Convened MarCom Working Group
• Conducted Quantitative Research
• Conducted Qualitative Research

2017 - Still to come
• Analyze Quant and Qual research together
• Develop Market Segmentation Plan
• Develop Creative and Media Buys
• Evaluate Performance by Segment
• Adjust Campaign Based Upon Results
• Continue to Vet with MarCom Working Group
Interested in being an Advisor or Reviewer?

MarCom Working Group

- **Developers**: MarCom Professionals in Oral Health, Aging and Public Policy
- **Advisors**: MarCom Professionals in Related Health Professions
- **Reviewers**: Interested professionals without MarCom specialty
Let Us Know of Your Interests!

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A New Political Landscape

Health Affairs Blog

FOLLOWING THE ACA
ASSOCIATED TOPICS: MEDICAID AND CHIP, PUBLIC HEALTH, QUALITY

Obamacare, Trumpcare, And Your Mouth
Marko Vujicic
January 13, 2017
Republican Control of Congress and White House

The GOP controls all the levers of decision making

- House membership: 237 Republicans, 193 Democrats, 5 Vacant
- Senate membership: 52 Republicans, 46 Democrats, 2 Independents caucusing with Democrats
Short Term Concerns: National Landscape

• Affordable Care Act
• Medicaid funding structure
• CHIP funding
• Medicare changes
Tell Congress: PROTECT MEDICARE
AARP.ORG/ProtectMedicare

Real Possibilities
Building a Foundation for Success

• Raising Public Awareness
• Finding Congressional Champions
• Building a Stronger Coalition
• Making the Case with Research
• Looking for Opportunities
• Focusing on Elections Ahead
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QUESTIONS