

Communication Strategies for Productive Patient Conversations

CareQuest Institute Continuing Education Webinar

Tuesday, November 15, 2022

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the **evaluation by Monday, November 28.**
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



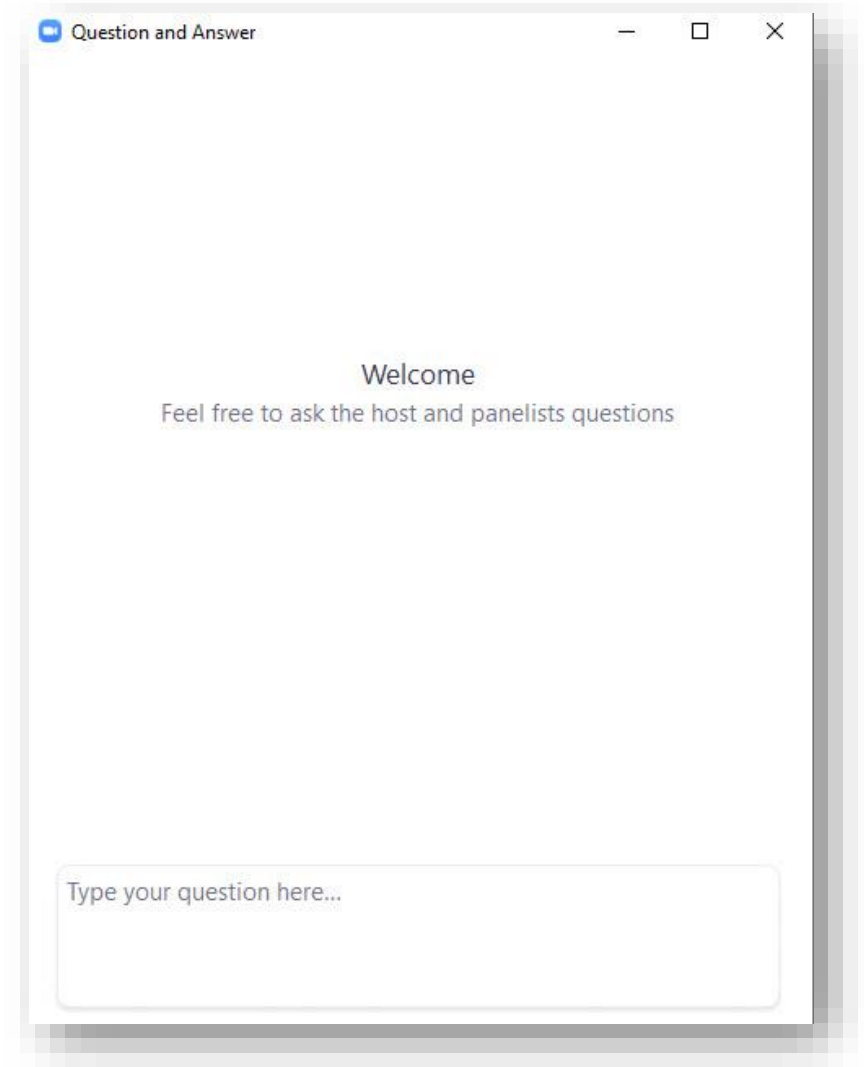
The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Recognize the importance of evidence-based health communication and techniques for developing more effective health messages.
- Discover strategies to proactively support — and overcome common concerns related to — community water fluoridation.
- Demonstrate how to have meaningful and easy-to-understand conversations with patients about the importance of vaccinations in preventing oral HPV infections.
- Discuss why effective health communication is critical to health equity and well-being.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



The American Dental Association

We would like to acknowledge and thank the team from the American Dental Association's Council on Advocacy for Access and Prevention — Dr. Jane Grover, Dr. Elizabeth Lense, Ms. Kelly Cantor, and Mr. Matt Zaborowski — for their collaboration on this webinar.



Communication Strategies for Productive Patient Conversations



WEBINAR | Tuesday, November 15, 2022 | 1-2 p.m. ET | ADA CERP Credits: 1

MODERATOR



Senior Director, Council on
Advocacy for Access and
Prevention
American Dental Association

PRESENTER



Michael Mackert, PhD
Director of the Center for Health
Communication and Professor
in the School of Advertising
& Public Relations and
Department of Population
Health, University of Texas

PRESENTER



Brittany Seymour, DDS, MPH
Global Health Discipline Director
and Associate Professor of
Oral Health Policy and Epidemiology,
Harvard School of Dental Medicine

PRESENTER



Rosie Wagner, DDS
Founder of Smiles By Rosie
Family Dentistry



The University of Texas at Austin

Center for Health Communication

Moody College of Communication & Dell Medical School

Evidence Based Health Communication

TOOLS FOR DESIGNING EFFECTIVE HEALTH MESSAGES

MICHAEL MACKERT, PH.D.

Director, UT Center For Health Communication

John P. McGovern Regents Professor in Health and Medical Science Communication

Professor, UT Stan Richards School of Advertising & Public Relations

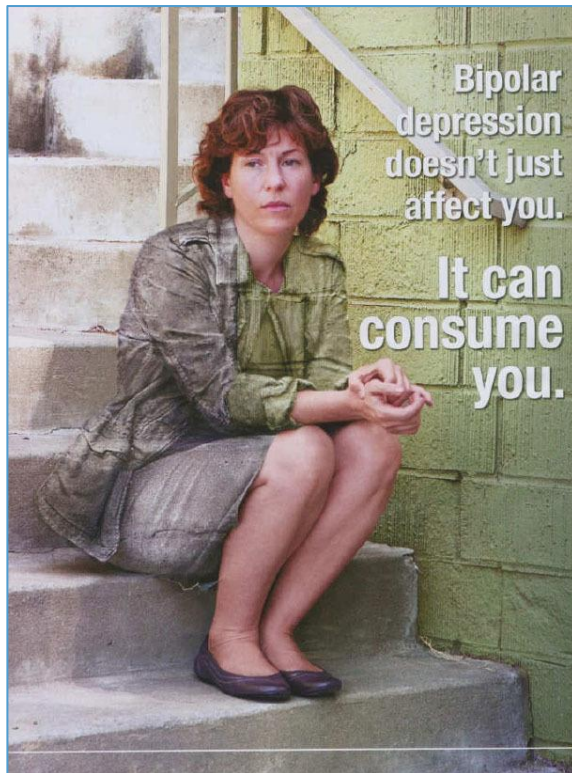
Professor, UT Department of Population Health



WHAT IS HEALTH COMMUNICATION?

Health communication is the **science and art** of using communication to advance the health and well-being of people and populations.

A CHANGE IN PERSPECTIVE



Bipolar depression doesn't just affect you. It can consume you.

SEROQUEL XR is an option proven effective for treating bipolar depression.

It's easy to feel like you're fading into the background when you're living with bipolar depression. SEROQUEL XR has been proven to work alone to effectively treat bipolar depression. And for many people, it's just one pill, once a day. Bipolar depression doesn't have to consume you. Talk to your doctor. Understand your options. And discuss whether XR—SEROQUEL XR—is right for you. To learn more, visit seroquelXR.com

Important Safety Information About SEROQUEL XR

Elderly patients with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) treated with this type of medicine are at an increased risk of death, compared to placebo (sugar pill). SEROQUEL XR is not approved for treating these patients.

Anti-depressants have increased the risk of suicidal thoughts and actions in some children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Families and caregivers should watch patients daily and report these symptoms immediately to the physician. SEROQUEL XR is not approved for patients under the age of 18 years.

High blood sugar and diabetes have been reported with SEROQUEL XR and medicines like it. If you have diabetes or risk factors such as obesity or a family history of diabetes, ask your doctor about checking your blood sugar before starting SEROQUEL XR and regularly throughout treatment. If you develop symptoms of high blood sugar or diabetes, such as excessive thirst or hunger, increased urination, or weakness, contact your doctor. Complications from diabetes can be serious and even life threatening.

Increases in triglycerides and in LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported with SEROQUEL XR. Your doctor should check your cholesterol levels before you start SEROQUEL XR and during therapy.

Weight gain has been reported with SEROQUEL XR. Your doctor should check your weight regularly.

A rare, but potentially fatal, side effect reported with SEROQUEL XR and medicines like it is neuroleptic malignant syndrome (NMS). Tell your doctor if you have very high fever, rigid muscles, shaking, confusion, sweating, changes in pulse, heart rate, or blood pressure, or muscle pain and weakness because treatment should be stopped if you have NMS.

Another serious side effect reported with SEROQUEL XR and medicines like it is tardive dyskinesia (TD)—uncontrollable movements of the face, tongue, or other parts of the body. TD may become permanent, and the risk of TD is believed to increase as the length of time on one the amount of these medications increase. While TD can develop in patients taking low doses for short periods, this is much less common. There is no known treatment for TD, but it may go away partially or completely if treatment is stopped.

Before starting treatment, tell your doctor if you have high prolactin levels or have a history of, or are at risk for, seizures or a low white blood cell (WBC) count. An eye exam for cataracts is recommended at the beginning of treatment and every 3 months thereafter.

SEROQUEL XR is a registered trademark of the AstraZeneca group of companies. ©2006 AstraZeneca Pharmaceuticals LP. All rights reserved. 01/06 1-109

- Other risks include feeling dizzy or lightheaded upon standing, or having trouble swallowing. Tell your doctor if you experience any of these.

- Suicidal thoughts or actions may occur; tell your doctor if you have thoughts about death or suicide.

- Since drowsiness has been reported with SEROQUEL XR, you should not participate in activities such as driving or operating machinery until you know that you can do so safely. Avoid drinking alcohol while taking SEROQUEL XR because SEROQUEL XR increases the effects of alcohol. Avoid becoming overheated or dehydrated while taking SEROQUEL XR.

- Common side effects: The most common side effects are drowsiness, dry mouth, increase in cholesterol and triglycerides, constipation, upset stomach, dizziness, a sudden drop in blood pressure upon standing, weight gain, increased hunger, weakness, increases in blood sugar, difficulty speaking, and stuffy nose.

This is not a complete summary of safety information. Please discuss the full Prescribing Information for prescription SEROQUEL XR with your health care provider.

Indications

SEROQUEL XR is a once-daily tablet approved to treat acute depressive episodes in bipolar disorder; acute manic or mixed episodes in bipolar disorder alone or when added to lithium or divalproex and long-term maintenance of bipolar disorder when added to lithium or divalproex.

Please see Brief Summary, including boxed warnings, on adjacent pages.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For a free doctor conversation guide, visit seroquelXR.com or call 1-866-331-3010.

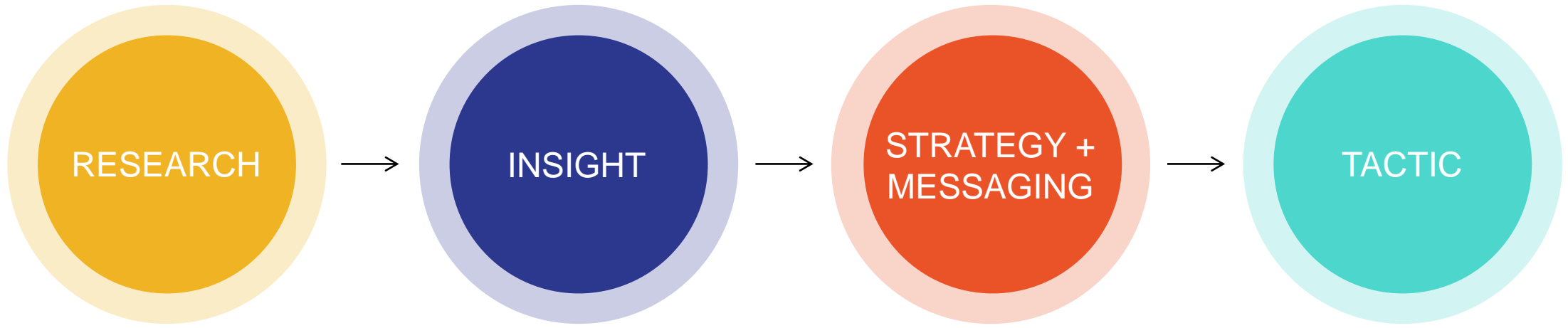
If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help. For more information, please visit seroquelXR.com.

Bipolar depression doesn't have to consume you.

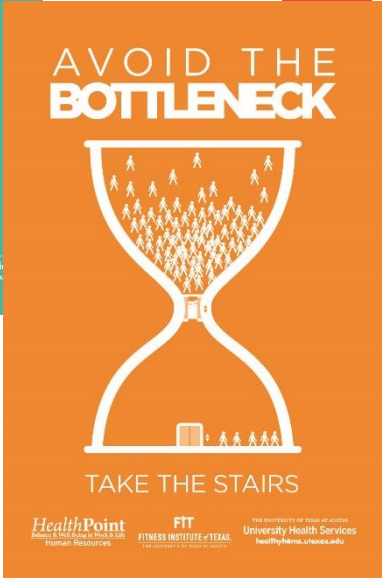
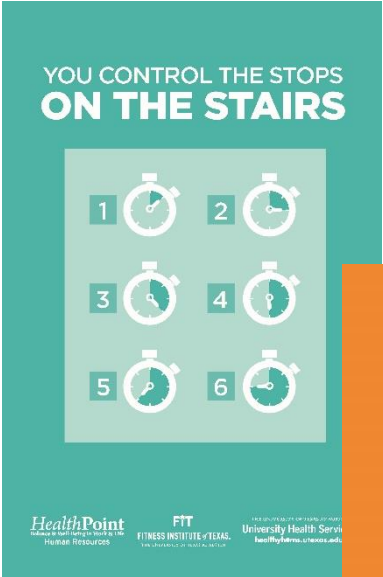
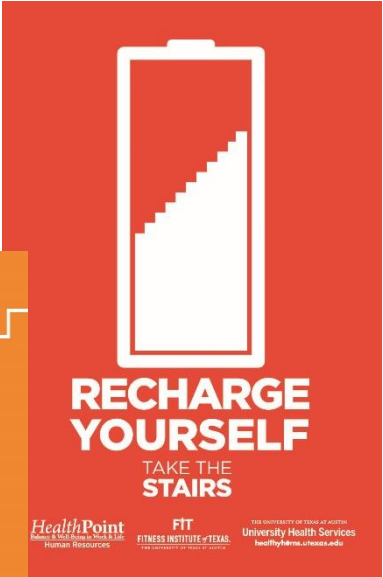
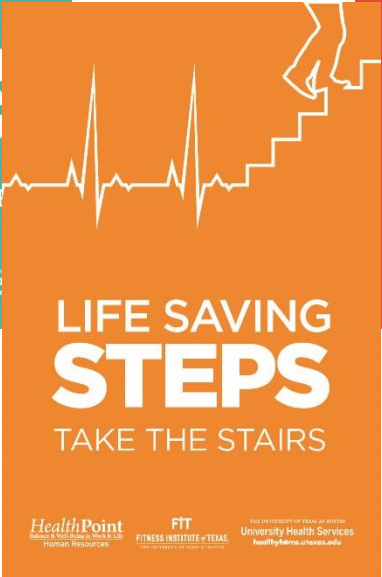
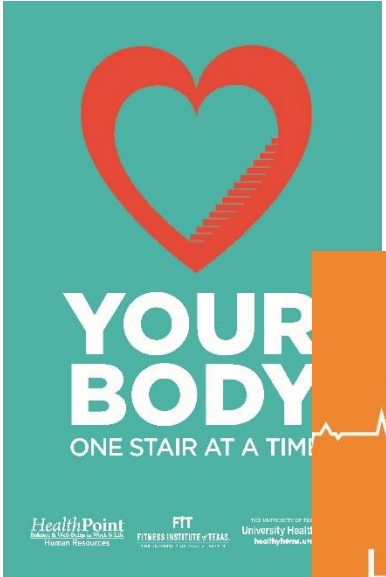
Once-daily
SEROQUEL XR
quetiapine fumarate
extended-release tablets

AstraZeneca





FRAMING YOUR PROBLEM



PERSONAS

Target audience:

Members of sororities on the UT-Austin campus who are 18-22 years old who use tanning beds

RACHEL

About 
Chi Omega Member
Communications Studies- Senior
UV tans for Date Events & vacations

Loves... 
lululemon  athletica
FreePeople
NORDSTROM


Health Queen 
Stays fit & eats healthy
Goes to a dermatologist
Aware of risks of UV tanning

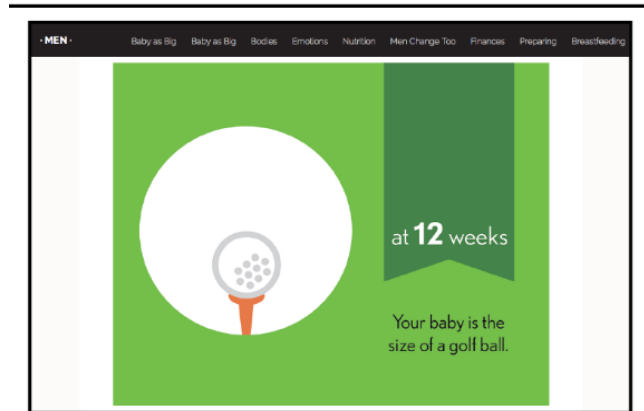
Believes 
Believes it makes her look thinner & have a better complexion.



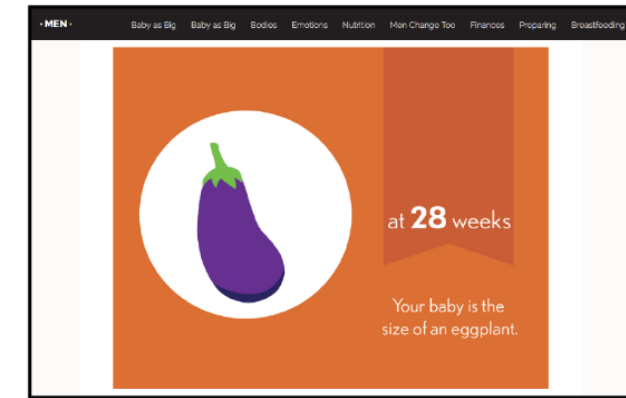
SINGLE MOST IMPORTANT THING



TESTING IDEAS, CHECKING ASSUMPTIONS



Size of Baby Page (Sports)



Size of Baby Page (Food)



ACROSS HEALTH CONTEXTS

Opioid addiction can be overcome.
Walk the road to recovery together.

Watch Now

TEXAS Health and Human Services
Texas Targeted Opioid Response

You seem tipsy. Do you still want to do this?
Ok, but we'll stop if you change your mind.
Yes, I'm really into it!

Mixing alcohol and sex can make it difficult to know if you can give or get consent.

healthyhorns

Free to save more for school.

Tobacco-Free

It's good to be free.
Need help quitting? Visit (URL).

Reducing your cancer risk starts now.

Time to Get Vaccinated!
¡Tiempo de Vacunarte!

Control Substances.

In one year, over 1,000 Texans died from prescription drug overdose. Prescribers or their delegates will soon be required to use the **Texas Prescription Monitoring Program** to review every patient's prescription history before prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. **Help end this crisis.**

Sign on before you sign off.

TEXAS PRESCRIPTION MONITORING PROGRAM
Mandatory 3/1/20 | txpmp.org

Father's Playbook
Your baby is as big as a raspberry

8 Weeks
Preparing for Baby
Staying Healthy
Pregnancy Basics

Protects you Protects you Protects EVERYONE

Take Time. Save Lives.
Clean Hands PROTECT

TEXAS Department of Health Services
Center for Health Communications
Wash Your Hands for 20 Seconds

Su hijo(a) se lo agradecerá cuando sea mayor.

No retrase la vacunación contra los cánceres relacionados con el VPH.



MICHAEL MACKERT, PH.D.

DIRECTOR, UT CENTER FOR HEALTH COMMUNICATION

If the highest aim of a captain were to preserve his ship, he would keep it in port forever.

-Thomas Aquinas

“Creating health messages that are creative *and* accessible is extremely hard; this practical guide provides real-world techniques and strategies that work.”

— Jay Bernhardt
Dean, University of Texas
Moody College of Communication

Designing *Simple* Effective Health Messages

Michael S. Mackert
Allison J. Lazard
Brad Love

Community Water Fluoridation: Conversations and Concerns

Brittany Seymour, DDS, MPH

A Look Back in Time: 2013

- Our first child was born.
- Our neighbors' first child was born.
- U.S. fell below herd immunity for measles.

What We've Learned: Lesson #1

1. The kinds of information people seek and engage with online is part of their **identity** (*debunking their beliefs is insulting to them — and doesn't work*).



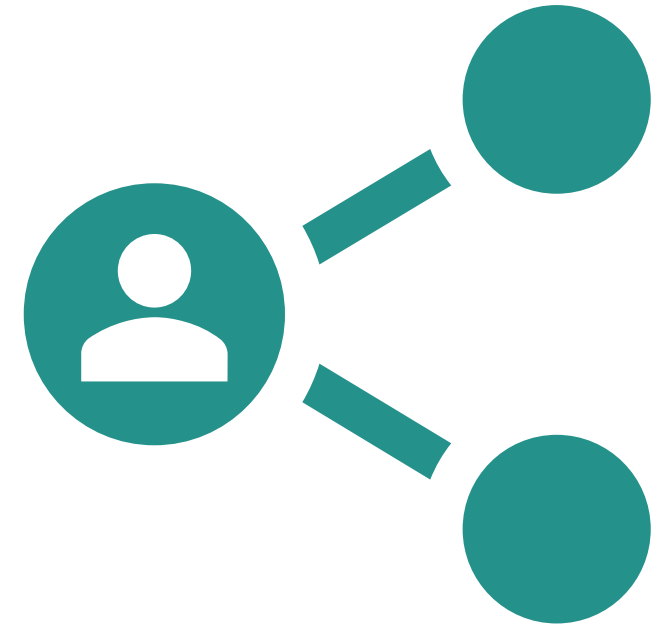
What We've Learned: Lesson #2

1. The kinds of information people seek and engage with online is part of their **identity** (*debunking their beliefs is insulting — and doesn't work*).
2. People care as much about the **messenger** as they do the message itself (maybe more!).



What We've learned: Lesson #3

1. The kinds of information people seek and engage with online is part of their **identity** (*debunking their beliefs is insulting — and doesn't work*).
2. People care as much about the **messenger** as they do the message itself (maybe more!).
3. Our messages should be based on the evidence, *and* they should be **personalized** for various audiences.



I CARE About My Patients . . .



I**Identity** (social network, norms, values)



C**Connect** (find an authentic way to connect with them)



A**Anecdotes** (tell a story to support your point)



R**Request** (ask questions to walk through their concerns)



E**Evidence** (lead them toward the best available evidence)

Identify



Patient concern: “I don’t like anything added to what I put in my body. Adding fluoride chemicals to water isn’t natural.”

Instead of this: Don’t worry, chemically treated water is normal and makes it safer, and fluoride is one of many things added to our water, along with chlorine for example.

Try this: Fluoride is naturally found in all water sources, including lakes, oceans, and ground water. Fluoride is nature’s cavity fighter, the natural way to keep your teeth healthy!

Connect



Patient concern: “I’ve read that fluoride in water decreases IQ in children. I’m not comfortable giving fluoride to my kids.”

Instead of this: That’s actually not proven; there’s a lot of misinformation about fluoride out there. (*Debunking* doesn’t work!)

Try this: I’m a mom, too. And my daughter drinks fluoridated water because I know that at the recommended levels, which we have here in Boston, our water is safe and effective in preventing cavities. She’s never had a cavity!

Anecdote



Patient concern: “My child’s teeth are just going to fall out anyway. Why should I be concerned about whether they are drinking fluoridated water or not?”

Instead of this: You need to care for their teeth because baby teeth can get painful cavities, too.

Try this: I once treated a three-year-old with a really deep cavity; her parents were waiting for her tooth to fall out. When I was done, she reached out and hugged me because she was finally out of pain. Her parents were shocked. We started working on prevention together after that, including drinking tap water instead of juice.

Request



Patient concern: “My family has soft teeth. It’s genetics, so I’m going to have problems with my teeth no matter what.”

Instead of this: There’s really no such thing as ‘soft teeth.’ And we really don’t know if or how genetics predict your risk for cavities.

Try this: Tell me more about your family’s dental history: What was their experience like? Water fluoridation can help you proactively get ahead of and prevent your dental problems, even if you have a family history of cavities.

Evidence



Patient concern: “This article says fluoride in water isn’t effective in preventing decay, so there is no benefit to drinking it.”

Instead of this: You shouldn’t get your health information from blogs/YouTube/Facebook; those aren’t scientific sources.

Try this: Hmm, I’m not sure about that specific article, but we know the best available evidence shows fluoridated water reduces tooth decay by 25%. I recommend looking at multiple different kinds of reputable sources for consistency. Look for visual identifiers that indicate if an article has been independently verified or fact-checked by knowledgeable experts.

I CARE about my patients!



Intity (social network, norms, values)



Connect (find an authentic way to connect with them)



Ancedotes (tell a story to support your point)



Request (ask questions to walk through their concerns)



Evidence (lead them toward the best available evidence)

Thank you!

Please stay in touch:

brittany_seymour@hsdm.harvard.edu

This presentation was based on collaborations with Leslee Williams, Senior Director of Communications, ADA and research with the Media Cloud project led by PIs Ethan Zuckerman at the Center for Civic Media at the MIT Media Lab and Yochai Benkler at the Berkman Klein Center for Internet & Society at Harvard University. Media Cloud funding provided by the Ford Foundation, the Pershing Square Fund for Research on the Foundations of Human Behavior the Open Society Foundations, the John D. and Catherine T. MacArthur Foundation, Bill and Melinda Gates Foundation, and the Robert Wood Johnson Foundation.



Patient-Dentist Communication

Focus: HPV Vaccination

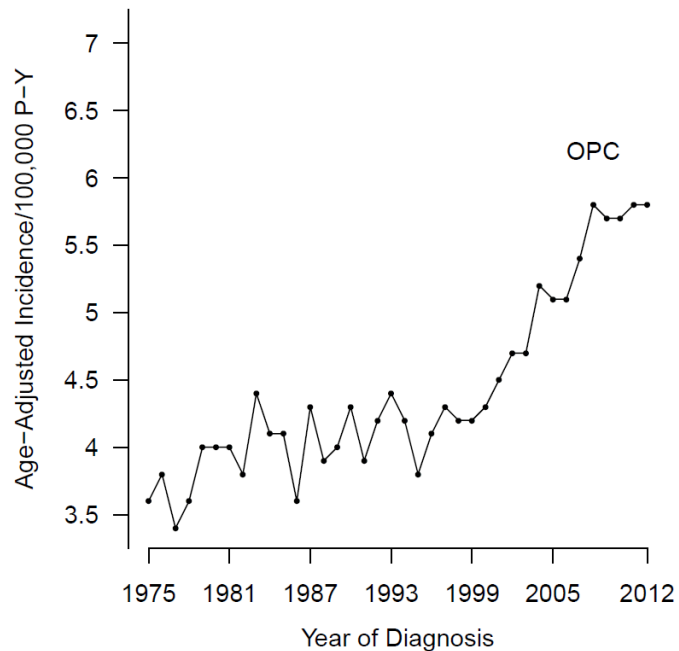
Rosie Wagner, DDS

Why Discuss HPV?

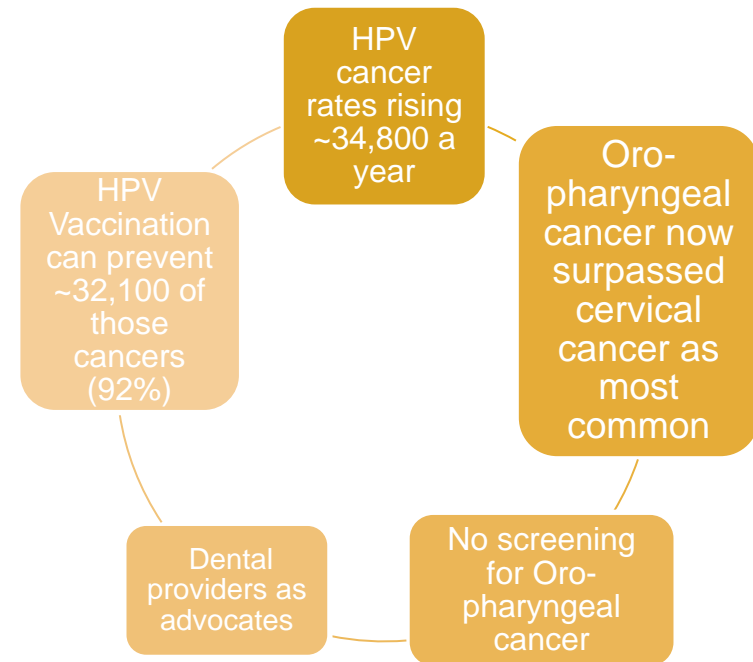
Reason #1: It's our professional obligation.

- HPV-positive oropharyngeal cancer is growing rapidly

Incidence of oropharyngeal cancer in the US – SEER 1975-2012



CA Cancer J Clin. 2020 Jan;70(1):7-30
Dr. Alessandro Villa



Why Discuss HPV?

Reason #2: Many patients are unaware.

- **Most people with HPV don't have any symptoms**
- Oral **and** genital warts – non-oncogenic
- Penetrative sex is not required – Skin-to-skin, not fluid
- HPV can be detected in biopsy
- Most infections cannot be detected and are cleared by the body
- Recurrent infections (~20 years) can cause cancer
- OPC, particularly in white men aged 40-70, is growing rapidly

Why Discuss HPV?

Reason #3: We make it accessible.

- Close relationships with patients
 - Multi-generational and over decades
- Two well-visits per year plus procedures
- Already recording medical history
 - Include a variety of health and social questions
- Already performing oral cancer screenings and education
- Patients trust dental professionals

Why Discuss HPV?

Reason #4: We can both give and refer for vaccination.

- Dentists identified as vaccinators in March 2021

(h) The following healthcare professionals and students in a healthcare profession training program subject to the requirements of this paragraph:

1. Any midwife, paramedic, advanced or intermediate emergency medical technician (EMT), physician assistant, respiratory therapist, **dentist**, podiatrist, optometrist or veterinarian licensed or certified to practice under the law of any state who prescribes, dispenses, or administers COVID-19 vaccines that are Covered Countermeasures under section VI of this Declaration in any jurisdiction where the PREP Act applies in association with a COVID-19 vaccination effort by a State, local, Tribal or territorial authority or by an institution in which the COVID-19 vaccine covered countermeasure is administered;

Why Discuss HPV?

Reason #4: We can both administer and refer for vaccination.

- Dentists identified as vaccinators in March 2021
- We have the infrastructure and aseptic technique
- We can follow reporting, scheduling, and documentation guidelines
- **Patients trust us**
- **It's convenient for patients**
 - **Higher compliance**

Raising the Topic

Brief Description

“HPV is a virus that pretty much everyone has, and we’re finding that it can sometimes cause mouth and throat cancer.”

Educate and Plan

“I’ll ask you some questions to screen for HPV infection, though it’s very hard to prevent or screen for it. The main thing we can do is get vaccinated and get children vaccinated.”

Administer or Refer

“Would you like an HPV vaccine today?”

“Has your child completed their HPV vaccination series?”

“Here’s a referral to go get vaccinated.”

Reluctance and Strategies

- Insufficient knowledge on oral HPV
 - You're here today! Lots of CE
- Discomfort with discussing transmission
 - Drop transmission, focus on vaccination, detection, and refer if symptomatic
- Insufficient time in procedures
 - Verbal questions are done while leaning chair back
 - Vaccines take 1-2 minutes, waiting period done during visit
 - Give a paper or email referral, like a dental specialist

Patient Concerns

- Vaccine reluctance
 - Concern about effect on sexual activity
- Fear of cancer
- Shyness in discussing STIs or transmission
- ~~Dentists overstepping their professional role~~



Rosie Wagner, DDS,
Founder of Smiles By Rosie Family Dentistry
drwagner@smilesbyrosie.com

Question and Answer



Jane Grover, DDS, MPH,
Senior Director,
Council on Advocacy for Access and Prevention,
American Dental Association
groverj@ada.org



To Explore More Industry-Leading Research

Resource Library

We publish white papers, research reports, briefs, articles, posters, infographics, and tools on topics ranging from adult dental benefits to teledentistry. Use the filters below to find resources by type or topic.

Search by Keyword **Filter by Topic** **Filter by Type**

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/education/resource-library

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the **evaluation by Monday, November 28** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Thursday, December 1, 2022, 3–4 p.m. ET

Conducting Evaluation with Health Equity in Mind

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