



## **Iowa Veteran Oral Health Summit - Designing a Path to Action**

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August 13, 2024

# Summit Facilitators



**Annaliese Cothron**

*She/Her*

Co-Founder &  
Executive Director



**Samantha Lossett**

*She/Her*

Community Education  
& Outreach  
Coordinator



**Elizabeth Flannery**

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Director of Education  
& Leadership

# AIDPH's Mission and Vision

## MISSION

Empowering our community to advance oral health through science, education, and advocacy

## VISION

A justice-oriented oral health system



# Our Communities of Focus



## LGBTQIA+

By tailoring preventive and treatment strategies to the unique needs of this community, we can contribute to reducing disparities and promoting oral health equity for all individuals, regardless of their sexual orientation, gender identity, or intersex status.



## Veterans

By recognizing and addressing the distinct challenges faced by veterans, we can contribute to improving oral health outcomes, promoting preventive care, and enhancing the overall quality of life for those who have served in the military.



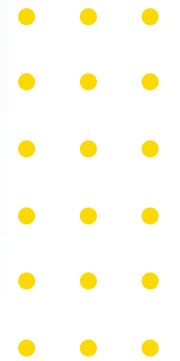
## Disabilities

By prioritizing inclusivity, accessibility, and targeted education, we can contribute significantly to improving the oral health outcomes and overall well-being of people with disabilities.



## Rural

By addressing the unique challenges faced by residents in rural areas, we can contribute to reducing oral health disparities and improving the overall well-being of these communities.



# Our Research Model



knowledge  
expertise  
technical skill  
research capacity



lived experience  
community trust  
representation  
direct benefit

# Iowa Veteran Oral Health



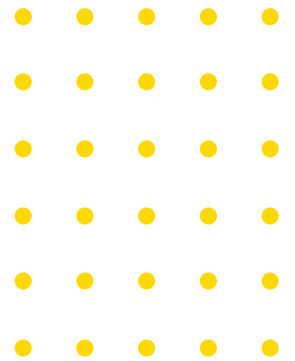
## Understanding Outcomes and Opportunities

Oral health is critical to overall health and well-being. Marginalized, historically excluded, and under-served communities often disproportionately suffer from poor oral health as a result of social and political determinants of health. Veterans experience a disproportionate burden of disease and disability that negatively affects their oral health, their overall health, and their well-being. This report was developed to serve as a resource for key target audiences in Iowa including clinicians, advocates, health administrators, nonprofit organizations, researchers, and policy makers to help design and implement solutions.



## A Report of Strategic and Actionable Recommendations for Iowa Stakeholders

This report published with support from the [Delta Dental of Iowa Foundation](#) assesses the oral health status of veterans living in Iowa using quantitative and qualitative data and noting gaps in available information and resources. It explores:



# Today's Overview

1

Welcome, Desired Outcomes, & Iowa VOH Review

2

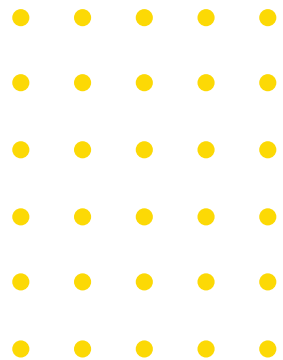
Identifying Priorities for Collaborative Action

3

Designing a Path to Action for Iowa VOH

# Desired Outcomes

- Identify key oral health challenges faced by Iowa veterans.
- Prioritize areas of action and determine next steps for creating momentum
- Understand key stakeholders and strategies for engagement
- Connect with like-minded advocates in the Iowa VOH network for accelerated collaboration





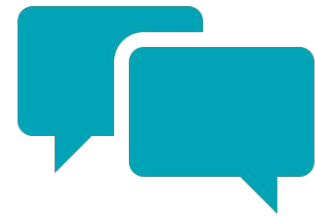
# Housekeeping



For Zoom participants, this session is being recorded



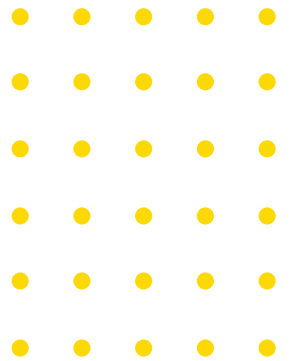
The materials will be posted on the AIDPH website



Please chat and engage throughout!

# Our Conversation Norms

- Implement an all-teach-all-learn approach
- Use first names to reduce power imbalances and respect others' experiences
- Commit to being fully present during our time together
- Respect lived experiences and meet people where they are at in this work



# What do you have in your folder?

**AIDPH**  
AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH

**THE STATE OF VETERAN ORAL HEALTH IN IOWA**  
Understanding Outcomes and Opportunities for Improving Oral Health and Well-Being for Iowa Veterans

*Prepared by the American Institute of Dental Public Health in support of the Delta Dental of Iowa Foundation*

**EXECUTIVE SUMMARY**

**National Access**

There are 20 million veterans in the U.S. Of those, nine million receive healthcare from the Veteran Health Administration (VHA). Only 1.5 million are eligible for dental care from the VHA, with just 512,000 receiving dental care. This means most veterans who are receiving medical care through the Veteran's Administration (VA) system are not eligible or able to receive dental care through the VA. Most veterans, including those living in Iowa, get their dental care in the private sector resulting in access and affordability concerns.

20 Million United States Veterans  
1.5 Million Veterans Eligible for VHA Dental Care  
512,000 Veterans Receive VHA Dental Care

**Iowa Access**

Approximately 7.9% of Iowans are veterans. As of 2020, Iowa had 193,861 veterans living in its 99 counties, with 76% having served during a period of war and approximately 184,000 enrolled in the Iowa VA healthcare system. Iowa veterans are experiencing poverty and housing insecurity at higher rates than nonveterans in Iowa. Geographically, Iowa veterans are highly concentrated in rural areas, with a large proportion of those veterans considered to be among the aging community. Veterans are also more likely to live in a Health Professional Shortage Area (HPSA).

**76%**  
of Iowa Veterans served in a war.

**Oral Health of Iowa Veterans**

Most oral health indicators show that Iowa veterans have poorer oral health outcomes than nonveterans. Approximately half of Iowan veterans (52.3%) are at risk of experiencing tooth loss, compared with 37.1% of nonveterans. Nearly one in ten Iowa veterans (9.5%) are completely edentulous, compared with 4.4% of the Iowan adult population. Indicators such as income, education, and age exacerbate those disparities; however, rurality is the largest driver of poor oral health among veterans.

**52.3%**  
of Iowan Veterans are at Risk of Experiencing Tooth Loss

**Nearly one in ten Iowa veterans (9.5%) are completely edentulous.**

**Iowa Veteran Oral Health Stakeholder Summit**

Download the State of Veteran Oral Health In Iowa Report

Iowa Veteran Oral Health Page

vetdentaldata.org

Survey Monkey results dashboard

Summit evaluation

AIDPH is a nonprofit organization committed to transforming dental public health through collaboration, connection, and community. Serving as a catalyst for change, AIDPH advocates for a justice-oriented oral health system that prioritizes equity and inclusion in our core focus areas: veterans, LGBTQIA, rural, and disability communities. AIDPH empowers communities to advance oral health through research, education, and advocacy.

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**Iowa Veteran Oral Health Summit**  
Agenda At - A - Glance

When	What
9:30 - 10:00 am	Coffee & Welcome
10:00 - 10:30 am	Agenda Overview and Desired Outcomes
10:30 - 11:00 am	The State of Veteran Oral Health in Iowa: Report Overview
11:00 - 11:15 am	Presentation from Delta Dental of Iowa Foundation: Overview of priorities and funding opportunities
11:15 am - 12:00 pm	Determining our Priorities for Veteran Oral Health in Iowa
12:00 - 12:45 pm	Working lunch: How Now Wow
12:45 pm - 1:00 pm	BREAK
1:00 - 2:00 pm	Breakout Discussion: Designing a Path to Action
2:00 - 3:00 pm	Report Out, Close, & Next Steps

*Iowa Summit Participant Agenda - August 13, 2024*

# What you'll get later...



## Designing a Pathway to Action for Veteran Oral Health in Iowa

A collaborative planning framework supports designing and facilitating processes that build alignment around shared vision and commitment to strategic action for social change within organizations, networks, and communities. The pathway to action includes: designing the planning process; engaging stakeholders in a series of strategic conversations to build agreement that informs taking concerted action; and taking action. (Source: Interaction Institute for Social Change. "Facilitative Leadership for Social Change.")

**1. Current Reality**  
Where are we now?

**2. Goals of the Process**  
Where do we want to be?

**3. Pathway to Action (the Process)**  
How do we get from here to there?

Context  
Key Stakeholders

**What is the strategic recommendation you are planning a path to action for?**

**What is the current status of this issue?**

- What is your understanding of this issue, e.g., how does Medicaid cover veterans? The Iowa Trust Fund functions in what manner? How many FQHCs are there in Iowa?
- Refer to the report for additional background if needed

**What existing facilitators can we leverage to make progress?**

- What are the social, situational, structural, environmental, or political influencers that have the potential to create positive outcomes?



## Iowa Veteran Oral Health Summit - Designing a Path to Action

August 13, 2024

# Today's Agenda

When	What
9:30 – 10:00 am	Coffee & Welcome
10:00 – 10:30 am	Agenda Overview and Desired Outcomes
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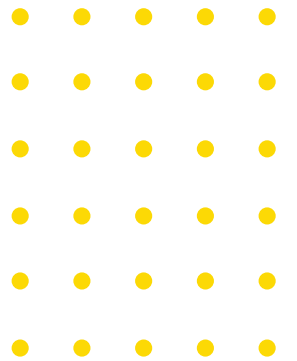


# Welcome + Group Connection

Report Development & Overview

# Let's Hear From You...

1. Share your name and pronouns
2. One breath intro: organization + title + focus
3. What's a fun fact about your hometown, how long have you been an Iowan?



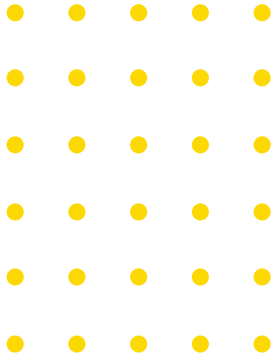


# **The State of Veteran Oral Health In Iowa**

Report Development & Overview

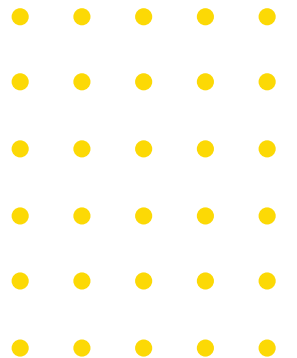


# Report Development Timeline



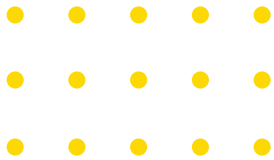
# Report Objectives

1. How do oral health outcomes for veterans living in Iowa **differ from nonveterans?**
2. What **factors contribute** to poor oral health among veterans in Iowa?
3. What **opportunities exist** for improving oral health outcomes for veterans in Iowa?
4. What **steps should be taken** to improve oral health outcomes for veterans in Iowa?



# Report Development

## Process for Report Development



# Report Elements



### EXECUTIVE SUMMARY

**National Access**  
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- 20 Million United States Veterans
- 9 Million Veterans Eligible for VHA Dental Care
- 512,000 Veterans Receive VHA Dental Care

**Iowa Access**  
Approximately 7% of Iowans are veterans. As of 2020, Iowa had 193,861 veterans living in its 99 counties, with 76% having served during a period of war and approximately 184,000 enrolled in the Iowa VA healthcare system. Iowa veterans are experiencing poverty and housing insecurity at higher rates than nonveterans in Iowa. Geographically, Iowa veterans are highly concentrated in rural areas, with a large proportion of those veterans considered to be among the aging community. Veterans are also more likely to live in a Health Professional Shortage Area (HPSA).

**76% of Iowa Veterans served in a war.**

**52.3%** of Iowa Veterans Are at Risk of Experiencing Tooth Loss

**Nearly one in ten Iowa veterans (9.5%) are completely edentulous.**

The State of Veteran Oral Health in Iowa

### Iowa Veteran Oral Health Interactive Dashboard

Data for this dashboard were sourced from an aggregated BRFSS dataset obtained from the State of Iowa.

Mental Health | Physical Health | Insurance | Diabetes | Dental Visits | Missing Teeth

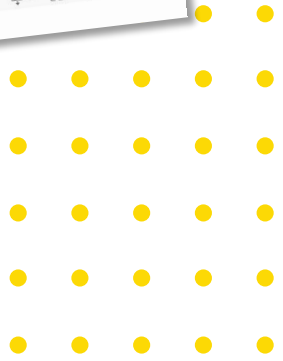
**Mental Health**  
Percentage of Veterans and non-Veterans who had 14+ days in last 30 days when Mental Health was not good

Category	Percentage
ALL IOWANS	11.4%
RURAL VETERANS	8.3%
NON-VETERANS	13.1%
TOTAL IOWA	12.9%
URBAN VETERANS	12.6%

**Percentage of total Iowa population who had 14+ days in last 30 days when mental health not good by county**

% Range: 56.84 - 79.94

© 2024 Mapbox © OpenStreetMap  
View on Tableau Public



# Report Elements



**Section 1** provides an overview of the Veterans' Health Administration (VHA) infrastructure, details on healthcare eligibility offered through the Department of Veterans' Affairs (VA), and descriptions of veteran and active-duty service member healthcare benefits. Additionally, this section provides a comprehensive overview of the Iowa veteran population, including information on access and healthcare delivery systems and federal health insurance programs.



**Section 2** offers an extensive analysis of veteran oral health at the national, state, and county levels. Moreover, this section provides key insights for dental health professional shortage areas in Iowa, as well as dental visits, edentulism (tooth loss), and dental emergency room visits observed in Iowa.



**Section 3** delivers a comprehensive overview of the impact of chronic inflammatory diseases on the Iowa veteran population. Additionally, it underscores the financial burden these diseases place on State and VA expenditures, as well as out-of-pocket expenses for veterans.



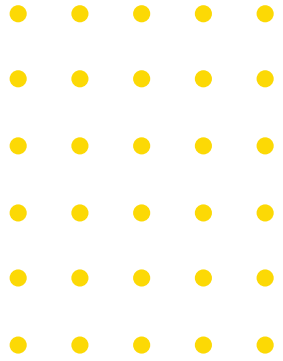
**Section 4** highlights trends that emerged from interviews conducted with key Iowa stakeholders regarding the access to, use of, and potential barriers to oral healthcare faced by Iowa veterans. This section reports a compilation of interviewee responses, supported by direct quotes. Cost, transportation, and oral health literacy were recurrent barriers reported by stakeholders, particularly aging veterans living in rural communities. The interviews also provided valuable insight into effective policy solutions, calling for increased funding of the Iowa Trust Fund and Medicaid expansion.



**Section 5** summarizes conclusions of results generated from this report in plain language for each major area of analysis, including cost, overall health, and oral health.



**Section 6** provides a detailed list of actionable, evidence-based strategic recommendations for key stakeholders to use to ignite systemic change for Iowa veterans.



# Report Stakeholders & Target Audiences



Veterans +  
Caregivers



Policymakers



Clinicians



Associations

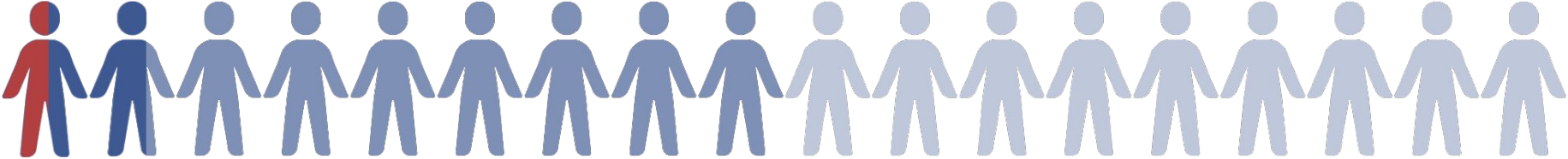


Researchers

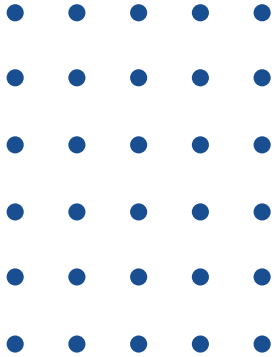


Insurers

# National Landscape

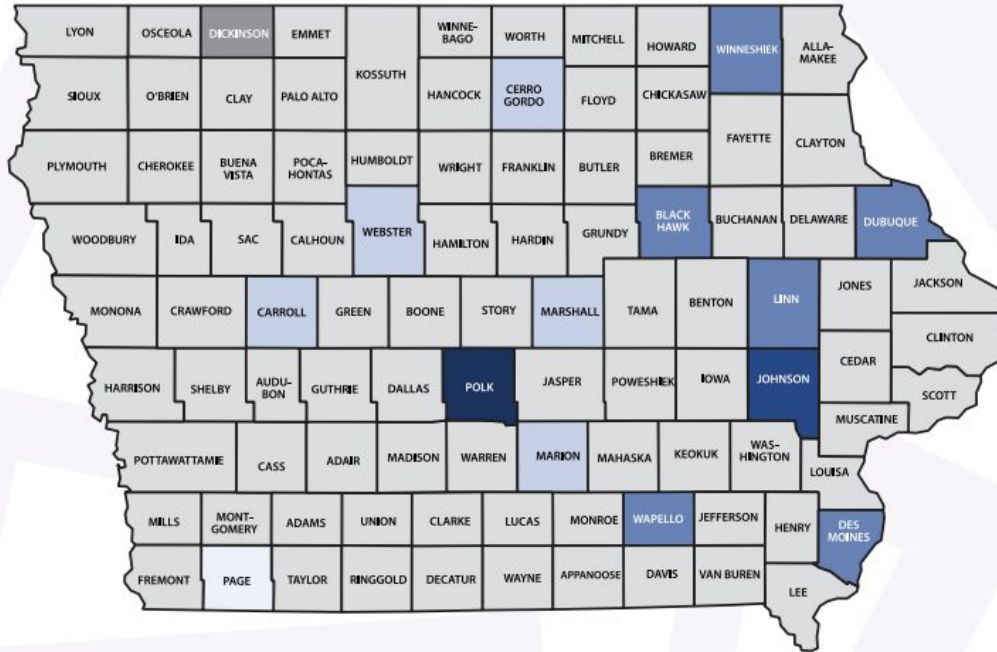


There are **18 million** veterans in the US. Of those, **9 million** receive healthcare from the VHA. Only **1.8 million** are eligible for dental care from the VHA, with just **582,000** receiving dental care.



# Iowa Infrastructure

Figure 2: VISN 23 — Iowa Locations

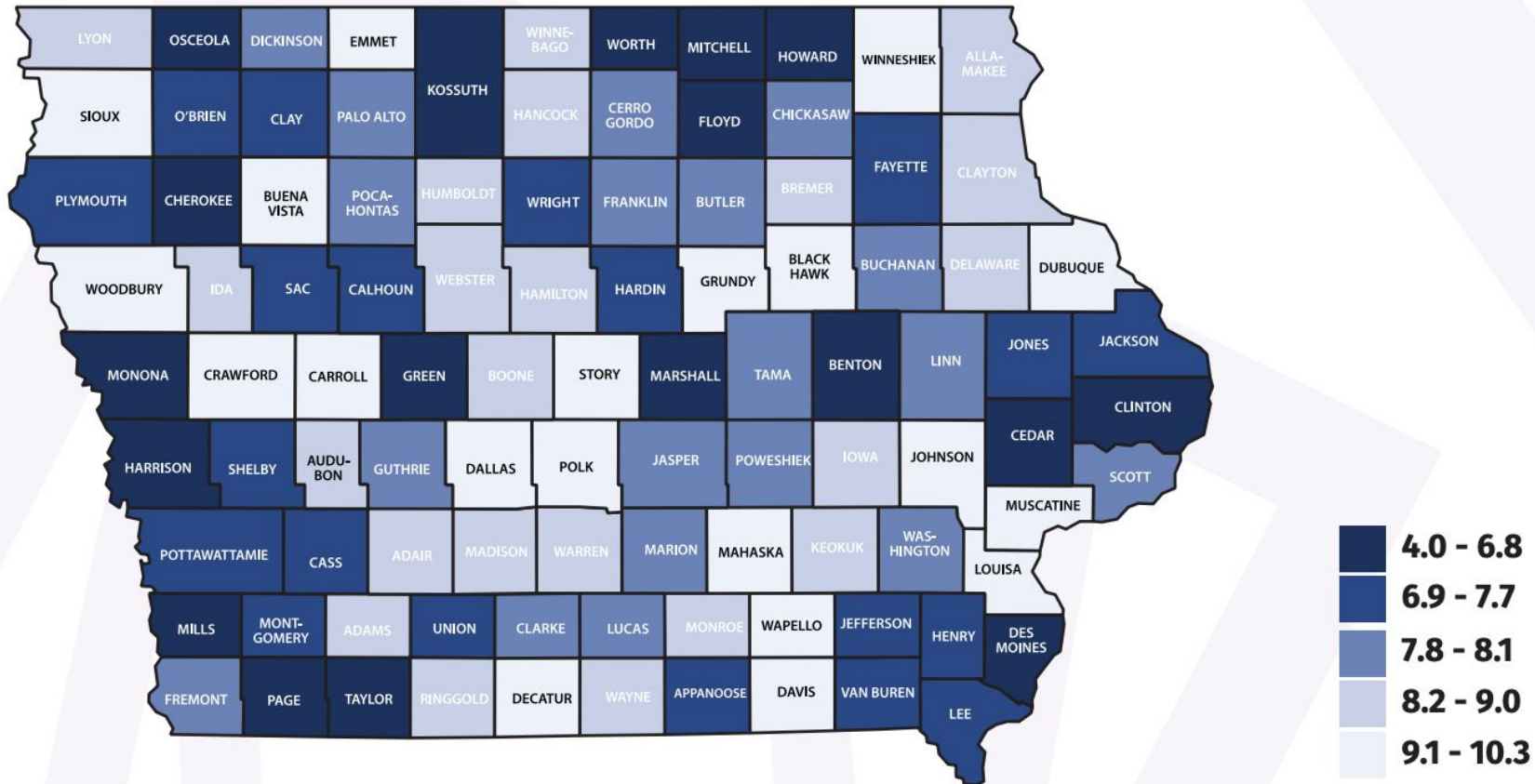


- VA Central Iowa Health System, VA Medical Center
- VA Iowa City Health Care System, VA Medical Center
- Outpatient Clinic
- Outpatient Clinic
- VA Nebraska-Western Iowa Health Care System Outpatient Clinic
- VA Sioux Falls Health Care System Outpatient Clinic

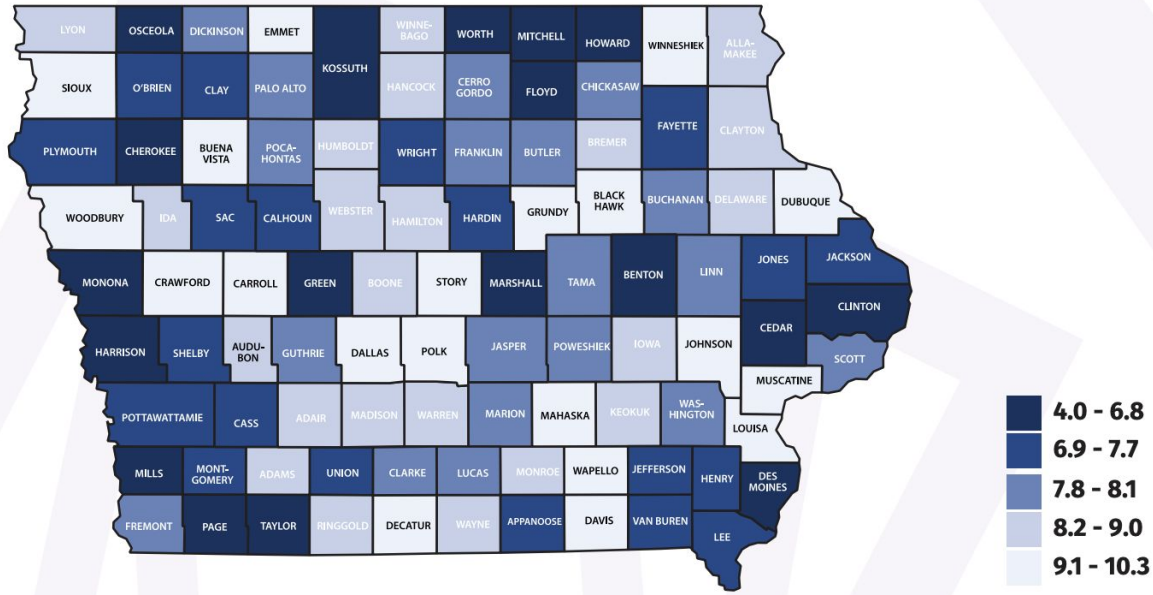


# Iowa Infrastructure

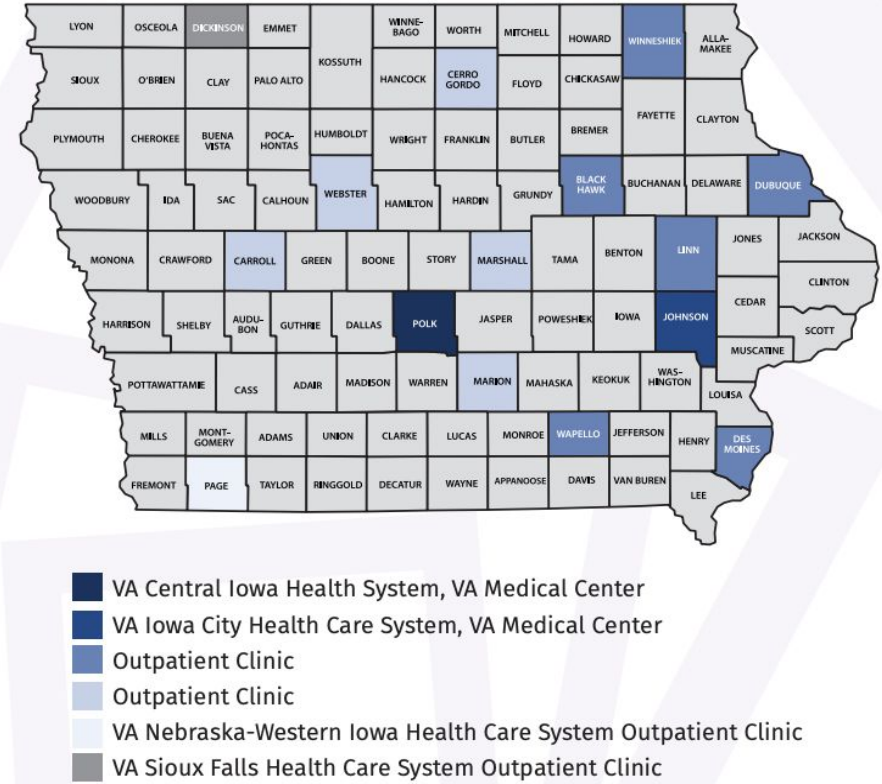
Figure 1: Percentage of Veterans in the Adult Population by County



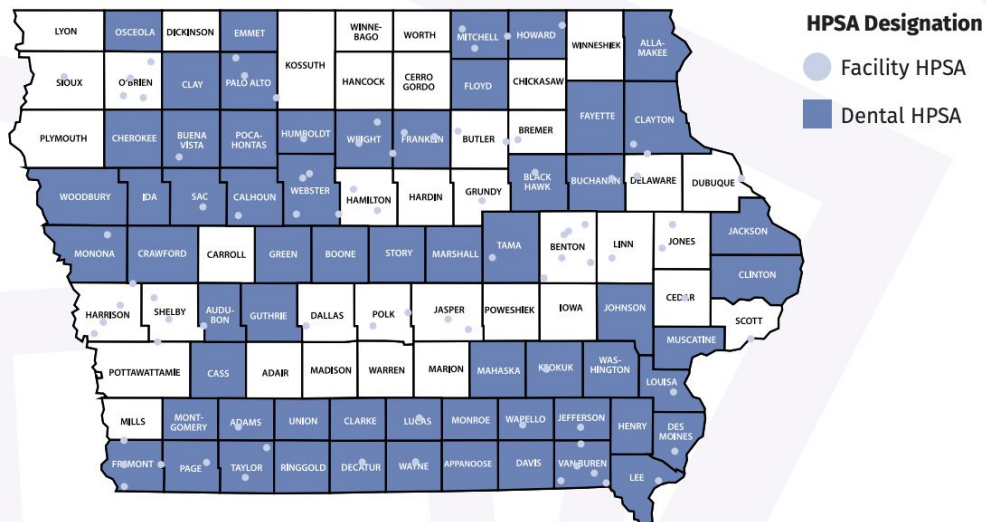
**Figure 1: Percentage of Veterans in the Adult Population by County**



**Figure 2: VISN 23 – Iowa Locations**



**Figure 5: Iowa Federal Dental Health Care Shortage Designations**



**Let's Compare...**

## Key Takeaways

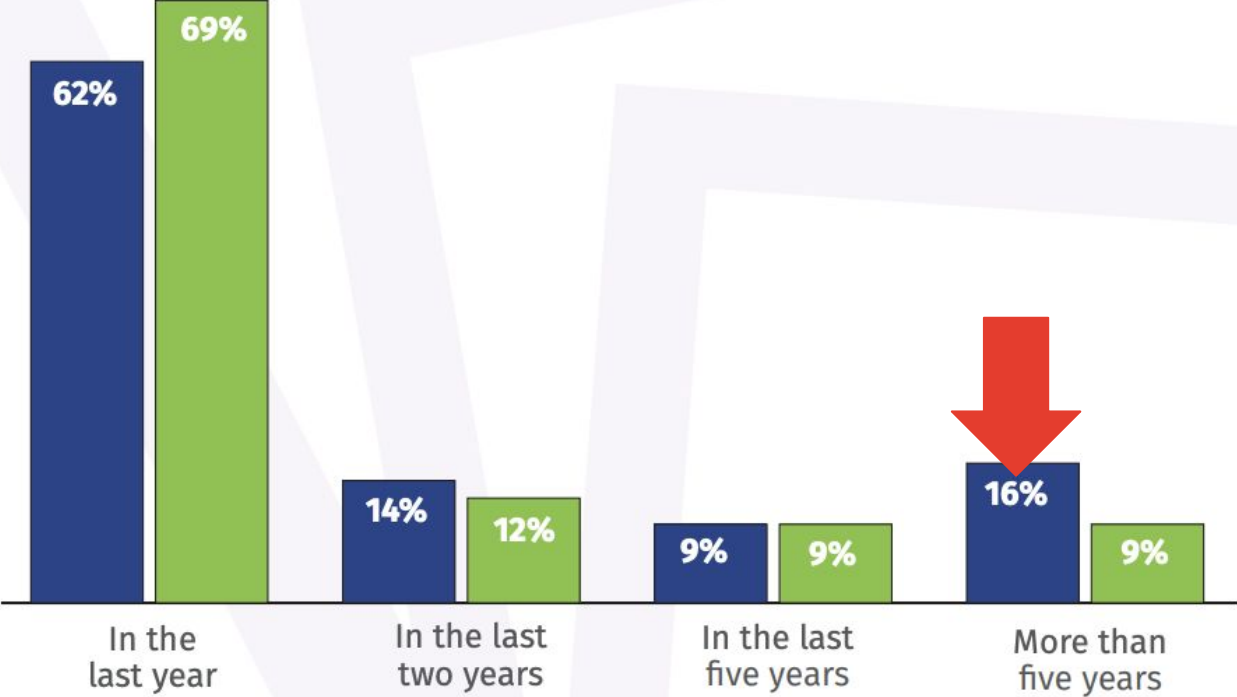
An overview of Iowa healthcare access and care delivery

- 1 There are many dental healthcare access points in Iowa for veterans; however, they are primarily located in urban areas.
- 2 Dental care coverage for many Iowa veterans is limited to Medicaid, VA, and charitable programs, creating potential financial barriers for veterans who are underinsured or do not have employer-paid dental coverage.
- 3 The full scope of veteran access within the available infrastructure is difficult to determine given the limited data and the lack of veteran status indicators collected within some healthcare systems.

# Veterans in Iowa See the Dentist Less Frequently

Figure 7: Oral Health Care Utilization by Years of Iowa Veteran and Nonveteran Populations

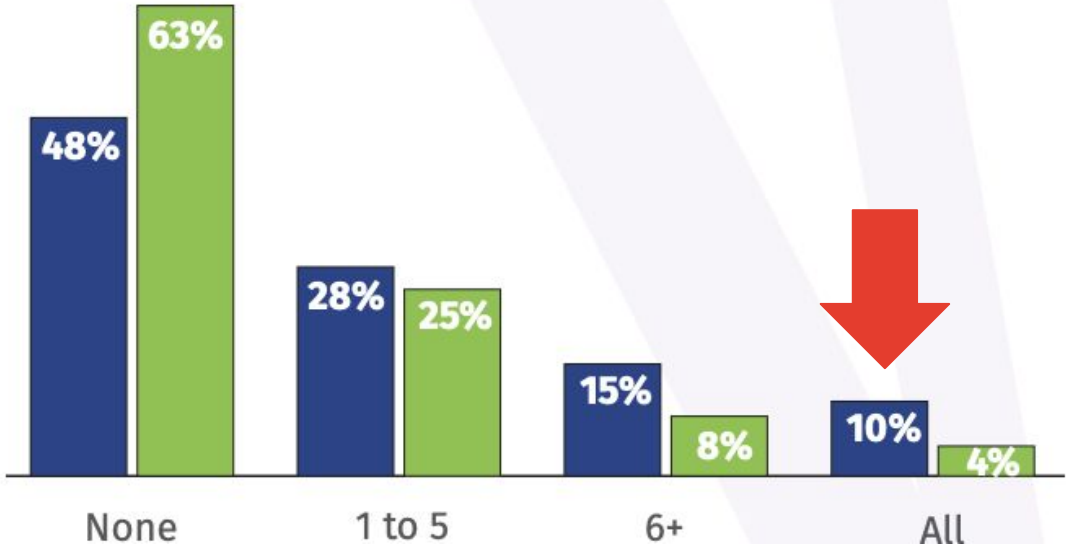
— Veterans  
— Nonveterans



# Tooth Loss is Higher

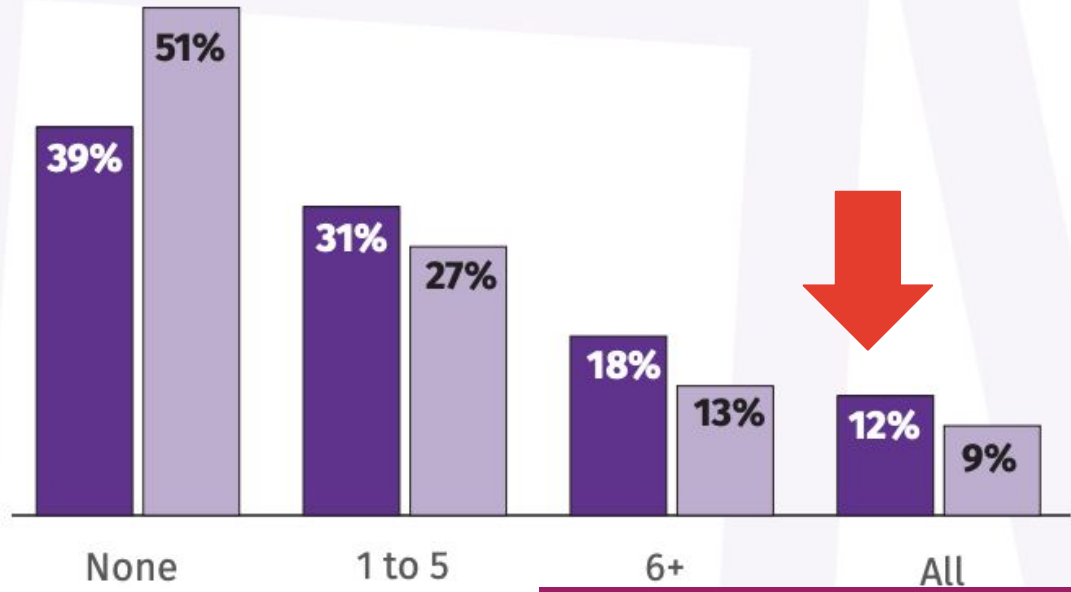
**Figure 9: Percentage of Tooth Loss in Veteran and Non-Veteran Populations**

— Veterans  
— Nonveterans




**Figure 10: Percentage of Tooth Loss in Rural and Urban Veteran Populations**

— Rural Veterans  
— Urban Veterans



# Veterans Can't Get to the Care



**That's been a challenge for a lot of our veterans, particularly in the rural areas, but even here in [this] County.... We have really good quality providers here, but just to get that veteran to those additional places has been difficult sometimes. And the time frame that that takes as well is really difficult.**

# Veterans Can't Pay For the Care



**Affordability is key... cost [is an issue] for a lot of the veterans, really most of the veterans that we have worked with. It's been many many years since they've had dental care, predominantly due to cost. Cost is a big factor because they haven't been able to afford dental care. It goes years and years and years and then we end up in a situation where there's thousands and thousands of dollar's worth of work to get them into good oral system of health."**

# Iowa Veterans Have Worse Oral Health

## Key Takeaways

The oral health and well-being of Iowa veterans

- 1 Most oral health indicators show that Iowa veterans have poorer oral health outcomes
- 2 Indicators such as income, education, and age exacerbate those disparities; however, rurality is the largest driver of poor oral health among veterans.
- 3 Some veterans visit a dentist at similar frequency to nonveterans; however, the large disparities in outcomes such as edentulism suggest that optimal oral health is not being achieved through those visits.



# Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

## High Blood Pressure

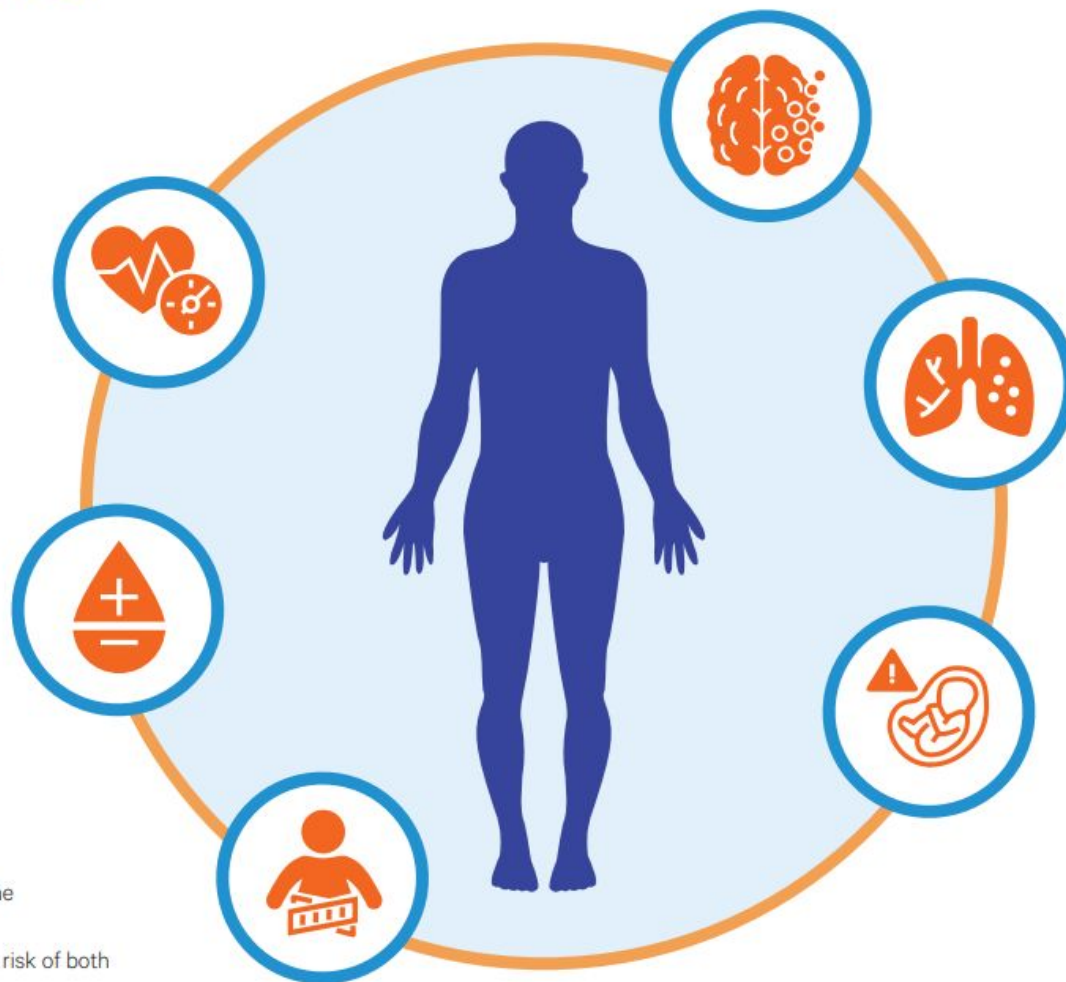
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.<sup>1</sup>
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.<sup>2</sup>

## Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.<sup>3</sup>
- Diabetes raises the risk of developing gum disease by 86%.<sup>4</sup>

## Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.<sup>5</sup>
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity<sup>6</sup> and tooth decay among children<sup>7</sup> and adults.<sup>8</sup>



## Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.<sup>9</sup>
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.<sup>10</sup>

## Respiratory Health

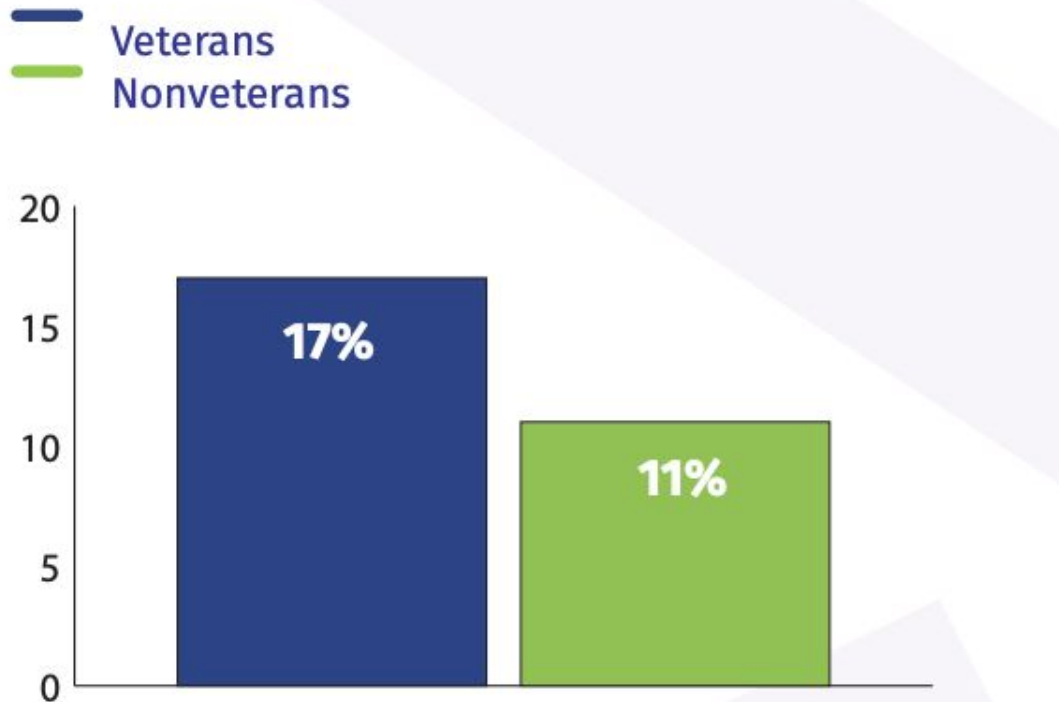
- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.<sup>11</sup>
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.<sup>12</sup>
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.<sup>13</sup>

## Adverse Birth Outcomes

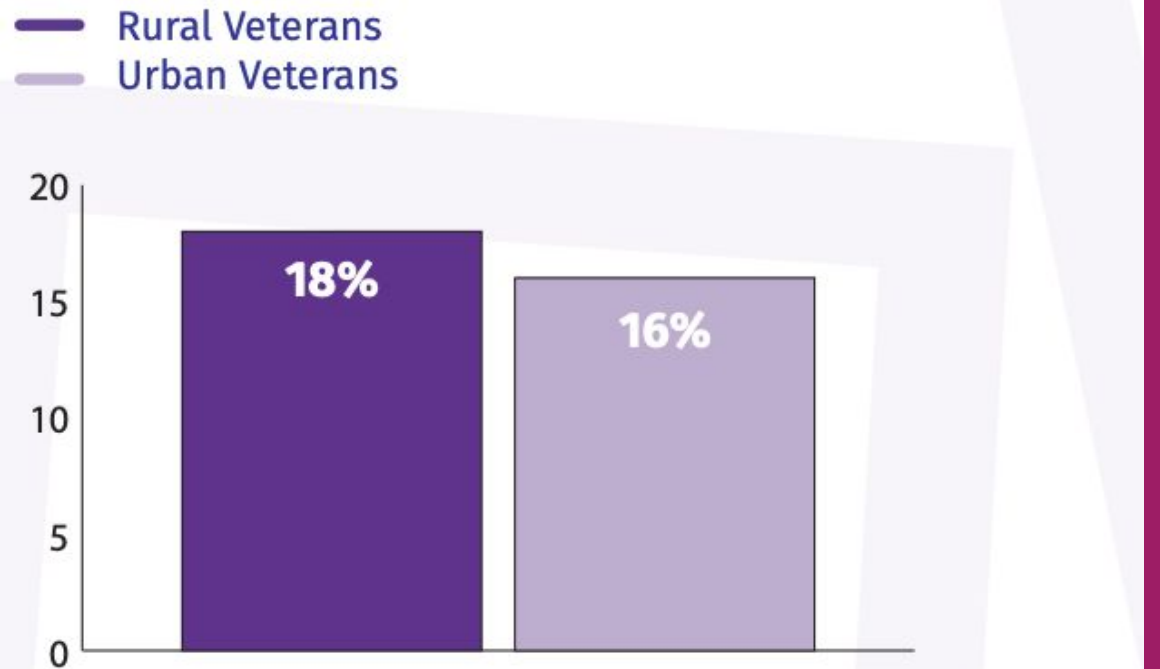
- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.<sup>14</sup>

# Iowa Veterans Have More Chronic Disease

**Figure 13: Prevalence of Diabetes by Iowa Veteran Status**

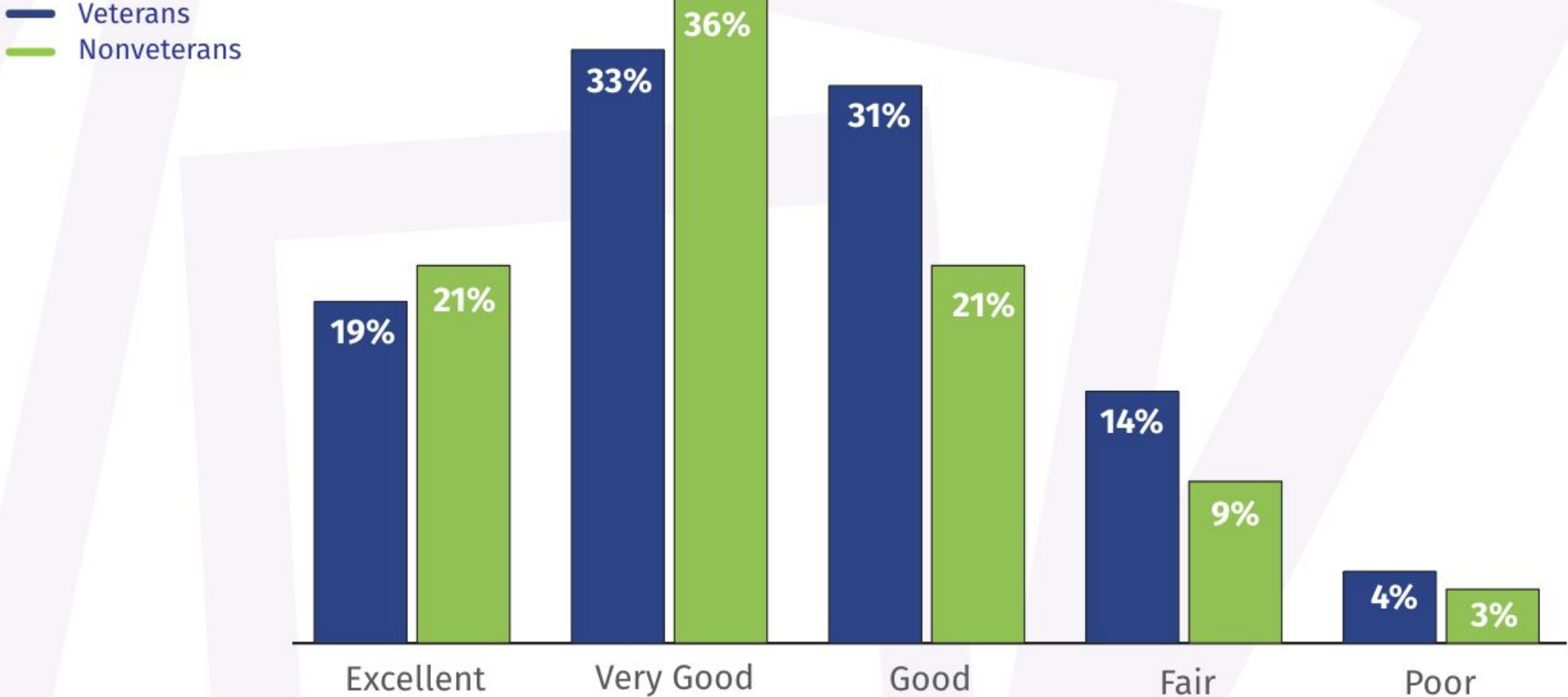


**Figure 14: Prevalence of Diabetes by Rural and Urban Status**

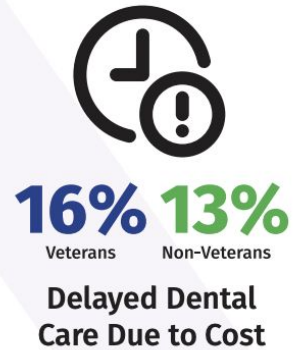


# Iowa Veterans Are Generally Less Healthy

Figure 11: Self-Reported Physical Health Ratings by Iowa Veteran Status



# Addressing Dental Care Access Saves Money



**\$55M** **\$66M**

The VHA Can Save Millions By  
Providing Dental Care To  
Iowa Veterans With **Diabetes**  
and **Heart Disease**.



# **Collaborative Action for Iowa Veterans**

Strategic Recommendations for Improving  
Oral Health & Wellbeing



## **Access and Infrastructure**

### **Iowa veterans experience a fragmented care delivery system.**

Dental care is available through the VA, FQHCs, private insurance, Medicaid/Medicare, and charitable offerings, but many of these are limited in options. This fragmented care delivery system, like many dental systems in the US, does not drive care integration or reduce cost for patients or providers. While many people are working to make the system easier to navigate and fill the gaps, it remains a systemic issue that requires a systemic solution.

### **Iowa veterans need financial support and effective policy solutions to overcome systemic barriers to accessing care.**

State stakeholders and quantitative data confirm the existence of a financial barrier to accessing care. The Iowa Trust Fund and Medicaid expansion have improved access to and utilization of dental healthcare for Iowa veterans, but limited eligibility criteria keep these policy solutions from reaching all veterans in need.

### **The oral health workforce in Iowa is strained, compounding access to care for veterans.**

While low reimbursement rates and decreases in the oral health workforce are not unique to Iowa or to the veteran population, this systemic issue affects the availability of workforce to address the complication that veterans face in accessing dental care. Stakeholders shared the overarching strain on the entire oral healthcare system in Iowa creates additional challenges in addressing the complex dental needs of veterans. This strain also reduces the capacity for effective patient and provider education.

### **Rural veterans are among the highest-need population.**

Veterans living in rural areas are more likely to be aging, disabled, and experiencing chronic health conditions that exacerbate poor oral health. When these high-risk populations also struggle with accessing transportation, or experiencing financial barriers, these complex care needs worsen. Even among the most experienced navigators, transportation remains a problem that is consistently unsolved.



## **Oral Health and Well-Being**

### **Many Iowa veterans are experiencing poor oral health outcomes.**

Compared to nonveterans, Iowa veterans have a higher disease burden, making care more costly and invasive. Many of these veterans receive medical care through the VA, but not dental care. In these cases, care coordination is less effective given the lack of integrated treatment planning.

### **Rural veterans experience poorer oral health.**

Iowa veterans living in rural areas are more likely to be edentulous and living with a chronic disease condition. In many cases, rural veterans are sicker, live in more poverty, and cannot access transportation to address their healthcare needs. Rural veterans should be among the highest priority when considering policy and programmatic solutions.



## **Overall Health and the Oral-Systemic Connections**

### **Veterans in Iowa are experiencing higher chronic disease prevalence as a result of military service.**

Compared to nonveterans, Iowa veterans have a higher chronic disease burden and poorer physical health outcomes; as with dental care, poor physical health makes care more costly and invasive. As noted above, many of these veterans receive medical care through the VA and dental care from another source. In these cases, care coordination can be less effective given the lack of integrated treatment planning.

### **Rural veterans are experiencing the most profound disparities.**

Rural veterans experience higher rates of chronic disease conditions, poor mental health, cancer, and other indicators of physical health. Many of these health indicators are exacerbated by poor oral health, and vice versa. Geographic barriers to accessing care widen these gaps and compound oral health disparities.



## **The Cost of Poor Oral and Overall Health**

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### **Poor oral healthcare is costing Iowa millions of dollars.**

Providing oral healthcare to Iowa veterans with diabetes could save an estimated \$55 million, and an estimated \$66 million for Iowa veterans with heart disease. Substantial cost savings and improved oral health outcomes can be actualized through integrated, whole-person healthcare that includes dental care.

### **Emergency dental visits are increasing in Iowa.**

While not specific to veterans, implications for increased emergency department visits and the resulting rising costs can be extended to Iowa veterans, particularly in rural areas. Improving consistent access to dental care for high-risk, high-cost populations like veterans in Iowa reduces expensive emergency room visits and treats the root cause of dental pain.



# Ready for Action? Use this Report!



Veteran  
Advocacy



Educating  
Stakeholders



Making Decisions



Seeking Funding



# **Delta Dental Support for Iowa Veterans**

An overview of funding opportunities from  
Delta Dental of Iowa Foundation

# Delta Dental of Iowa Foundation Veterans' Oral Health

# Mission

Strengthen and transform the health and smiles of all lowans.



2025 Strategic Vision:

Robust community systems and partnerships empower and engage all lowans to have optimal oral, vision, and overall health.

# 2023 – 2025 Health Equity Strategic Plan

- Our **commitment to health equity** through Community of Health grant investments is rooted in the belief that **all lowans deserve equitable access to health care**. We take a comprehensive approach to addressing health disparities among individuals who are disproportionately impacted in our state.
- **Investment in programs** that align with one of the following:
  - Education & Advocacy
  - Access & Prevention
  - Policy & Research



## **MARGINALIZED POPULATIONS**

Strengthen dental, vision, and mental/emotional health access to care for refugees, immigrants, people with disabilities, BIPOC (black, indigenous, and people of color), people living in rural communities and LGBTQ+ populations. We aim to support initiatives that promote culturally appropriate oral and overall health education, ensuring that knowledge is accessible and relevant.

**Our 2023 - 2025 health equity plan focuses on collaboration with our partners to focus on marginalized populations in strengthening and transforming the following critical issues:**



### **DENTAL WORKFORCE**

Strengthen the capacity of the dental workforce through representation, innovation and education. In addition, support initiatives that educate and raise awareness about dental careers in Iowa.



### **MENTAL/EMOTIONAL HEALTH**

Identify and build awareness of stigma while supporting initiatives that address mental/emotional health through systemic solutions, education, and outreach.

A special focus will be to create an open and supportive culture within dental professions, with an emphasis on improving mental health and well-being.



### **VISION HEALTH**

Identify and build awareness of critical public health challenges as they relate to vision health.

Develop strategies and opportunities that address vision health disparities through systemic solutions, ultimately striving for all Iowans to have equal access to comprehensive vision care.



### **VETERANS' ORAL HEALTH**

Identify and eliminate challenges veterans face to access oral health care to ensure healthier outcomes.



# Opportunities to Partner

- Connect to existing resources & partners focused on veteran oral health
- Apply for grant funding to support veteran oral health
  
- Delta Dental of Iowa Foundation Team:
  - [IA\\_Foundation@deltadentalia.com](mailto:IA_Foundation@deltadentalia.com)
  - [deltadentalia.com/foundation](http://deltadentalia.com/foundation)



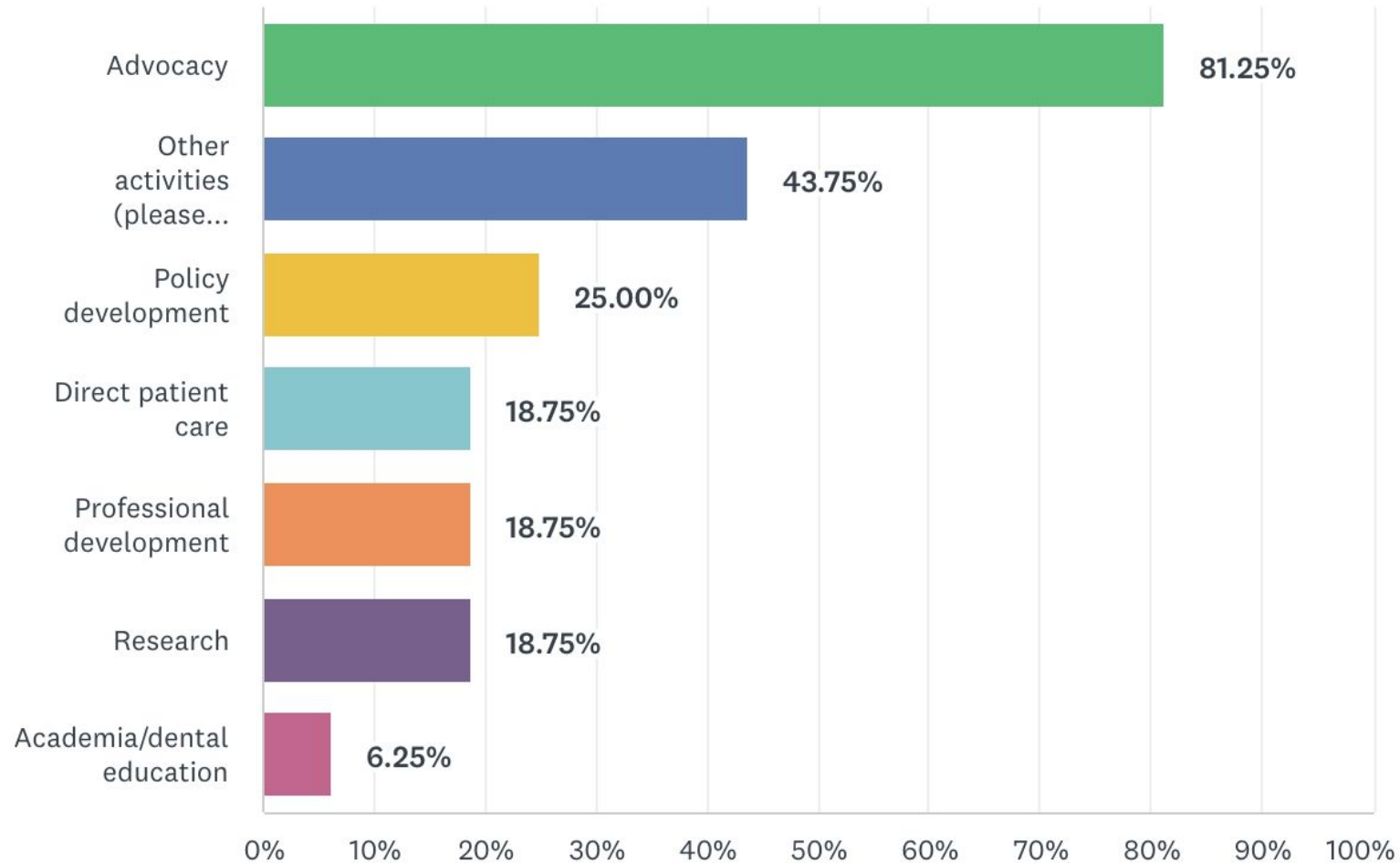
# Setting our Priorities for Veterans in Iowa

Stakeholder survey results for prioritizing  
veteran oral health in Iowa



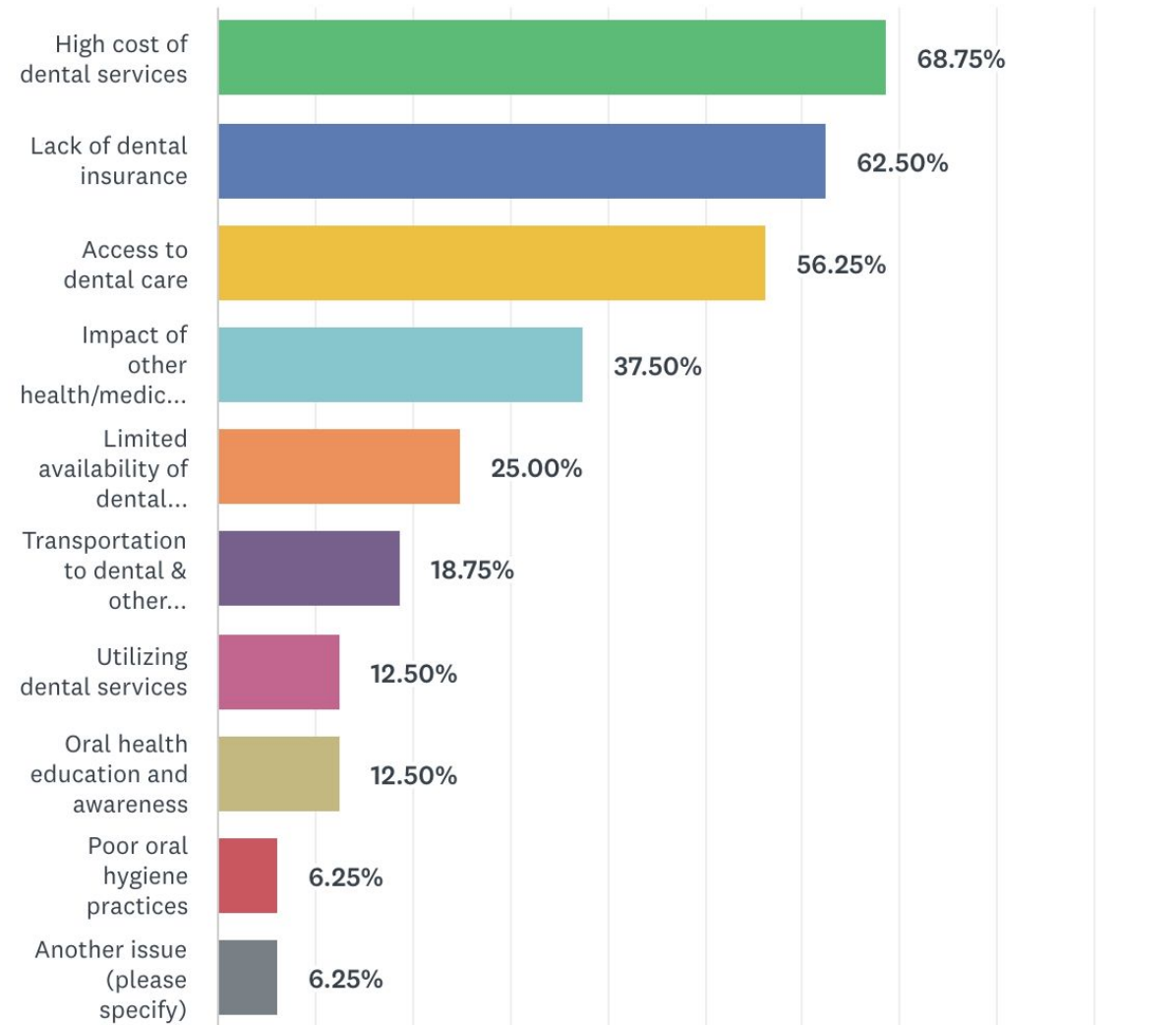
# What are your organization's main activities as it relates to oral health? (select all that apply)

Answered: 16 Skipped: 0



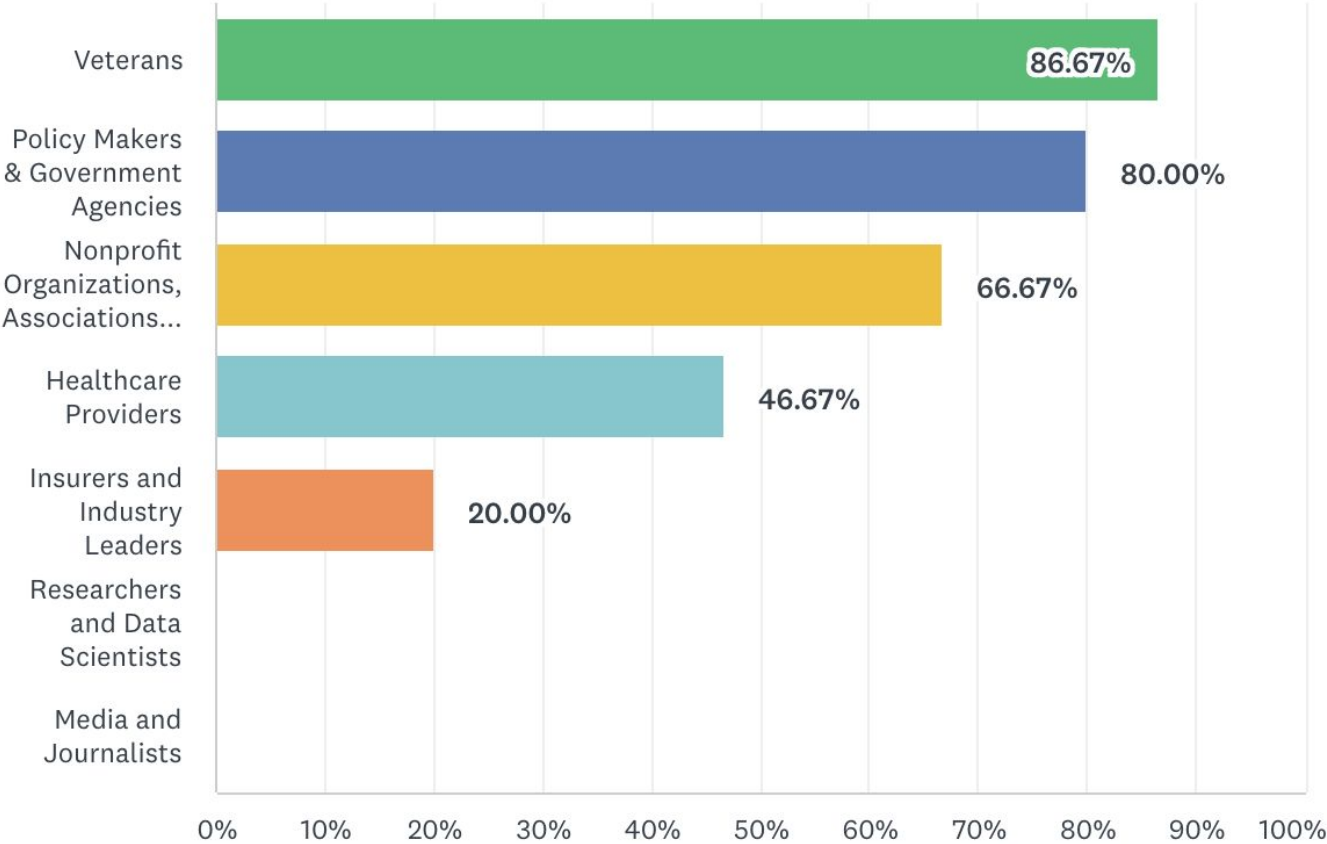
Based on your knowledge and understanding of Iowa veterans, what are the top three issues impacting their oral health? (Select up to three)

Answered: 16 Skipped: 0



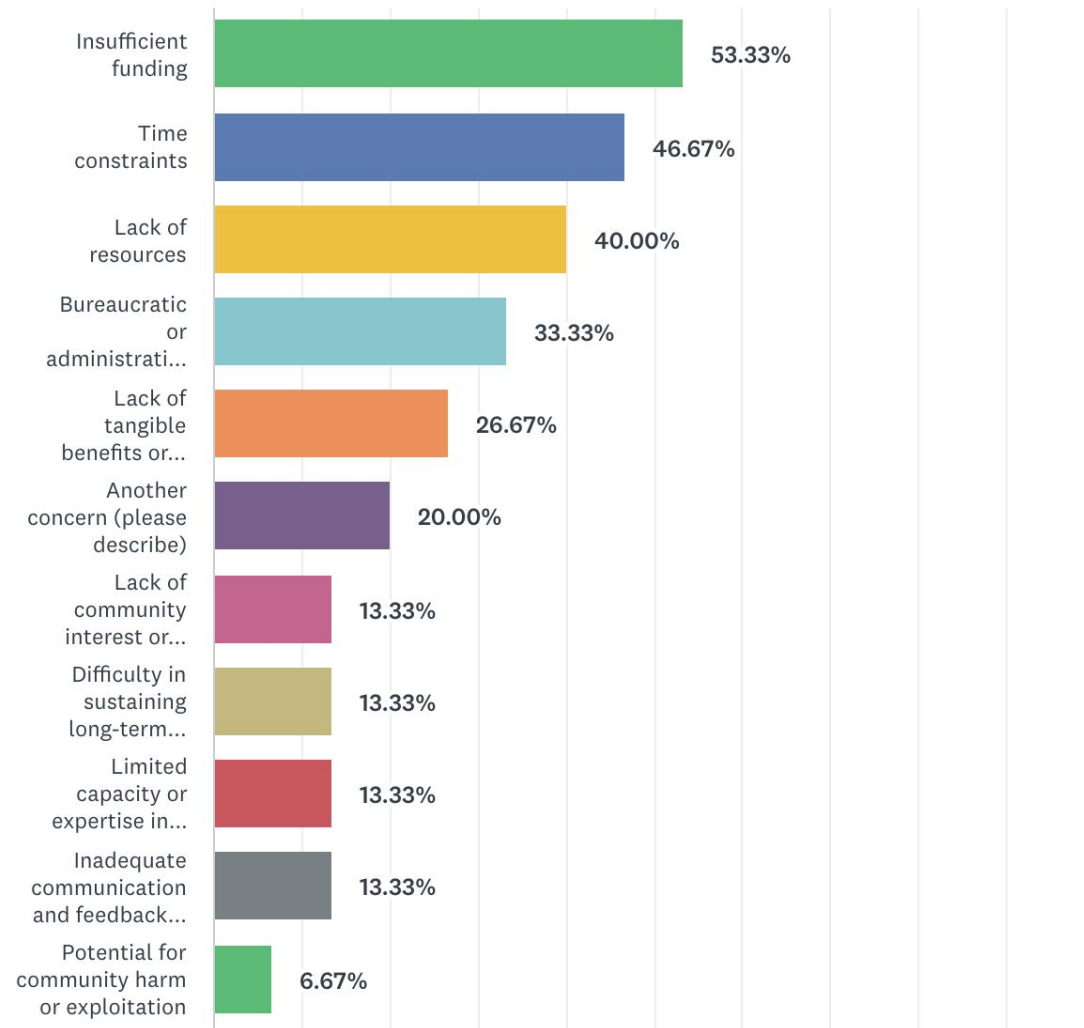
AIDPH identified a list of stakeholders connected to veteran oral health in Iowa. In your opinion, who are the top three stakeholder groups to engage on this topic?

Answered: 15 Skipped: 1



Do you have any of the following concerns about yourself or your organization when it comes to implementing strategies for veteran oral health in Iowa? (Select all that apply)

Answered: 15 Skipped: 1



## Recommendations for Policy Makers

- 1.** Fund and conduct a comprehensive clinical needs assessment for veterans living in Iowa.
- 2.** Expand and strengthen the I-Smile program.
- 3.** Strengthen and expand the Iowa Veteran Trust Fund.
- 4.** Expand Medicaid eligibility to include veterans, particularly high-risk, high-cost veterans.
- 5.** Incentivize providers by increasing Medicaid reimbursement rates.
- 6.** Expand the VA Community Care Network.
- 7.** Expand and fund telehealth and mobile dental resources in underserved areas.
- 8.** Add veteran oral health data to the Iowa Public Health Tracking Portal.
- 9.** Include veteran metrics and interventions in the state oral health plan.

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## Recommendations for Healthcare Providers

1. Add veteran status to intake paperwork and ask every patient if they are a veteran.
2. Train yourself and your colleagues on the unique needs of veterans.
3. Develop checklists and resource guides to facilitate clinical encounters
4. Invest in the Community Health Center infrastructure as a critical access point for veterans.
5. Require training in veteran oral health through continuing education and professional development.
6. Use trauma-informed care approaches during clinical encounters.
7. Interprofessional care teams should integrate treatment planning.
8. Leverage dental and dental hygiene schools for preventive care.



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## Recommendations for Advocates

1. Advocate for VA dental eligibility expansion.
2. Investigate a dental therapy model for licensure optimization.
3. Consider forming a coalition of veteran oral health advocates.
4. Ensure veteran patient representation in dental associations and initiatives.
5. Develop community-driven educational campaigns to support oral health literacy.
6. Provide financial assistance programs that target transportation.
7. Consider nontraditional stakeholder collaboration for multifaceted solutions.
8. Train community members as lay health workers to increase care navigation.

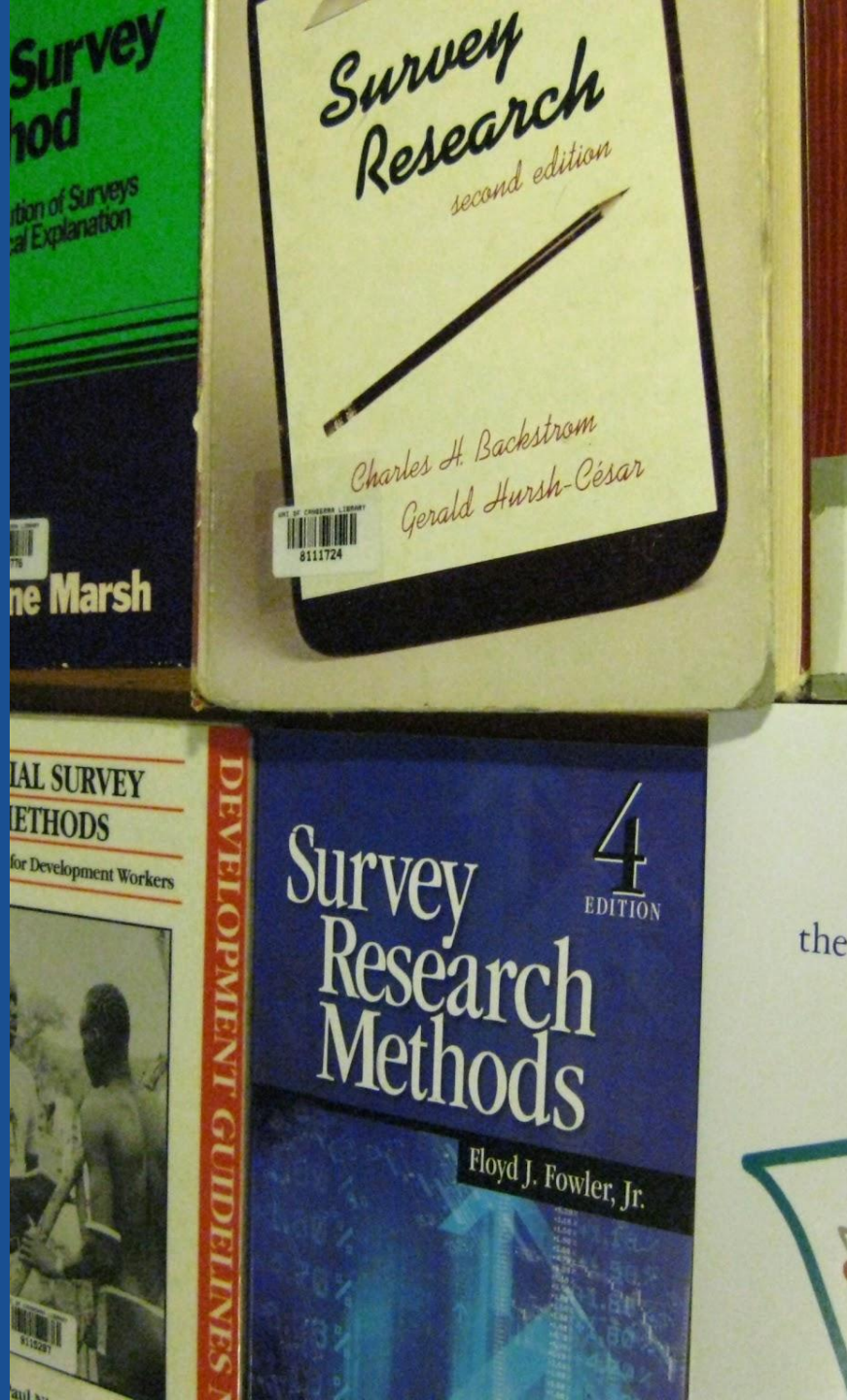
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## Recommendations for Researchers

1. Fill the knowledge gaps surrounding veteran oral health in Iowa.
2. Use an asset-based approach to identify facilitators, barriers, and drivers of oral health inequity.
3. Conduct longitudinal studies on veteran oral health outcomes.
4. Develop state-specific, standardized metrics for assessing oral health in veterans.
5. Study the intersection of oral health and mental health in veterans.
6. Collaborate with policy makers on data-driven legislation.



# How Now Wow for Setting Priorities

## **In-Person Participants:**

You were given three sets of yellow, green, and blue dots. You will use these dots to assign priorities to the top 10 strategic recommendations.

## **Online Participants:**

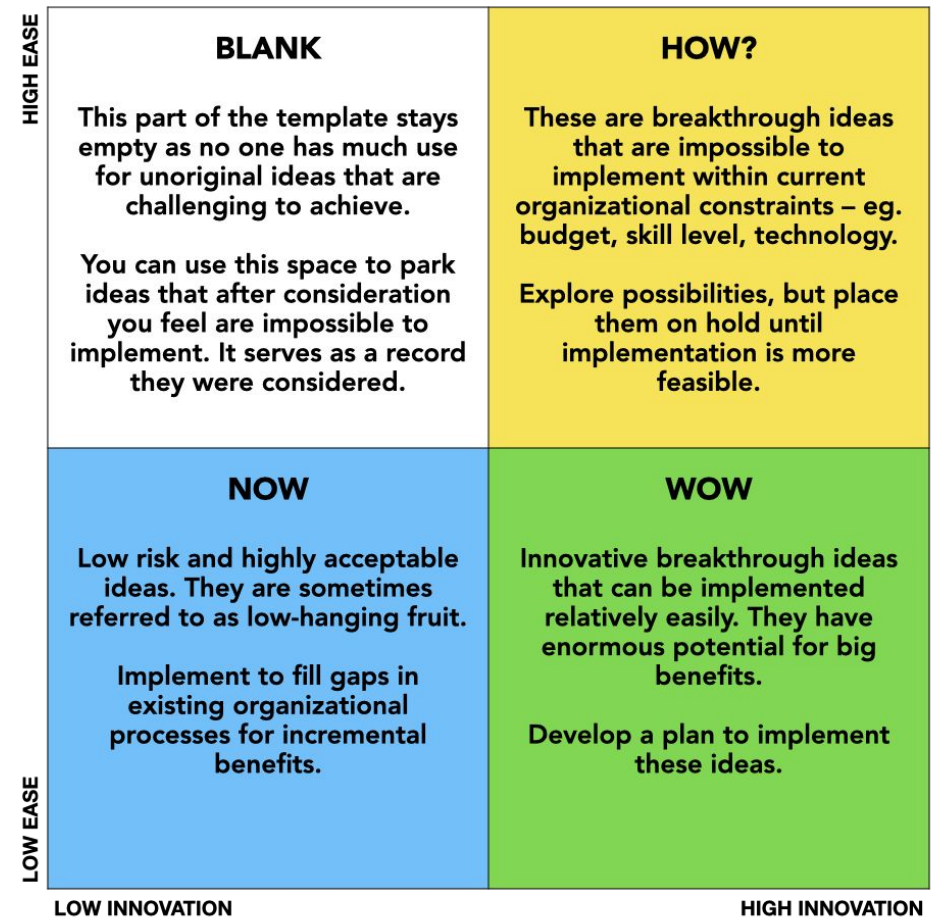
You will assign a colored “sticky” to the jamboard of priority areas.

# How Now Wow for Setting Priorities

**Assign Your Three Blue Dots**– Normal ideas, easy to implement. These are typically low-hanging fruit and solutions to fill existing gaps in processes. These normally result in incremental benefits.

**Assign Your Three Yellow Dots** – Original ideas, impossible to implement. These are breakthrough ideas in terms of impact, but absolutely impossible to implement right now given current technology/budget constraints.

**Assign Your Three Green Dots** – Original ideas, easy to implement. 'Wow' ideas are those with potential for orbit-shifting change and possible to implement within current reality.





# Break for Lunch

We'll be back soon!

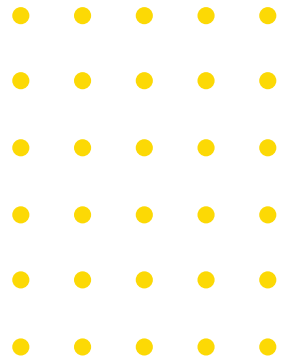


# Designing a Path to Action

Creating a strategic plan for  
veteran oral health in Iowa

# Let's See the Results!

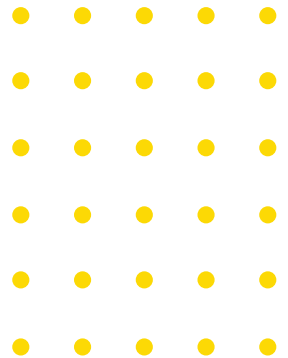
1. Expand & strengthen I-Smile
2. Create community driven educational campaigns
3. Training on the unique needs of veterans
4. Leverage dental & hygiene schools for preventive care





# Designing our Path to Action

- 1. Group One:** Expand & strengthen I-Smile
- 2. Group Two:** Leverage dental & hygiene schools for preventive care
- 3. Group Three:** Training on the unique needs of veterans
- 4. Group Four (online):** Create community driven educational campaigns



# Some Ground Rules...

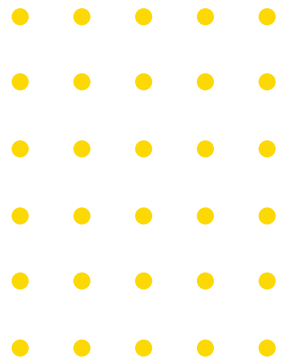
1. We have **one hour for discussion**. Allocate 20 minutes to each section (there are three sections total).
2. Make sure that you are **writing down** the discussion and taking notes on the process.
3. Your group needs to get through **ALL of the questions** and sections.
4. We will share out after the breakout discussions - **assign someone** to speak on behalf of the group.

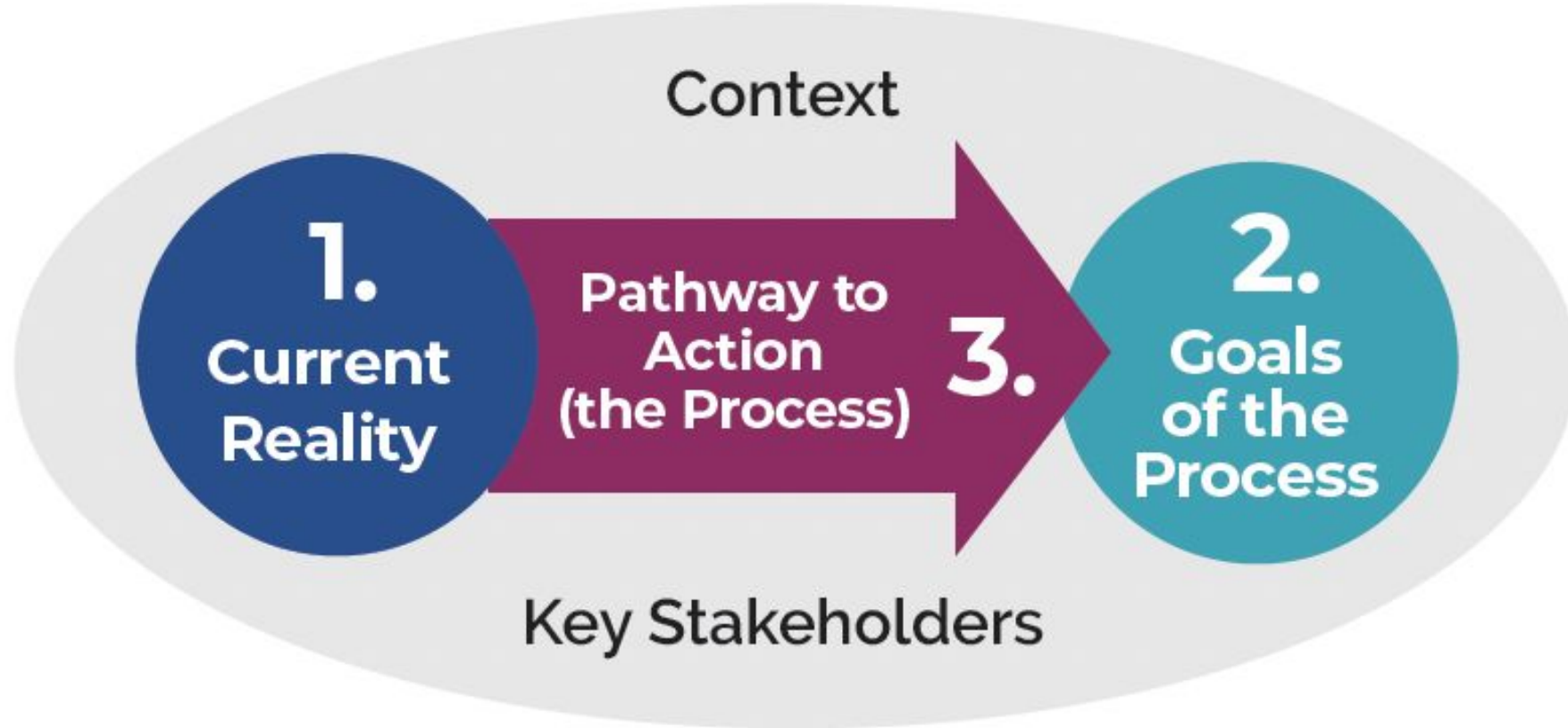




**Let's Get  
Designing!**

**Time to  
Report Out!**





**1.** Where are we now?

**3.** How do we get from here to there?

**2.** Where do we want to be?

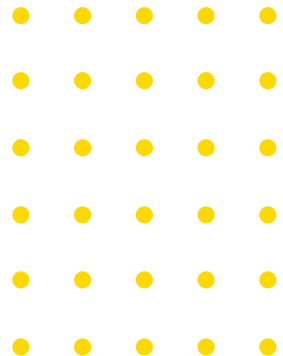
## Designing a Path to Action for Veteran Oral Health in Iowa

What is the strategic recommendation you are planning a path to action for?

- **Develop community-driven educational campaigns to support oral health literacy.**

What is the current status of this issue? *(You can refer to the report for additional background if needed)*

- *What is your understanding of this issue? e.g. How does Medicaid cover veterans? The Iowa Trust Fund functions in what manner? How many FQHCs are there in Iowa?*
  - -VSO is educating Veterans about the Iowa Trust Fund
  - -Existing FQHC cannot hold a dentist on staff and therefore lack of in-office education
  - -Transportation is an issue and therefore accessing care/OHI
  - -Finding access to medicaid covered dental treatment/participating offices
  - -Targeting education towards students or existing healthcare providers towards public oral health



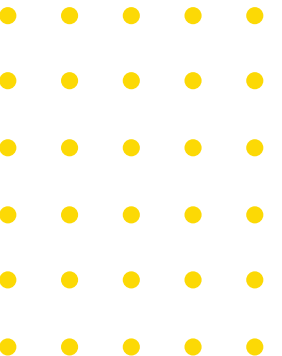
## Designing a Path to Action for Veteran Oral Health in Iowa

### What existing barriers are we currently facing?

- *What are the social, situational, structural, environmental, or political influencers that are creating negative outcomes?*
  - Lumping medicaid together, associating it with high no-show rates and low follow-up
  - A lack of schedule flexibility when it comes to their jobs
  - Anxiety around dental appointments, new faces, new treatments, the unknown
  - Lack of appointments and consistency in scheduling, access to care
  - Lack of financing

### What existing facilitators can we leverage to make progress?

- *What are the social, situational, structural, environmental, or political influencers that have the potential to create positive outcomes?*
  - The "FIND" program through Delta Dental, maybe include Veterans as well?
  - Mobile clinics only in the larger counties-Prevention only, not treatment
  - I-smile working heavily on prevention through education to individuals
  - VSO



## Where do we want to be?

### What does success look like for this issue?

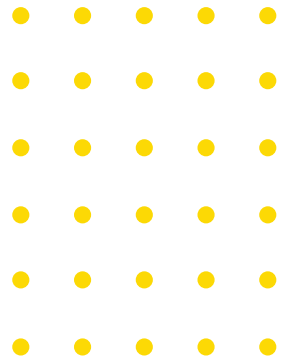
- *Brainstorm all of the potential options for success on this issue*
  - *Expanding the I-smile program, I-smile silver*
  - *Combining both adults and pediatric oral health education programs*
  - *County oral health screenings & fluoride varnish from the nurses*

### From the options you listed above, what can be achieved in the short term?

- *What can be accomplished in the next 6 months to a year?*
  - *Campaigning to expand i-smile program from pediatrics to Veterans*
  - *To bring it up in issue at local board of health meetings, dental offices, and medical offices*
  - *Utilizing hygienists to educate through an existing grant inside medical offices seeing patients*

### From the options you listed above, what can be achieved in the long term?

- *What can be accomplished in the next 1 to 3 years?*
  - *Expanding the i-smile programs will take time because of the grant process/ red tape*
  - *Hygienists providing services within public health offices*





How do we get there?

## Who are the decision makers and stakeholders involved with your issue?

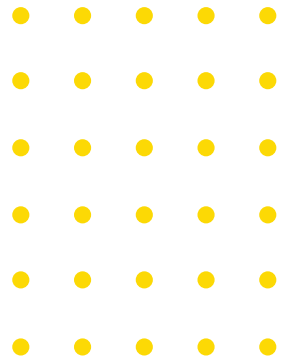
- Iowa HHS, funders, Delta Dental

## What resources can you leverage to overcome existing barriers?

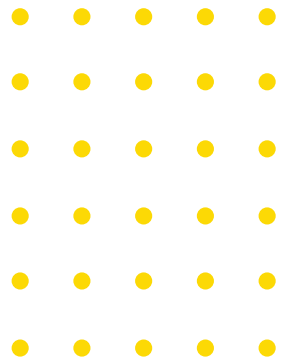
- Finding Iowa's need for dentists—>hygienists
- Promoting public oral health positions in dental schools BUT THEN
- Having and Improving the benefits of a position in public oral health

## Looking at your short-term options, what are the initial steps to take in advancing action?

- Gathering with Delta Dental, brainstorming with key stakeholders (like today!)
- Gathering the data in a useful way
- Educating, empowering, and providing resources (such as handouts) for hygienists to educate in those existing programs

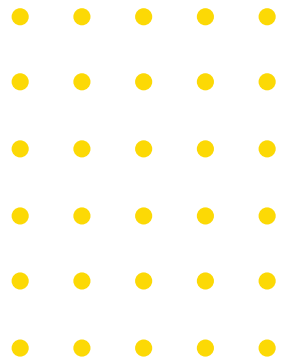


- 1.** Are there clarifying questions?
- 2.** Is anything missing?
- 3.** What excited you the most about the proposal?
- 4.** What action do you feel positioned to take?



# Close & Next Steps

- Evaluations are **really important**—we'll use them to create next steps for a strategic plan.
- We'll transfer the written plans to **electronic plans** and disseminate back to everyone.
- We'll create a brief **written summary** of the summit and send along.
- **Take the survey** & share with your networks
- Stay in touch - Keep an eye out for more!





**AIDPH**

AMERICAN INSTITUTE OF DENTAL PUBLIC HEALTH