

Agenda

K-12 Committee

Date: Friday, September 11, 2020

Time: 10:00 am - 12:00 noon

Location: Zoom link <https://us02web.zoom.us/j/81337967983>



Agenda

10:00-10:10	Welcome, introductions	Laurie Johnson
10:10-10:20	Continuing Business <ul style="list-style-type: none">- Survey results about future meetings- Dashboard	Laurie
10:20-10:30	Integrating Oral Health & Behavioral Health	Linda Mann
10:30-10:40	COVID-19 Updates <ul style="list-style-type: none">- Status of school re-openings in Oregon- Effect of school re-openings in the World, in the U.S., in Oregon	Laurie
10:40-10:50	OHA Update	Karen Phillips
10:50-11:30	Networking regarding COVID <ol style="list-style-type: none">1. Starting dates?2. Implementing required CDC/OHA changes3. Changes in delivery models4. Equipment adaptations (AGP, filtration)5. Barriers (gowns, floor coverings)6. Procuring PPE7. Sealant material	Laurie facilitates
11:30-11:45	Brainstorming proposals for funding from the Oregon Community Foundation	
11:45-12:00	Value of today's meeting Date of next meeting: Dec. 4, 2020 Adjourn	

K-12 Committee

6/5/2020

Zoom call

10:00-12:00



Members Present on call – Laurie Johnson, Carrie Peterson, Mark Simpson, Karen Phillips, Linda Mann, Alicia Reidman, Laura McKeane, Liz Wyles, Amber Hansen, Alynn Vienot, Jodi Loper, Brittany Truillo

Welcome and Introductions- Laurie

Covid-19 updates- Laurie

Laurie shared information on Covid-19, what it is, how it relates to other viruses, transmission, occupational risks, PPE, droplets vs aerosols and vaccine development. Details on this information can be found in the attached PowerPoint.

Presentations-Members sharing their Covid experiences, concerns, insight and plans.

Laura McKeane, AllCare Health CCO

They have started a soft reopening with 2 out of 10 dentists currently working. Securing enough PPE has been a factor in staff returning. They have redistributed \$830,000 of the incentive money they received to support 70 different community partners. They are in the process of second round incentives specific to providers. These funds are intended to help with the cost of salaries, PPE and oral hygiene supplies.

Karen Phillips, OHA

Karen had continued to work one day a week in an office as a hygienist. She did return to working there once offices could reopen in May. She felt comfortable returning with all the protocols put in place and patients seemed happy to come back into the dental office. She did recently give her notice as her workload at OHA has increased. She has been participating in contact tracing calls and they are working on virtual sealant trainings for upcoming program renewals. OHA is also putting together a workgroup to put together guidelines specific to providing treatment in a school setting.

Amber Hansen, Dental 3

D3 has missed screening an estimated 7,000 children at sealant clinics since March when schools closed, 175 of which likely had urgent needs. They have been working on care coordination and getting Head Start kids who were previously identified as needing dental care seen. Currently 8 out of 10 employees are furloughed. An oral health workgroup has been strategizing scenarios for reopening so that they will be ready for whatever the landscape looks like in the fall.

Alicia Reidman, Community Health Centers of Lane County, Oregon Board of Dentistry.

Has an FQHC that services Head Start and school sealants in Lane County. Alicia estimates their program has missed 5,000 encounters, concerned about lack of services and kids not being identified or seen in offices. Normally their program could see about 1,000 kids a week, however for the fall she has concerns about a shortage of PPE impacting their ability to see that many. So far staff has been able to stay busy with administrative work.

Mark Simpson, Yakima Valley Farm Workers

FQHC that has primary care, dental and behavioral health. Hygienist were furloughed but are in the process of returning. Assistants were redistributed and mobile clinics were sent to brick and mortar clinics to help with Covid testing. Their clinics has been utilizing telehealth visits as well as reaching out to patients by phone to help navigate them to resources regarding food insecurities, rent and mental health.

Alynn Vienot, Neighborhood Health Center

Most of their sealant clinics had already been completed before schools closed. Their brick and mortar clinics are seeing emergencies only, have a prioritized list of patients that need to be seen when full services resume. Staff have been making masks, phone calls to see if patients need help connecting to services and redistributed to help in medical clinics. Under OHA guidelines they also put together a temporary daycare for other employee's children during this time to stay busy. Here is a link to an article written about the daycare, <https://www.careinnovations.org/resources/to-avoid-pink-slips-during-covid-an-oregon-health-center-opens-a-staff-run-day-camp/>

Alynn also asked Linda Mann with Capitol to share information on air filtration for when portable equipment is in use as this had come up on a different call they were both on. Because of the concern around aerosols being put back in the room where portable compressors are used, a filter is recommended. Currently she is using portable air filtration units by Envirolenz in clinics. They are large but could be brought to onsite clinics if needed. She is hoping to find a less bulky option. Karen Phillips added that DNTLworks is trying to produce a filter that would fit directly on their portable compressor so this may be an option soon.

Carrie Peterson, Dental Foundation of Oregon, Tooth Taxi

The Tooth Taxi has not been in operation since March 13th. Staff has remained busy with administrative work, continuing education and helping at the ODA with PPE distribution to dental offices. Major fundraisers had to be cancelled, as an organization they are working to try and reschedule what they can for the fall. They will work to be operational in the summer months, but with many programs cancelling or deciding to go virtual the schedule will be lighter than normal. The schedule is completed for September -December, at this time schools have been eager to schedule these visits with the understanding that modifications may need to happen depending on what the landscape for schools looks like in the fall. The ability to secure PPE continues to be an issue and may also affect services going forward.



Responses to request for input

- 1. Are you still interested in the proceedings of these meetings?**
 - ▶ 11 out of 11 participants responded “Yes”
- 2. What would provide more value for you at these meetings (e.g., speakers with special expertise, more data, etc.)?**
 - ▶ “For me, speakers wouldn't necessarily add value, it is the experience of the group and solving problems together that is the benefit of a group like this.”
 - ▶ “Boots on the ground speakers - i.e., people in the field versus researchers or policy makers.”
 - ▶ “Examples of successful models or best practices.”
 - ▶ “I always love seeing the data. This informs decisions and direction of the programs.”
- 3. Would you like more frequent emails from us to keep you up with current events?**
 - ▶ Some said “Yes”; some said “No.” (Email lists adjusted accordingly)

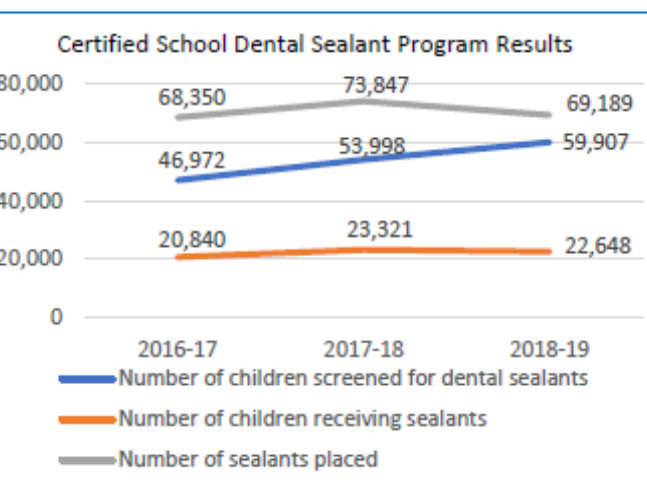
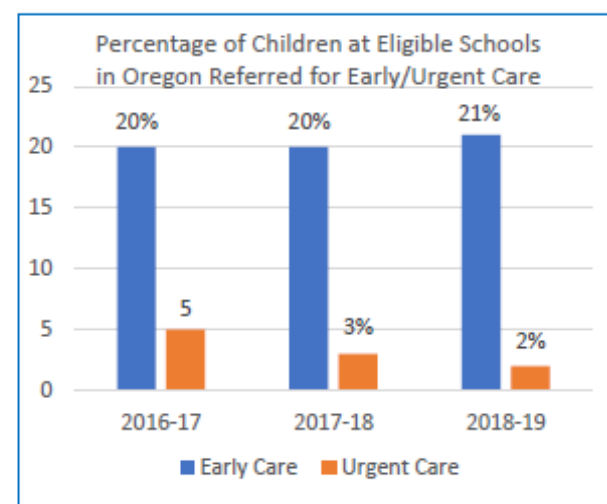
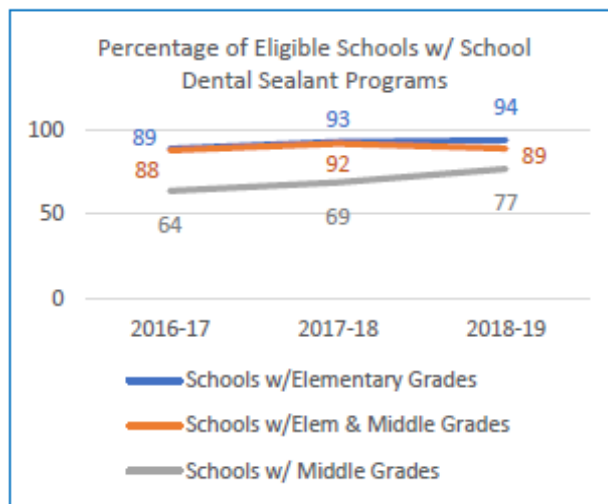
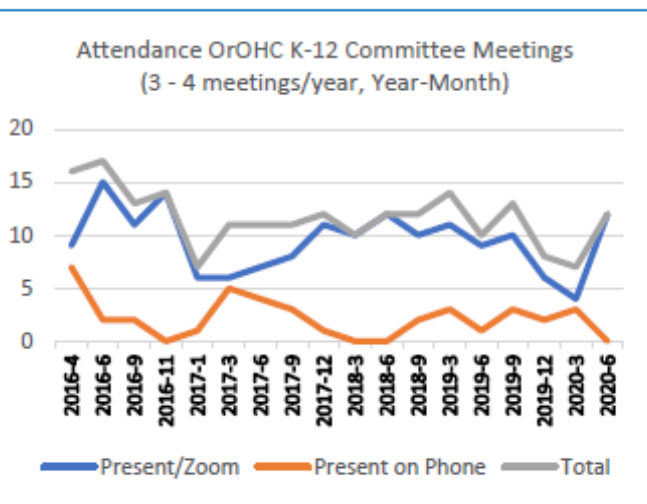


Table 5: Oral Health of Oregon Children in First, Second, and Third Grades

Smile Survey Year	2002	2007	2012	2017	Healthy People 2020 Objectives for 6 to 9 year olds
Caries Experience (primary or permanent)	57%	64%	52%	49%	49.0%
Caries Experience (permanent)	12%	17%	10%	5%	
Untreated caries	24%	36%	20%	19%	25.9%
Rampant Decay	16%	20%	14%	5%	
Children with sealants	32%	30%	38%	42%	28.1%
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	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

Completed:

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

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- ▶ Linda Mann – their work integrating oral health and behavioral health

School Reopenings: Current Status and Effects

Oregon Oral Health Coalition (OrOHC)

K-12 Committee Meeting

September 11, 2020

What we know so far...

- ▶ Children <18 years are¹:
 - 7% of reported COVID cases (children = 22% of U.S. population)
 - <1% of deaths reported as due to COVID
 - 1% of hospitalizations reported as due to COVID
- ▶ Incubation period of 2-14 days (children and adults)²
- ▶ 45% of children with COVID do not have symptoms³
- ▶ Children <10 years have significantly lower susceptibility to infection and seem to transmit less (research mixed).¹
- ▶ Children 10-20 years: Some say susceptibility less than adults; some say similar to adults (research mixed).¹
- ▶ Children <5 years have significantly higher viral loads, which indicates a potential for higher transmission.⁴

(The data on children is limited, as children have been tested less often than adults. As schools reopen, more data will be available.)

¹ Michaud J, Kates J (July 29, 2020). Kaiser Family Foundation.

² CDC. (August 14, 2020). *Information for Pediatric HCPs*

³ Poline J, et al. (July 25, 2020) (N=438; Average age 6 years)

⁴ Heald-Sargent T, et al. (July 30, 2020). JAMA.



Value of testing

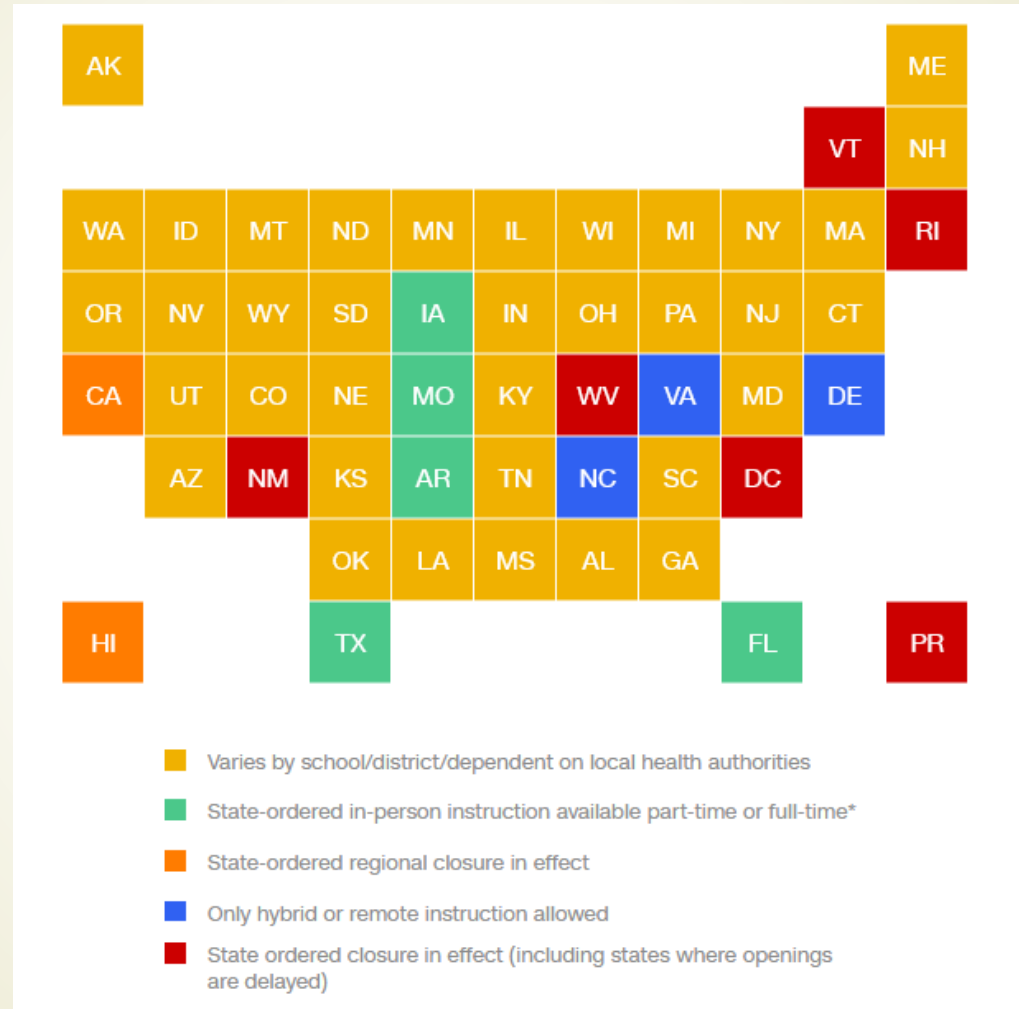
- ▶ The **percent positive** is the percentage of all coronavirus tests performed that are positive.
- ▶ The World Health Organization recommended in May that the percent positive remain below 5% for at least two weeks before governments consider reopening.
- ▶ When there is not enough testing in an area, people who are infected with the coronavirus don't know to isolate themselves.
- ▶ For testing to work, people need to get test results quickly, so they can isolate themselves immediately.
- ▶ The countries that have low percent positive have controlled the spread of the virus through active mitigation (social distancing, masks, hand-washing) and adequate testing (resulting in immediate isolation). This is not herd immunity.
- ▶ **Herd immunity** will only come when there is a mass vaccination.



Worldwide: COVID Data and School Reopenings

- ▶ Our World in Data - Interactive data charts (current):
<https://ourworldindata.org/coronavirus>
- ▶ School re-openings (July 13; 3 minutes):
<https://www.cnn.com/videos/world/2020/07/13/thailand-hong-kong-uruguay-school-reopening-ripley-pkg-intl-hnk-vpx.cnn>
- ▶ Another video (August 26; 4 minutes)
<https://www.youtube.com/watch?v=kIK2H1YRIFY>

Where U.S. schools are reopening



Source (September 3, 2020): <https://www.cnn.com/interactive/2020/health/coronavirus-schools-reopening/>

School reopenings in Oregon

- **State and county metrics must be met**
- **Reopening criteria govstatus.egov.com**
 - State metrics have been met
 - Several counties have met the county metrics for K-3 to return to school
 - Some counties have met the county metrics for K-12 to return to school
- To find the number of COVID cases per 100,00 people in your county in the past 7 days:
<https://govstatus.egov.com/OR-OHA-COVID-19>

☑ Masks Required Statewide

Masks, face coverings or face shields are **currently required statewide** for **offices and indoor public spaces** and in **outdoor public spaces** when physical distancing of at least 6 feet is not possible. **Children age 5 and up** are required to wear a face covering. People with a disability or medical condition may request accommodation from the business if they cannot wear one.

Mask Requirements

Requisitos de los cubrebocas

🏠 School Health and Safety Metrics

Oregon public health officials have **developed evidence-based metrics** to help school boards and school districts make decisions about how they can safely reopen schools. Visit ODE's [Ready Schools, Safe Learners web page](#) for more information.

Learn About the Metrics ▾

County Case and Testing Rates



Oregon COVID-19 County Case Rates and Test Positivity by MMWR Week: July 5th - August 29th

This table is based on data pulled at 12:01 AM on August 31st, 2020. For county case rates, cases are assigned to a week based on their true case date, which is the date when public health first identified them as a confirmed or presumptive COVID-19 case. For percent positivity in testing, persons tested are assigned to a week based on their specimen collection date. All data are provisional and subject to change.

County	Week Start Date	Case Count	Case rate per 100,000	Test Positivity (%)
Oregon, statewide	7/5/2020	1,937	46	5.7%
	7/12/2020	2,399	57	5.4%
	7/19/2020	2,176	51	5.7%
	7/26/2020	2,327	55	6.2%
	8/2/2020	2,175	51	5.2%
	8/9/2020	1,992	47	5.2%
	8/16/2020	1,685	40	5.0%
	8/23/2020	1,703	40	4.4%
Baker	7/5/2020	7	42	2.7%
	7/12/2020	1	6	7.0%
	7/19/2020	9	54	5.6%
	7/26/2020	8	48	6.2%
	8/2/2020	8	48	3.1%
	8/9/2020	15	89	7.3%
	8/16/2020	11	65	20.0%
	8/23/2020	6	36	4.0%
Benton	7/5/2020	18	19	2.5%
	7/12/2020	15	16	1.3%
	7/19/2020	5	5	2.8%
	7/26/2020	22	23	2.8%
	8/2/2020	13	14	3.2%
	8/9/2020	19	20	1.6%
	8/16/2020	15	16	2.0%
	8/23/2020	12	13	2.4%
Clackamas	7/5/2020	146	34	4.1%
	7/12/2020	145	34	3.5%
	7/19/2020	135	32	3.6%
	7/26/2020	135	32	5.2%
	8/2/2020	137	32	3.7%
	8/9/2020	148	35	4.0%
	8/16/2020	126	30	4.6%
	8/23/2020	134	32	3.7%
Clatsop	7/5/2020	4	10	2.2%
	7/12/2020	7	18	2.1%
	7/19/2020	6	15	1.2%
	7/26/2020	10	25	4.2%
	8/2/2020	6	15	2.3%
	8/9/2020	6	15	1.3%
	8/16/2020	3	8	0.8%
	8/23/2020	2	5	0.5%
Columbia	7/5/2020	9	17	3.3%
	7/12/2020	13	25	1.9%
	7/19/2020	8	15	1.5%
	7/26/2020	10	19	4.8%
	8/2/2020	16	30	4.6%
	8/9/2020	14	27	2.8%
	8/16/2020	13	25	2.1%
	8/23/2020	8	15	0.7%

OR: 4.4%

<https://govstatus.egov.com/OR-OHA-COVID-19>

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- Karen Phillips – Oregon Health Authority (OHA) Update