

President's Column

TAILORING COMMON MESSAGES TO GET RESULTS



Dr. Tom Breneman

April is National Oral Health Month. For more than 30 years, this event has served as a wonderful opportunity for our profession to focus on our mantras of prevention. This message has been consistent with different slogans and approaches through 3 decades, allowing us to reach out to the general public and reinforce the principle of prevention. And of course this outreach also encourages visits to dental offices.

The broader the pickup and the more we reinforce the common message, the greater the impact. As CDA takes the lead in targeting this messaging to government, the media and other groups, we must ensure that the same messaging is reinforced provincially and locally. Only then will the visibility and effectiveness of our message be enhanced. Or as an advertising executive once told me, we

on the inside might be tiring of the message just as the general public starts to become aware of it!

Persistent delivery of certain messages reinforces the mission statement in which CDA pledges to provide optimal oral health care for Canadians. It also helps our corporate sponsors, by promoting those products that have earned CDA's Seal of Recognition.

National Oral Health Month delivers a uniform message through a consistently credible source — CDA. We must be prepared in a similar manner for each issue coming down the pike that affects dentistry. How do we accomplish this?

The first task is to maintain a databank pertaining to these breaking issues. We do this partly through media scans. CDA staff and MP contact persons keep track of developing issues, which are formally reviewed 4 times a year and updated as required at meetings of CDA's Executive Council. This process ensures that all our files are current.

The next step is to ensure that we have appropriate messaging, when required. The breadth and scope of the issue determine the message we send out.

If it is a scientific issue, we contact the necessary dental researchers for their input and expertise and develop our message accordingly. These experts often become spokespersons for CDA as well.

If the issue has political overtones, we may convene a forum with representatives from all constituencies to debate, as we did with the Non-Insured Health Benefits (NIHB) program, the oral hygiene personnel shortage and challenges facing academic dentistry. In a country as large and diverse as Canada, the perceptions of a problem and how to deal with it can vary greatly. After

gathering and collating input from all stakeholders, we will develop a strategy to deal with the issue, along with messaging that can be used by our spokespersons to relay that information to our various publics.

In some situations, the relaying of that information may entail a one-time-only request for information. But in many instances, our approach is multifaceted. In the case of NIHB, we were concerned by the administrative burden the program created for dentists, and by the subsequent deleterious effect it had on the oral health of Canada's First Nations and Inuit populations.

The same message must be delivered to many different groups. Both to be heard and to be effective, the message must be consistent, so there is no confusion, either in our concerns or in the expected outcome. We must deliver the message to the various involved stakeholders, so that they can fully appreciate our concerns and be prepared to act with us on them. We must at all times be singing from the same hymnbook for maximum effectiveness and to improve our odds of achieving success.

This does not just happen, but results from persistence and dedication to developing a common message, building and maintaining relationships with media and dental industry personnel, so that dentistry can have a credible voice for policymakers and the public. This takes ongoing time, energy and resources on the part of CDA, all with the goal of providing tangible and intangible benefits for our members, corporate sponsors and patients.

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