



OrOHC K-12

12-3-2021 Quarterly meeting

K-12 Committee

Date: Friday, Dec. 3, 2021

Time: 10:00 am - 12:00 noon

Location: <https://us02web.zoom.us/j/89668793535?pwd=R2JuM2NJRHE1Skx2Z0g0dkdxaE42Zz09>



Agenda



10:00-10:10	Welcome, introductions	Laurie Johnson
10:10-10:20	Continuing business <ul style="list-style-type: none">- Review of minutes- Dashboard- Website/Facebook	Laurie
10:20-10:30	Of interest in Oregon	Laurie
10:30-10:50	Update on COVID-19 status/research	Laurie
10:50-11:00	OHA update	Karen Phillips
11:00-11:10	Updates from "Healthy Teeth, Bright Futures" and insights from school district nurse	Tom Holt Kim Bartholomew
11:10-11:40	Review of updated survey and discussion	Laurie
11:40	Value of today's meeting Date of next meeting: March 4, 2022 Meeting invitations will be sent out soon. Adjourn	Laurie

Agenda

Minutes

OrOHC K-12 Committee Minutes 9-10-2021

Present: Jessica Dusek, Flor Flores-Mendez, Melissa Garza-Schmidt, Laura Geelan, Brett Hamilton, Tom Holt, Laurie Johnson, Jodi Loper, Yadira Martinez, Laura McKeane, Robin Moody, Molly Perino, Karen Phillips, Alicia Reidman, and Carolyn Tziu

Excused: Kim Bartholomew, Carrie Peterson, Liz Wyles, Linda Mann, Trina McClure-Gwaltney, Melissa Freeman

Meeting was called to order, agenda acknowledged, and minutes reviewed.

Dashboard, website ([healthyteeth.us](https://www.healthysteeth.us)), and Facebook page (<https://www.facebook.com/Healthy-Teeth-for-a-Lifetime-103720055147942>) were reviewed.

COVID Update

Laurie presented a snapshot of COVID now, since so much information is related to the increase in pediatric cases and pediatric hospitalizations, variants of concern and variants of interest, and school mask policies nationwide (see Power Point).

Updates of Various Local and National Organizations

The Oregon Community Foundation's Healthy Teeth, Bright Futures Coalition and the HTBF K-12 Workgroup: **Tom Holt** reported that the workgroup is communicating with a consultant, the Oregon Department of Education (ODE), and the Oregon Health Authority (OHA) to develop oral health education curriculum. The ODE has indicated that it will endorse and promote this curriculum and will also promote school dental sealant programs at the appropriate time. **Trina McClure-Gwaltney** and the Healthy Kids Outreach Program/Mercy Foundation has provided the basis for curriculum content. Regarding translations, the workgroup will determine the languages needed and will co-develop curriculum for these populations (rather than just translate from the English). The current budget is in the range of \$140,000-150,000, before translation. Thank you to the **Oregon Community Foundation** for taking responsibility for this project.

Laurie provided snapshots of activity from the following organizations: the Dental Quality Alliance, CareQuest, Medicare, and Medicaid.

State Update (on Power Point)

Karen Phillips presented an update of state activities. Temporary rules for school dental sealant programs were developed. Permanent rules will be developed to incorporate emergency situations, so the rules do not have to constantly be opened with other events similar to COVID. OHA trainings are available on the website (www.healthoregon.org/sealantcert) and some continuing education credits are offered. The 2017 Smile Survey online publication is nearing conclusion. The next Smile Survey will be conducted one year later than usual – in 2023, rather than 2022.

Senate Bill 111 (2017 Session) (on Power Point)

Laurie shared the report to the legislature regarding the pilot program for billing Medicaid for school health care services. The report can be found at <https://www.oregon.gov/ode/students-and->

[family/healthsafety/medicaid/2020%20Report%20to%20the%20Oregon%20State%20Legislature%20on%20SB%20111%20School%20Medicaid%20Pilot%20Project.pdf](https://www.oregon.gov/ode/students-and-family/healthsafety/medicaid/2020%20Report%20to%20the%20Oregon%20State%20Legislature%20on%20SB%20111%20School%20Medicaid%20Pilot%20Project.pdf)

Laurie said her hope is that health services provided in the schools will ultimately be able to be billed to Medicaid and to private insurance companies. **Alicia Reidman** commented that even if private insurances were billed, some families cannot afford the copay. **Laura McKeane** discussed the complexity of billing appropriately. CCOs have certain expectations of the Dental Care Organizations they contract with. Laura's CCO (AllCare Health) passes on the incentive payments they receive from OHA to their contracted DCOs, which in turn reinvest in outreach programs. She said there is much work being done on value-based payments through the Alternative Payment Methodology (APM). However, right now is the "perfect storm" with COVID, staff changes, and mandates.

Review of Survey

All surveys can be found at <https://healthyteeth.us/k-12-committee/>

The 9-10-2021 survey results were reviewed. Meeting participants added updates to their survey results. There was discussion regarding the following: School scheduling; assuring schools about sealant program safety protocols; the slowing of services due to enhanced infection control, spacing, and cohorts; staff turnover of school staff; staff (medical and school) leaving due to COVID vaccination mandates; difficulties even discussing mandates; exemptions – what happens when a program allows exemption to vaccination, but the school does not.

Assistance to Programs

Programs mentioned the increase in staffing needs and the increase in supply costs.

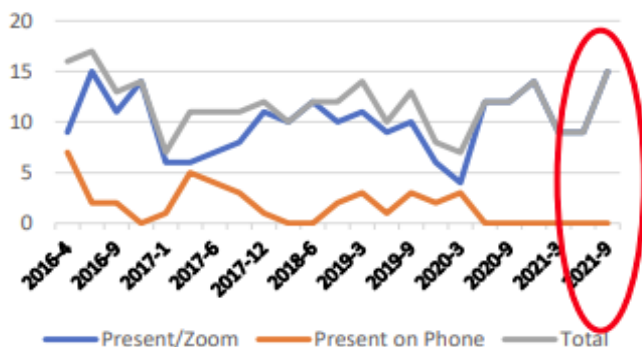
Robin Moody mentioned that the Oregon Medical Group Management Association has free PPE the hospitals have consolidated. Laurie forwarded the contact information to the Committee. Contact Laurie if you need that information again (laurie.johnson230@gmail.com).

The OCF spent considerable time and money supporting school dental sealant programs. OCF is now focused on policy development. They have many connections, though. **Laura McKeane** recommended that programs contact their CCO if they need help. It is important that programs include in any request the specific dollar amount needed, what it would be spent on, and a way to report on how assistance was used.

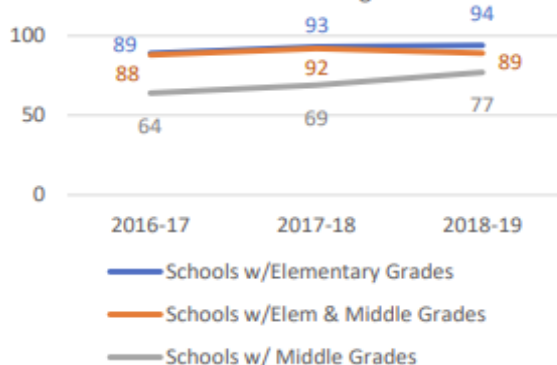
Respectfully submitted,

Laurie Johnson
503-705-0268 cell; leave a message
laurie.johnson230@gmail.com

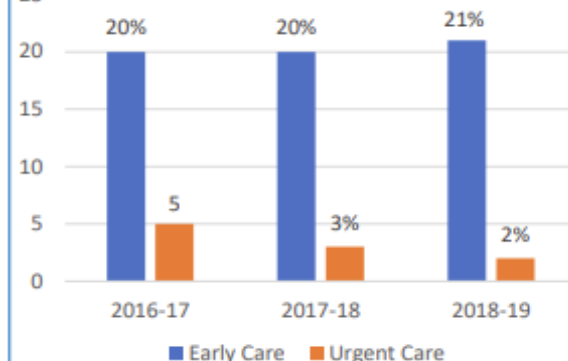
Attendance OrOHC K-12 Committee Meetings (3 - 4 meetings/year, Year-Month)



Percentage of Eligible Schools w/ School Dental Sealant Programs



Percentage of Children at Eligible Schools in Oregon Referred for Early/Urgent Care



Certified School Dental Sealant Program Results

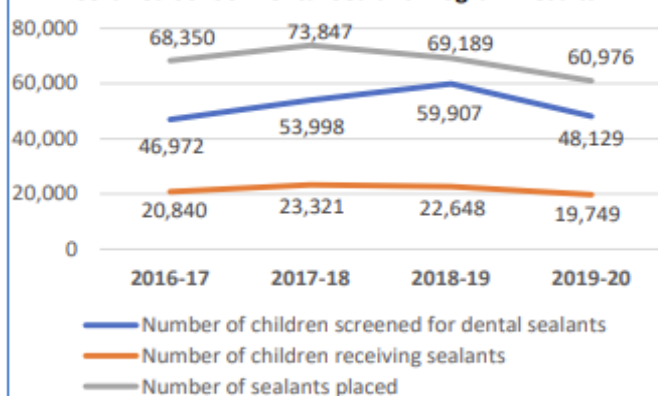


Table 5: Oral Health of Oregon Children in First, Second, and Third Grades

Smile Survey Year	2002	2007	2012	2017	Healthy People (HP)			
					2020 Objectives for 6 to 9 year olds		2030 Objectives for 3 to 19 year olds	
					Baseline	Objective	Baseline	Objective
Caries Experience (primary or permanent)	57%	64%	52%	49%	54.4%	49.0%	48.4%	42.9%
Caries Experience (permanent)	12%	17%	10%	5%				
Untreated caries	24%	36%	20%	19%	28.8%	25.9%	13.4%	10.2%
Rampant Decay	16%	20%	14%	5%				
Children with sealants	32%	30%	38%	42%	25.5%	28.1%	37.0%	42.5%
Number of children screened	3,956	3,865	5,258	8,008				

Definitions:

Caries experience: cavities that are untreated or have received treatment

Untreated caries: cavities that have not received appropriate treatment

Rampant decay: Seven or more teeth with treated or untreated decay

Children with sealants: one or more permanent molars with a sealant

School Based Health Centers	2015-16	2016-17	2017-18	2018-19	2019-20
Number of SBHCs in Oregon	76	78	76	79	78
Number with a dental provider	14	14	16	16	11
Number of visits for dental	1,718	2,332	2,476	1,941	2,100
% of visits for dental	1%	1%	2%	2%	2%
Clients receiving sealants	*	*	107	319	353
Fluoride varnish provided	*	*	**	**	*
Restorative provided	*	*	**	**	*

Oregon Health Authority. Oregon School-based Health Centers. Retrieved from <http://www.healthoregon.org/sbhc>

* No data available **Need data

2,076 visits pre-COVID; 24 visits during COVID

Committee Projects

Current:

- Sharing COVID mitigation strategies/program status
- Website (<https://healthyteeth.us>)
- Facebook page "Healthy Teeth for a Lifetime"

Completed:

- Surveys of sealant programs' summer plans/fall plans/current status (surveys available on website, under "K-12 Committee")
- Oral Health Toolkit for School Based Health Centers
- Gap Analysis Survey for School Dental Sealant Programs

Website & Facebook

- ▶ Website: <https://healthyteeth.us/>
 - ❖ Meeting agendas, minutes, Power Points, Surveys, relevant news are posted on Website under “K-12 Committee” tab.
- ▶ Facebook Page:
<https://www.facebook.com/Healthy-Teeth-for-a-Lifetime-103720055147942>

Of interest...

- ▶ CCO Oregon Conference (Oct. 4, 2021): Alyssa Franzen, Chief Dental Officer at CareOregon, served on a 5-member panel and kept oral health on the front page.
- ▶ State of Reform Conference (Oct. 26, 2021):

Presenters supporting oral health:

- Matt Sinnott (Willamette Dental): “Value-based payments set up by the CCO system will become so normalized that private payers will begin to pay for them.” (prevention)
- Tom Holt (Oregon Community Foundation; The Holt Company): Bring in oral health as the third leg of the stool; “Preventive care makes life fair.”
- Representative Raquel Moore-Green: “Kids cannot function if they have tooth pain. We need prevention in schools.”
- Senator Dick Anderson: “We need to work on the reimbursement for these new models (i.e., Dental Health Aide Therapists) so that they are attractive to health care workers.”




Of interest (cont.)

- ▶ Willamette Dental
 - Donated \$1 million to PCC to provide scholarships for dental assisting students.
 - Partnered with Pacific University in 2020 to start training Dental Health Aide Therapists. In 2021, the legislature passed a bill allowing DHATs to practice in Oregon. 7 therapists are in the first cohort; 10 new students started in August 2021.
- ▶ Oregon was one of six states that showed above-average health care performance for all the racial and ethnic groups for which data was available (U.S. health equity scorecard, The Commonwealth Fund, Nov. 18).



Update on COVID

- ▶ Understanding breakthrough infections
 - ▶ Anti-viral pills against COVID
 - ▶ New variant Omicron
 - ▶ Vaccination status
 - ▶ Vaccine mandate and its effect
 - ▶ Expectations for the future
- 




Understanding Breakthrough Infections*

- ▶ Fully vaccinated people remain at risk for SARS-CoV-2 infections. For example, 35% of the 519 patients hospitalized with COVID-19 in Massachusetts had been fully vaccinated. % higher among immuno-compromised.
- ▶ Fully vaccinated people with breakthrough infections had similar viral loads, but the viral loads declined more rapidly (2/3rds less likely to infect others).
- ▶ Fully vaccinated people were 2/3rds less likely to be asymptomatic carriers.
- ▶ Vaccinated people with breakthrough infections were:
 - ▶ Less likely to develop symptoms
 - ▶ Less likely to develop severe symptoms
 - ▶ More likely to recover from their illness quickly
 - ▶ Much less likely to require hospitalization

*Journal of the American Medical Association 11-4-2021




New antiviral pills for COVID

- ▶ Antiviral drugs are to be given early during a COVID infection.
 - ▶ The pharmaceutical company Merck said on 11/26/2021 that in a final analysis of a clinical trial, its antiviral pill [Molnupiravir] reduced the risk of hospitalization and death among high-risk Covid patients by 30%, down from an earlier estimate of 50%. Concerns about genetic interference and so will not use on pregnant women.
 - ▶ Paxlovid is being tested by Pfizer.
 - ▶ Wealthy countries are already placing large orders for the pills - limiting supplies for lower-income countries.
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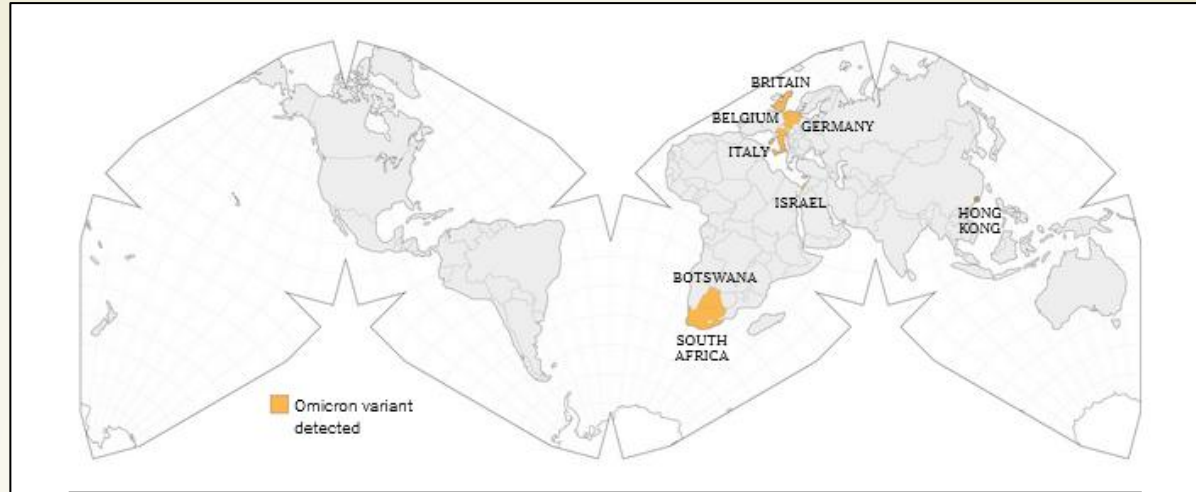
New Omicron variant

- ▶ Variant detected Nov. 25 by scientists in South Africa.
 - ▶ Variants are named after the Greek alphabet (Alpha, Beta, etc.).
 - ▶ The next letter in line in the Greek alphabet was “nu”, but the WHO said it would be confusing to the public because that letter sounds no different from the English word “new.”
 - ▶ The following letter would have been “xi” but the WHO likely wanted to avoid offending the Chinese Premier Xi Jinping with that name. It noted “xi” is a common surname.
 - ▶ Omicron was next.
 - ▶ *New Variant of Concern* (3 minutes):
<https://www.youtube.com/watch?v=Y81yroAp-bl>
 - ▶ Dr. Fauci (2 minutes):
<https://www.youtube.com/watch?v=5oONilufBOE>
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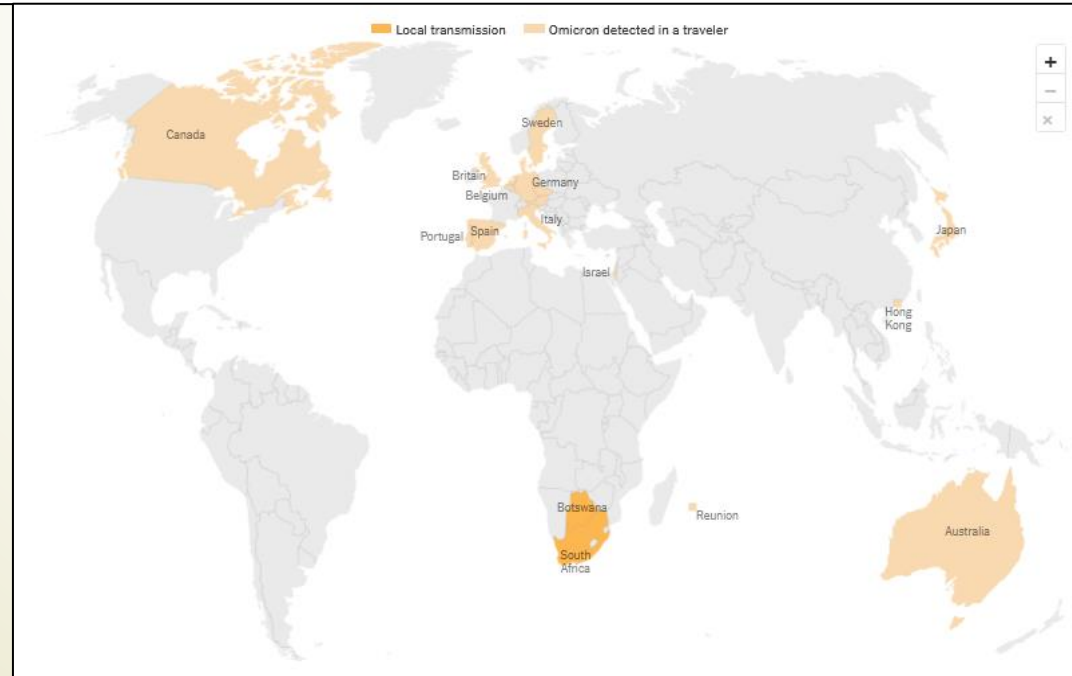
Nov. 25, 2021: Variant detected by scientists in South Africa

Nov. 26, 2021: WHO names Omicron a variant of concern

Nov. 28, 2021



Nov. 30, 2021

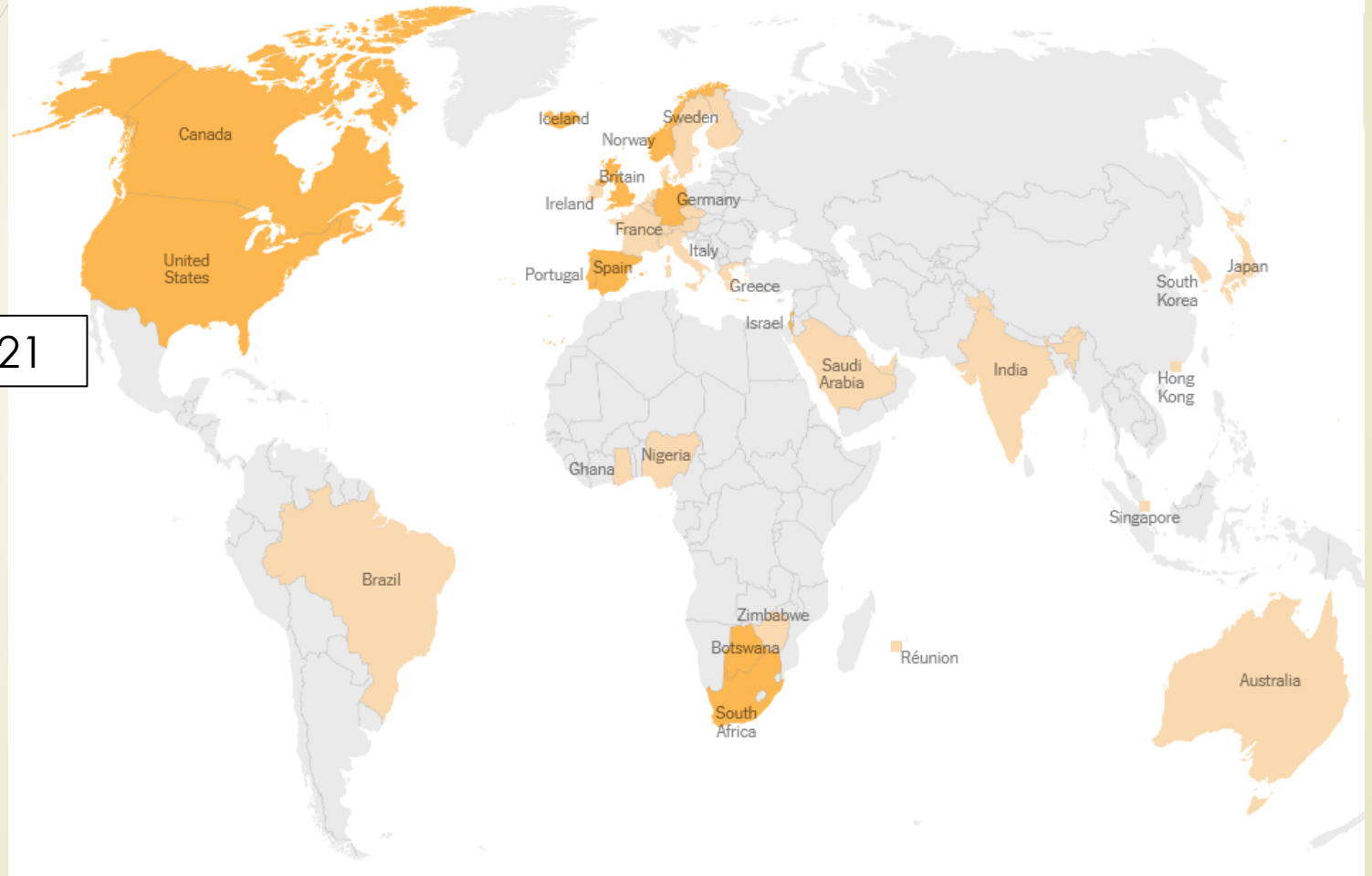


<https://www.nytimes.com/interactive/2021/health/>

By [Jonathan Corum](#) and [Carl Zimmer](#) Updated Dec. 2, 2021

On Nov. 26, the World Health Organization named the **Omicron** variant of the coronavirus a [new variant of concern](#).

Local transmission Omicron detected in a traveler



Dec. 2, 2021




Worldwide issue

- ▶ Vaccines must be available worldwide.
- ▶ When a country discovers a new variant, other countries should move to provide resources to contain the infection.
- ▶ Restrictions (such as shutting down travel) may prevent the countries initially discovering a new variant from sharing information. Usually, by the time a new variant is discovered, it has already spread.
- ▶ “We can’t leave people behind. The virus will catch up with us regardless of where you are, regardless of what country you’re located in. You may be fully vaccinated, you may have had your booster, but you’re not that disconnected from the person who lives in a country where only 2 percent of the population is vaccinated, and who doesn’t have access to any of the treatments.” (Titanji, *The Atlantic*)



What to do

- ▶ Ventilate spaces
 - ▶ Use masks
 - ▶ Test if you have symptoms
 - ▶ Isolate if positive
 - ▶ Get vaccinated
 - ▶ Get boosted
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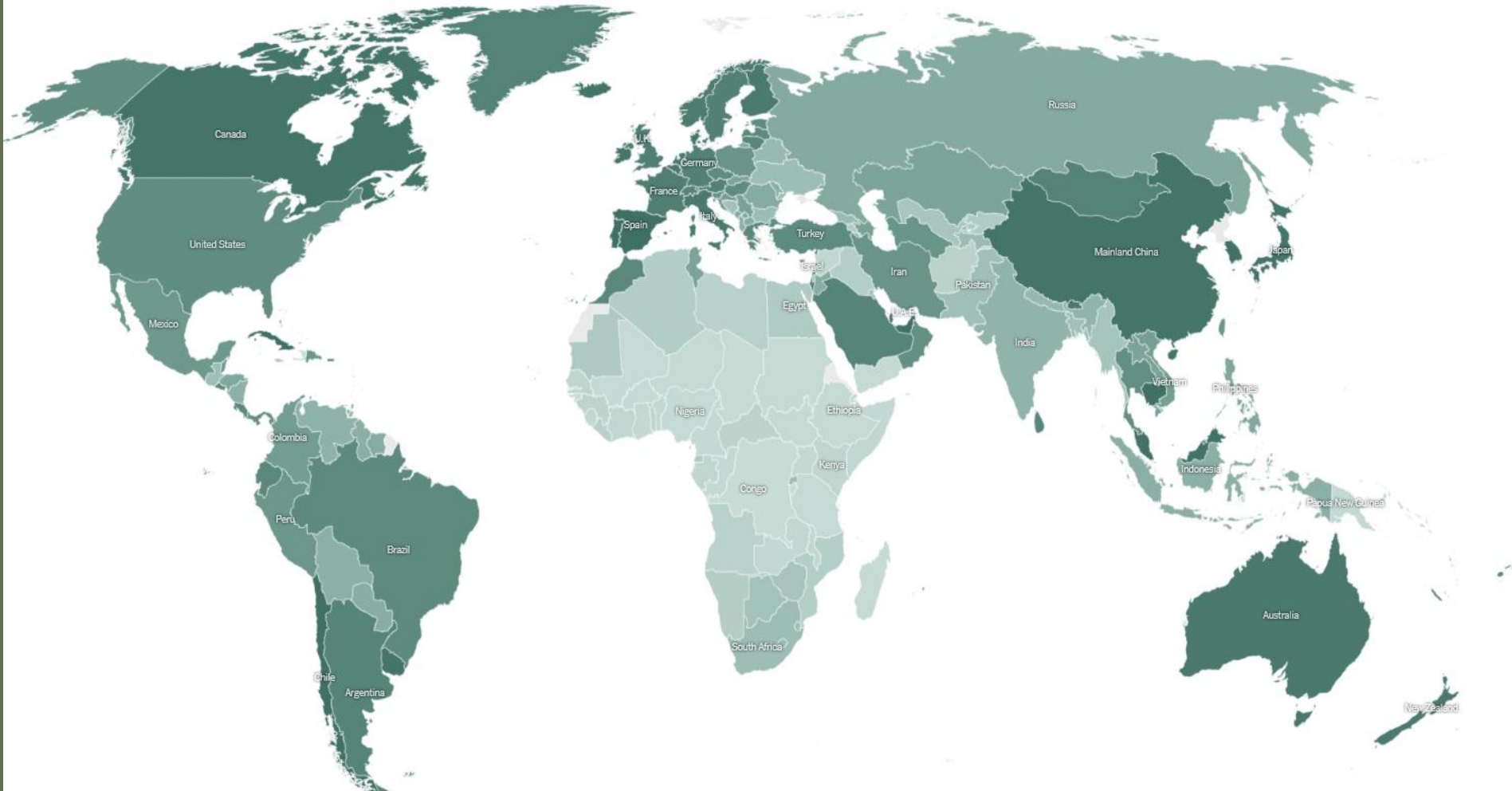
Fully Vaccinated Worldwide

At least one dose **Fully vaccinated** Additional dose

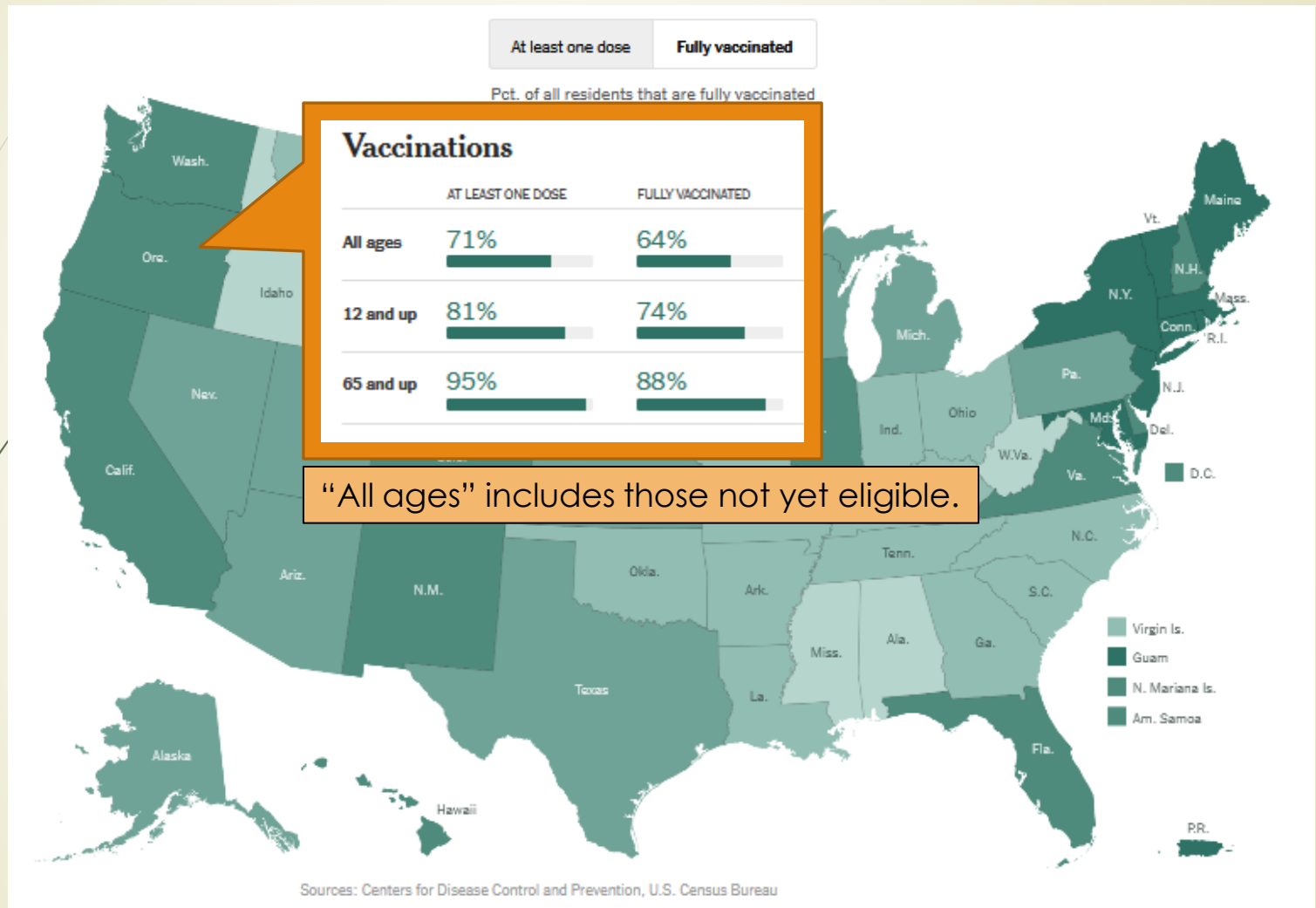
Share of population fully vaccinated

20% 40% 60% 80% No data

Tap for details.



Fully vaccinated (by state)



<https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



Vaccine Mandate

- ▶ August 19, 2021, Governor Brown announced healthcare workers and all teachers, educators, support staff, and volunteers in K-12 schools would need to be fully vaccinated by October 18, 2021.
- ▶ October 12, 2021: 42 plaintiffs, who are healthcare providers and staff, teachers, school staff and volunteers, and a state agency worker, sued [against] Oregon requiring vaccination as a condition of employment.
- ▶ November 3, 2021*: U.S. District Court Judge Michael Simon ruled against the plaintiffs, saying that their interests in remaining unvaccinated did not outweigh Oregon's interest in public health.

*www.natlawreview.com

Effect of Vaccine Mandate

▶ Lake County¹

- Has the state's lowest adult vaccination rate, 43%
- 58% of the employees of the Lake Health District were vaccinated, as of the Oct. 18 deadline
- All but four of the Lake Health District's unvaccinated employees requested and received religious or medical exemptions to the vaccine

▶ Oregon Department of Corrections²

- 67% of staff are vaccinated
- 19% received a religious exemption
- Extension given until Nov. 30

▶ Other³

- Legacy Health: 3.5% unvaccinated and terminated
- OHSU: 1.1% unvaccinated and terminated
- Salem Health: <1% unvaccinated and terminated
- PeaceHealth: 4.8% unvaccinated and on unpaid leave
- Kaiser extended mandate to November 30
- Providence: <1% unvaccinated and on leave

¹ OPB, 10/18/21


² Pamplin, 10/20/21

³ OregonLive, 10/21/21

Children ages 0 to 5

- ▶ FDA: “As we get down to younger children, the benefit-risk gets to be even more of a careful consideration, because the youngest children are affected the least directly in terms of severe Covid-19. We want to have robust safety data sets.”
- ▶ Expect a vaccine in early 2022.





Will we have an annual COVID vaccine, like the flu?

- ▶ “The reason a different flu vaccine is developed every year is because the flu itself is different every year. By contrast, the reason the FDA approved a COVID-19 booster is not because the virus has changed, but because immunity is waning. So, for the moment, there’s no reason to think annual COVID-19 vaccination will necessarily become routine. At the same time, we don’t really know.”

(Alessandro Sette, professor at the Center for Infectious Disease and Vaccine Research at the La Jolla Institute of Immunology, 11/21/21)



OHA Update

➤ Karen Phillips





Survey Discussion

