

**Oral Health Project Discussion:**  
**4/1/25, 12-1pm**

**Participants:**

Gregory Allen	Ann Annis	Kevin Bohnsack	Parker Brisbee	Chad Brown
Justin Coates	Joan Deschamps	Will Emerson	Autumn Hartpence	Ariel Hawthorne
Joan Ilardo	Chris Karl	Karen Kelly-Blake	Adam LaVigne	Frank Lombard
Emily Norrix	Kathleen Oberst	Brian Pegouske	John Shiflett	Dean Sienko
April Stopczynski	Ellen Sugrue Hyman	Tabitha Welch	Gayle Witham	Jim Yates

**Overview:**

The goal of the brainstorming session was to identify specific projects that could benefit from additional support in achieving their objective(s). Emphasis was placed on existing initiatives, recognizing their potential for more immediate and efficient impact(s)- though new project ideas were also welcomed. Meeting participants were invited to express interest in serving as for Chair or Co-Chairs involvement as specific projects move forward. The staff of the Core Team is available to provide administrative supports as requested.

**Key Repeated Themes:**

- Costs of dental care including dental insurance availability and eligibility
  - Medicaid dental funding must be protected.
- Veteran Navigators are critical to linking veterans with care.
- Workforce shortages demand urgent attention.
- Dental health is essential to overall health — integration with primary care is necessary.
- Advocacy needs real stories and ROI data to succeed.

**Next Steps:**

- Let us know if you have suggestions for potential collaborators in the event we inadvertently omitted current initiatives.
- Contact the admin team at [ihp.vhwc@msu.edu](mailto:ihp.vhwc@msu.edu) if you would like to serve as Chair or Co-Chair for any of the specific opportunities.
- Review and respond to project specific workplan drafts as they are published.
- Participate in project specific touch-base meetings as they are scheduled.

Major Challenges Identified	Current Initiatives and Programs	Identified Needs	VHWC Contribution Opportunities
<p>Limited VA Dental Coverage</p> <ul style="list-style-type: none"> <li>Only veterans with 100% P&amp;T disability are fully covered.</li> <li>Dentures and cosmetic care are largely inaccessible without other insurance.</li> </ul> <p>Medicaid and Healthy Michigan Plan related dental insurance at risk</p> <ul style="list-style-type: none"> <li>Medicaid currently covers preventive dental, dentures, and basic services.</li> <li>Imminent political changes may lead to funding cuts.</li> <li>Potential for loss of benefits and restrictions on eligibility.</li> </ul> <p>High Cost of Dental Care</p> <ul style="list-style-type: none"> <li>Procedures like implants and dentures are expensive and not fully covered even by private insurance.</li> </ul>	<p>CareQuest Grant (Frank Lombard)</p> <ul style="list-style-type: none"> <li>800+ veterans surveyed on dental access barriers.</li> <li>4 in-person oral health forums in the U.P.</li> <li>Results to inform policy recommendations and advocacy efforts.</li> </ul> <p>Sliding Fee Scale Dental Clinics</p> <ul style="list-style-type: none"> <li><a href="#">Northlakes Community Clinic (WI)</a></li> <li><a href="#">Upper Great Lakes Family Health Center (MI)</a></li> <li><a href="#">My Community Dental Center (Marquette)</a></li> </ul> <p><a href="#">Victors for Veterans Program</a> (University of Michigan)</p> <ul style="list-style-type: none"> <li>Program specifically providing dental care to veterans.</li> </ul> <p>Iron Mountain Free Dental Clinics</p> <ul style="list-style-type: none"> <li>Twice a year, \$40,000+ in donated services for general public and veterans.</li> </ul> <p>Dental care through <a href="#">FQHCs</a></p>	<p>Education and Outreach Campaigns</p> <ul style="list-style-type: none"> <li>Educate veterans about coverage options and community dental clinics.</li> <li>Encourage use of Medicaid benefits before potential cuts.</li> </ul> <p>Policy Advocacy and Legislative Outreach</p> <ul style="list-style-type: none"> <li>Develop policy briefs with hard ROI (Return on Investment) arguments:             <ul style="list-style-type: none"> <li>Preventive dental care saves government money by reducing long-term healthcare costs.</li> <li>Real veteran testimonials showing impacts of poor dental health.</li> </ul> </li> <li>Target state and federal legislators with findings from surveys (ex. CareQuest data).</li> </ul>	<p>Education and Outreach for Veterans and/or Care Partners</p> <ul style="list-style-type: none"> <li>Electronic resource guide with regular review/update</li> <li>Connection with Navigators</li> <li>Other coverage options and eligibility</li> </ul> <p>Policy Briefs for legislators</p> <ul style="list-style-type: none"> <li>ROI on oral health prevention activities</li> <li>Access to coverage for veterans vs. incarcerated population</li> <li>Population based survey data (Provider survey – CHRT, and consumer UP CareQuest survey)</li> <li>Oral health contribution to physical health</li> <li>Oral health contribution to employability</li> </ul> <p>Education and Outreach for Providers</p> <ul style="list-style-type: none"> <li>Cultural competency modules</li> <li>Toolkit(s) for holding dental service days</li> </ul>

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<ul style="list-style-type: none"> <li>Veterans often forced to pay out-of-pocket or forgo care.</li> </ul> <p>Insurance vs Provider Reimbursement Tension</p> <ul style="list-style-type: none"> <li>Private dental practices rarely accept Medicaid or Tricare.</li> <li>Reimbursement rates are too low to make veteran care financially viable.</li> </ul>	<p><a href="#">Michigan Dental Association</a> Advocacy and resources</p> <p>Oral Health “Hill Day” in D.C. (May 13–14) – Ellen Sugrue Hyman</p> <ul style="list-style-type: none"> <li>Opportunity to elevate veteran dental health issues at the federal level.</li> </ul>	<ul style="list-style-type: none"> <li>Messaging - Veterans experience worse access to dental care than incarcerated populations.</li> </ul> <p>Provider Engagement and Incentives</p> <ul style="list-style-type: none"> <li>Explore Veteran-specific discount days (e.g., Veterans Day free cleanings).</li> <li>Incentivize practices through community partnerships, fundraising, and grants.</li> <li>Cultural competency training for dental providers (military-specific conditions, trauma-informed care).</li> </ul> <p>Special Events and Surveys</p> <ul style="list-style-type: none"> <li>Use community events like free dental days to gather data on unmet needs.</li> </ul>	<p>Designing community fund-raising events to offset dental costs</p>
<p>Critical Workforce Shortages</p> <ul style="list-style-type: none"> <li>Dental workforce, especially in rural areas</li> </ul>	<p>Dental care through <a href="#">FQHCs</a></p>	<p>Expanding workforce</p> <ul style="list-style-type: none"> <li>Urgent need for recruitment incentives and training programs for</li> </ul>	<p>Environmental scan of dental-related training programs</p>

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<p>like the U.P., is extremely limited.</p> <ul style="list-style-type: none"> <li>Clinics can't take on new patients; shortage of dentists and hygienists.</li> </ul>		<p>all types of dental care providers (RDH programs).</p>	<ul style="list-style-type: none"> <li>Geo-mapping of available providers by coverage type</li> </ul>
<p>Poor Public Awareness and Information Flow</p> <ul style="list-style-type: none"> <li>Veterans frequently unaware of local resources like FQHCs.</li> <li>Lack of easy-to-find, up-to-date guides to discounted or sliding-scale care.</li> <li>Public health impact of eliminating fluoridation of public water supply.</li> </ul>	<p><a href="#">Walking With Warriors</a> Program (Autumn H.)</p> <ul style="list-style-type: none"> <li>Connecting veterans with navigators and available health resources.</li> </ul>	<p>Expand and Maintain Resource Guides</p> <ul style="list-style-type: none"> <li>MDA handouts exist but need help with <i>distribution and constant updating</i>.</li> <li>Propose statewide guide or database – possible student project.</li> <li>Spread awareness of mobile clinics, free care days, and sliding fee scale programs.</li> </ul> <p>Promote Veteran Navigators</p> <ul style="list-style-type: none"> <li>Vital link to connect veterans with dental and other health resources.</li> <li>Suggest dedicated <i>webinars, quarterly newsletters, and highlighting success stories</i>.</li> <li>Resource: <a href="#">Veteran Navigators Directory</a>.</li> </ul>	<p>Education and Outreach for Veterans and/or Care Partners</p> <ul style="list-style-type: none"> <li>Electronic resource guide with regular review/update</li> <li>Dissemination strategies for MDA handouts with regular review and editing</li> <li>Veteran Navigator marketing and contact guides</li> </ul>

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<p>Oral Health Separation from Overall Health</p> <ul style="list-style-type: none"> <li>Need to integrate oral health into primary care messaging and patient portals.</li> </ul>		<p>Education and Outreach Campaigns</p> <ul style="list-style-type: none"> <li>Conduct workshops on oral hygiene, nutrition, smoking cessation, trauma care.</li> </ul> <p>“No Wrong Door” Approach</p> <ul style="list-style-type: none"> <li>Every contact point (clinic, navigator, FQHC) should offer information referrals, even if direct service is not available.</li> </ul>	<p>Education and Outreach for Veterans and/or Care Partners</p> <ul style="list-style-type: none"> <li>Linkage of oral and physical health</li> </ul> <p>Education and Outreach for Providers</p> <ul style="list-style-type: none"> <li>Linkage of oral and physical health</li> <li>Local resources or referral information for warm handover, e.g. 211 type option?</li> </ul>