



# Iowa Veteran Oral Health Strategic Plan

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**MAY 2025**

# SECTION ONE: Building a Community Health Improvement Foundation

Veterans are a vital part of Iowa's population, comprising nearly 9% of the state's adult residents, with approximately 177,000 veterans living across both urban and rural areas. Despite their community contributions and sacrifices, many Iowa veterans face significant challenges in accessing and affording oral healthcare as a result of a fragmented healthcare system, restrictive eligibility requirements set by the federal government, geographic and economic barriers, and an overstressed dental workforce. The cumulative impact of these systemic influencers has created oral health disparities among Iowa veterans, particularly those living in rural areas or managing chronic conditions.

In 2023, the [American Institute of Dental Public Health \(AIDPH\)](#), supported by the Delta Dental Foundation of Iowa, created a comprehensive report, [The State of Veteran Oral Health in Iowa](#), which detailed the unique barriers and opportunities shaping veteran oral health outcomes in the state. Through a combination of literature reviews, data analysis, and stakeholder interviews, the report answered critical questions about how oral health outcomes for Iowa veterans differ from nonveterans, the factors driving poor oral health, and actionable steps to close these gaps.

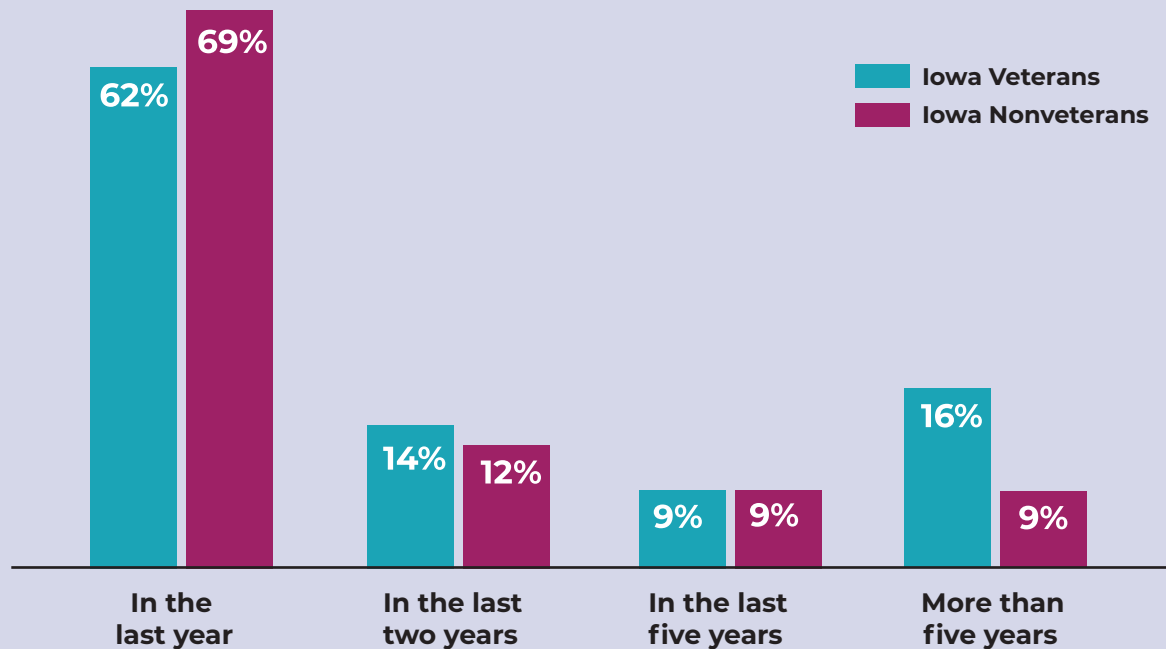
## KEY REPORT FINDINGS: ORAL HEALTH DISPARITIES

Data analyzed during the time of report development revealed significant disparities in oral health outcomes among Iowa veterans. More than half (52%) of veterans were found to be at risk of tooth loss, compared to 37% nationally. Rates of complete tooth loss (edentulism) among Iowa veterans (9.5%) were double that of Iowa non-veterans (4.4%) and higher than the national average for veterans (8.2%).

Access to dental care remains a persistent challenge. Only 61.5% of Iowa veterans reported visiting a dental provider in the past year, compared to 68.8% of nonveterans. Nearly 16% of Iowa veterans have gone more than five years without any dental care, almost twice the rate of nonveterans. For rural veterans, these challenges are even more pronounced. Rural veterans in Iowa are significantly less likely to have seen a dentist in the past year (57.9% vs. 62.8% of rural non-veterans), and nearly 18% have gone five or more years without care.

# The Oral Health and Well-Being of Iowa Veterans

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



## KEY REPORT FINDINGS: BROADER HEALTH IMPLICATIONS

Initial findings also underscored the critical connections between oral health and overall health. Veterans in Iowa experience higher rates of chronic conditions such as diabetes (17.1% vs. 11.3% for non-veterans) and coronary artery disease (11.5% vs. 9.5% nationally). These conditions are closely linked to oral health as untreated dental

issues can exacerbate systemic diseases. Using estimations of cost savings for Iowa veterans, the report indicated that dental care for veterans with diabetes and heart disease has the potential to save Iowa over \$110 million in medical costs annually if Iowa veterans with these conditions are able to access dental care.

## Self-Reported Physical Health Ratings by Iowa Veteran Status



### KEY REPORT FINDINGS: BARRIERS TO CARE

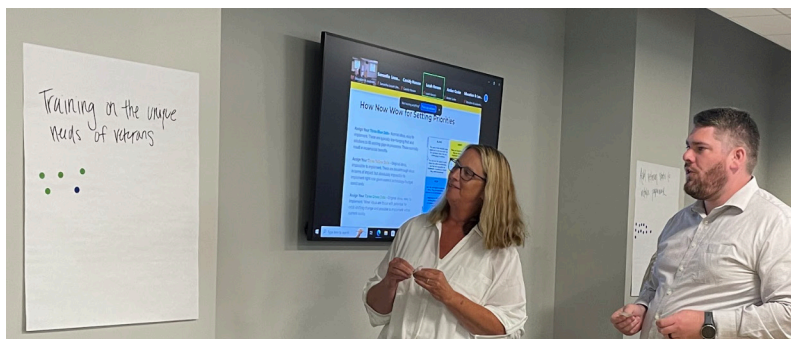
Quantitative data were combined with stakeholder interviews and qualitative data collection to analyze systemic and structural barriers limiting access to oral healthcare for Iowa veterans. **These key findings alluded to several barriers, including:**

- ★ **Financial Barriers:** Many veterans are ineligible for VA dental benefits unless they have a service-connected disability, creating a financial strain for veterans who do not have employer-paid dental insurance. For veterans who are Medicaid beneficiaries, provider-reported low reimbursement rates limit participation in the program and create shortfalls in accessing dental providers.
- ★ **Workforce Shortages:** Iowa's strained oral health workforce, particularly in rural areas, exacerbates access issues.
- ★ **Transportation:** Iowa veterans often experience difficulties traveling to dental providers, particularly those in rural areas without reliable public transit.
- ★ **Oral Health Literacy:** Low oral health literacy levels among veterans and a fragmented system make navigating care options challenging.



## STAKEHOLDER ENGAGEMENT: COMMUNITY FORUMS AND SUMMIT

Building on the report's findings, AIDPH conducted a series of four virtual community forums and an in-person summit throughout 2024 to engage stakeholders across Iowa. These forums were designed to disseminate the report and data dashboard while gathering feedback and next steps from state-based stakeholders. These community forums served as a foundation for designing the statewide summit featuring a diverse stakeholder group of public health advocates, government employees, dental professionals, nonprofit leaders, funders, and veteran advocates.



Participants discussed innovative strategies, such as leveraging teledentistry and mobile clinics to improve access, expanding trauma-informed care training for dental professionals, and addressing misconceptions about veteran dental benefits. Integrated care emerged as a key theme, with stakeholders highlighting the financial and health benefits of addressing oral health within a broader medical framework. Practical recommendations included ensuring veteran status is captured during intake, strengthening care coordination through programs like I-Smile Silver, and forming coalitions of veteran oral health advocates. These forums also underscored the importance of addressing transportation barriers and the critical role of educational campaigns in improving oral health literacy.

Building on the forums, AIDPH convened a statewide summit in Des Moines in August 2024. A facilitated process was implemented to evaluate the feasibility and innovation of potential solutions, focusing on the intersection of what could be accomplished within the next year for the greatest impact. **From these discussions, participants identified four priority recommendations:**

- ★ **1. Expand and Strengthen the I-Smile Program:** Originally focused on children's oral health, I-Smile can be scaled to serve veterans, particularly in rural areas.
- ★ **2. Leverage Dental and Hygiene Schools for Preventive Care:** Iowa's dental and hygiene schools offer untapped potential to provide low-cost preventive care while training students to address veterans' unique needs.
- ★ **3. Train Healthcare Providers on the Unique Needs of Veterans:** Trauma-informed care and specialized training can equip providers to better serve veterans, particularly those with complex medical and dental histories.
- ★ **4. Develop Community-Driven Educational Campaigns:** Improving oral health literacy and awareness can empower veterans to access available resources and prioritize preventive care.

## 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 the 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.







## THE CASE FOR A STRATEGIC PLAN

These findings demonstrate the challenges and opportunities inherent in improving veteran oral health in Iowa. While the data provides a clear picture of the disparities, the feedback from forums and the summit reveals the readiness of Iowa's stakeholders to drive change. However, achieving meaningful progress requires a coordinated, strategic approach.

A community health improvement plan serves as the next critical step. This plan will act as a roadmap for aligning efforts, mobilizing resources, and addressing the systemic barriers identified over the past two years. By integrating insights from

research, stakeholder engagement, and national best practices, the plan will ensure Iowa veterans receive the oral healthcare they need and deserve.

Investing in veteran oral health is not only a matter of equity but also a matter of justice. Enhanced oral healthcare will improve veterans' quality of life, reduce healthcare costs, and position Iowa as a national leader in addressing veteran health disparities. This plan honors Iowa veterans' service by prioritizing their health and well-being through actionable, community-driven solutions.

# SECTION TWO: Using MAPP as a Guide to Improving Veteran Oral Health

To guide the development of a strategic plan for improving veteran oral health in Iowa, AIDPH applied aspects of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Created by the National Association of County and City Health Officials (NACCHO), MAPP is a community-driven strategic planning process designed to achieve health equity by aligning resources and fostering collaboration across sectors. The framework emphasizes the importance of engaging stakeholders, assessing community needs, and mobilizing collective action to address systemic inequities and achieve sustainable improvements in health outcomes.

## OVERVIEW OF THE MAPP FRAMEWORK

The MAPP process involves several critical steps to identify health priorities and create actionable strategies to address them. It is rooted in principles of **equity, inclusion, and community power**, ensuring that all stakeholders, particularly those most impacted by health inequities, play a central role in shaping the process and driving action. Key components of the MAPP framework include:

- ★ **1. Community Engagement and Visioning**  
MAPP begins by fostering collaboration across diverse stakeholders, including public health agencies, nonprofit organizations, healthcare providers, government officials, and community members. Together, these participants develop a shared vision for community health and well-being, ensuring alignment on goals and priorities.
- ★ **2. Comprehensive Assessment**  
The framework uses qualitative and quantitative data to assess community health needs and strengths, including examining structural factors—such as policies, systems, and environments—contributing to health inequities. The data-driven approach ensures that strategies are informed by evidence and reflective of community voices.
- ★ **3. Strategic Alignment and Action Planning**  
MAPP focuses on mobilizing resources and aligning them toward shared goals, including identifying community assets, addressing resource gaps, and prioritizing policy, systems, and environmental (PSE) changes to drive long-term improvements. The resulting **Community Health Improvement Plan (CHIP)** is a comprehensive roadmap for collective action.
- ★ **4. Community Ownership and Iterative Improvement**  
A hallmark of MAPP is its emphasis on community ownership, empowering stakeholders to take an active role in decision-making and implementation. The process is designed to be flexible and iterative, allowing for ongoing assessment, adaptation, and improvement as new challenges and opportunities arise.



# WHY MAPP MATTERS FOR VETERAN ORAL HEALTH IN IOWA

AIDPH adapted the MAPP framework to develop a strategic path of action for addressing inequitable oral health for Iowa veterans by leveraging the emphasis on equity, community-driven action, and cross-sector collaboration. Tackling complex systemic barriers for veterans in Iowa requires a comprehensive stakeholder plan, definitive goals, and clear pathways in the long and short term to generate momentum, investment, and long-term change. Using this process, the strategic plan will:

## ★ 1. Address Inequities

Iowa veterans face significant disparities in oral health outcomes, particularly rural veterans and those with chronic conditions. By prioritizing equity, MAPP ensures that the strategic plan will focus on parsing the root causes of these disparities, particularly within financial barriers, transportation challenges, and workforce shortages.

## ★ 2. Foster Inclusion and Collaboration

MAPP's emphasis on inclusion ensures that diverse voices—including veterans, oral health professionals, policymakers, and community organizations—are represented throughout the process. AIDPH aims to build trust, align resources, and create solutions that reflect veterans' lived experiences and community needs.

## ★ 3. Apply Data-Informed and Community-Guided Action

The MAPP framework integrates quantitative data (e.g., prevalence of oral health conditions and access barriers) and qualitative insights (e.g., stakeholder feedback and community forums). AIDPH will implement a dual approach to ensure the strategic plan is grounded in evidence while remaining responsive to community voices.

## ★ 4. Design Sustainable and Systemic Solutions

MAPP emphasizes systemic change through policy, systems, and environmental (PSE) strategies, unlike one-time interventions. For Iowa veterans, this means addressing long-term challenges like Medicaid eligibility, dental workforce capacity, and the integration of oral health within broader healthcare systems. This strategic plan will help stakeholders stay on track to identify solutions and build on systems-change efforts over time.

## ★ 5. Practice Flexibility and Adaptability

The MAPP process is inherently flexible, allowing it to be tailored to the unique needs of Iowa veterans and the communities in which they live. This adaptability is critical for addressing the diverse barriers and opportunities identified through our research and engagement activities.

By applying the MAPP framework to veteran oral health in Iowa, AIDPH and the Iowa Veteran Advisory Council are building a strategic plan that is not only actionable but also rooted in equity, community engagement, and long-term sustainability.



## ADAPTING MAPP IN STRATEGIC PLANNING FOR VETERAN ORAL HEALTH IN IOWA

The MAPP framework is intended for a comprehensive, multi-sector assessment of a community's health to be explored and implemented over an extended period of time. The original framework includes 23 steps over three phases of assessment and improvement, exceeding this strategic plan's intended scope. As such, AIDPH has adapted the MAPP framework to fit this strategic plan's needs, stakeholders, and resources. The final community health improvement plan consists of three phases and 16 steps, with Phases Two and Three implemented during the current strategic planning process.

### PHASE I: BUILD A COMMUNITY HEALTH IMPROVEMENT FOUNDATION

- » Establish CHI Leadership Structures
- » Establish Administrative Structures for MAPP
- » Design the Assessment Process
- » Form the Assessment Design Team
- » Conduct the Starting Point Assessment
- » Share CHA/CNA Findings
- » Identify CHI Priorities & Workgroups

### PHASE II: DESIGN A COMMUNITY-ENGAGED PLAN

- » Engage and Orient Steering Committee
- » Launch a Stakeholder Analysis
- » Identify Available Resources
- » Formulate Goals and Objectives
- » Develop Community Vision

### PHASE III: FACILITATE A PATH TO ACTION

- » Identify Engagement Strategies
- » Develop Shared Goals and Long-Term Measures
- » Design an Implementation Plan



## PHASE ONE: BUILD A COMMUNITY HEALTH IMPROVEMENT FOUNDATION

AIDPH used the findings from [The State of Veteran Oral Health in Iowa](#) as a community health assessment/community needs assessment (CHA/CNA) for this strategic plan. The [executive summary](#) and [full report](#) comprehensively outline the current health outcomes and needs for veteran oral health in Iowa. The steps in Phase One include:

1. **Establish Community Health Improvement Leadership Structures** *(accomplished 2022-2024)*
2. **Establish Administrative Structures** *(accomplished 2022-2024)*
3. **Design Assessment Process** *(accomplished 2022-2024)*
4. **Form the Assessment Design Team** *(accomplished 2022-2024)*
5. **Conduct the Starting Point Assessment** *(accomplished 2022-2024)*
6. **Share the CHA/CNA Findings** *(accomplished 2022-2024)*
7. **Identify Priorities and Workgroups** *(accomplished 2022-2024)*

## PHASE TWO: DESIGN A COMMUNITY-ENGAGED PLAN

In this phase, AIDPH incorporated Iowa leaders to identify the **who**, **what**, and **how** of improving veteran oral health in Iowa.

- » **Engage and Orient the CHI advisory Committee:** AIDPH identified a diverse group of stakeholders dispersed throughout the state of Iowa, representing a variety of personal and professional expertise to serve on the Iowa Veteran Oral Health Advisory Committee. This committee oversaw the development of the CHI in partnership with AIDPH.
- » **Perform a Stakeholder Analysis:** An in-depth analysis of Iowa stakeholders was conducted and then analyzed by characteristics associated with veteran oral health.
- » **Identify Available Resources:** Stakeholders identified through the stakeholder analysis were reviewed for available resources and connections to veterans and oral health.
- » **Develop Community Vision:** After identifying goals and objectives, AIDPH and the Advisory committee determined what success looked like at the end of the strategic plan to determine the path to improvement.
- » **Formulate Goals and Objectives:** Using the CHA/CNA and stakeholder analysis, the advisory committee created goals and objectives for improving veteran oral health.

## PHASE THREE: FACILITATE A PATH TO ACTION

In this phase, the advisory committee determined a definitive path to successfully improving veteran oral health using a data-driven approach and insights gained through this iterative process.

- » **Prioritize Issues for the Community Health Improvement Plan:** After formulating goals and objectives, AIDPH and the advisory committee determined priorities in order of importance and available resources.
- » **Identify Engagement Strategies:** Using stakeholder analysis, opportunities to engage primary and secondary stakeholders were prioritized, along with general guidance for improving relationships with key stakeholders.
- » **Develop Shared Goals and Long-Term Measures:** Goals were evaluated by priority, need, and capacity for accomplishment in the short and long term.
- » **Design an Implementation Plan:** A final path to action was identified for disseminating and implementing the final strategic plan.

# SECTION THREE: Stakeholder Mapping and Influence Analysis

## PROCESS FOR STAKEHOLDER ANALYSIS

AIDPH convened an advisory committee of diverse geographic, demographic, and community identities. The committee was oriented to the MAPP framework, agreed with the adjusted process, and created a stakeholder table. Key terminologies defined by the MAPP framework and adapted by the advisory committee include:

- ☆ A **stakeholder analysis** is a process of systematically gathering and assessing information about stakeholders to categorize their relative importance as actors and develop strategies to involve them in the development and/or implementation of a policy or program (as defined by the [World Health Organization](#)).
- ☆ A **primary stakeholder** is directly affected by the community health improvement plan, benefits from the outcomes, or a particular community of interest that is directly involved with the issue.
- ☆ A **secondary stakeholder** is indirectly affected by the community health improvement plan, directly involved with or responsible for the beneficiaries of the plan, or otherwise indirectly but closely related to the issue.
- ☆ A **key stakeholder** has an influence on the issue and has an interest in the outcome of the community health improvement plan, even if they are not directly impacted by the outcome.

The steering committee first convened to identify Iowa stakeholders, generate an initial list, and then assess stakeholders via discussion. AIDPH facilitated the discussion by asking questions and live scribing. A brainstormed list of stakeholders was developed and assessed for their connection to veteran oral health in Iowa. The characteristics evaluated for these stakeholders include:

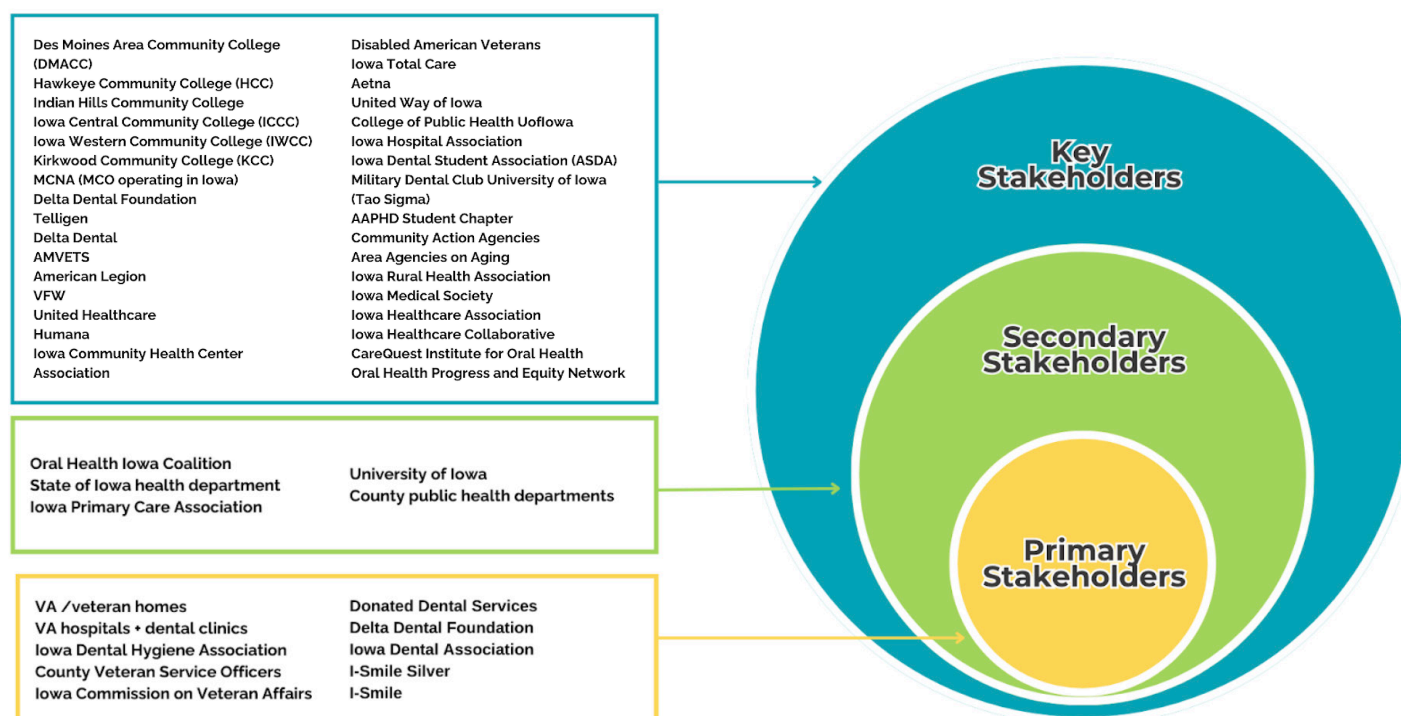
- |                       |                                 |
|-----------------------|---------------------------------|
| » Organization/Entity | » Level of Interest             |
| » Geographic Location | » Ability to Mobilize Resources |
| » Knowledge of Topic  | » Power for Decision-Making     |
| » Position on Topic   | » Stakeholder Category          |
| » Resources Available |                                 |



The advisory committee identified 67 stakeholders associated with veteran oral health in Iowa and assessed characteristics for each stakeholder to be evaluated in the analysis. Entities that did not meet baseline criteria for key stakeholder classification were removed. The final list of stakeholders included 53 organizations (see Table 1 in the appendix). These stakeholders generally fell into the following categories: insurers, healthcare associations, funders, government organizations, advocacy groups, clinical care organizations, and educational institutions.

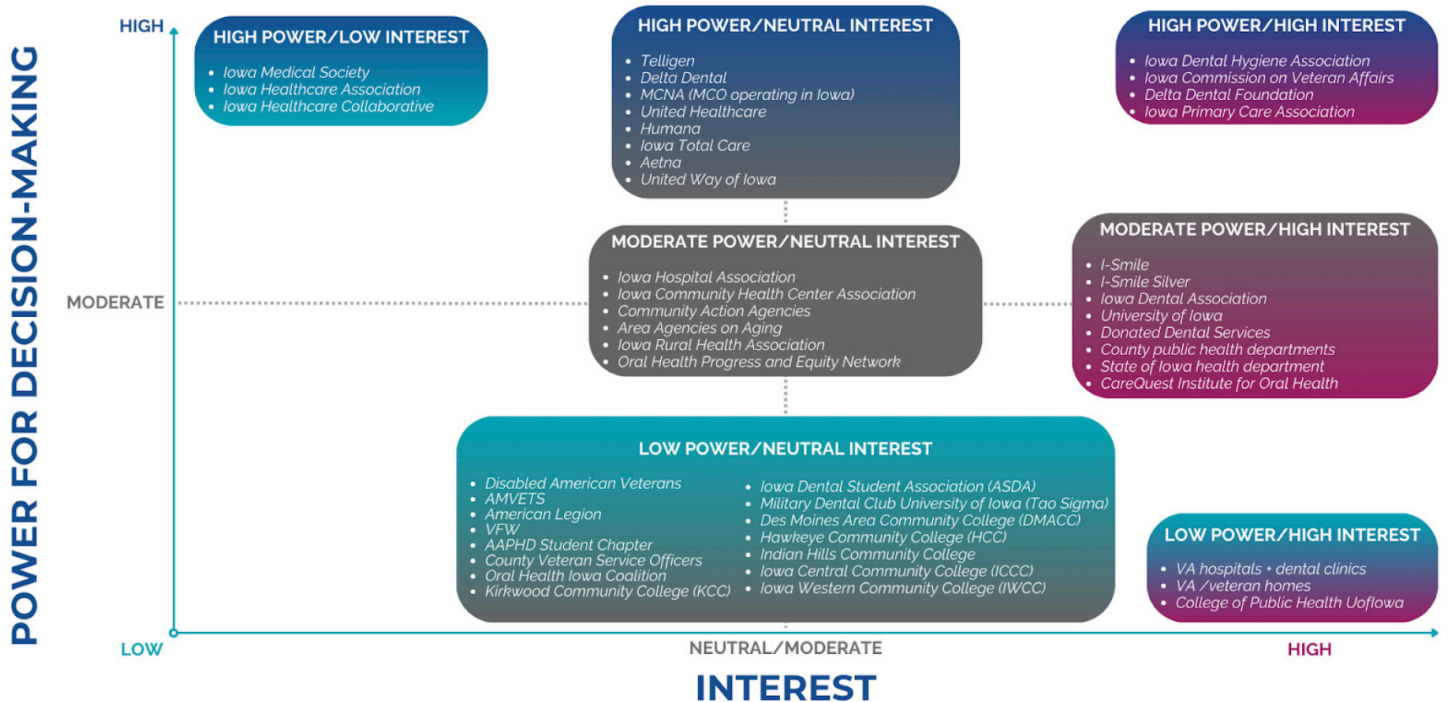
Stakeholders were analyzed by characteristic and classified according to the level of influence, level of interest, stakeholder category, and geographic location. After visualizing these characteristics, trends and patterns in the data were analyzed.

## Stakeholder Category Visualization



The majority of Iowa stakeholders were classified as key stakeholders with an association to the problem but ultimately not directly impacted by or related to the outcomes of a community health improvement process. Approximately 18% of stakeholders were considered primary stakeholders for advancing veteran oral health in Iowa. Secondary stakeholders accounted for 10% of the group, while the remaining  $\frac{2}{3}$  were assessed as key stakeholders.

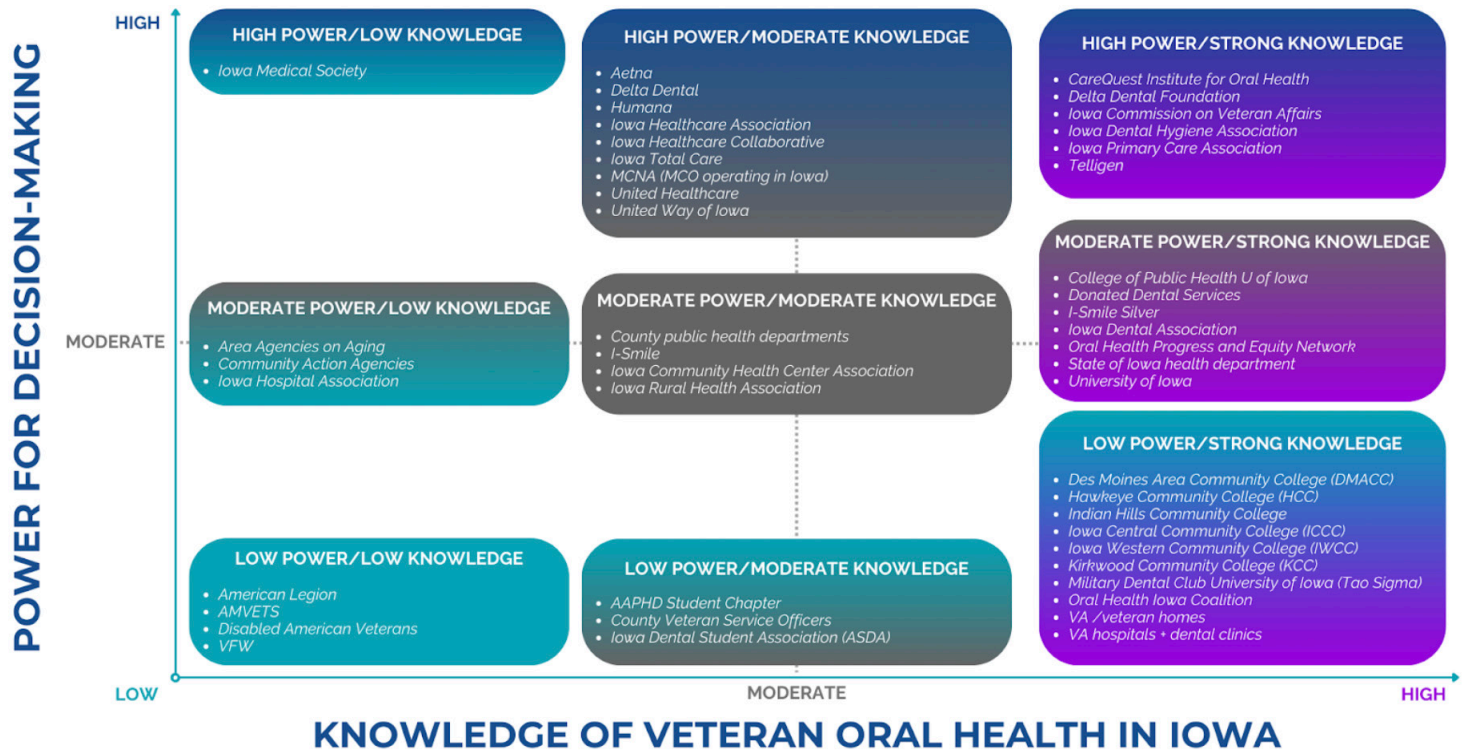
# Decision-Making and Interest Matrix



Stakeholders were placed on this matrix in relation to their level of interest in advancing veteran oral health in Iowa and their decision-making power over the issue. Key takeaways from this analysis include:

- ★ In general, Iowa insurance companies were observed as having high decision power in veteran oral health but neutral interest in the issue. This stakeholder group presents an opportunity to improve interest and leverage its high influence.
- ★ Four stakeholders were identified as having strong decision power and high interest in Iowa veterans, indicating these stakeholders should be leading initiatives and implementing strategies for improving the oral health of Iowa veterans.
- ★ Eight stakeholders were identified as having high interest and moderate decision power. This observation suggests these stakeholders are motivated and willing to advance this issue, but currently lack sufficient influence to move forward. These stakeholders could be provided more resources to improve power or influence over the issue, or partner with an entity that exhibits high power but moderate/low interest.

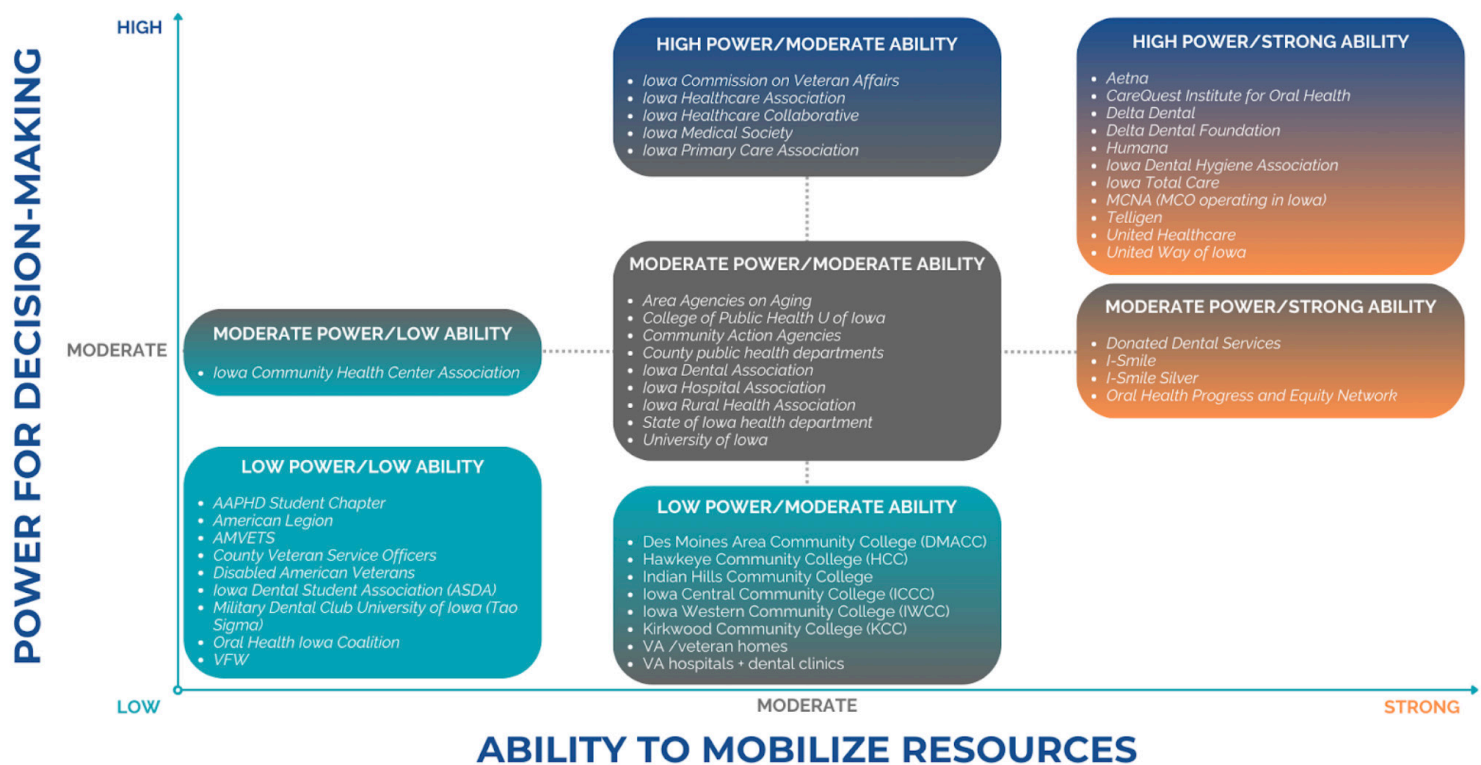
# Power for Decision-Making and VOH Knowledge Matrix



Stakeholders were assessed by decision-making power and knowledge of veteran oral health issues in Iowa, reasoning that knowledge of the issue and the ability to make decisions for change impact a path to action. Key takeaways from this analysis include:

- ☆ Six stakeholders were identified as having high decision power and strong knowledge of veteran oral health in Iowa. This combination suggests the capability and the understanding to advance veteran oral health in Iowa. Given the overlapping of several professional sectors within this group, opportunities for a multi-faceted approach can be leveraged.
- ☆ Stakeholders with strong knowledge and moderate or low decision power should partner with stakeholders in areas of high power and lower knowledge. Forging these connections improves interest and understanding of how to systematically address veteran oral health in Iowa.

# Power for Decision-Making and VOH Knowledge Matrix



Stakeholders were evaluated for their ability to mobilize resources compared to their power for decision-making. Decision-making was considered on the macro level regarding the overall environment and landscape regarding oral health issues in Iowa. Capacity was understood to be a determining factor in improving veteran oral health on a systemic level, and therefore, the ability to mobilize resources was assessed alongside the decision-making power for important drivers of change, such as resource allocation. Key takeaways from this analysis include:

- ★ Eleven stakeholders were identified as having high power for decision-making and a high ability to mobilize resources, indicating strong potential for leading efforts to improve veteran oral health in Iowa. Four organizations were observed as having moderate power and a strong ability to mobilize resources due to a strong workforce and operational infrastructure.
- ★ Five stakeholders had moderate ability to mobilize resources but high decision-making power. Matching entities with flexible decision-making to organizations with higher capacity to mobilize resources leverages the strengths within these groups.



# SECTION FOUR: Defining Goals and Objectives for Veteran Oral Health in Iowa

## PROCESS FOR IDENTIFYING GOALS AND OBJECTIVES

AIDPH reconvened the advisory committee to assess goals and objectives for improving veteran oral health in Iowa. The committee reviewed the MAPP guidance for creating goals and objectives, independently brainstormed responses, and then developed consensus for the final selections after group deliberation.

Key terminologies defined by the MAPP framework and adapted by the advisory committee include:

- ★ **Goal:** An aspirational statement about what you want to achieve. Long-range outcome statements that broadly define the direction of the phase and desired outcomes.
  - Example: Reduce Tobacco Use Among Adolescents*
  - Example: Improve Mental Health Awareness and Access to Services*
  
- ★ **Objective:** How you will achieve the goal. Describe what will be achieved in progress towards the goal.
  - Example: Reduce Tobacco Use Among Adolescents*
    - Objective:* Implement a school-based tobacco prevention curriculum in at least 10 middle and high schools in Jones County
    - Objective:* decrease the percentage of high school students in Jones County who report using e-cigarettes from 18% to 12%
  
- ★ **Activity:** Specific actions you will take to achieve your objective, including timelines, priorities, and execution strategies. Activities were not addressed in the goal-setting process, but were provided to delineate activities vs. objectives.

The advisory council initially identified 64 potential goals and objectives for consideration. The group deliberated to understand priority areas, develop consensus surrounding overarching areas, and finalize goals. **From this discussion, six goals emerged, with three objectives under each area.**



» **GOAL #1: Advance policy that improves access, utilization, and cost of care for Iowa Veterans.**

**Objective #1:** Increase funding for the Iowa Veteran Trust Fund by 10% within the next three years.

**Objective #2:** Increase funding for I-Smile and I-Smile Silver programming to have programs covering all Iowa counties within the next five years.

**Objective #3:** Enhance the Medicaid program to improve reimbursement and increase eligibility for veterans within the next five years.

» **GOAL #2: Eliminate data and knowledge gaps for veteran oral health in Iowa.**

**Objective #1:** Increase the number of state-based surveillance systems collecting and reporting data on oral health indicators for veterans.

**Objective #2:** Develop a standardized set of veteran-specific oral health indicators to be integrated into state and local data collection efforts within the next three years.

**Objective #3:** Design and implement a veteran oral health evaluation and monitoring plan within the next two years.

» **GOAL #3: Address financial and geographic barriers to accessing dental care for Iowa veterans.**

**Objective #1:** Increase the number of veterans reporting dental visits in the last year by 10% within the next five years.

**Objective #2:** Decrease the number of veterans reporting transportation as a barrier to receiving dental care by 10% within the next five years.

**Objective #3:** Decrease out-of-pocket spending for dental care by 3% over the next five years.

## » **GOAL #4: Strengthen whole-person healthcare delivery for Iowa veterans.**

**Objective #1:** Reduce the incidence and prevalence of chronic disease conditions that exacerbate poor oral health experienced by Iowa veterans by 3% over the next five years.

**Objective #2:** Decrease the number of veterans who report having “5 or more” poor mental health days in a month by 3% over five years.

**Objective #3:** Develop and implement a trauma-informed care training program for at least 50 healthcare providers within the next three years.

## » **GOAL #5: Build collaboration among state and local veteran oral health stakeholders.**

**Objective #1:** Create a coalition of at least 10 organizations committed to improving veteran oral health in Iowa within the next year.

**Objective #2:** Establish formal partnerships between at least five Iowa veteran oral health stakeholder groups within the next two years.

**Objective #3:** Secure formal commitments from at least five veteran-serving organizations to integrate oral health into their existing programs or outreach efforts within the next three years.



## » **GOAL #6: Strengthen and equip the Iowa oral health workforce to support veterans.**

**Objective #1:** Train at least 50 dental, physician, and mental health providers on veteran oral health in Iowa within the next three years.

**Objective #2:** Enhance the scope of work for dental providers to ensure each component of the workforce is practicing at the top of their skills and licensure.

**Objective #3:** Increase workforce capacity by supporting dental training programs that expand the number of dental professionals serving veterans

# SECTION FIVE: Defining Activities, Timelines, and Stakeholders for a Strategic Plan

AIDPH reconvened the advisory committee to assess goals and objectives for improving veteran oral health. The final section of this strategic plan assigns activities, stakeholders, and timelines to the Goals and Objectives. The purpose of developing activities is to finalize a strategy for accomplishing goals, create a timeline for reaching objectives, and establish a shared understanding of who is critically involved in achieving success. Following the MAPP process, AIDPH convened the advisory committee to brainstorm responses independently and then developed consensus for the final selections after group deliberation. The MAPP framework defines an activity as specific actions you will take to achieve your objective, including timelines, priorities, and execution strategies. The advisory committee agreed upon and adapted this definition to match community need. Using the MAPP framework, an example activity could be: *Partner with local schools to deliver a five-session tobacco prevention curriculum by December 2025, training at least 20 teachers and engaging 1,000 students in interactive lessons on the risks of e-cigarette use.*

Activities were sorted by timeline and priority based on the goals and objectives. Stakeholder groups identified through the stakeholder analysis were assigned to activities as key leaders or vested partners in implementation. The tables below indicate the final activities, goals, and objectives defined by the committee and refined by AIDPH.

## STAKEHOLDER GROUPS FOR ACTIVITIES

1. Insurers
2. Funders
3. Veteran Service Organizations and Veterans Service Officers (VSOs)
4. Educators/Academicians
5. Healthcare Associations
6. Advocacy Groups
7. Clinicians and Clinical Care Delivery Systems
8. Local and State Government





## GOAL #1: Advance policy that improves access, utilization, and cost of care for Iowa Veterans

**Objective #1:** Increase funding for the Iowa Veteran Trust Fund by 10% within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Build collective action among oral health groups and veteran advocates	Year 1	1-8
Activity #2	Identify legislative champions to strengthen and sustain Trust Fund strategies	Year 1	5,6
Activity #3	Work with the Trust Fund administrators to affirm funding outcomes and ascertain additional needs	Year 1	3,5,6,8
Activity #4	Fiscally analyze the cost savings and ROI associated with the Trust Fund	Year 2	4,5,6
Activity #5	Design and disseminate advocacy materials	Year 2	5,6,8
Activity #6	Develop and implement a targeted outreach strategy to engage legislators	Year 2	5,6
Activity #7	Gain the governor's support via budget recommendations for the Trust Fund	Year 3	5,6
Activity #8	Introduce a formal budget request through legislative channels	Year 3	5,6

**Objective #2:** Increase funding for I-Smile and I-Smile Silver programming to have programs covering all Iowa counties within the next five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Build collective action among oral health groups and veteran advocates	Year 1	1-8
Activity #2	Develop budget proposal for program funding by county and region with phased expansion	Year 1	5,6,8
Activity #3	Fiscally analyze the cost savings and ROI associated with I-Smile and I-Smile Silver	Year 2	5,6,8
Activity #4	Create materials for advocacy efforts highlighting the improved outcomes	Year 2	5,6,8
Activity #5	Work with HHS to promote the importance of I-Smile programs - building the connection between the program and improved outcomes	Year 2	1-8
Activity #6	Engage policymakers and legislative champions to generate sustainable state funding	Year 3	5,6
Activity #7	Gain the governor's support via budget recommendations for the I-Smile and I-Smile Silver	Year 3	5,6



**Objective #3:** Enhance the Medicaid program to improve reimbursement and increase eligibility for veterans within the next five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Build collective action among oral health groups and veteran advocates	Year 1	1-8
Activity #2	Identify key policy barriers to Medicaid expansion for veterans	Year 1	1,3,5,6,7,8
Activity #3	Fiscally analyze the cost savings and ROI associated with expanding Medicaid and adjusting reimbursement rates	Year 1	5,6,8
Activity #4	Work with legislative champions to increase funding through the appropriations process for adult Medicaid	Year 2	1,4-7
Activity #5	Support administrative changes allowing dental hygienists to be reimbursed by Medicaid	Year 2	1,4-7
Activity #6	Expand the use of tele-dentistry	Year 2	1,4-7
Activity #7	Develop and submit Medicaid policy recommendations to Iowa HHS and Medicaid leadership	Year 3	1,4-7
Activity #8	Engage policymakers and legislative champions to generate sustainable state funding	Year 3	1,4-7





**GOAL #2: Eliminate data and knowledge gaps for veteran oral health in Iowa**

**Objective #1:** Increase the number of state-based surveillance systems collecting and reporting data on oral health indicators for veterans.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Meet with VA clinics to establish relationships for collecting and sharing data	Year 1	3,5-8
Activity #2	Create a survey for assessing additional baseline data for veteran oral health	Year 1	3-8
Activity #3	Collaborate with the Commission for the Iowa Veterans Trust Fund to leverage data collection opportunities	Year 2	5,6,8
Activity #4	Purchase BRFSS questions for data gaps (e.g. emergency department use, insurance status, etc.)	Year 2	8
Activity #5	Identify funding to support data collection and expansion efforts	Year 3	2,5,6,8





**Objective #2:** Develop a standardized set of veteran-specific oral health indicators to be integrated into state and local data collection efforts within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Identify advisory committee and data experts to develop a core set of veteran-specific oral health indicators and determine where they can be accessed	Year 1	1-8
Activity #2	Engage insurers in sharing relevant data and/or identifying key metrics for analysis	Year 1	1,2,5,6,7,8
Activity #3	Conduct an environmental scan of existing oral health and veteran-specific health indicators in state and national data sources	Year 1	3-6,8
Activity #4	Define a core set of standardized veteran oral health indicators aligned with existing state and national public health reporting systems	Year 2	1-8
Activity #5	Focus on engaging health systems and hospital system data for public/private partnerships	Year 2	5-8
Activity #6	Pilot test new indicators within selected health systems and data repositories	Year 3	1,5-8
Activity #7	Establish formal agreements with key agencies (HHS, VA, insurers, Medicaid) to adopt and implement standardized veteran oral health indicators	Year 3	1,5-8



**Objective #3:** Design and implement a veteran oral health evaluation and monitoring plan within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Create a data collaboration for entities collecting data on veteran oral health and related health indicators	Year 1	1-8
Activity #2	Define key metrics for evaluating progress on veteran oral health outcomes	Year 1	1-8
Activity #3	Identify best practices from existing evaluation models in veteran healthcare and public health programs	Year 1	1-8
Activity #4	Determine frequency and format of evaluation reporting (e.g., annual reports, policy briefs, real-time dashboards)	Year 2	5,6,8
Activity #5	Develop a structured methodology for collecting qualitative and quantitative data for evaluation purposes	Year 2	5,6,8
Activity #6	Develop mechanisms for integrating evaluation findings into policy recommendations and program improvements	Year 3	5,6,8
Activity #7	Ensure the veteran oral health evaluation and monitoring plan is institutionalized within state and local reporting structures	Year 3	5,6,8





**GOAL #3: Address financial and geographic barriers to accessing dental care for Iowa veterans**

**Objective #1:** Increase the number of veterans reporting dental visits in the last year by 5% within the next five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Identify and analyze barriers preventing veterans from accessing dental care, including financial, geographic, and systemic challenges	Year 1	5-8
Activity #2	Build partnerships between I-Smile Silver and veteran-serving organizations to facilitate veteran engagement and care coordination	Year 1	3,5,7,8
Activity #3	Identify care delivery sites throughout the state that currently serve veterans and assess their capacity for dental care expansion	Year 1	5-8
Activity #4	Identify opportunities to integrate dental services into locations where veterans already seek care (e.g., VA medical centers, community health clinics, mental health facilities, and homeless shelters)	Year 1	5-8
Activity #5	Identify financial resources, grant opportunities, and funding streams to help remove cost barriers for veterans accessing dental care	Year 2	2,3-7
Activity #6	Pilot new care delivery models in targeted locations to improve access for rural and underserved veteran populations	Year 2	3,7,8
Activity #7	Scale successful pilot programs to additional care delivery sites across the state	Year 3	2,3,7,6,8

**Objective #3:** Decrease out-of-pocket spending for dental care by veterans by 3% over the next five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Establish a baseline for what veterans are currently paying in out-of-pocket dental expenses	Year 1	4-8
Activity #2	Complete an environmental scan of charitable organizations, referral programs, and centralized financial assistance resources	Year 1	5,6,8
Activity #3	Create resources for veterans to understand their benefits to ensure they utilize available financial assistance (e.g., VA dental benefits, Medicaid, Veterans Trust Fund, and Medicare Advantage dental coverage)	Year 2	5,6,8
Activity #4	Create communications and outreach to providers, healthcare systems/access points, and veterans	Year 2	5-8
Activity #5	Work with dentists to consider “veteran discounts” for out-of-pocket or co-pay costs	Year 2	5-7
Activity #6	Establish a centralized system for tracking veteran oral health benefit utilization across Medicaid, VA, and private insurance to identify gaps and barriers to coverage	Year 3	1,3,5,7,8
Activity #7	Develop a long-term strategy for reducing financial barriers, including recommendations for legislative or policy changes that improve affordability	Year 3	1,3,5,7,8







**GOAL #4: Strengthen whole-person healthcare delivery for Iowa veterans**

**Objective #1:** Reduce the incidence and prevalence of chronic disease conditions that exacerbate poor oral health experienced by Iowa veterans by 3% over the next five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Establish a baseline of chronic disease incidence and prevalence among Iowa veterans to track trends over time	Year 1	1,4,5,7
Activity #2	Create a network of veteran care providers who work across disciplines and disease conditions.	Year 1	4,5,7
Activity #3	Expand education for primary care providers on the importance of oral health and available resources for referring veteran patients to dental care	Year 2	4,5,7
Activity #4	Create a pilot program for assessing care delivery approaches for veterans with poor oral health and comorbid chronic disease conditions.	Year 2	4,5,7,8
Activity #5	Initiate an oral health communication campaign for veterans who have chronic disease conditions.	Year 2	2,4,5,7,8
Activity #6	Establish referral pathways between medical and dental providers to ensure veterans with chronic conditions receive coordinated care	Year 3	4,5,7,8
Activity #7	Scale pilot programs in areas with the highest risk, highest cost veteran patients	Year 3	2,4,5,7,8

**Objective #2:** Decrease the number of veterans who report having “5 or more” poor mental health days in a month by 3% over five years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Identify current barriers to accessing mental healthcare for veterans, including financial, geographic, provider shortages, stigma, and eligibility restrictions	Year 1	1,3,4,5,7
Activity #2	Develop a network of providers for veterans who underutilize or cannot access care	Year 1	1,3,4,5,7
Activity #3	Build veteran-centered mental health and oral health education materials to increase awareness among veterans, providers, and family members	Year 2	3,4,5,7
Activity #4	Work with licensing boards to advocate for required mental health and trauma-informed care training for dental and healthcare professionals working with veterans	Year 2	1,3,4,5,7
Activity #5	Evaluate existing dental and healthcare education curricula to incorporate trauma-informed care and mental health considerations for veterans	Year 3	3,4,5,7
Activity #6	Facilitate partnerships between dental and mental healthcare providers to create referral pathways for veterans experiencing anxiety, PTSD, or other mental health concerns that impact oral health	Year 3	1-8



**Objective #3:** Develop and implement a trauma-informed care training program for at least 50 healthcare providers within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Create a trauma-informed care framework that connects mental health and oral health in veterans for providers	Year 1	3,4,7
Activity #2	Initiate development of a standardized trauma-informed care training curriculum tailored for dental and healthcare providers treating veterans	Year 1	3,4,7
Activity #3	Pilot the trauma-informed care training with an initial cohort of dental providers to assess effectiveness and make refinements	Year 2	3,4,7,8
Activity #4	Expand training opportunities with a trauma-informed care curriculum to include other healthcare providers (e.g., primary care physicians, mental health professionals, and social workers) working with veterans	Year 2	2,3,4,7,8
Activity #5	Secure ongoing funding or CME/CEU accreditation for trauma-informed care training to incentivize participation and ensure sustainability	Year 3	2,3,4,7,8
Activity #6	Establish a recurring annual trauma-informed care training program as part of Iowa's broader healthcare provider education initiatives	Year 3	2,3,4,7,8





## GOAL #5: Build collaboration among state and local veteran oral health stakeholders

**Objective #1:** Create a coalition of at least 10 organizations committed to improving veteran oral health in Iowa within the next year.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Evaluate opportunities from the Oral Health Iowa Coalition advisory committee to create a workgroup focused on veterans	Year 1	1-8
Activity #2	Identify and invite key organizations and stakeholders to participate in the workgroup	Year 1	4-7
Activity #3	Define the coalition's mission, objectives, and areas of focus, ensuring alignment with broader veteran healthcare initiatives	Year 1	4-7
Activity #4	Workgroup members assess stakeholder gaps and recruit additional organizations to ensure broad coalition representation	Year 2	4-7
Activity #5	Develop shared strategies, guiding documents, and best practices to be incorporated into the coalition's agenda and decision-making	Year 2	4-7
Activity #6	Build capacity among existing organizations to sustain long-term collaboration through training, resource-sharing, and funding opportunities	Year 2	2,4-7
Activity #7	Integrate the coalition into state oral health planning efforts and veteran healthcare initiatives	Year 3	4-8
Activity #8	Develop mechanisms for ongoing coalition evaluation, adaptation, and responsiveness to emerging veteran oral health challenges	Year 3	4-8



**Objective #2:** Establish formal partnerships between at least five Iowa veteran oral health stakeholder groups within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Engage Iowa Oral Health Coalition members to explore partnership opportunities with veteran-serving organizations	Year 1	3,5,6
Activity #2	Identify existing veteran oral health partnership models (both in and outside Iowa) that can be adapted or replicated locally	Year 1	3,5,6
Activity #3	Conduct outreach to key veteran-focused healthcare, social service, and advocacy organizations to assess partnership alignment and shared goals	Year 2	3,5,6
Activity #4	Develop partnership frameworks that outline mutual benefits, roles, and responsibilities for veteran-serving organizations and oral health stakeholders	Year 2	3,5,6
Activity #5	Identify sustainable solutions for partnerships, including funding sources, in-kind contributions, and shared service models	Year 3	2,3,5,6
Activity #6	Explore potential policy or advocacy efforts that could strengthen partnerships and create systemic support for veteran oral health collaboration	Year 3	1,2,3,5,6



**Objective #3:** Secure formal commitments from at least five veteran-serving organizations to integrate oral health into their existing programs or outreach efforts within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Establish a list of organizations already providing clinical care to veterans and assess whether oral health is currently included in their services or outreach	Year 1	3-8
Activity #2	Engage VA providers to facilitate bi-directional learning with private practice providers on integrating oral health into veteran care	Year 1	3,5-7
Activity #3	Identify gaps in veteran-serving organizations' current health programming where oral health integration could provide added value	Year 1	3,5-7
Activity #4	Facilitate discussions with veteran-serving organizations on integrating oral health screenings, education, or referrals into their existing services	Year 2	1,3,5-7
Activity #5	Develop partnership agreements outlining roles, responsibilities, and expectations for oral health integration	Year 2	3,5-7
Activity #6	Pilot oral health integration efforts within selected veteran-serving organizations, such as incorporating oral health education into wellness programs or expanding referral pathways	Year 2	3,5-8
Activity #7	Secure formal commitments (MOUs or partnership agreements) from at least five veteran-serving organizations to integrate oral health into their outreach and clinical services	Year 3	3,5-8
Activity #8	Identify funding opportunities to support veteran-serving organizations in maintaining and expanding oral health integration efforts	Year 3	2,3,5-8



**GOAL #6: Strengthen and equip the Iowa oral health workforce to support veterans**

**Objective #1:** Train at least 50 dental, physician, and mental health providers on veteran oral health in Iowa within the next three years.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Seek input from dental, medical, and mental health providers on their training needs related to veteran oral health	Year 1	3-8
Activity #2	Identify key objectives of the training program to inform curriculum development	Year 1	3-8
Activity #3	Develop training materials tailored for dental, medical, and mental health providers with a key focus on interdisciplinary treatment	Year 2	4,5,7
Activity #4	Establish partnerships with medical, dental, and mental health associations to increase training reach and credibility	Year 2	4,5,7
Activity #5	Pilot initial training sessions with a small group of providers to assess effectiveness	Year 2	1,2,4,5,7
Activity #6	Integrate veteran oral health training into Iowa's professional development programs for healthcare providers to ensure long-term sustainability	Year 3	4,5,7
Activity #7	Expand the training program to reach additional healthcare and social service providers beyond the initial 50 participants	Year 3	1-8

**Objective #2:** Enhance the scope of work for dental providers to ensure each component of the workforce is practicing at the top of their skills and licensure.

	DESCRIPTION	Timeline	Stakeholder Group(s)
<b>Activity #1</b>	Analyze where dental therapists and other oral health clinicians could be most effective in improving access for veterans, particularly in rural and underserved areas	Year 1	<b>1,4-7</b>
<b>Activity #2</b>	Explore models from other states where expanded function dental providers and dental therapists have improved access to care for underserved populations, including veterans	Year 1	<b>5-7</b>
<b>Activity #3</b>	Evaluate cost savings, financial benefit, and clinical efficiency for an expanded workforce.	Year 1	<b>5-7</b>
<b>Activity #4</b>	Engage policymakers, dental boards, and professional associations to support workforce expansion efforts	Year 2	<b>1,5-7</b>
<b>Activity #5</b>	Pilot expanded function roles in selected veteran-serving dental clinics to assess feasibility and impact	Year 2	<b>1,5-7</b>
<b>Activity #6</b>	Develop training and certification pathways to ensure expanded function providers are equipped to serve veterans effectively	Year 3	<b>4-7</b>
<b>Activity #7</b>	Establish a long-term policy and workforce development plan to sustain expanded function efforts in veteran oral healthcare	Year 3	<b>4-7</b>





**Objective #3:** Increase workforce capacity by supporting dental training programs that expand the number of dental professionals serving veterans.

	DESCRIPTION	Timeline	Stakeholder Group(s)
Activity #1	Conduct a needs assessment to determine workforce gaps, training requirements, and barriers to increasing the number of dental professionals serving veterans	Year 1	4,5,7
Activity #2	Identify objectives for workforce training programs focused on expanding the number of dental professionals providing veteran care	Year 1	4,5,7
Activity #3	Engage with existing dental training programs (e.g., dental schools, residency programs, community health programs) to assess interest and capacity for expanding veteran-focused training	Year 2	4-8
Activity #4	Develop partnerships with VA dental clinics and community-based veteran healthcare providers to expand clinical training sites for dental students and residents	Year 2	3-7
Activity #5	Pilot a veteran-focused clinical rotation or elective within existing dental education programs	Year 2	2-5
Activity #6	Establish formal partnerships between dental schools and veteran-serving organizations to integrate veteran-specific training into curricula	Year 3	2-5
Activity #7	Scale successful training models and residency programs statewide to increase the number of dental professionals equipped to serve veterans	Year 3	1-8



## SECTION SIX: Using and Implementing A Strategic Oral Health Plan for Veterans in Iowa

This Iowa Veteran Oral Health Strategic Plan is more than a roadmap—it is a dynamic document that can evolve as the veteran oral health landscape shifts in Iowa. Designed to be flexible, inclusive, and action-oriented, this plan provides a framework for collective impact, recognizing that no single entity can solve the challenges veterans face in accessing oral healthcare alone. Over the next three years, stakeholders will build on the foundation laid out in this plan, adjusting strategies as new challenges arise, opportunities emerge, and partnerships strengthen.

This plan is not intended to be prescriptive or restrictive in how organizations and individuals engage. Rather, it is a call to action, offering multiple pathways for stakeholders—whether in healthcare, policy, education, advocacy, or community leadership—to find their role in supporting veteran oral health. Ultimately, every organization, provider, policymaker, and advocate can implement activities outlined in this plan at the level that aligns with their mission, capacity, and expertise. The key to success is ensuring that each stakeholder can engage in ways that are both meaningful and impactful.

### THE PATH FORWARD: A SHARED RESPONSIBILITY FOR VETERAN ORAL HEALTH

At the core of this strategic plan is a fundamental principle: trust and collaboration. Success depends on the willingness of Iowa's communities, health systems, policymakers, and veteran-serving organizations to work together in new and transformative ways. This plan encourages partners to break down silos, establish shared goals, and create sustainable systems of care that prioritize veteran oral health. Transparency, accountability, and a shared commitment to the well-being of Iowa veterans will drive innovative solutions that move beyond short-term fixes to long-term systemic change.



Iowa veterans deserve a clear and sustainable pathway to optimal oral healthcare. This plan outlines the policies, partnerships, workforce strategies, and systemic improvements needed to create that pathway, but its success depends on collective action. Every stakeholder has a role to play.

- ☆ **Oral Healthcare providers** can commit to improving veteran oral health through expanded services, trauma-informed care, and enhanced coordination with medical and mental health professionals.
- ☆ **Veteran-serving organizations** can integrate oral health education, referral pathways, and direct services into their outreach and programming.
- ☆ **Policy decision-makers and advocates** can advance legislative and regulatory solutions that increase access, affordability, and sustainability of veteran oral healthcare.
- ☆ **Dental education programs** can strengthen training opportunities to ensure that the next generation of providers is equipped to meet the unique needs of veterans.
- ☆ **Community leaders and organizations** can mobilize resources, raise awareness, and support veterans in navigating available oral health services.

Veterans have served and sacrificed for their country. Iowa has the opportunity to ensure that they receive the care and dignity they deserve, including their oral health. This plan is a commitment to building a system that prioritizes prevention over emergency care, access over barriers, and equity over exclusion. It is time to take bold, collaborative steps toward a future where every veteran in Iowa has access to quality oral healthcare.



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