

# A Summary of the Iowa Veteran Oral Health Stakeholder Summit

## INSIGHTS AND A PATHWAY TO ACTION



### BACKGROUND

Over the course of 2022-2023, The American Institute of Dental Public Health (AIDPH), with support from the Delta Dental Foundation of Iowa, conducted an in-depth analysis of veteran oral health in Iowa. This comprehensive research project consisted of sourcing and analyzing data, conducting key informant interviews with Iowans, and evaluating available resources. The findings provided insights into oral health access, infrastructure, and its overall impact on total health, leading to evidence-based strategic recommendations for Iowa stakeholders to improve the oral health and well-being of veterans. The result of the research effort produced several valuable resources for the Iowa community including a report, executive summary, and an interactive dashboard that provides insights into Iowa veteran mental health, physical health, insurance, diabetes, dental visits and missing teeth and can be found on this project page.

Throughout 2024, AIDPH implemented a series of community events to facilitate the adoption, understanding, and translation of the report while continuing to illuminate the gaps among veteran oral health stakeholders living and working in Iowa communities. These community events consisted of four virtual community forums and a day-long, in-person summit in Des Moines on August 13, 2024. At each event, AIDPH gathered stakeholder feedback to hone in on the most viable and impactful strategic recommendations to advance veteran oral health in Iowa.

This summary document details the insights gathered from the community at each event and the community-informed results of the August summit. Stakeholders should use this document to understand where the oral health community in Iowa sees pathways for progress, as well as the potential ways forward to implementing recommended changes.

AIDPH will disseminate findings broadly throughout our national oral health community showing the investment Iowa has, and continues to make, in creating collective impact toward improving the oral health and well-being of veterans. This strategy allows AIDPH to engage additional stakeholders and present Iowa as a national leader in the veteran oral health space. Through this state and national effort, AIDPH aimed for the following outcomes:

- Catalyze commitment among participants to initiate both immediate and long-term improvements in veteran oral health.
- Utilize a highly interactive format to involve all attendees in shared decision-making and shaping robust and achievable state goals.
- Formulate both tactical and strategic solutions that address current needs and anticipate future challenges.
- Provide attendees with the necessary tools and connections to identify funding and resources needed to implement strategic plans to improve veteran oral health in Iowa.

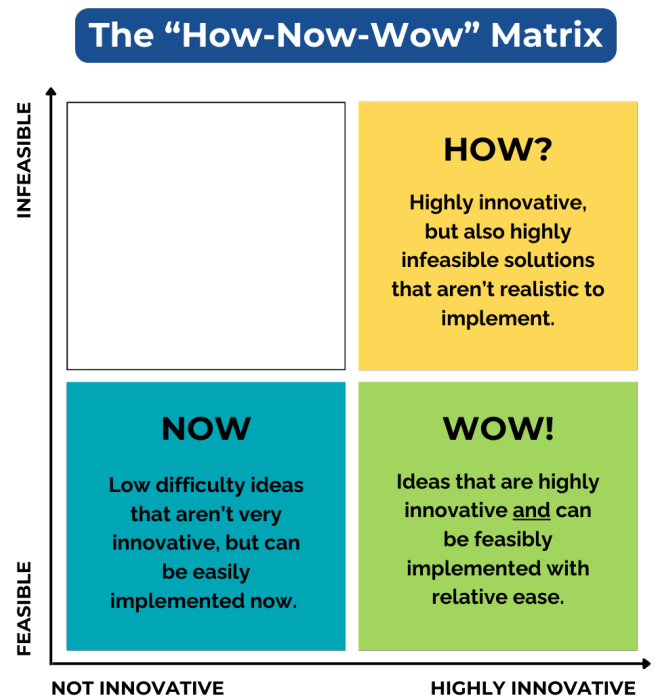
## SUMMIT FORMAT

On August 13, 2024, AIDPH brought together a group of stakeholders, including government representatives, public health advocates, US veterans, and other community members working to improve the state of dentistry for Iowa's veterans. The physical gathering of these stakeholders created personal alignment and investment with an eye towards local solutions and coalition building. Drawing from the 31 strategic recommendations from the seminal report, The State of Veteran Oral Health in Iowa, the summit used a hybrid discussion model and survey results to facilitate stakeholder groups in identifying key concerns, thereby narrowing down the highest-priority goals in a roadmap toward success. Stakeholders joined the summit both virtually and in person.

The group took time to meet, build connections, and understand each other's backgrounds and connections to Iowa and veteran oral health. AIDPH summarized the report process, explaining the research techniques used, key findings, and strategic recommendations. In particular, AIDPH reviewed the accessible resources that have been published from the research and discussed how stakeholders could leverage those as they pursue new programming, grant funding, and educational campaigns for veteran oral health.

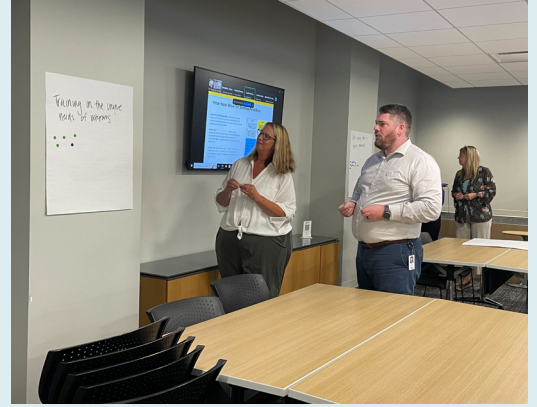
The summit participants engaged in facilitated interactive activities to determine the top four strategic recommendations to prioritize. Focusing on the survey results, the group further narrowed down this list through an interactive dialogue using the "How, Now, Wow" process. This method uses a matrix to categorize ideas based on two key factors: feasibility and innovation. The goal was to find solutions that fit into the "Wow" category, that is, ideas that are both highly feasible and highly innovative.

The "How, Now, Wow" matrix separates problem-solving solutions into four quadrants. The bottom left "Now" category features "low hanging fruit" ideas that aren't very innovative, but easy to implement now. The upper right "How?" category places ideas that are very innovative, but impractical or unrealistic to actually implement. The "Wow" category on the bottom right features "sweet spot" ideas that are both highly innovative, and also feasible to practically implement. The upper left quadrant is left intentionally blank.




## Participants voted on the recommendations and identified the following “Wow” recommendations:

- Expand and strengthen the I-Smile program.
- Leverage dental and dental hygiene schools for preventive care.
- Train healthcare providers on the unique needs of veterans.
- Develop community-driven educational campaigns to support oral health literacy.




The interactive work continued as attendees organized into four working groups to develop detailed action plans for each recommendation. The working groups used a “Pathway to Action” worksheet focused on identifying the necessary steps, resources, and potential partnerships required to implement these solutions successfully.

Each working group presented their pathway to action to the group as a whole to discuss if anything in the plan was missing and what actions stakeholders could take in the short term to begin the work. The following summaries are a compilation of each group’s “Pathway to Action” notes and the group discussions that followed.



**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.”)



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

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

**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?

## Strategic Recommendation: Expand and Strengthen I-Smile

### INITIAL STEPS FOR ACTION

- Establish connections between VSOs and I-Smile coordinators.
- Secure funding, with a plan for applying to funders.
- Review strategies for creating an “I-Smile for All” program.

### WHERE WE ARE NOW

- The program is 10 years old.
- Only 10 out of Iowa’s 99 counties currently have I-Smile Silver.
- I-Smile Silver is accessible to at-risk adults.
- The program is tied to public health departments, with services contracted out to Community Action agencies and public health entities.
- The program is limited by funding (HRSA and DD) to 10 areas only.
- Engagement with county Veteran Service Officers (VSOs) is sporadic.



## Strategic Recommendation: Expand and Strengthen I-Smile, cont'd.

- While coordinators have access to the trust fund, its usage is limited.
- There is only one care coordinator for veterans' oral health care.
- Federally Qualified Health Centers (FQHCs) provide diagnoses but outsource the actual dental services.
- There is currently insufficient data on how many Iowa veterans are accessing the oral health care they're eligible for through VA services and, if not, why.

### WHERE WE WANT TO BE

- Better Coordination Between VSOs and I-Smile Silver: Achieve greater collaboration between county VSOs and I-Smile Silver coordinators to streamline care for veterans.
- Expanded Care Access in Rural Areas: Veterans in rural areas need better access to dental services, potentially through mobile units or clinics with dental chairs staffed by either VA dentists or community dentists.
- I-Smile for All: A model where all Iowans, including veterans, have access to I-Smile services, making oral health care more universally accessible.
- Integrated Services with VA: Coordinated efforts between I-Smile Silver and the VA mobile medical clinics, potentially providing care in rural areas with mobile units or tele-dentistry.
- Policy Change for Rural Clinics: Address federal administrative rules that prevent dental hygienists from working in rural health clinics to enable more effective medical-dental integration.
- Education Initiatives: Closing the gap in care and improving the understanding of veterans' oral health needs.
- Achieving Consistency: Ensuring veterans receive regular dental benefits.

### HOW WE CAN GET THERE

#### Existing Facilitators

- Leverage Medicaid to expand I-Smile Silver for all, potentially securing new appropriations.
- Positive legislative climate if tied to veteran issues.
- Partnering with the VA mobile medical clinic and integrating I-Smile Silver for coordinated care.
- Utilize the existing infrastructure of I-Smile Silver to expand tele-dentistry.
- Determine how many Iowa veterans qualify for VA services and target them for mobile care.

#### Short-Term Actions

- Improve Education and Connections: Enhance education on I-Smile Silver for VSOs and ensure better coordination. Coordinators need to inquire about veteran status during intake to streamline care referrals.
- Targeted Data Collection: Collect data on how many Iowa veterans are accessing VA dental care and why some are not. This will help target future expansions, especially in areas without current I-Smile Silver services.
- List of VSOs: Get an up-to-date list of all Iowa VSOs, including contact information, to improve communication and coordination with I-Smile Silver coordinators.



## Long-Term Actions

- Add Dental Chairs to VA Clinics: Explore options to install dental chairs in VA satellite clinics, with rotating VA or community dentists providing care, even if it's limited to a few days per month.
- Advocacy for Federal Rule Change: Push for changes in federal rules that currently disallow dental hygienists from being considered providers in rural health clinics. This change could help extend I-Smile Silver's reach into underserved rural areas.
- Build Partnerships with VA and Others: Continue building relationships with VA hospitals and explore ways to help them increase access to oral health care for veterans who qualify for benefits.

## DECISION MAKERS AND STAKEHOLDERS

- Lawmakers and the VA
- VA medical system administrators
- The Trust Fund Commission
- Wider dental community (e.g., Iowa Dental Association, Delta Dental)
- Iowa Department of Health and Human Services (HHS)
- Iowa Veteran Service Officer Association
- Iowa Primary Care Association
- VA Director

## RESOURCES TO OVERCOME BARRIERS

- Support from Senator Ernst's office.
- Potential funding from Delta Dental.

## **Strategic Recommendation: Leverage Dental and Hygiene Schools for Preventive Care**

### WHERE WE ARE NOW

- Limited Access & Cost Barriers: Not all programs accept Medicaid, and some do not offer low-cost options, creating barriers for veterans and other low-income individuals.
- Hygiene Schools: These programs typically provide preventive care services but are not fully utilized. Hygiene schools in Council Bluffs, Cedar Rapids, and other areas need more patients to support their students' clinical experience.
- Dental Schools: No preventative care programs are currently offered at some dental schools, limiting veterans' access to needed services.
- Provider Education: There is a lack of awareness and engagement among providers regarding the specific needs of veterans.

## WHERE WE WANT TO BE

- **Widespread Preventative Care Access for Veterans:** Veterans should have access to preventative dental care through hygiene and dental programs. The goal is for all dental and hygiene schools to offer affordable or free services, accept Medicaid, and have dedicated outreach to veterans.
- **Veteran Trust and Awareness:** Veterans need to trust the available resources and understand how to access them. This includes educational programs and navigation support similar to how I-Smile Silver operates for other populations.
- **Service Learning Programs:** Dental and hygiene schools should have structured service learning initiatives that specifically target veterans, ensuring preventative care access during and outside of regular program hours.
- **Collaborative Use of Resources:** When schools are not in session, their facilities should be made available to other providers to maintain continuous service to veterans.

## HOW WE CAN GET THERE

### Existing Facilitators

- **Hygiene Schools in Iowa:** These six schools are potential resources for increasing access to preventative care, especially since hygiene students must complete outreach as part of their curriculum.
- **Engagement with Deans:** Dental and hygiene school deans are motivated to increase patient numbers and should be engaged to actively reach out to community resources and veterans' groups to fill this need.
- **Community College Outreach Programs:** Community colleges already have outreach courses in place, which can be directed specifically toward veteran groups to raise awareness of available services.
- **Veteran Service Officers (VSOs):** VSOs can be leveraged to distribute information to veterans about preventative dental services and create opportunities for veterans to participate in these programs.
- **Public Health Partnerships:** Public health agencies can support outreach efforts and connect veterans with available dental services.
- **Educational Counselors:** Counselors working with veterans can provide guidance and direct them to preventative care options, helping navigate barriers in accessing dental care.
- **Existing Relationships with Hygiene Schools:** Current personal or professional connections, such as previous school attendance by care coordinators, can be leveraged to foster partnerships with hygiene schools.

### Short-Term Actions

- **Engage Program Directors:** Initiate conversations with directors of dental and hygiene programs to explore how they can expand services to veterans. Three of the hygiene schools have new directors so now is the time to educate and engage them (2024).
- **Presence at Iowa Dental Hygienist Association Conference:** Use this upcoming event to connect with all hygiene school directors at once and explore opportunities for collaboration on veteran care.
- **Veteran Outreach:** Conduct surveys or focus groups with veterans to better understand their barriers to accessing preventative care.



## Strategic Recommendation: Leverage Dental and Hygiene Schools for Preventive Care, cont'd.

- **Education and Awareness Initiatives:** Implement free education clinics and community awareness days that provide information on dental services for veterans, engaging both veterans and providers.
- **Veteran Feedback on Hygiene Schools:** Engage veterans directly to gather insights into whether hygiene schools would be a viable option for them, taking care to address concerns about trauma and the educational nature of the clinics.
- **Foster Relationships with VSOs:** Strengthen partnerships with VSOs to ensure veterans are informed about available dental services and have trusted channels to access them.
- **Outreach to Veterans:** Increase awareness of existing programs by targeting veterans through VSOs and other organizations.

### Long-Term Actions

- **I-Smile Expansion:** Expand the I-Smile program to include more coordinators and ensure its services are accessible to veterans.
- **Engage University of Iowa:** Collaborate with the University of Iowa to involve their dental programs in providing preventative care for veterans.
- **Service Learning Programs:** Establish structured service learning programs in dental and hygiene schools that specifically target veterans.
- **Optimized Facility Use:** Coordinate with schools to ensure that facilities are available for other care providers during off-peak periods or when programs are not in session.
- **Capacity Building in VSOs:** As relationships with VSOs grow, provide them with the tools and knowledge needed to effectively help veterans navigate dental and hygiene school services.
- **Sustainability of Preventative Care Access:** Develop a long-term plan for maintaining and expanding access to preventative care for veterans, ensuring programs remain accessible and affordable. Continue working with ADA's Community Dental Health Worker program and HealthWorks to build a statewide infrastructure for preventative and comprehensive care for veterans.

### DECISION MAKERS AND STAKEHOLDERS

- **Veterans:** As primary beneficiaries, their feedback is crucial to identifying barriers and improving access to preventative care.
- **Program Directors:** Dental and hygiene school directors are key players in implementing changes and expanding services to veterans.
- **Veteran Service Officers (VSOs):** Critical partners for outreach, ensuring veterans are informed about available dental services.
- **American Dental Association (ADA):** Can provide support and resources through their community health programs.
- **I-Smile Coordinators:** Key stakeholders in expanding the navigation framework for veterans, similar to their current work in oral health for children.

### RESOURCES TO OVERCOME BARRIERS

- **Health Works Now:** This organization could provide additional support or resources, helping to bridge funding gaps or patient access issues.
- **American Dental Association (ADA):** The ADA can offer educational materials and support to help expand preventative care initiatives.



## Strategic Recommendation: Leverage Dental and Hygiene Schools for Preventive Care, cont'd.

- **Dental and Hygiene Schools:** These institutions can provide facilities and resources, such as faculty, students, and service learning opportunities for veterans.
- **Personal Connections with Hygiene Schools:** Leveraging the existing relationships that some stakeholders have with certain hygiene programs can accelerate the collaboration process.
- **VSOs:** Engaging with VSOs can help target veterans who are not currently accessing dental care, improving outreach and awareness.

## Strategic Recommendation: Training on the Unique Needs of Veterans

### WHERE WE ARE NOW

- **Medicaid Coverage and Income-Based Programs:** Current programs don't specifically target veterans, and there is no mechanism to identify veterans seeking dental care.
- **Veteran Identification and Referral Issues:** Lack of veteran identification in healthcare systems and double referral processes for veterans make navigation difficult. There is minimal existing data on veterans' dental needs in Iowa, which makes it difficult to understand the current state of their care. This gap will require further study, including a needs assessment to determine areas of highest need.
- **Existing Studies and Continuing Education:** Research is ongoing to identify areas of highest need, and there are already CE (continuing education) courses and trainings available at the Iowa Dental Association (IDA) annual meetings.
- **Federally Qualified Health Centers (FQHCs):** 14 out of 15 FQHCs in Iowa are operational, some of which offer training on various stakeholder agency needs, including veterans.
- **Trust Fund:** There is a state trust fund, but it's underutilized due to low awareness.
- **Veterans Reluctant to Report Issues:** Many veterans, especially older ones like Vietnam veterans affected by Agent Orange, may downplay or not report their health issues. This creates a challenge in identifying their true oral health needs.
- **Service-Connected Disability Limitations:** Veterans are often not rated or eligible for dental care based on oral health issues. Many oral health issues are secondary to physical disabilities, making it harder to address them through VA benefits.

### WHERE WE WANT TO BE

- **Increased Access to Care for Veterans:** Veterans should have greater access to dental care services that are tailored to their unique needs, including trauma-informed care.
- **Dental Professionals Well-Trained on Veteran Needs:** Dental professionals should undergo targeted training, whether through curricula for new dental professionals (in schools) or continuing education (CE) for practicing professionals on the unique oral health challenges veterans face.





- **Interdisciplinary Understanding of Health:** The interconnectedness of dental and physical health for veterans should be better understood and integrated into care plans.
- **Systematic Collection and Use of Veteran Health Data:** Organizational leaders should have systems to collect and maintain information on veteran needs to inform care and services.
- **Encouraging Veterans to Share Their Needs:** Veterans should be supported in sharing their health issues, particularly in settings like VA assessments, so their oral health needs can be properly addressed.

## HOW WE CAN GET THERE

### Existing Facilitators

- **Dental Schools and FQHCs:** These institutions can help provide educational settings and operational support for delivering veteran-focused training programs.
- **Veteran Service Organizations (VSOs) and Veterans Affairs (VA):** These groups can aid in connecting veterans with the right resources and ensure the training is relevant to veteran needs.
- **Iowa Department of Health and Human Services (IHHS):** Can collaborate on developing intersectional training for providers, focusing on the unique needs of veterans and providing the infrastructure for educational outreach.
- **Delta Dental:** An engaged and dedicated funder
- **American Institute of Dental Public Health (AIDPH):** AIDPH can play a critical role in delivering or designing educational programs focused on veterans.
- **Existing Trauma Research:** Leverage ongoing research on the differences between active service dental care and civilian care, especially in relation to trauma.
- **Dental Lifeline Network:** This network is already serving veterans in dental care, though its focus is currently on dental needs rather than veterans' status. They could be key partners in further expanding awareness and services for veterans.

### Short-Term Actions

- **Develop Continuing Education Courses:** Create or enhance existing CE courses that provide dental professionals with targeted training on the unique needs of veterans. These courses can be shared at venues like the Iowa Dental Association's annual meeting or online platforms.
- **Raise Awareness and Improve Communication:** Work with County VSOs to communicate research findings and raise awareness of veterans' dental needs and available resources.
- **Identify a Champion for the Cause:** Find a key advocate or champion within the dental or veteran services community to lead and drive the initiative.
- **Collaborate with Stakeholders:** Begin conversations with FQHCs, dental schools, and VSOs to start developing an interdisciplinary approach to training.
- **Improve Exit Interview Processes:** Explore how the veteran separation process from active duty can be leveraged to gather oral health information and provide resources as they transition to veteran status.



## Long-Term Actions

- **Develop a Comprehensive Curriculum:** Incorporate veteran needs into the core curriculum for incoming dental professionals, dental hygiene, and dental assistant schools. This would ensure that future dental care providers are equipped with the knowledge they need from the start of their careers.
- **Expand Veteran-Specific Training Programs:** Expand training beyond CE courses to include recurring workshops, certifications, and interdisciplinary training programs.
- **Build Data Collection Systems:** Create systems that allow organizations to collect, manage, and maintain data on veteran dental care needs and outcomes, informing future care strategies.
- **Develop Stronger Partnerships with VA and VSOs:** Create formalized partnerships between dental schools, FQHCs, VA centers, and VSOs to facilitate the referral process and care coordination for veterans.

## DECISION MAKERS AND STAKEHOLDERS

- **Iowa Dental Board:** This organization can set the requirements for dental professionals' CE courses and promote veteran-focused training.
- **University of Iowa College of Dentistry:** As the leading dental education institution in the state, the University can integrate veteran-specific curricula and lead research in this area.
- **CareQuest:** This organization can provide support through funding, research, or advocacy for dental health initiatives that focus on veterans.
- **Iowa Dental Association (IDA):** The IDA can promote CE courses and work with dental professionals across the state to implement veteran-focused training.
- **AIDPH:** The American Institute of Dental Public Health is a key ally in designing and implementing veteran-specific educational programs.
- **Veterans Affairs (VA):** Their regulations, dictated by Congress, play a major role in veterans' eligibility for care. Advocacy efforts will need to target changes at the VA or federal level.
- **County VSOs:** These officers are key to connecting veterans to services and can be trained to better identify veterans' dental health needs.

## RESOURCES TO OVERCOME BARRIERS

- **Funding Sources:** Look for grants, federal funding, or partnerships (such as with Delta Dental) to support the development of training programs and other resources.
- **Key Champion and Leadership:** Identifying a well-known advocate within the dental or veteran communities who can push this initiative forward will be crucial.
- **Printouts and Awareness Campaigns:** Educational materials can be developed and distributed to raise awareness of the importance of training on veterans' unique needs.
- **Existing Networks and Partnerships:** Leverage networks such as VSOs, FQHCs, IHHS, and dental associations to spread awareness, provide resources, and help create a more cohesive support system for veterans.
- **Leveraging Separation Processes:** Tapping into the veteran exit process from active duty may be an underutilized opportunity for collecting data and informing veterans of their oral health options.



## Strategic Recommendation: Create Community-Driven Educational Campaigns

### INITIAL STEPS FOR ACTION

- **Creating Educational Materials for VSOs:** Develop and distribute posters and other educational materials for VSOs so that veterans can learn about oral health literacy during their visits. Ensuring that VSO staff are informed and trained will make this campaign more effective.
- **Convene Key Stakeholders:** Meet with Delta Dental and other key partners to brainstorm and strategize around expanding oral health literacy campaigns for veterans.
- **Gather Data:** Collect data on current gaps in veteran oral health care and the impact of transportation, Medicaid access, and care consistency on veterans' oral health outcomes.
- **Empower Hygienists:** Educate and provide resources (such as handouts and toolkits) to dental hygienists working within existing programs, enabling them to better educate veterans on oral health literacy in medical and public health settings.

### WHERE WE ARE NOW

- **Veteran Education on Iowa Trust Fund:** Veteran Service Officers (VSOs) are educating veterans about the Iowa Trust Fund, but broader oral health literacy efforts are lacking.
- **FQHC Staffing and Services:** Some Federally Qualified Health Centers (FQHCs) struggle to retain dentists, limiting their ability to provide in-office education. This also impacts the consistency of care and follow-up.
- **Transportation and Access to Care:** Veterans face challenges with transportation, which limits their ability to access care and receive oral health information. Medicaid and Dental Care: Medicaid-covered dental treatment is difficult to access, and participating dental offices are limited.
- **Targeted Education:** Existing education efforts are geared toward students and healthcare providers, but public oral health education for veterans remains limited.
- **Collaboration Across Organizations:** Many organizations are already working towards oral health education, but the challenge is how to coordinate and expand these efforts. There is a need to unify their actions for greater impact.
- **Existing Efforts with Local Public Health:** Public health offices and boards of health are key spaces for offering data and driving education efforts. Some nurses in these offices are already trained to perform oral screenings and provide preventive services (e.g., fluoride varnish), which can be expanded.

### WHERE WE WANT TO BE

- **Unified, Consistent Messaging:** There is a desire for more cohesive and widespread messaging. While community-driven efforts are important, having a consistent message across all platforms, possibly developed by state agencies and disseminated locally, could be more impactful.



## Strategic Recommendation: Create Community-Driven Educational Campaigns, cont'd.

- **Expanded Oral Health Education Programs:** Community-driven campaigns will educate both veterans and the general public on oral health literacy, with a focus on preventive care.
- **Increased Access to Services:** Veterans will have improved access to oral health information, care, and Medicaid-participating dental offices.
- **Integrated Care:** Hygienists and dental professionals will provide education within existing healthcare settings, including medical offices, public health spaces, and through expanded mobile services.
- **I-Smile Silver Expansion:** The I-Smile Silver program will extend its educational and preventive services to veterans, enhancing access to care across all ages.

### HOW WE CAN GET THERE

#### Existing Facilitators

- **FIND Program (Delta Dental):** The FIND program may be expanded to include veterans, increasing access to preventive oral health services.
- **Mobile Clinics in Larger Counties:** These clinics currently provide preventive care, and could be leveraged to offer more comprehensive education and potentially treatment services for veterans.
- **I-Smile Program:** Already heavily focused on education, I-Smile's model could be expanded to cover veterans, alongside its pediatric and adult health programs.
- **Veteran Service Officers (VSOs):** These officers are in a strong position to continue their education efforts and promote the availability of oral health resources.
- **Existing Relationships with Boards of Health:** Some members, such as I-Smile coordinators, already present data to local boards of health. This relationship can be leveraged to introduce new oral health initiatives focused on veterans.

#### Short-Term Actions

- **Presenting to Boards of Health:** Continue the practice of presenting at local board of health meetings and expand these efforts to include information on oral health for veterans. This can help raise awareness among local health leaders who may not fully understand the scope of community needs.
- **Campaign to Expand I-Smile:** Initiate a campaign to expand I-Smile to include veterans. This could involve presenting the issue to local health boards, dental offices, and medical offices.
- **Pilot Programs in Medical Offices:** Utilize existing grants to employ hygienists in medical offices who can educate veterans on oral health topics during their medical appointments.
- **Engage Key Stakeholders:** Collaborate with Delta Dental and other stakeholders to brainstorm and gather data that can be used to drive community-driven educational campaigns.

#### Long-Term Actions

- **Expand I-Smile Silver:** Work through the grant process and red tape to fully expand I-Smile Silver to cover veterans. This will likely require advocacy at the state level, additional funding, and program adjustments.
- **Establish Hygienist Services in Public Health Offices:** Build sustainable models for hygienists to provide oral health services within public health offices, especially targeting underserved communities and veterans.



## Strategic Recommendation: Create Community-Driven Educational Campaigns, cont'd.

- **Comprehensive Education Programs:** Combine adult and pediatric oral health education programs to provide comprehensive resources for families, including veterans, in community health settings.
- **Expanding FIND Program:** There is a shortage of hygienists in rural areas, so the suggestion was made to expand Delta Dental's FIND program (currently focused on dentists) to also include hygienists. This would help address the workforce gap and ensure more access to preventive services.

### DECISION MAKERS AND STAKEHOLDERS

- **Iowa Health and Human Services (HHS):** Key decision makers in expanding state-level programs such as I-Smile and in providing necessary funding and policy support.
- **Delta Dental:** As a major partner in oral health literacy and access programs, Delta Dental is instrumental in both funding and guiding educational initiatives.
- **Veteran Service Officers (VSOs):** Critical stakeholders in advocating for veterans and ensuring educational campaigns reach the right audience.
- **State Agencies:** There is an opportunity for state agencies to take a lead role in developing consistent oral health messaging that can be adapted and used locally by various organizations.

### RESOURCES TO OVERCOME BARRIERS

- **Recruitment and Retention of Dental Professionals:** Address Iowa's need for more dentists and dental hygienists, particularly in public health settings, by promoting public oral health positions in dental schools. Improving the benefits of these positions will help attract and retain professionals.
- **Funding and Grants:** Seek funding from state, federal, and private sources (such as Delta Dental) to support the development of educational materials and campaigns, as well as the expansion of I-Smile programs.
- **Public Health Partnerships:** Partner with public health agencies and nonprofits that are already engaged in preventive health education to expand their scope to include veterans.

## Conclusion

This summary from small group work during the community summit on veteran oral health provides a critical roadmap for collaborative action among stakeholders that builds off of the data and recommendations shown in the Iowa Veteran Oral Health Report. By incorporating the diverse perspectives from the community members of Iowa, the summary offers practical strategies for addressing gaps in access and care that are relevant and achievable specifically for Iowa. These collective findings can guide community groups in taking the first steps to design targeted interventions, develop partnerships, and advocate for policy changes that enhance oral health services for veterans across Iowa. Stakeholders can leverage this summary, the original report and community forum summaries to support and guide their work in advancing veteran oral health.

