



# A Toolkit for **Iowa Veteran Trust Fund Advocacy and Activation**

October 2025



# Introduction

## USING THE IOWA VETERAN TRUST FUND TOOLKIT

Veterans deserve access to timely, affordable, and high-quality dental care. In Iowa, too many veterans face persistent barriers to getting the oral health services they need. This resource is designed to support stakeholders including veteran service organizations, dental providers, public health professionals, policymakers, or advocates, to make the Iowa Veteran Trust Fund (IVTF) more effective and accessible. The IVTF toolkit outlines the structure of the program, identifies current barriers, proposes specific policy solutions, and offers concrete strategies for advocacy.

## WHY AIDPH DEVELOPED THIS TOOLKIT

The American Institute of Dental Public Health (AIDPH) is a national nonprofit dedicated to advancing oral health through research, education, and advocacy. Over the past several years, AIDPH has collaborated with Iowa stakeholders to understand and address the needs of veterans, particularly those in rural and underserved communities, by improving the oral health of Iowa veterans through research and coalition-building. This toolkit is a culmination of stakeholder feedback, careful planning and policy analysis, and research-driven strategies to support practical policy solutions.

## WHY THE IVTF IS THE RIGHT TOOL

The authority, infrastructure, and legislative framework already exist within the IVTF to help veterans access dental care. Through effective policy advocacy, Iowa has the ability to strengthen and restructure the IVTF to better meet the needs of today's veteran population.

## Who This Toolkit Is For

This resource is intended for a broad range of stakeholders, including:

- » Veterans and their families
- » County Veterans Service Officers (VSOs)
- » Public health leaders and navigators, including I-Smile Silver & Community Care Coordinators
- » Dental providers and community health centers
- » Veteran-serving organizations (e.g., VFW, AMVETS, DAV)
- » Legislators, agency officials, and policymakers

Whether you're looking to improve the day-to-day experience of veterans seeking care or interested in long-term policy reform, this toolkit can help guide your efforts.



# HOW TO USE THIS TOOLKIT

The toolkit is organized into five sections:

- » An overview of the Iowa Veterans Trust Fund and how it works.
- » A breakdown of the major barriers veterans face when trying to access dental care.
- » A set of policy options to address those challenges.
- » A roadmap of advocacy strategies and implementation ideas.
- » Supporting resources to help you build a customized plan.

## Resources To Review Before You Use This Toolkit



### [The Iowa Veteran Oral Health Strategic Plan](#)

This community health improvement plan serves as a roadmap for aligning efforts, mobilizing resources, and providing clear goals, objectives, and strategies for improving the oral health of veterans over the next two years. V



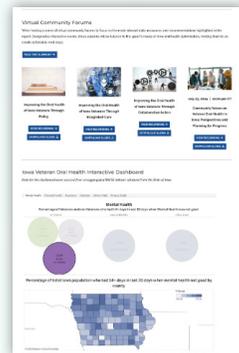
### [The State of Veteran Oral Health in Iowa](#)

This foundational report assesses the oral health status of veterans living in Iowa using quantitative and qualitative data and noting gaps in available information and resources.



### [Convening Summary: Iowa Veteran Oral Health Summit](#)

This strategic planning session brought together a diverse group of stakeholders committed to improving dental care for Iowa's veterans. Together, participants identified key concerns, formulated strategic solutions to address current and future challenges, and set clear, high-priority goals.



### [Veteran Oral Health Hub](#)

The AIDPH Iowa Veteran Oral Health Hub includes interactive data, recordings of meetings, and resources for veteran oral health.





# Section One

## **IOWA VETERAN TRUST FUND: BACKGROUND AND OVERVIEW**

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The Iowa Veterans Trust Fund (IVTF) was established in 2003 by the Iowa General Assembly (Iowa Code §35A.13) with bipartisan support as a permanent fund to assist veterans and their families with quality-of-life improvements. The fund was established in response to a growing recognition of the unmet needs among Iowa's veteran population, particularly in relation to essential living considerations, healthcare access, and financial insecurity. The purpose of this fund is to provide emergency and supplemental financial assistance to qualifying Iowa veterans and their families in areas that federal VA or other benefits don't fully cover.

The fund is administered by the Iowa Commission of Veterans Affairs and overseen by the Iowa Department of Veterans Affairs (IDVA). A board of commissioners, most of whom are veterans themselves, is appointed to determine disbursement strategies and policy priorities.

The IVTF was initially funded by state appropriations and a portion of the Iowa Lottery revenues, but it was not intended to be sustained exclusively by the general fund. In 2008, the Veterans Trust Fund Income Tax Check-Off was introduced, allowing individuals to contribute to the IVTF through their state income tax returns, but the provision sunset in 2023 without additional legislative action to sustain this funding option. Over time, additional funding has been obtained from lottery transfers, private donations, fines and penalties, as well as occasional surplus allocations from the general fund. However, consistent annual funding levels have varied based on budget priorities and legislative decisions.



## ELIGIBILITY AND SCOPE

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The IVTF is governed by Iowa Administrative Code Chapter 801—Veterans Affairs, Chapter 14, which outlines its purpose, definitions, eligibility requirements, benefits, application procedures, payment recovery processes, and appeals procedures. Applications are submitted through a county VSO, which then forwards the claims to IDVA and the Iowa Veterans Commission for final review. Invoices or proof of service must be submitted within 90 days of service completion. Erroneous payments are subject to recovery, and applicants have the right to appeal, as outlined in the Iowa Administrative Code. For more details, [review the code in depth](#).

### Eligibility Criteria

- » The applicant must be a veteran, a spouse of a deceased veteran, or a veteran's ward.
- » Must have resided in Iowa at least two years prior to application.
- » Household income must typically not exceed 300% of the Federal Poverty Guidelines (varies by application type).
- » Assets are evaluated in certain program categories and are considered alongside financial capacity for services.
- » The Iowa Veterans Commission (via IDVA) evaluates and approves each request, with varying degrees of documentation required based on the need and type of assistance.

## IVTF BENEFIT USE AND SERVICES

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The Iowa Administrative Code defines the services and types of documentation or processes that must accompany claims for this benefit. Approved services under the IVTF include but are not limited to:

- » Dental, vision, and hearing care.
- » Durable medical equipment, prescriptions.
- » Counseling & substance use services, including VA supplementation.
- » Emergency medical services, including ambulance/ER visits.
- » Home repairs (unsafe living conditions, disaster/vandalism), with vehicle repair or replacement up to \$5,000.
- » Unemployment/underemployment assistance due to service-related causes.
- » Transitional housing assistance (e.g., motel stays).
- » Travel expenses directly related to medical care.
- » Job training or college tuition assistance for job retraining.



The Iowa Veterans Trust Fund (IVTF) is not limited to a one-time course of care. Instead, it provides veterans with multiple opportunities to access financial assistance across different areas of need. However, each benefit category comes with specific annual or lifetime caps that govern how much a veteran can receive over time. For example, dental care is covered up to a lifetime maximum of \$10,000 per veteran, which allows for multiple treatments or procedures depending on the cost and timing of care. In terms of how these benefits are administered, the fund uses both direct payments and reimbursements, depending on the type of service. In most cases, such as dental services, equipment repair, or counseling, payments are made directly to the service provider after the county Veterans Service Office (VSO) or the Iowa Department of Veterans Affairs processes the request. This system ensures that veterans do not have to pay out of pocket for significant expenses, particularly those related to health care or emergency needs.

## At-A-Glance: Summary Tables For Services And Benefit Information

Category	Details
<b>Who Qualifies</b>	Iowa veterans and eligible survivors; 2-year state residency; income/assets cap
<b>Covered Services</b>	Dental, vision, hearing; medical equipment; medications; counseling; ER; home/vehicle repair; housing; unemployment aid
<b>Special Grants</b>	Up to \$10K for injured veterans; \$5K homeownership grants
<b>Funding Caps</b>	Varied by service— annual and lifetime limits defined
<b>Application Process</b>	Through county VSO → IDVA → Veterans Commission
<b>Governance</b>	Admin Code Chapter 801-14; appeals/recovery provisions

Program Category	Cap	Payment Type
<b>Dental care</b>	\$10,000 lifetime	Likely direct payment
<b>Durable medical equipment</b>	\$5,000/year; \$10,000 lifetime	Direct payment
<b>Vehicle repair</b>	\$5,000 lifetime	Direct payment
<b>Housing repair</b>	\$10,000 lifetime	Direct payment
<b>Unemployment aid</b>	\$3,000/12 mo; \$6,000 lifetime	Reimbursement to veteran
<b>Counseling</b>	\$5,000/12 mo	Direct payment
<b>Audiology</b>	\$1,500/ear per year	Direct payment
<b>Emergency medical/ER</b>	\$7,500 lifetime	Direct payment
<b>Travel, funeral honors</b>	Varies (e.g., \$1,000 honor guard)	Reimbursement with receipts





# Section Two

## **BARRIERS AND PAIN POINTS IN THE CURRENT IMPLEMENTATION**

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The IVTF is a successful policy mechanism to support the high costs of healthcare for veterans who cannot access services elsewhere. Despite this success, opportunities to strengthen and streamline this funding stream remain. Accessing dental care through the IVTF presents several challenges, particularly for veterans living in rural areas or those who are aging and reliant on caregivers.

**Based on feedback from community members, providers, and administrators, key barriers to effectively and efficiently using the IVTF include a lack of dental providers, transportation issues, administrative burden, a poor understanding of benefits, and significant backlogs in the system.**

One of the most significant barriers is the lack of dental providers in rural Iowa. The majority of Iowa's dental Health Professional Shortage Areas (HPSAs) are concentrated in rural and partially rural counties, leaving veterans with few local options for care. This shortage is further compounded by the growing number of rural dentists reaching retirement age, without sufficient replacements entering the field. As a result, veterans may travel long distances to access even basic dental services, an issue that disproportionately impacts older veterans or those who rely on caregivers for transportation.

Transportation itself remains a significant obstacle. Public transit options are often limited or nonexistent in many rural counties, and caregiver schedules can make it challenging to coordinate multiple dental appointments. This barrier becomes especially problematic given the IVTF requirement for veterans to obtain two independent dental treatment plans before being approved for funding. While initially intended as a safeguard against fraud, this policy now poses a logistical and financial burden, particularly in rural areas where seeing even one dentist can be a challenge. The cost of attending two separate appointments can be prohibitive for low-income veterans, and differences in treatment plans can create confusion and delays in the approval process.



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Veterans also face barriers related to health and benefits literacy. Some veterans are unaware of what their dental treatment entails, while others are unclear about their eligibility for VA or IVTF support. This lack of understanding can delay applications, result in incomplete documentation, and increase the workload for Veterans Service Officers (VSOs), who are often already overburdened. While programs like I-Smile Silver are valuable in providing navigation support to veterans and their families, these programs currently operate in a limited number of Iowa counties. In regions without similar support, VSOs can bear the full administrative burden of coordinating care, processing applications, and assisting veterans in navigating complex systems.

County-level VSOs, responsible for managing and submitting IVTF applications, are often understaffed and lack adequate resources, especially in counties with large veteran populations or high levels of need. These capacity issues can result in delays, inconsistent follow-up, and missed opportunities to connect veterans with care in a timely manner. Additionally, although IVTF is primarily sustained through lottery funding, the significant backlogs reinforce the need for more stable and predictable resourcing.

Finally, Iowa has yet to fully adopt innovative models that could improve access to dental care in rural areas, such as the broader adoption of teledentistry for triaging claims in the IVTF or the expansion of the scope of practice for dental hygienists and dental therapists to treat veterans in need. Leveraging policies that allow preventive care and basic services to be delivered by a wider range of providers can benefit rural and vulnerable veterans who struggle to access care, especially for dental treatment planning.





# Section Three

## **POLICY OPPORTUNITIES FOR STRENGTHENING AND EXPANDING THE IVTF**

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The barriers to effectively utilizing and administering the Iowa Veteran Trust Fund can be addressed through legislative or policy action. The section outlines options for advocates to consider in the policy process, ultimately acknowledging that solutions are often multifaceted and require action from a diverse group of stakeholders. The challenges associated with the IVTF stem from a combination of workforce shortages, transportation barriers, administrative complexity, and funding constraints. There are a number of policy opportunities available to Iowa lawmakers, state agencies, and executive leadership that could meaningfully reduce these barriers and expand access to care.

### **1. Expand the I-Smile Silver Program Statewide**

The I-Smile Silver program has a strong record of effective care coordination in the limited regions where it operates by providing community-based oral health navigators who help older Iowans access preventive and restorative dental care. These navigators not only help veterans understand their treatment needs and complete IVTF applications but also serve as key partners to overburdened County Veterans Service Officers (VSOs). Expanding I-Smile Silver through a dedicated line item in the state budget would ensure that every Iowa county or region has a navigator to support veterans in navigating dental access. Funding I-Smile expansion across Iowa can reduce administrative burdens, increase trust fund utilization, enhance care coordination, and establish a direct connection between public health infrastructure and veteran support systems.



## 2. Modernize the Treatment Planning Requirement Using Teledentistry and Clinical Oversight

The current IVTF requirement for veterans to submit two independent dental treatment plans as part of their application process was initially introduced to prevent fraud and ensure transparency. In practice, however, this policy has become a significant barrier to care, especially for veterans in rural areas with limited access to dental providers. Allowing teledentistry consultations to fulfill one or both of the treatment planning requirements, using either live video assessments or asynchronous review of digital records and radiographs, could streamline this administrative requirement. Alternatively, the state could designate a contracted dentist familiar with veteran benefits to review submitted treatment plans via teledentistry and determine if the proposed care is reasonable, thereby eliminating the need for a second plan altogether.

## 3. Strengthen and Diversify IVTF Funding Streams

Although the IVTF was initially designed to function as a permanent fund supported by investment returns and lottery dollars, the revenue model can be strengthened through legislative action. The fund has become increasingly reliant on lottery transfers and general fund appropriations, while the income tax check-off and private donation incentives have either sunset or stagnated. Policymakers can take a two-pronged approach to strengthen the fund: 1) Increase the annual lottery transfer or make it inflation-adjusted to ensure the fund keeps pace with rising costs of care. 2) Reauthorize or reinstate the income tax check-off and create a permanent pathway for private donations that includes naming recognition, charitable tax deductions, or legacy gift options. Creating and marketing multiple, stable revenue streams will help ensure that the fund remains resilient and able to meet the growing oral health needs of Iowa's veterans, especially as the population ages.

## 4. Establish State-Funded Travel Support for Rural Veterans

Transportation remains one of the most frequently cited barriers to accessing dental care, particularly for elderly veterans and those with mobility limitations. To address this challenge, the state could implement travel assistance policies within the IVTF to support veterans with transportation barriers. Legislative options could include: 1) Travel vouchers or mileage reimbursement for veterans accessing dental services through the IVTF, 2) Contracts with local ride-share services or non-emergency medical transportation providers to offer scheduled transport, and 3) Expansion of public-private partnerships with organizations already providing transportation to medical appointments (e.g., county health departments, Area Agencies on Aging).



# STREAMLINE VSO CAPACITY WITH ADMINISTRATIVE SUPPORT: A NON-LEGISLATIVE POLICY OPTION

County VSOs are central to the success of the IVTF, but often operate with limited staffing and high caseloads that exceed the scope of Trust Fund administration. Reducing the workload on VSOs by equipping additional workforce with the tools they need to facilitate Trust Fund utilization frees up VSOs to support the other needs of veteran constituents. The state can support these efforts by 1) Standardizing and digitizing application tools, including templated forms, checklists, and automated follow-up systems, 2) Funding for regional VSO administrative coordinators, like I-Smile Silver, who can assist

in high-volume counties or rotate between counties with the highest need, and 3) Cross-training public health staff, such as those in I-Smile Silver, Area Agencies on Aging and local county public health care coordinators and nurses, to assist with application intake and documentation when appropriate. This network of champions would ultimately be equipped to leverage other information, resource sharing, and cross-training to support efforts like enrolling more dentists into the VA's Community Care Network, removing barriers to dental care for eligible VA veterans.





# Section Four

## UNDERSTANDING THE ADVOCACY LANDSCAPE

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The barriers to effectively utilizing and administering the Iowa Veteran Trust Fund can be addressed. Engaging decision-makers in shaping and strengthening the IVTF is essential to ensuring that veterans, particularly those who are aging, disabled, or living in rural areas, can access the oral healthcare they need and deserve. This section of the toolkit outlines strategies, tactics, considerations, and engagement opportunities for policy advocacy, recognizing that there are many paths forward that should ultimately be informed by legislative opportunities as they arise.

### **STEP ONE: Knowing the Decision-Makers**

The engagement process should be grounded in helping decision-makers understand how current policies affect veterans: the strain of traveling hours for a dental consultation, the confusion around benefit eligibility, or the challenge of securing care in the face of dwindling rural dental access. When advocacy centers these lived experiences, it builds a stronger, more responsive plan that humanizes the impact of IVTF policies.

**Improving the reach and impact of the IVTF involves coordination across a broad group of decision-makers and influencers, including:**

- » **Governor and Executive Leadership:** The Governor's Office drives budget recommendations and policy priorities that shape legislative agendas and executive action.
- » **Iowa Legislature:** Legislators appropriate funding, pass enabling legislation, and have the power to amend administrative requirements or expand program eligibility.
- » **Iowa Department of Veterans Affairs (IDVA):** This agency administers the IVTF, develops program rules, and oversees its implementation in partnership with county-level Veterans Service Officers.

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**You can view a full stakeholder analysis, along with associated goals and objectives, in the [Iowa Strategic Plan](#).**

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- » **Iowa Veterans Commission:** This body reviews and approves trust fund applications, proposes program rules, and offers recommendations to the legislature and IDVA.
- » **State and Local Public Health Leaders:** Entities such as the Iowa Department of Health and Human Services partners significantly influence access to oral health and the design of oral health systems. State and local employees cannot lobby, but they serve as subject matter experts and make recommendations as appropriate to their position.
- » **Iowa Public Health Association:** As the state's leading public health membership organization, IPHA brings a broad network and policy influence, making them a key partner in integrating oral health into statewide public health priorities.
- » **Oral Health Coalitions and Dental Associations:** These groups bring subject-matter expertise, policy recommendations, and grassroots support for reforms, particularly in areas such as workforce development and access to care.

Each decision-maker holds different forms of authority and influence, and their roles may shift with each legislative cycle or administrative transition. That's why it is critical for advocates to build relationships and identify champions long before legislative opportunities arise.

## **STEP TWO: Knowing the Advocates**

A strong advocacy campaign thrives on coalition building and community power. A wide range of stakeholders can help drive policy change by elevating a diverse range of perspectives, which become more influential when they align across shared goals.

**Here are some key stakeholders who should be involved in your advocacy campaign:**

- » Veterans and caregivers offer powerful, lived-experience narratives that humanize data and bring urgency to the issue.
- » County Veterans Service Officers (VSOs) are trusted connectors between veterans and the systems designed to serve them. Their stories can reveal the administrative burdens and systemic gaps that policy reform must address.
- » I-Smile Silver navigators and public health staff provide firsthand insight into care coordination challenges and successes, offering scalable models for expansion.
- » Dental providers and community health centers bring clinical expertise and on-the-ground knowledge of workforce shortages, reimbursement gaps, and care delivery logistics.
- » Veteran-serving organizations (e.g., VFW, DAV, AMVETS) offer institutional backing and expansive networks that can amplify messages and mobilize support.
- » Oral health coalitions and academic partners contribute policy expertise, research, and credibility to proposed policy solutions.

## **STEP THREE: Establishing Credibility and Trust with Decision-Makers**

Policymakers are more likely to act when they trust the source of information and understand its relevance to their constituents. Veterans and caregivers are often the most powerful advocates as stories bring urgency and humanity to abstract policy discussions. When paired with expertise from public health professionals, VSOs, dental providers, and local leaders, the ultimate message becomes even more persuasive. It's also important to be strategic about who delivers the message. A legislator who served in the military may respond differently to testimony from a fellow veteran. A representative from a rural district may better understand transportation barriers when they hear directly from local residents. Advocacy is most effective when it's authentic, credible, and personally resonant.

### **KEY PRINCIPLES TO ESTABLISH CREDIBILITY INCLUDE:**

- » Open lines of communication by scheduling meetings with legislators, participating in committee hearings, and inviting decision-makers to town halls, VSO Meetings, touring dental clinics, or veteran events, especially during the interim session.
- » Share targeted stories that reflect the experiences of veterans who have been impacted by barriers to dental care. Help decision-makers understand the issue from the perspective of a person seeking care, not just a statistic in a report.
- » Build a shared vision by working collaboratively with stakeholders and policymakers to shape policy goals and identify mutually agreeable solutions.
- » Align with broader state goals by connecting veteran oral health to issues that matter to leadership, such as rural workforce development, cost-effective healthcare delivery, and the needs of an aging population.



Advocacy is most effective when it's authentic, credible, and personally resonant.





# Section Five

## TACTICS AND STRATEGIES TO ADDRESS POLICY IMPROVEMENTS WITH THE IVTF

This section includes a roadmap of options for creating momentum under each policy opportunity to advance the IVTF. When formulating your advocacy plan, it's essential to identify a specific tactic, a target audience, a clear message strategy, and a timeline. Each advocacy stakeholder should choose the tactics that are feasible for their capacity, align with their constituencies, and are within their purview of credibility. Each policy solution has a handful of options to consider. In the resources section of this toolkit, you can create a customized advocacy strategy using the selected tactics that make sense for your organization.

### **POLICY STRATEGY #1: Expand I-Smile Silver Statewide**

**The Why:** This policy strategy improves access to and utilization of the IVTF by increasing the capacity to get veterans into the program.

#### **INFORM** →

Create a one-pager outlining the return on investment for time, dollars, and health outcomes related to I-Smile Silver expansion

#### **ENGAGE** →

Host district meetings with lawmakers featuring a VSO and I-Smile navigator side-by-side, demonstrating the operational value of the program.

Coordinate with the Iowa HHS and Medicaid agencies to elevate the program's role in aging and rural health strategy.

#### **IMPLEMENT**

Legislators on the House and Senate Appropriations Committees, or another appropriate committee, can develop budget asks backed by impact data and personal stories from current I-Smile Silver regions to expand and sustain funding for this program

## **POLICY STRATEGY #2: Include Veteran Oral Health in the Governor's Budget Request**

**The Why:** This policy strategy engages key leadership in prioritizing the IVTF and allocates sustainable funding if successful.

### **INFORM →**

Develop a one-pager or policy memo outlining the return on investment for prioritizing veteran dental health in the Governor's platform.

### **ENGAGE →**

Engage directly with the Governor's Office and key advisors (e.g., health and human services policy leads) to brief them on the state of veteran oral health.

Coordinate with veterans' organizations (e.g., VFW, DAV, AMVETS) to endorse the request and amplify messaging through their networks.

### **IMPLEMENT**

Submit formal budget testimony during the public budget hearing process.

## **POLICY STRATEGY #3: Strengthen and Diversify IVTF Funding Streams**

**The Why:** This policy strategy enables sustainable funding outside of the current mechanism, which could ultimately expand the program if successful.

### **INFORM →**

Publish an infographic or fact sheet illustrating how the fund is used, how many veterans are helped, and the gap between need and funding.

### **ENGAGE →**

Engage philanthropic and private sector partners (e.g., veteran-supporting companies) in establishing a donor recognition campaign to boost private contributions.

Work with the Iowa Lottery and Treasurer's Office to explore increased or inflation-adjusted annual transfers.

### **IMPLEMENT**

Introduce legislation to reinstate the income tax check-off and remove sunset clauses. Identify a legislative champion with a fiscal or veteran background.



## POLICY STRATEGY #4: Modernize the Treatment Planning Requirement

**The Why:** This policy strategy requests rulemaking changes to streamline the current administration of dental care within the IVTF. These changes reduce the financial burden on veterans and the facilitation burden on county VSOs.

### INFORM →

Hold a town hall or forum of veterans who have previously struggled or are currently struggling to follow the dual-treatment planning process. Capture quotes, stories, and share out via one-pagers and social media.

### ENGAGE →

Convene a stakeholder workgroup or task force, supported by legislators or the governor's office, including dentists, telehealth experts, and fraud prevention specialists, to draft a regulatory alternative.

### IMPLEMENT

Petition the Iowa Veterans Commission or IDVA to revise administrative rules allowing teledentistry and state-based clinical review in lieu of a second treatment plan.

Create a legislative option to mandate an alternative pathway if administrative change stalls.





# Section Six

## CONCLUSION AND NEXT STEPS: APPLYING THIS TOOLKIT TOWARD ACTION

The Iowa Veterans Trust Fund remains a critical mechanism for connecting Iowa veterans to the dental care they need and deserve. This toolkit is designed to be a resource for implementing policy solutions and taking next steps to improve IVTF access and utilization. The policy solutions proposed here are designed to be implemented based on timely opportunities within the Iowa legislature, along with the feasibility and capacity of stakeholders. Each stakeholder brings a different kind of credibility, reach, and perspective that, when aligned, can help shift the system toward sustainable change.

**As you move forward, consider the following steps to apply this toolkit in your own work:**

- » **Choose your lane.** Use the policy strategies outlined here to select one or two areas where your organization can meaningfully contribute. Don't try to do everything at once - strategic focus is key.
- » **Map your plan.** Identify your access points to decision-makers, your local champions, and the partners who can amplify your efforts. Coalitions, advisory boards, and community partnerships are critical infrastructure for success. A template is included in the resources section to facilitate planning.
- » **Customize your message.** Tailor your communication to reflect your unique position and audience. Use the stories, data, and messaging tools from this toolkit, with templates in the resources section, to build compelling narratives that resonate with stakeholders.
- » **Document your impact.** Track your outreach, meetings, and outcomes, not only to show progress but to build the case for continued investment and engagement. Remember: policy advocacy is often sustained over time. Showing your progress is important both to decision-makers and to keep stakeholders engaged long-term.



Ultimately, policy work is iterative and opportunities shift with changing priorities. Remaining flexible and adaptive to the evolving landscape creates inroads for advocates over time. The underlying goal remains the same, however, to ensure that every veteran in Iowa can access timely, affordable, and high-quality

dental care. By using this toolkit as a guide, and working together with a shared purpose, we can strengthen the Iowa Veterans Trust Fund, reduce systemic barriers, and honor our veterans with the care and dignity they've earned.



Ultimately, policy work is iterative and opportunities shift with changing priorities. Remaining flexible and adaptive to the evolving landscape creates inroads for advocates over time.





# Section Seven

## ADVOCACY PLAN TEMPLATE

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Use this framework as a guide to develop your advocacy plan. Choose one policy goal for each plan (meaning: use this template for each policy goal you want to map, but don't try to tackle multiple goals in one template.) You should prioritize goals that have the most timely opportunity, stakeholder engagement, and momentum for your initial plan. This is just a template; you should customize tables and sections to fit your needs and capture the evolving policy process. Typically, this is a guiding document that all internal stakeholders contribute to and use for joint advocacy planning. These types of plans are not usually shared with legislators, policymakers, or the general public.

### 1) Definition of Issue

**Guidance:** What are the particular problems you are trying to solve using legislation? Provide bullet points that outline why a policy solution is needed. This defines the background and helps all stakeholders stay on the same page regarding the issues you are collectively addressing.

### 2) Strategy Overview

**Guidance:** In bullet points, talk about the overarching strategy for bringing about your policy goal. This can include community awareness, legislative engagement, messaging campaigns, advocacy tactics, etc. You can fill this in last if that's helpful, or you can use it to set the broad outline of the campaign before you start on the details.

### 3) Political Context & Historical Knowledge

**Guidance:** Use this section to create an overview of the policy process that new stakeholders may not know or understand. Identify which policymakers were influential in guiding aspects of the policy, the historical development of your policy, and key milestones that are important to understanding your current policy goals.

## 4) Legislative Engagement

**Guidance:** This section should be an overview of previous and current policies. Current policies should be updated as they progress. You can always transfer this to a Google Sheet or spreadsheet to keep track of policy progression. Listing previous policies, regardless of whether they passed, also creates a history of policy offerings so that it's easy to build from previous momentum, or reintroduce bills in future sessions.

Bill	Year	Description	Sponsor(s)

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## 5) Advocacy Partners and Roles

**Guidance:** Use this table to define your advocacy partnerships and their role in each tactic or strategy. For example, oral health coalitions may be in charge of engaging a specific legislator who has championed legislation in the past. Conversely, you may need to engage a partner that you don't have a relationship with just yet - and in these cases, you'll want to have a relationship holder who is credible and trusted in order to gain their collaboration. You can also create multiple tables for multiple advocacy focuses (e.g. oral health, veteran, primary care, etc.)

Advocacy partner	Role	Relationship Holder

## 6) Stakeholder Analysis

**Guidance:** Create a stakeholder analysis to understand the current legislative landscape. You may want to do this before assigning advocacy partners/roles depending on your current collaborations policy environment. Analyze who has the most influence over your policy goals, where they currently stand on the issue, and your plan to keep them engaged or change their position. You can also refer to the stakeholder analysis in the [Iowa Veteran Oral Health Strategic Plan](#) to either adopt stakeholder positions or replicate a more in-depth framework for mapping stakeholders.

### LEGISLATIVE STAKEHOLDERS

Individual	Initial position	Current position	Advocacy approach	Comments

### OTHER CRITICAL STAKEHOLDERS

Individual/Group	Initial position	Current position	Advocacy approach	Comments

## 7) Key Frames and Messages

**Guidance:** Use this section to define the messages that you want to use, but also messages to stay away from. For instance, you may want to promote cost savings, quality of care, rural impact, or streamlined administration while staying away from Medicaid policy, cost increases, or areas where stakeholders aren't fully aligned. Refer to data-informed talking points and storytelling to frame your messages. You can also use [this guide](#) to generally define a communication plan.

Message	Targeted to	Comments/reflection
<i>What is the message?</i>	<i>Is this message aimed at all stakeholders, or specific groups?</i>	<i>Why is this message important? How effective has it been? Is there a need to modify it?</i>





## 9) GANTT Chart Timeline + Milestones

**Guidance:** Visualizing a timeline and general goals is another management tool that can keep collaborations on track. This also helps visualize when goals are accomplished to show advocacy progress and outcomes. Keep your milestones manageable and evolve plans as needed based on advocacy progress.

Task Description	Task Lead	Supporting People	Priority	Status	Timeline or Deadline
<b>MILESTONE #1:</b> (example: engage stakeholders for coms plan) <b>DEADLINE FOR ACCOMPLISHMENT</b>					
			Not Started ▾	Low ▾	
			Initiated ▾	Low ▾	
			Launched ▾	Low ▾	
<b>MILESTONE #2:</b> (example: create budget for program) <b>DEADLINE FOR ACCOMPLISHMENT</b>					
			Not Started ▾	Low ▾	
			Initiated ▾	Low ▾	
			Launched ▾	Low ▾	
<b>MILESTONE #3:</b> (example: implement advisory council) <b>DEADLINE FOR ACCOMPLISHMENT</b>					
			Not Started ▾	Low ▾	
			Initiated ▾	Low ▾	
			Launched ▾	Low ▾	



## REFERENCES

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