K-12 Committee

Date: Friday, December 4, 2020 **Time:** 10:00 am - 12:00 noon

Location: https://us02web.zoom.us/j/84117371985

Agenda

10:00-10:10 Welcome, introductions Laurie Johnson 10:10-10:30 **Continuing Business** Laurie - Reminder DentaQuest webinar - Dashboard, results of email survey 10:30-10:45 **Karen Phillips OHA** Update 10:45-11:00 **COVID-19** Updates Laurie - National and State Laurie facilitates 11:00-11:20 How are programs connecting with parents/schools? 11:20-11:35 Laurie facilitates Plans for January 2021 11:35-11:45 Introducing the concept of "Gather" (new Laurie facilitates meeting software that allows for private conversations, breakout sessions) Is there a desire to meet more often (e.g., monthly for 1 hour)? Laurie facilitates 11:45-12:00 Value of today's meeting Date of next meeting: Quarterly Adjourn

Agenda

COALITIO

OREGOI

Webinar: School-Based Oral Health Care and COVID-19

- Thursday, Dec. 10 @ 10:00 am PT
- This webinar is presented by the DentaQuest Partnership for Oral Health Advancement and the Association of State and Territorial Dental Directors (ASTDD).
- The DentaQuest Partnership conducted a study to examine the continued impact of SBOH programs among children ages birth to 20 years from 2012 to 2018. This webinar will present the findings from these studies and discuss the importance of school-based oral programs for children during this time.
- To register:
 - <u>https://zoom.us/webinar/register/WN_p1U15D_LSMiR5iTNu31-</u>
 <u>1Q</u>

K-12 Committee 9/11//2020 Zoom call 10:00-12:00



Welcome and Introductions - Laurie

Continuing Business - Laurie

Shared survey results from members regarding value of meetings and what they were most hoping to gain from participating. Overall, members found the meetings to be valuable. Speakers didn't necessarily make them more likely to attend. They found more value in connecting with those who are out in the field doing similar work.

Integrating Oral Health and Behavioral Health - Linda Mann

Shared how some of their clinics are integrating oral and behavioral health (see attached table). At these locations they are helping those with substance abuse, phobias and anxiety issues get into treatment. There is one EPDH onsite to help these same patients with case management into a dental home. Assists with transport and communication between the provider and member.

There have been some barriers to this model such as not having an integrated charting system giving each provider access to the others notes. Getting providers on board has had its challenges as well. Having the EPDH build a relationship with the other providers has been crucial to success and utilization of their services.

Link to webinar: https://www.thenationalcouncil.org/webinars/oral-health-behavioral

COVID-19 Updates - Laurie

See attached presentation

OHA Update - Karen Phillips

Updates to the sealant program are coming. Guidance documents are moving along quickly. They are currently working on making the dental lingo easier to understand for those not in the industry. The new guidelines will not be as focused on transmitting Covid-19 from contact with non-dental surfaces, which will mean less barriers around the work area to protect from splatter on school supplies that may be in the room. There will be emphasis on improved ventilation where dental services are being performed.

A survey will be going out to schools and sealant programs to see how they are currently operating.

Clinical trainings are all posted on the OHA website. A new infection control video is in the works and should come out in the next several months.

Minutes 9-11-2020

Program updates regarding working during COVID

Lots of discussion regarding continued shortages of PPE, Caviwipes and hand sanitizer. Several programs have had to turn to smaller venders to find supplies.

Discussed best face shields for use with loupes. Adec and Lumadent both had models that worked well for people and were available to order.

Jessica reports that she is working with Capitol to schedule some sealant clinics in the Salem Keizer School District.

Liz reports that the D3 collaborative group has been meeting more frequently and is working on different ways they can reach children while they are not in school.

Kim suggested having oral health videos available to share with teachers so they could include them in their online learning.

HKOP has been working on converting their learning lab into videos that can be shared with their schools in Douglas County.

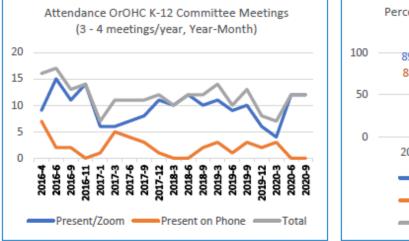
Brainstorming proposals for funding from OCF - Laurie

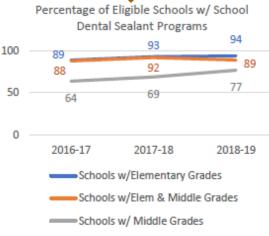
Melissa Freeman with OCF reached out to see if there is any short term funding that could help our programs, focusing on specific items during COVID. Examples may include added PPE costs or the addition of HEPA filters. If you have an idea for a grant proposal for your organization reach out to Melissa.

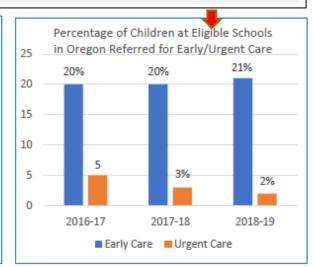
Next meeting date: December 4th from 10:00-12:00 via Zoom.

Adjourn

OrOHC K-12 Committee Dashboard 12-4-2020







Certified School Dental Sealant Program Results					
80,000	68,350	73,847	73,847 69,189		
60,000				60,976	
40,000	46,972	53,998	59,907	48,129	
20,000	20,840	23,321	22,648	19,749	
0 2016-17 2017-18 2018-19 2019-20					
Number of children screened for dental sealants					
Number of children receiving sealants Number of sealants placed					

							Healthy People (HP)			
Table 5: Oral Health of Oregon Children in First, Second, and Third Grades									Objectives for 19 year olds	
Smile Survey	Year	2002	2007	2012	2017	Baseline	Objective	Baseline	Objective	
Caries Experience (primary or permanent)		ent) 57%	64%	52%	<mark>49%</mark>	54.4%	49.0%	48.4%	42.9%	
Caries Experience (permanent)		12%	17%	10%	5%					
Untreated carles		24%	36%	20%	<mark>19%</mark>	28.8%	<mark>25.9%</mark>	13.4%	10.2%	
Rampant Decay		16%	20%	14%	5%					
Children with sealants		32%	30%	38%	<mark>42%</mark>	25.5%	<mark>28.1%</mark>	37.0%	42.5%	
Number of chi	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										
18 2018-1	8 2018-19 2019-20									

School Based Health Centers	2015-16	2016-17	2017-18	2018-19	2019-20	
Number of SBHCs in Oregon	76	78	76	79	79	
Number with a dental provider	14	14	16	16	•	
Number of visits for dental	1,718	2,332	2,476	1,278	•	
% of visits for dental	1%	1%	2%	2%	•	
Clients receiving sealants	•	•	107	319	•	
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						

Committee Projects

Current:

- Dashboard
- Sharing COVID mitigation strategies including ongoing communication with school staff and parents

Completed:

- Oral Health Toolkit for School Based Health Centers
- Gap Analysis Survey for School Dental Sealant Programs

Are you getting into the schools? If you have had success getting into the schools, how did you do it?

- **Linda Mann (Capitol Dental):** Yes, kind of. We were taking our van and parking it at schools and calling those kids from that school that were absent last year or that had unerupted teeth and scheduling them on one day, but we had such poor turn out that we have temporarily stopped.
- **Carolyn Tziu (Neighborhood Health Center):** No schools just yet, but we have been able to serve our Head Start students through events held in parking lots of schools (and lots of help from the Head Start coordinators in the outreach piece). These events have been really successful. For our schools, we are focusing on rolling out virtual oral hygiene education and all schools have been excited about this.
- **Liz Wyles (Dental3):** We were able to coordinate screening and fluoride services at enrollment events with PPS [Portland Public Schools] and Mount Hood Community College. Services took place between the end of Sept through the first week of November.
- **Kyle Allen (Virginia Garcia):** No, we are not yet. Instead, we have been distributing dental kits and dental hygiene fliers to families at school lunch pick up. Our Head Start partners have just started receiving some of their students back and we are working with them to schedule an event in the future.
- **Kristen Hockema (Capitol Dental):** We have been able to get into about half of our Head Start schools for screenings and fluoride. One Head Start isn't allowing us in the building, so we screen on the playground when each class is outside, changing gowns between each class. One Head Start is allowing us in the building, changing gowns between classes and making sure the classes aren't intermingled during the process. Two Head Starts plan to have evening drive-through screenings, also offering other health services and food boxes at that time. However, these have been scheduled and rescheduled a few times and have not happened yet.

As for our elementary schools: Most all of our schools are distant learning at this time. We have been taking our dental van one day each week to schools with the historically best return rates. The schools' Community Resource employees are helping to preschedule patients. We provide them with a list of kids that were seen last year but were unerupted. This has been successful because we already know that parents are interested in sealants and the molars are likely present and ready for sealants this year.

That being said, some parents are unwilling to schedule because they don't want their kids to miss any online learning sessions. It sounds like things are confusing enough without having to worry about missing "class."

We are starting to schedule schools for February on in the districts that are eligible to return now. Some are still putting us off as they have lots to think about before bringing kids back. If a school declines sealants, we offer school wide screenings and fluoride.

- Edward Smith-Burns (La Clinica): We have not provided dental outreach in schools and do not plan to do that for the 2020-21 school year.
 - Karen Phillips (Oregon Health Authority): OHA is expected to provided services to 2 schools early December. Both schools are currently open for in-person instruction for some to all grades. The county and school liaison has had regular communication with school staff. There have been no concerns thus far about safety or continuing services.

- Are you performing screenings outside of the school? If so, how are you doing it (please describe)?
 - **Linda Mann:** For Head Starts, yes. We are doing screenings in the foyer or outside via drive thruevents (kids stay in their car seats).
 - **Carolyn Tziu:** We are performing screenings and providing fluoride varnish for Head Start students by setting up a stationoutdoors (under a covered area or canopy).
 - Liz Wyles: Yes. We purchased tents, tables, chairs, and storage equipment compatible with outside use.
 - Jodi Loper: We currently have "Stable Groups" of (20) elementary and middle school students in our ECC (Emergency Childcare) program in three of our BG Club locations. With the square footage of our locations, we have a total of 90 SKSD students. As staff, our dental team is scheduled to provide screenings in December prior to a two-week holiday closure. Paperwork will also be sent home to remind parent/guardians to request comprehensive services for their student in our dental clinic.
 - **Kyle Allen:** Our first event was scheduled for December 2nd at a low-income apartment complex. We were going to provide dental assessments and fluoride varnish alongside our medical team that was going to provide flu shots. When the governor released the new COVID restrictions this event was canceled. We are hoping to hold the new event now on January 13th.
 - **Kristen Hockema:** Sometimes. Screenings on the playaround under covered area or under a pop-up tent (sometimes provided by us but often provided by school).
 - **Edward Smith-Burns:** Yes. La Clinica is doing regular <u>(drive-up")</u>flu clinics at our community clinics and at our school-based health centers, and Happy Smiles is providing both screening and fluoride applications. To date, we have provided services to about 90 kids and there are plans to continue this effort through May, 2020.

Are you having difficulty with school space restraints? Did you find a solution?

- **Linda Mann:** The sealant schools we have reached out to that are doing the hybrid model are still hesitant to let us in until COVID numbers go down further. One district has given us the go-ahead, but the schedule is complicated (kids there opposite days, shorter hours) am thinking consent rates will be low, but we are going to go for it anyway.
- **Carolyn Tziu:** Schools are not allowing anyone inside the building. They are open to outdoor screenings, but the biggest barrier to that is coming up with creative ways to get students to come to campus for dental.
- **Kyle Allen:** Our partners do not want us indoors, so we are using pop-up tents as an approach to providing service outside.
- **Kristin Hockema:** We have not been in any elementary schools yet, but I see this being a concern as class sizes need to be smaller and they will need more classrooms.
- **Karen Phillips:** This has not been an issue for the 2 schools that we hope to visit next month.

- How are changes in the weather affecting your services (e.g., if you were doing screenings outside of the building)?
 - Linda Mann: Bundle up!
 - **Carolyn Tziu:** We've had a few cold and rainy days (and it will only get colder), but it's worked out well when we are under a covered structure/entryway that has some walls to block the wind. Canopies don't provide much protection.
 - **Liz Wyles:** There were times when it go *chilly*, but we just bundled up and we were fine. We are currently talking with MHCC about adding more services in December. We did services with them in an open-air breezeway.
 - **Kyle Allen:** Our team is cold at the school lunch pickup locations, but we have not had any major issues yet. I suspect that eventually we will encounter high winds or large amounts of rain that will put us in a difficult situation. We ended up purchasing large balance weights that can be placed on the supports of the pop-up tent to help hold it in place if we encounter a windstorm.
 - Kristin Hockema: Providing screenings outside is becoming more challenging as the weather is colder and rainier. Our drive through events will have to be moved up in the day, as well, as it's getting darker earlier.
 - **Edward Smith-Burns:** We have purchased additional tents and heaters in order to continue providing dental outreach during the winter months.
 - **Karen Phillips:** We will be inside the building.

- Are you providing services? If not, why? If yes, please explain how.
 - **Linda Mann:** Yes, mostly with Head Start now.
 - Carolyn Tziu: We've created a workflow that follows CDC/OHA guidelines on infection control and set up services as a drive-through station, where parents can pull up their car and their child can get out of the car to be screened (some programs prefer students stay in the car for the screening). We've combined these events with vision screenings that are required at the start of the school year (for Head Start only). This incentivizes parents to come to the screenings. In anticipation of serving schools, we've switched to Glass Ionomer Sealants instead of Resin-based, to avoid aerosol-generating procedures.
 - Jodi Loper: With limited updates to one operatory, we reopened our dental clinic in October. We are currently seeing one patient in the clinic at a time and have extended our appointment times to allow for COVID health check-in and high touch, waiting room disinfection prior to the next patient's arrival. In December, our contractor is scheduled to return and complete our clinic remodel enclosing remaining two open operatories so we can return to multiple (staggered) appointments.
 - **Kyle Allen:** We have planned service events, but they have been delayed by the virus spike over these last few months. Our partners are reluctant to allow us to provide services on site and instead ask that we direct them off-site for care which is why we are using the dental fliers to direct them into our clinics.
 - Edward Smith-Burns: We are not providing services in schools, but we are providing services as described above. In addition, we are in the process of videotaping our dental education presentations and adding voiceover to our Power Point materials and plan to make those available to the schools we serve beginning in January. Lastly, we have ordered 10,000 dental kits and are working with our school partners and the postal service to mail the kits to each student along with a note to let them know that we look forward to seeing them again as soon as possible.
 - **Karen Phillips**: Our program offers dental screenings and dental sealants only. We have previously screened all "yes" participants then pulled students for sealants. We are modifying this to screening outside of the classroom, one student at a time then moving to the next classroom or cohort. We will be providing GI sealants using the modified, non-AGP technique. We are expanding our services to any grade that is present at that school building or school-building cluster.

- What successes have you had (or what challenges have you overcome)?
 - **Carciyn Tziu:** We've had success getting all schools to include dental in their Reopening Blueprints, so that if we are able to hold an event at school we don't have anything in the way of being able to do that. Schools that had initially opted out of dental for the entire year were able to come around and are now open to services. This change of heart came through perseverance and through giving them exactly what they needed for the Reopening Blueprints, and essentially assuring them that dental events will not add anything else to their plate this year.
 - **Liz Wyles:** 475 screened; 443 have received fluoride.
 - **Jodi Loper**: In addition to clinic upgrades and redirection for our clinic entrance into the facility, we updated and were able to complete transition of most of our patient paperwork electronically to limit contact during appointments.
 - **Kyle Allen:** We have had great success in working with schools on dental kit distribution at the school lunch pick up locations. We expect to have visited all of our traditional school locations over the next few months.
 - **Edward Smith-Burns:** Our dental outreach at La Clinica "drive-up" flu clinics has been well received. We have seen an increase in the number or patients we see at each consecutive event.
 - **Karen Phillips**: A hopeful success we will find out in a couple of weeks- is that it appears that we will be able to provide services in two schools. I think that expanding services to all grades present for inperson learning will help mitigate what we expect to be lower numbers of participating students overall.

- What challenges are you having right now providing services?
 - Linda Mann: Schools not wanting us back in yet.
 - **Carolyn Tziu:** Figuring out how to incentivize students to come to an event on campus, when there is no other need for students to be on campus otherwise, and how to get parents on board for events this year (there may be fears around COVID, transportation barriers, etc.).
 - **Jodi Loper**: Unable to provide our transportation services due to safety for staff, and funding not available to give bus passes. We have students that have canceled appointments due to transportation. Ongoing struggle to secure PPE especially due to budget limitations to stock up at this time.
 - **Kyle Allen:** Schools are still completely distance learning and our fluoride varnish partners are reluctant to allow access to their children with virus cases increasing.
 - **Edward Smith-Burns:** Most students are distance learning, and there is no plan at this time to return to "on-site" education. Most students in the Phoenix-Talent school district have been displaced by the Almeda fire.
 - **Karen Phillips:** Most schools in our 2-county service area are offering distance learning only. We will be revisiting their plans soon.

Karen Phillips – OHA Update

COVID Update

CDC:

- DHCP should wear a face mask or cloth face covering at all times while they are in the dental setting, including in breakrooms or other spaces where they might encounter co-workers.
- Avoid aerosol generating procedures whenever possible, including the use of high-speed dental handpieces, air/water syringe, and ultrasonic scalers. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.

COVID Cases Worldwide

- Daily confirmed new cases from the 10 most affected countries: <u>https://coronavirus.jhu.edu/data/new-cases</u>
- John Hopkins Coronavirus Resource Center (good resource).

COVID Cases in U.S.

The first case of COVID-19 in United States was reported 312 days ago on 1/21/2020. Since then, the country has reported 13,383,320 cases, and 266,873 deaths.

Confirmed new cases: <u>https://coronavirus.jhu.edu/data/new-cases</u>

COVID Cases in Oregon

Positive patients in Oregon hospitals:

https://public.tableau.com/profile/oregon.health.auth ority.covid.19#!/vizhome/OregonCOVID-19HospitalCapacity/HospitalizationbyRegion

Cases in Schools

- The virus spreads in schools but schools are rarely superspreaders.
 - One of the largest studies, led by Brown University economist Emily Oster, PhD, analyzed in-school infection data from 47 states over the last two weeks of September. Among more than 200,000 students and 63,000 staff who had returned to school, <u>Oster reported</u> an infection rate of 0.13% among students and 0.24% among staff.
- School outbreaks typically come from the community — not vice versa.
- Children transmit the virus but not how adults do.

Association of American Medical Colleges (Nov. 5, 2020) https://www.aamc.org/news-insights/kids-school-and-covid-19-what-we-know-andwhat-we-don-t

Research

- Nov. 16, 2020: Study of super-spreaders events
 - 94% of super-spreading events occurred in limited ventilation areas. Out of a total of 1576 superspreading event entries:
 - 1493 (94.7%) were classified as "Indoor"
 - > 63 (3.9%) were "Indoor/Outdoor"
 - > 4 (.25%) were "Outdoor"
 - Remainder (1.15 %) were "unknown"
 - Study suggests high likelihood of aerosolized transmission and tends to rule-out "droplet or fomite*" only transmission.

*Fomites: objects or materials which are likely to carry infection, such as clothes, utensils, and furniture.

Epperly DE, Rinehart KR, Caney DN. (Nov. 16, 2020.) Pre-peer review. London School of Hygiene & Tropical Medicine. Published on medRxive (which was established by Yale University and BMJ). https://www.medrxiv.org/content/10.1101/2020.10.03.20206110v5.full.pdf

Research

- Nov. 16, 2020: Study of super-spreaders events (cont.)
 - Case severity tends to increase with increasing initial exposure viral load.
 - Patient viral loads (and shedding) vary dramatically depending upon stage of illness. 10-fold increase from pre-symptomatic to clinical case (not hospital cases).
 - More time spent with a COVID patient, the greater the severity of the disease contracted (i.e., proximity to a presymptomatic COVID patient for 1 hour could result in mild illness; proximity for 11 hours, greater illness.)
 - Short exposure may transfer some level of immunity.
 - The purpose of this study was not to report on other variables like mask-wearing or social distancing, which reduce risk significantly.

Vaccines

- "Vaccine": origin of the word from the Latin "vacca" which means "cow." Relates to the early use of cowpox virus against smallpox. Milkmaids infected with cowpox (pustules hands and forearms) were immune to smallpox.
- Pfizer: 42,500 people; 90% effective; 2-dose shot; must be stored at -94 degrees Fahrenheit, which requires special freezers or dry ice; can make up to 1.3 billion doses next year. Meeting w/FDA Dec. 10.
- Moderna: 30,000 people; 94% effective; 2-dose shot; can be kept in a refrigerator for up to 30 days and at room temperature for up to 12 hours; can make 500 million to 1 billion doses. Meeting w/FDA Dec. 17.
- At least two other vaccines, developed by Johnson & Johnson and Oxford's AstraZeneca (70-90% effective; less expensive, easier storage), are also in late-stage trials and could deliver results this year.

Communication with School Staff and Parents

SCHOOL MESSAGING WORK GROUP

TOP MESSAGES

December 2019

- Children with poor oral health are more likely to miss school and twice as likely to perform poorly in school.^{3,4}
- Good oral health improves children's educational achievement and social development.²
- Among children ages 5-18, oral pain and acute asthma have the same impact on school attendance.⁵
- School dental sealant programs prevent 50% of cavities.¹
- In grades 1st through 3rd, one in two Oregon children have had a cavity, and one in five have untreated cavities.⁶
- School dental programs are a convenient option for receiving basic dental services.¹

References

¹Community Preventive Services Task Force. 2016. <u>Preventing Dental Caries: School-Based Dental</u> <u>Sealant Delivery Programs</u> website.

²Guarnizo-Herreno CC, Wehby GL. 2012. <u>Children's dental health, school performance, and psychosocial well-being</u>. *Journal of Pediatrics*, 161(6): 1153–1159.

³Jackson SL, Vann WF, Koch JB, Pahel BT, Lee JY. 2011. <u>Impact of poor oral health on children's school</u> <u>attendance and performance</u>. *American Journal of Public Health*, 101(10): 1900–1906.

⁴Naavall S, Kelekar U. 2018. <u>School hours lost due to acute/unplanned dental care.</u> National Household Interview Survey. *Health Behav Policy Rev*, 5(2): 66-73.

⁵Thikkurissy S, Glazer K, Amini H, Casamassimo P, Rashid R. 2012. <u>The comparative morbidities of acute</u> dental pain and acute asthma n quality of life in children. *Pediatric Dentistry*, 3(4): e77–e80.

⁶Umphlett A. 2019. <u>Oregon Smile and Healthy Growth Survey</u>. *Oregon Health Authority*. Powerpoint presentation to the Oregon Oral Health Coalition, September 2019; Portland, OR.

School Messaging Workgroup

Videos from Mercy Foundation



Ten years of helping kids throughout our county have the best possible health and educational opportunities for personal success. Healthy Kids Outreach Program, HKOP, helps Douglas County kids be at their very best; happy, healthy and productive citizers of the future. The health attitudes and behaviors of kids have already improved in the four short years HKOP has been in our schools.

The Healthy Kids Outreach Program helps improve the basic health of children in Douglas County in three ways:

DENTAL SCREENINGS AND TREATMENTS-With generous grants from the Oregon Community Foundation, Ford Family Foundation, Ronald McDonald Charities, the Walmart Foundation, and Advantage Dental, Healthy Kids staff started rolling out the addition of onsite dental clinics in 2011. Students receive a dental screening, sealants, and fluoride vanishes to protect them from getting cavities and they go home with a report card and dental kits that include a toothbrush, toothbruske and floss.





Here is our first set of videos. Let me know who you share them with so I can document information on our educational outcomes and who we are reaching with the videos.

Thank you! Trina Gwaltney Healthy Kids Outreach Program/Mercy Foundation.

PreK -1st: https://youtu.be/yEqX2DGREBQ

Grade 2-3: <u>https://youtu.be/xC9pxW35ydU</u>

Grade 4-5: https://youtu.be/PKVWBWMNY6Y

Dear Schools and Parents,

We are looking forward to the day when things are normal, and we can start providing dental care in the schools again. We do not know when that will be, so we want to be sure you have the dental care you need right now.

The website below has information in English, Spanish, Chinese, Russian, Arabic, Hmong, Somali, Vietnamese, and Korean:

https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Dental-Screening---Resources-and-Information.aspx

How to take care of your child's teeth at home:

• "Keeping a Healthy Mouth Brochures"

How to find dental care:

- "Access to Dental Care: Further Examinations and Necessary Treatments"
- If you belong to a Coordinated Care Organization (CCO), go here to find the telephone number to call for dental care: <u>https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-</u> organizations.aspx
- Do not wait to go to the dentist. Dental office staff will take care of you safely right now, during COVID.

Then, also, be sure to:

- 1. Brush 2 times a day for 2 minutes with fluoride toothpaste.
- 2. Floss one time every day.
- 3. Eat healthy foods fruits, vegetables, protein and drink water and milk.

Fun Videos:

For Little Kids	For Older Kids		
Kids Teach Kids About Dental Hygiene	What Causes Cavities (TEDEd with quiz)		
Why Do We Brush Our Teeth?	Teen Boy Talks About Dental Health		
Teeth: Not Just for Smiles	Mom Talks About Family Dental Health		
Why Do We Have Baby Teeth?	What Really Causes Cavities (Gross Science)		
Remember to Brush YourEgg?	Plaque Attack Experiment		

For more videos: https://healthyteeth.us/ [website in development]

Information to Schools/Parents