

**COMMUNICATIONS GUIDE FOR
STATE ORAL HEALTH PROGRAMS
MEDIA OUTREACH MATERIALS**



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PRESS MATERIAL GUIDELINES

I. PRESS RELEASES

The following outline provides some key strategies for issuing a press release. When planning to write a release, there are a few things to consider that will improve your chances for publication. No one can guarantee placement, but a well-written press release can play a significant role in securing media coverage.

Be sure to coordinate your media release with the communications office of your state health department to ensure proper approvals. The communications office also can be a tremendous resource in developing your materials and facilitating media contacts.

A. *Be Concise*

An effective press release accurately shares newsworthy information with a target audience. It is important to provide as much interesting detail in as few words as possible. This may be the most important factor in getting a release or story published.

From the release, the reporter should have enough information to develop a short but complete news story. A release should be no longer than two pages (approximately 400–600 words), depending on the nature of the information. Note that editors are likely to cut from the bottom up, so the first couple of paragraphs are the most important.

B. *Newsworthiness*

In order to create a release that is newsworthy, it is a good idea to think beyond an event or occurrence to the story behind it. Consider why a reporter should spend time covering your news, why an audience would want to read or listen to it, and how they will relate to the information. Processing these questions first will not only help shape the release but also help in “pitching” it to the media.

In addition, there is nothing wrong with waiting until you have a story with enough substance to issue a release. It is possible to undermine a later, more significant opportunity by conducting media outreach before there is newsworthy information to share. It is rare that a media outlet will cover a specialty story (say, about an oral health program) more than once a year. In addition, competing media outlets are unlikely to feature stories if they are aware that both have been pitched the same (repeat) information.

Another way to approach an event or issue is to create a related, newsworthy “peg” for it. Examples could include:

- The release of new, pertinent data or information at a meeting or conference.
- The presence of a well known elected official, celebrity, sports figure, community or business leader, or someone whose opinion is valued by the press release’s target audience.
- Photo opportunities—the presence of children (especially children getting treatment), implementation of a new program, speaking engagement, etc.—are always a draw for TV and print journalists. Props, such as giant toothbrushes, posters, signs, and visuals, though not necessary, can also help sell a “photo op.”
- Provide information on trends; in other words, do the data represent a change for the better or worse? Do they put a new twist on what people already know? What is the comparison with other communities, states, or to the nation as a whole?
- Personal stories can help too—is there a person who has been or will be affected by the news, whose story provides a personal spin to otherwise impersonal information?

C. Audience

Identify the specific audience you wish to address or target. Is your story targeted to the public, future consumers, industry professionals, peers, colleagues, or is it for the press? Press releases can increase visibility and an organization’s reputation, but will not accomplish intended goals unless they are written for the targeted audience.

D. Who, What, Where, When, Why and How

Every well-written press release incorporates the answers to these six questions, generally in the first paragraph (the lead). An editor will be able to use them to answer questions she or he has, and address time and article length constraints—ultimately increasing chances of placement. In addition, by providing these answers, you will save reporters and editors time in rewriting the issue, and increase the accuracy of the news story.

E. Timeliness

A release will have more traction with the media if it coincides with an event you are promoting and/or if it is tied to recent industry or current events at the local, state, or national level. This will ensure its relevance to the public.

Alternately, if you are following current events and know that a major unrelated news story, such as an election, is coming up, try to avoid releasing news until after coverage has dissipated.

Most newspapers, radio, and television stations will not need releases far in advance. Plan to send releases for arrival no more than a week ahead. Magazines often have longer lead times and require releases from 1–3 months in advance. If you want your story to appear in a magazine at the time of the event, you will need to plan ahead. However, if timing is not an issue, just realize that the story may take a month or two (or more) to be published if accepted.

F. Press Release Structure and Distribution

The press release should start with a short, relevant heading. It should catch the reader's attention, but does not have to be gimmicky. A simple statement of the facts is a good way to start. If a catchy verb or adjective comes to mind, try it out, but most editors appreciate simply knowing what to expect from the release.

The first paragraph should begin with a brief description of the news, and then distinguish who announced it, and not the other way around. Provide the facts. The second paragraph is a good place to provide a quote from the organization, department, agency, office, etc. Quotes provide a great opportunity to insert an opinion about the news, since the rest of the release will offer facts and detail. A quote from another individual in the fourth or fifth paragraph can expand the relevance of the news to the target audience. Quotes add a human element to the press release and create a sense of trust with the editors and the reading public. It is important to quote credible, visible figures within your department or agency, with additional quotes from someone “on-the-ground” or directly involved in the program, event, or issue you are promoting.

Quotes also offer a great chance to reach out to an outside leader. For example, if a public figure, elected official, business executive, community leader, celebrity, etc., is interested in the issue and is likely to want some visibility on the subject, a request for a quote can raise the profile of your project/department/issue with that person and expand partnership opportunities.

The release should end with a short “boiler plate” paragraph about your department and can include your organization's Web site.

Press releases can be released to targeted audiences via wire services (U.S. Newswire and PR Newswire are two examples). Wire services can send releases (for varying fee structures) to a broad national distribution, to states, or to segments of the media, such as health reporters, business editors, etc. You can easily find out more through the Web sites for each wire service.

Press releases are traditionally mailed to the media a week or so in advance of the event. A media alert (see below) will help remind targeted reporters of your news.

Remember that it is very important to follow up with the reporters you have targeted to assure that they have received and read your release. While sometimes daunting, making a telephone call to the targeted reporter is the best way to ensure that your information has been received by the right person on a media outlet's staff and that the reporter or editor pays attention.

Keep in mind that editors and reporters are extremely busy and are pitched hundreds of stories a day. Even if you send a release to specific editors or reporters, they may not notice or remember it. The more you are able to engage a reporter in your story, the more it is likely to be covered. Whenever possible, you should cultivate a relationship with reporters who cover your issues so that when they do receive a release from you, they will be knowledgeable about your organization and interested in your latest efforts.

The good news is that Oral Health America's experience with the media has been invariably positive. When we take the time to tell local stories, explain oral health disparities, and talk about the issues, people are interested. From the release of the Surgeon General's report, *Oral Health in America*, we learned how to better communicate about oral health in ways that people understand. Studies by the Frameworks Institute at the time showed audience resonance with statements about school and work hours lost to oral disease related treatment; percentage of children with decay; and perhaps most notably, how oral disease affects children and adults and how preventable it is.

II. MEDIA ALERTS

A media alert is a brief, one-page synopsis of the "who, what, when, where, why, and how" questions of the press release. A media alert can also replace a press release if you are simply announcing an event. Otherwise, it can serve as a reminder to target audiences of a recently distributed release. Media alerts include contact information, a brief description of who (of interest to the media) will be attending, what will take place, and of course, when and where. Be sure to mention any photo opportunities in the alert.

Media alerts often are distributed by fax or e-mail to the press a day in advance, primarily to let editors or producers add the event to the next day's schedule. Alerts are particularly important for television coverage because editors and producers may want to collect tape of the event and will need to schedule a crew to attend.

III. FACT SHEETS

Fact sheets augment press releases and can be sent to reporters who request additional information. Fact sheets can provide specific detail about programs, data, and meetings, as well as background, history, and names of additional organization contacts. Press materials as a whole are intended to provide an easy way for reporters and editors to access information that they might need without having to do extensive research on their own. It is likely that the information appropriate for a fact sheet is already available in your office in the form of a program description, or perhaps even as an excerpt from a grant proposal, presentation, or notes on hand.

IV. TALKING POINTS

Talking points are essentially notes for use in speaking to reporters, pitching ideas to editors, or reviewing materials with colleagues to ensure that department staff have some common speaking points. Talking points can be a simple list of bulleted points or “media bytes” that convey why your story is newsworthy. The points should mirror the facts contained in the press release. Writing them ahead of time can be a good way to prepare for anticipated media questions.

V. PRESS KITS

Press kits are a more formal packaging of press materials, provided in a folder for distribution to the press ahead of your event and at the event itself. Press kits traditionally include a press release, media alert, and fact sheet. They also can contain a departmental/agency/organizational brochure, photographs suitable for publication, and relevant charts or graphs. You may want to include a current issue of your organizational newsletter.

For example, for the release of the Surgeon General’s report, *Oral Health in America*, the Surgeon General’s office distributed a simple but effective press kit with the materials mentioned above. Clearly, this was a landmark event, and the press kit highlighted its importance to the media.

Keep in mind that because press kits may have to be mailed to the media, they can incur additional (and sometimes unnecessary) time and expenses, and may not be suitable for all occasions. Your budget and staff availability for preparing and mailing press kits factors into the decision whether or not to use them.

It is possible to get a strong media response from the distribution of a press release over a wire service, through the Internet, or via Fax. If asked, most media outlets or reporters will indicate how they prefer to receive information.

SAMPLES

The following is a template that can be used to create a press release and examples of past Oral Health America press releases that can be used as models and/or to generate ideas.

If you have questions or would like additional advice, please contact Liz Rogers, Director of Communications, Oral Health America, at (773) 307-9976 or **liz@oralhealthamerica.org**.

(Template Press Release—to be printed on your letterhead)

FOR IMMEDIATE RELEASE
[Release Date]

CONTACT: [Your contact name]
[Your phone number]

[PRESS RELEASE HEADING]
[Sub-heading if appropriate]

[Your City, State]—Start this paragraph with the facts of your story, followed by who is announcing the news (your department or agency, perhaps). The paragraph can be about three to four sentences. In other words, it does not have to be long, but must outline why the story is newsworthy.

“[The second paragraph (two to three sentences) is a great place for a quote from a senior staff in your office, agency, or department. It can also be a key place for a quote from an outside leader who is visible with the media. The quote can augment the first paragraph, which states the facts, by inserting an interesting opinion about or support for the news/event/program/data. The quote can help explain why the news is important.]”

The third paragraph should provide additional information, background, data, or other interesting facts that will secure the placement of the story. Realize that many editors or reporters may not read beyond this point, so it is important to place the most relevant, exciting aspects of your news here and in the first paragraph.

Follow with one or two more paragraphs about your program or data, or include an additional quote for more “color” or support for your news.

The release should end with a “boilerplate” for your department/agency/office and include contact information again. For example, Oral Health America’s “boilerplate” is the following:

Oral Health America is the nation’s premier independent organization dedicated to oral health. Our mission is to raise public awareness of oral health’s importance to total health. For more information, contact Liz Rogers at (773) 307-9976, liz@oralhealthamerica.org, or visit www.oralhealthamerica.org.

(OHA Sample #1—National Release)



**Embargoed For Release
September 22, 2003 – 2 p.m.**

CONTACT: Elizabeth Rogers (312) 836-9900

**Nothing to Smile About on Older Americans Oral Health Report Card
*Senate Aging Committee Examines Ageism in Dental Care***

WASHINGTON—The oral health of older Americans is in a state of decay, according to a national report card released today by the advocacy group Oral Health America before a forum of the U.S. Senate Special Committee on Aging. The group, examining a variety of ways older Americans have access to key dental services, gave failing or near failing grades to each state in all categories and gave the nation an overall D grade.

Fourteen states and the District of Columbia received F's for older adult dental coverage and 29 others received D's. The highest grade was only a C+, shared by California and New York.

"Dental care for our nation's seniors remains in a state of decay," said Robert Klaus, President of Oral Health America. "Too many older Americans suffer in silence as their oral health needs are neglected. They deserve better and we need to do more," he said.

"Poor oral health care causes millions of vulnerable seniors to suffer needlessly," said Sen. John Breaux of Louisiana, the senior Democrat on the Senate Special Committee on Aging.

Private dental insurance rates among older Americans are a national cavity. Sixteen states received an F, indicating that more than 80 percent of seniors had no private dental insurance. Hawaii and California earned A's with over 50 percent insured. Private dental insurance is critical, as Medicare, the federal health insurance program, provides no coverage for routine dental care.

Eight of the states that failed the private insurance category were also among the 23 states that received F's or D's for dental coverage under Medicaid. In those states, uninsured seniors have to pay out-of-pocket for all services other than those needed during life threatening or emergency situations. The national average for adult dental Medicaid coverage was D+.

Even in states that do provide Medicaid dental coverage, treating a Medicaid patient's toothache could cause financial pain. A barrier to seniors receiving dental care is finding a dentist who will accept lower Medicaid payments. In this category, the nation received an F. Tennessee received the nation's highest mark with a C-. Thirty-nine states and the District of Columbia failed in this category.

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Page Two/Nothing to Smile About

Along with the District of Columbia, the fourteen states that received overall falling grades were Alabama, Arkansas, Delaware, Idaho, Louisiana, Maine, Massachusetts, Mississippi, Oklahoma, South Carolina, Texas, Utah, Virginia and West Virginia.

The Senate Special Committee on Aging forum on ageism in oral health care is examining the oral health issues facing seniors and developing and discussing potential solutions.

Oral Health America is the nation's premier, fully independent organization dedicated to improving oral health. The National Grading Report was funded in part by a generous grant from The W.K. Kellogg Foundation. Full report card results are available by visiting www.oralhealthamerica.org.

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BROADCASTERS NOTE: Video footage of Senator Breaux will be made available on _____ via _____.

(OHA Sample #2—National Release)



For Immediate Release:
February 23, 2005

CONTACT: Elizabeth Rogers (312) 836-9900

Eight States Earn “A”s for Filling Oral Health Cavity

Oral Health America Reports Progress in Reversing Poor National Grades

CHICAGO—Eight states receive “A” grades for their progress promoting oral health in a report card released today by Oral Health America. The report card, “A for Effort,” details innovative programs that have the potential for greatly improving the nation’s lackluster overall “C” grade in oral health, the group says.

“This report card recognizes outstanding efforts advanced since the U.S. Surgeon General cited oral health as a silent epidemic,” said Robert Klaus, President and CEO of Oral Health America. “If more programs like these are developed and fully funded, America will be well underway in filling its oral health cavity.”

The following programs received “A”s:

- Arkansas, for a strong showing by its relatively new oral health coalition, “Smiles: AR, U.S.,” for bringing oral health to the attention of policymakers, advancing disease prevention through fluoridation efforts and a mandatory school-based oral health curriculum, and the development of a state oral health plan in just four years.
- California, for expanding community water fluoridation to reach an additional 18 million Southern California residents. The action will reduce cavities by 20 to 40 percent in the affected areas.
- California receives a second “A” for a report commissioned by the California Endowment that takes a hard look at workforce diversity and dental education. The report is a comprehensive survey of policymakers’ and state dental school officials’ opinions on topics including the supply of dentists, state role in diversifying the workplace and dental school recruitment of minorities and rural students. Although there is no consensus in the report for how to achieve diversity, it includes six strategies that the state can take to advance community-based dental education and recruitment of minorities.
- Illinois, for mandating that all kindergarteners, second and sixth graders in public, private or parochial schools have a dental exam. Each child is required to show proof of a dental exam during the school year, or the school may hold the child’s report card. Waivers are established for children who show an undue burden or lack of access to a dentist.

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Page Two/Eight States Earn “A”s for Filling Oral Health Cavity

- New Mexico, for collaborative strategies to drive system changes to the delivery of oral health care in this rural state. Through coalition efforts, the governor issued an executive order to make oral health a priority, and state leaders recognize that oral health must be integrated with community-based primary care in order to increase critically needed dental services. A highly supportive legislature, dedicated oral health champions and key coalition partners all increase the likelihood of lasting and profound changes for New Mexico’s residents.
- New York and New Jersey, for their efforts to educate residents about signs and risk factors associated with oral cancer, and ensure that it is detected early. The Oral Cancer Consortium of 29 health care institutions and professional societies sponsors free annual oral cancer screenings for the public. When the disease is detected early, the five-year survival rate is 80 percent compared with less than 50 percent when found in the later stages.
- South Carolina, for the development of a social marketing campaign to educate the public on the importance of oral health. Market research was performed to find out what level of public knowledge exists as well as the best channels for communicating oral health messages. The South Carolina Department of Health and Environmental Control initiative, “More Smiling Faces,” is the first statewide attempt at implementing a broad social marketing campaign to improve oral health. If fully funded and implemented, the program can be a model for others to replicate.
- Washington, for effectively transferring science into practice through its Access to Baby and Child Dentistry (ABCD) program, which is helping to prevent and control tooth decay among babies and young children, and reduce the need for costly future restorative procedures.

The U.S. Army receives “Extra Credit” recognition for its efforts to combat the effects of massive candy consumption by the troops with xylitol-based chewing gum. Xylitol is a natural sweetener that can prevent tooth decay and recalcify tooth enamel. Sugar free chewing gums and candies made with xylitol as the first listed ingredient have already received official endorsements from six national dental associations.

In addition to the Army, several states including Alaska, New Hampshire, Nevada, Texas, Utah, Vermont and West Virginia receive “Extra Credit” in the report for their efforts to promote oral health. These programs include an effort to improve access to dental care for underserved native American children in rural Alaska, and initiatives to expand fluoridation in Texas and Utah.

For a copy of the report detailing the states’ efforts, visit www.oralhealthamerica.org. Oral Health America is the nation's premier, fully independent organization dedicated to improving oral health.

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(OHA Sample #3—Local Release)



For Immediate Release:
April 20, 2004

CONTACT: Elizabeth Rogers (312) 836-9900

Lack of Access Among Factors Keeping Underserved Children Out of the Dentist's Chair

Few Dentists Take Medicaid or KidsCare Payments, Survey Finds

CHICAGO—Chicago children who need dental care and depend on Medicaid coverage face a big cavity in their search for a dentist who will treat them, according to findings of a telephone survey released today by Oral Health America.

Only 1 in 4 dentists surveyed in Cook County said they accept Medicaid/KidsCare as a form of payment, a barrier that dramatically limits oral health care access for children who have the coverage. While 3 in 4 dentists surveyed treat children, they don't accept the insurance that many rely on for routine dental care.

More than 30 percent of Cook County's nearly 1.5 million children—almost 425,000 kids—live in poverty and rely on Medicaid for health coverage. Coupled with an estimated 75,000 children in Illinois KidsCare, over 500,000 children in Chicago's Cook County who rely on Medicaid have limited access to dental care.

“Underserved and uninsured children already plagued by a variety of health and medical problems are further compromised when they can't get the oral health care they need and deserve,” said Robert Klaus, president of Oral Health America, the Chicago-based advocacy group.

The results of Oral Health America's dentist survey are based on interviews with 200 general dentists randomly selected in December 2003 from the Chicago Yellow Pages. Chicago dentists were asked if they treated children and if they accepted Medicaid as payment for dental services.

Students at Sabin Elementary School today learned that they would be receiving oral health education and access to a dentist without even leaving their school. Oral Health America chose Sabin and 12 other Chicago Community Schools to launch Smiles Across America, a new program bringing oral health services to Chicago school

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children. The program, supported by funding from the Michael Reese Health Trust, Bank One, Harris Bank, and Steans Family Foundation, will reach approximately 1,400 children this spring. Smiles Across America is providing children with oral health exams, teeth cleanings, fluoride treatments and dental sealant placements.

Oral health care remains the most prevalent unmet health need among American children. An estimated 25 percent of all children across the country have never seen a dentist before entering kindergarten. Many second and sixth graders treated through Smiles Across America have never had a dental visit.

“Smiles Across America is reaching Medicaid-eligible and uninsured children who otherwise would have no access to care,” Klaus said. “The success of this program is based on the development of a public/private partnership dedicated to improving the health and quality of life for children in Chicago.”

Oral Health America’s partners in this effort include the Chicago Public Schools (CPS) and CPS Office of After School and Community School Programs, Chicago Department of Public Health (CDPH), and Columbia College/Bank One Community Schools.

“Dental disease in Illinois students has reached epidemic proportions,” said Lieutenant Governor Pat Quinn. “We need to ensure that systems are in place to guarantee good dental health so that our young people can thrive in the classrooms. This is an education issue, public health issue and economic issue facing every Illinoisan and much more needs to be done.”

Oral Health America is the nation’s premier independent organization devoted to oral health. For more information, visit www.oralhealthamerica.org.

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(Sample #4—Local Media Alert)



FOR IMMEDIATE RELEASE:
April 21, 2004

For more information contact:
Chicago Public Schools Office of Communications (773) 553-1620
Oral Health America—Liz Rogers (312) 836-9900

PHOTO OPPORTUNITY
Students Take Advantage of Dental Sealant Services
at CPS Community School

WHO: **Dr. Wilhelm**, Commissioner
Chicago Department of Public Health
Dr. Lewis Lampiris, Chief, Division of Oral Health
Illinois Department of Public Health
Dr. Robert Klaus
President and CEO, Oral Health America

Bank One

Parents, students, community representatives

WHAT: Dentist will be on hand to answer questions and show video footage of sealant placement. Oral Health America announces Smiles Across America, a new initiative to expand school-based oral health services.

WHEN: Wednesday, April 21, 1 p.m.

WHERE: **Sabin Elementary School, 2216 W. Hirsch Street**

CPS in partnership with Oral Health America, Columbia College/Bank One Community Schools, and the Chicago Department of Public Health, will expand oral exams, cleanings, fluoride treatments and dental sealant placement to children in CPS Community Schools as part of a new initiative, Smiles Across America. Many of the children treated through the program have never had a dental visit.