

Kentucky Oral Health Coalition



For a lifetime of oral health

March Quarterly Meeting

Friday, March 26, 2021

10:00am ET

This virtual meeting is hosted by:



To learn more about KOHC and become a member,
please visit www.kyoralhealthcoalition.org



@KYOralHealth



Kentucky Oral Health Coalition

Welcome and Introductions

**Mahak Kalra, Chief Policy and Advocacy Director
Kentucky Youth Advocates**

**Dr. Stephanie Poynter, Dental Director
Family Health Centers**

Meeting Outcomes

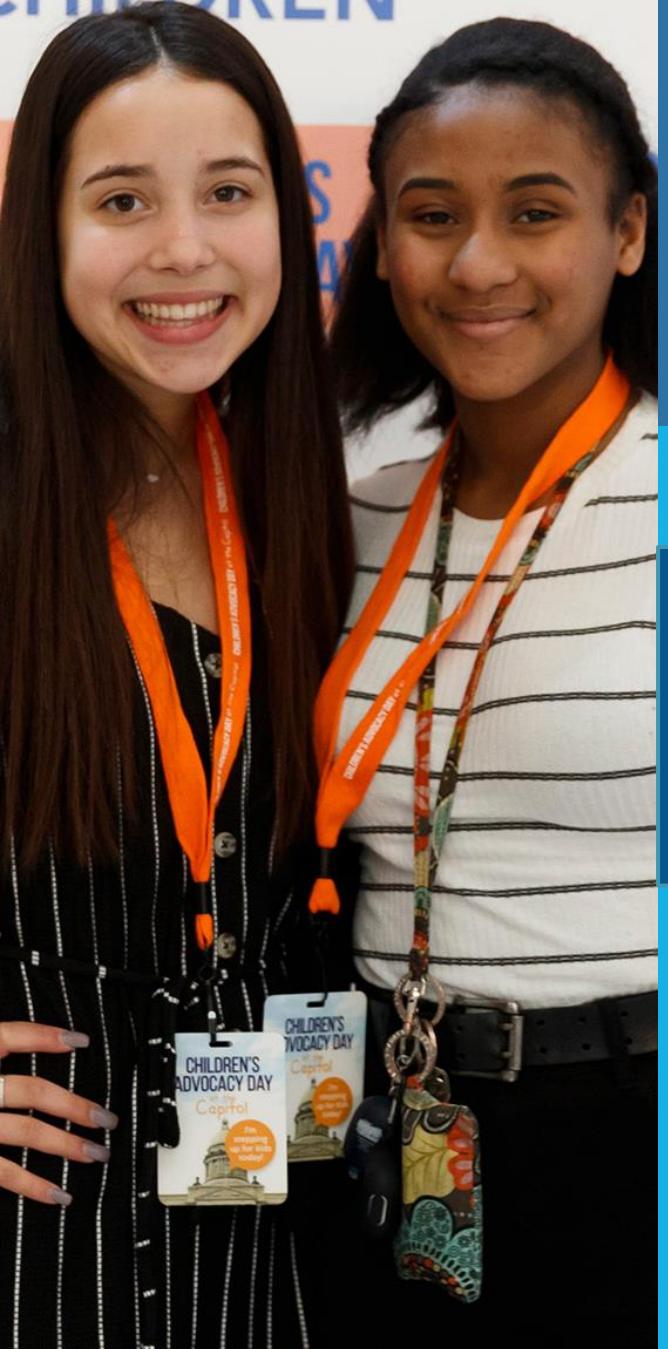
- Shared understanding of the progress of policy priorities for the 2021 legislative session.
- Shared understanding of the federal oral health policy landscape.
- Shared understanding of the policies and protocols for the COVID-19 vaccine in Kentucky.
- Shared understanding of KOHC 2021 initiatives, sustainability, and new resources.
- Shared understanding of the oral health response and current practices following the COVID-19 pandemic in Kentucky.
- Shared understanding of Volunteers of America (VOA) expansion into Southeast Kentucky.

Meeting Agenda

- ▶ KOHC 2021 Kentucky and Federal Policy Priorities Update
- ▶ Policies and Protocols for the COVID-19 Vaccine in Kentucky
- ▶ COVID-19 Updates
- ▶ KOHC 2021 Project Initiatives, Sustainability, and Resources
- ▶ Volunteers of America's Expansion into Southeast Kentucky Spotlight

Update on KOHC state policy priorities

**Mahak Kalra, Chief Policy and Advocacy Director
Kentucky Youth Advocates**



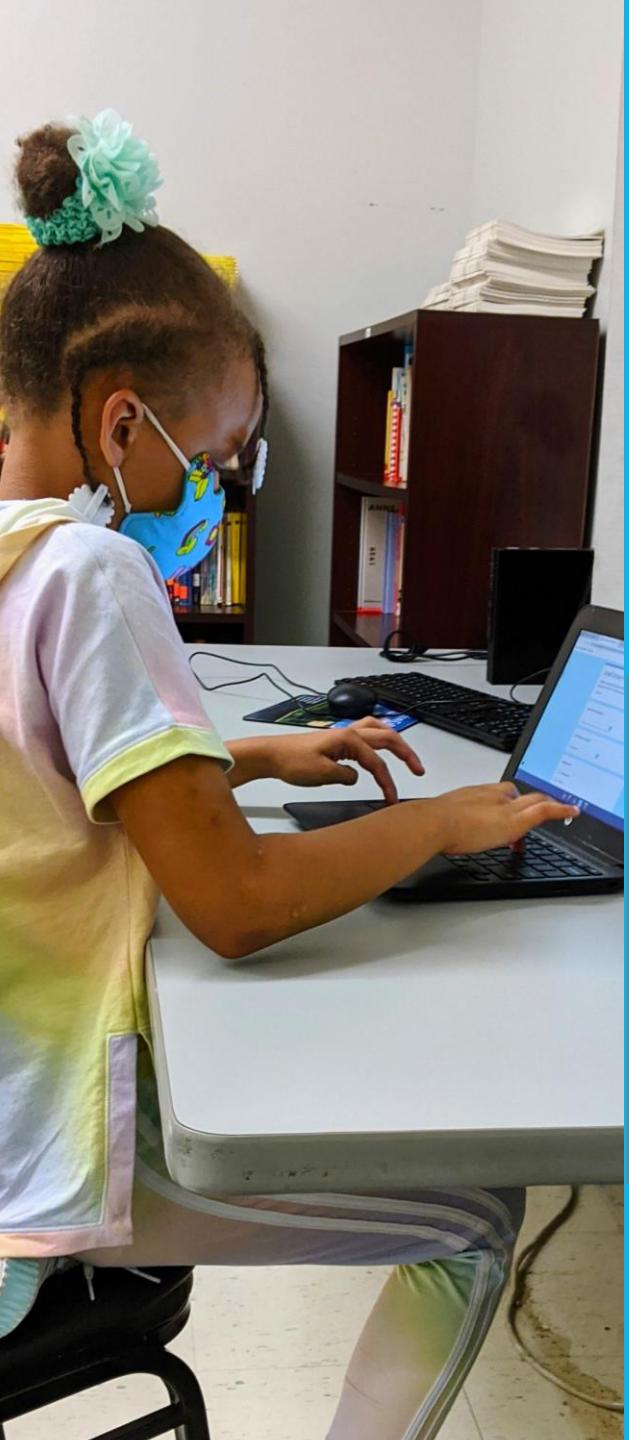
Allow city and county governments the option to regulate the use, display, sale, and distribution of tobacco products – including e-cigarettes – to curb tobacco use among youth

Update: Companion bills HB 147 and SB 81 were not heard in committee this session.

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Promote student success, health, safety, and well-being:

- Invest in infrastructure to close the digital divide
- Ensure school districts have necessary resources to implement the Expanded Care Services policy
- Sustain investment in Family Resource and Youth Service Centers

Update:

- No dedicated funding included for broadband access
- School-based mental health providers included at same level as previous budget
- FRYSC funding included at same level as previous budget

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BLUEPRINT for
KENTUCKY'S CHILDREN



Sustain investments in Medicaid and KCHIP, and prioritize investments focused on closing the remaining gap and addressing racial disparities in coverage so that children and families can continue to access the healthcare they need.

Update: Increase in Medicaid and KCHIP funding to support the additional individuals, kids, and families on Medicaid.

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Strengthen Kentucky's efforts to prevent child abuse and neglect by investing in the following programs to keep kids safe:

- Home visitation programs, such as HANDS
- Safety net programs to meet families' basic needs, including Kentucky Transitional Assistance Program (KTAP), Child Care Assistance Program (CCAP), Supplemental Nutrition Assistance Program (SNAP), and Women Infants and Children (WIC)

Update: HANDS investment included at the same level as previous budget.

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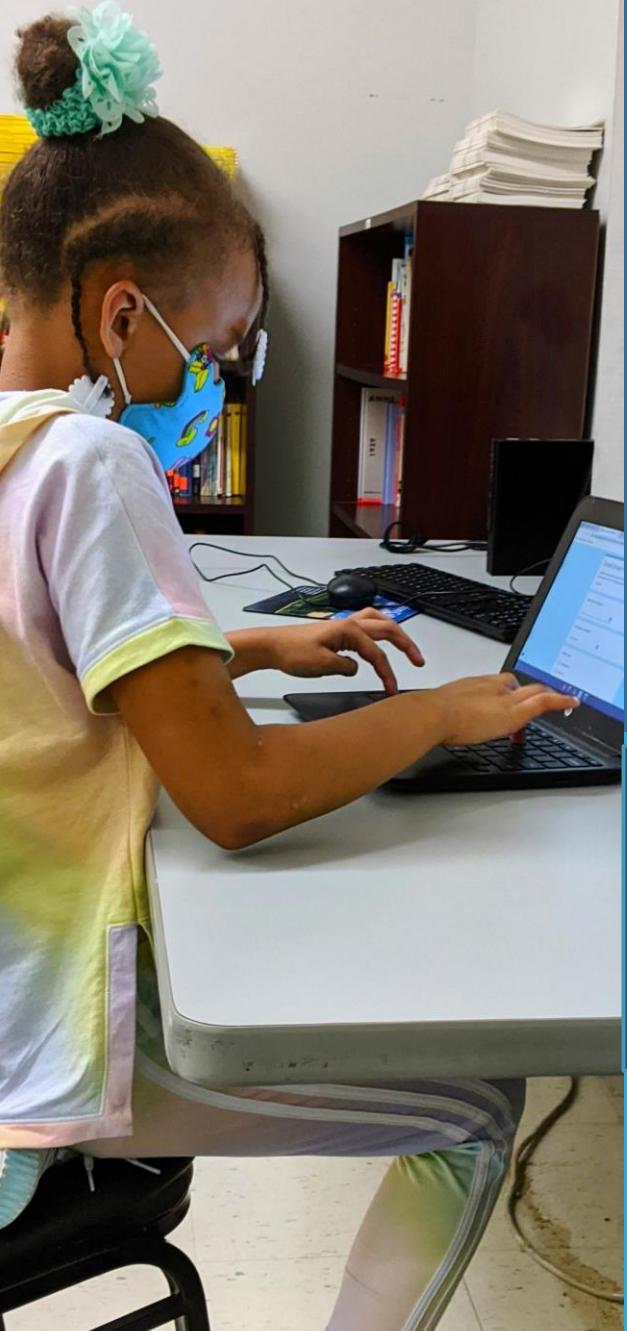


Protect community water fluoridation programs.

Update: Two bills, SB 109 and HB 159, aiming to reduce community water fluoridation programs in Kentucky were filed, but neither was heard in a committee.

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HB 140 includes:

- Requiring the Cabinet to establish minimum standards to telehealth.
- Reestablishing the requirement for the Cabinet for Health and Family Services and managed care organizations to study the impact of telehealth on the state's health care delivery system.
- Requiring reimbursement rates for telehealth to be equivalent to reimbursement rates for the same service provided in person.

Update: Passed House and Senate, and signed by the Governor

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Additional bills we followed this session

HB 140 includes:

- Requiring the Cabinet to establish minimum standards to telehealth
- Reestablishing the requirement for the Cabinet for Health and Family Services and managed care organizations to study the impact of telehealth on the state's health care delivery system
- Requiring reimbursement rates for telehealth to be equivalent to reimbursement rates for the same service provided in person

SB 10: establishes the Commission on Race and Access to Opportunity, which is tasked with providing research driven policy proposals and required to publish an annual report

What's next?

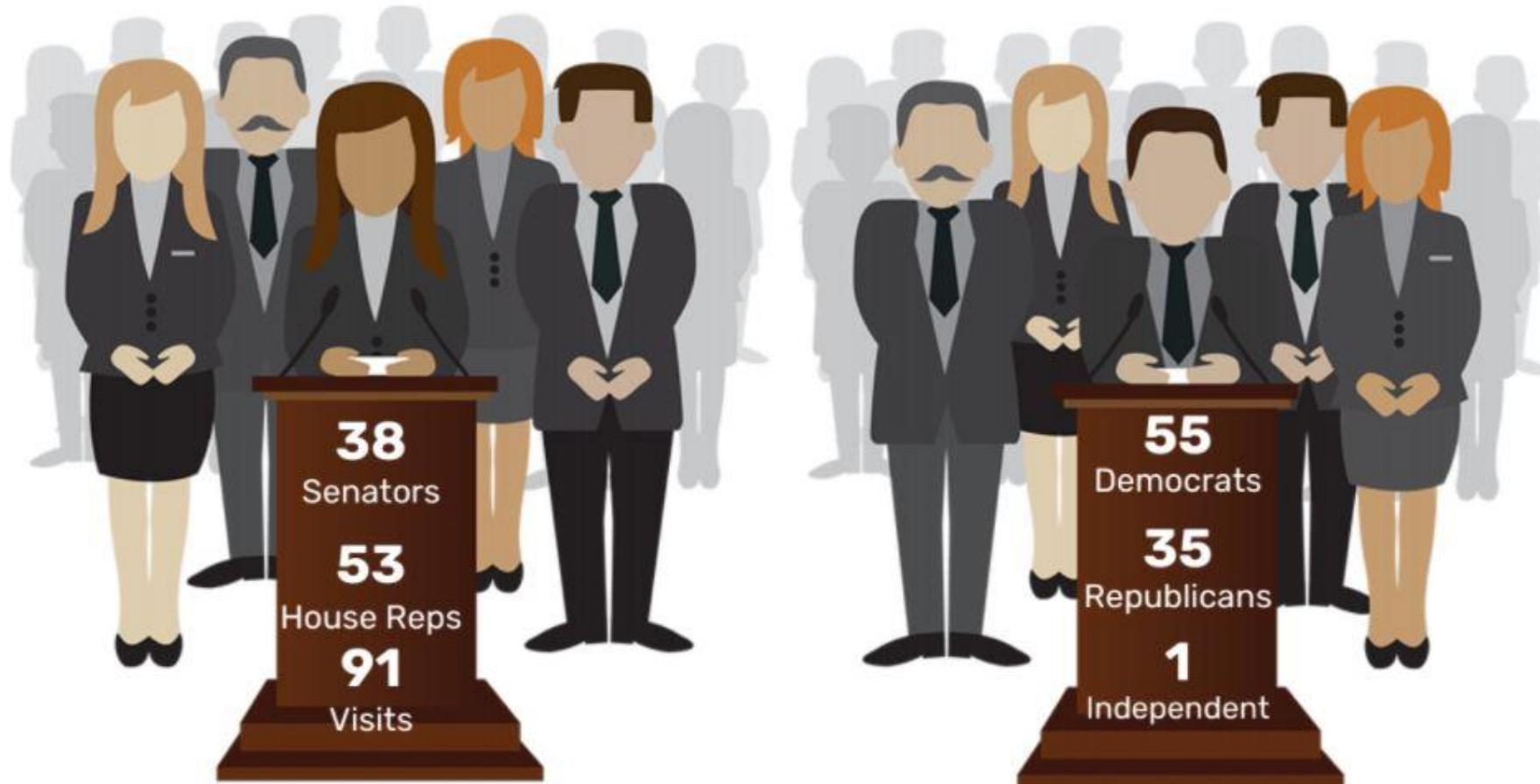
- ▶ There are two days remaining in the 2021 Kentucky General Assembly
 - ▶ March 29 and Sine Die is on March 30
- ▶ At the next KOHC quarterly meeting, we will be getting input from members on upcoming policy and budget priorities for 2022
 - ▶ Come prepared to discuss opportunities we should be advocating for next year

Update on federal oral health policy landscape

Jennifer Hasch, Dental Director
Shawnee Christian Healthcare Center

Hill Day with OPEN – February 11th

I *Updated!* Member Breakdown



| Progress

Our Policy Issues

- Medicare Dental Benefit Act of 2021
- Ensuring Kids Have Access to Medically Necessary Dental Care Act
- Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act
- CDC Funding
- Dental Care for Veterans Act

Current Policy Discussion

- COVID-19 Relief Package
 - implications for Medicaid, state budgets, program funding, private health coverage

Where Congress is Headed

- Next 6-9 months are an important political window
- Upcoming “infrastructure package”
- More bills on our issues being introduced



Oral Health for Moms Act (Stabenow/Booker)

- Comprehensive oral health coverage as part of pregnancy-related benefits in Medicaid & CHIP
- Oral health services for pregnant & postpartum people as an essential health benefit
- CMS oral health quality measures for oral health during pregnancy/post-partum period
- Oral health initiative through the Indian Health Service to improve oral health and address barriers to care for American Indian and Alaskan Native populations
- Training grants to improve availability of care and its outcomes, integrate dental care into maternal health settings, and develop core competencies among providers and non-clinical perinatal health workers
- MACPAC report on access to oral health care for pregnant/postpartum people
- Oral health outreach/education grants to raise awareness and connect people to care
- Additional grant funding for FQHCs to provide oral health care



Ensuring Kids Have Access to Medically Necessary Dental Care Act, S. 448

(Cardin/Stabenow)

- Prohibits annual or lifetime dollar limits on dental services in CHIP
- Requires “wrap-around” CHIP dental benefits for income-eligible children who have private medical coverage but no dental



Mothers and Offspring Mortality and Morbidity Awareness Act (Durbin/Duckworth)

- Extends pregnancy-related Medicaid/CHIP benefits to 1 year postpartum
- Makes oral health coverage mandatory component of pregnancy benefits
- Requires reporting on pregnancy-related benefits by state
- Establishes best practices & cultural competency grant programs
- State option for extending WIC benefits to all women through 2 years postpartum



Medicare Dental Benefit Act of 2021, S.97/H.R. 502 (Barragan/Diaz)

- Repeals the statutory exclusion on Medicare coverage of dental care and dental prostheses.
- Expands Part B benefits to cover dental and oral health services, including routine cleanings and exams, fillings and crowns, major services such as root canals and extractions, emergency dental care, and other necessary services.
- Provides for payment of dental prostheses, including crowns and full and partial dentures.
- Gradually phases in benefits over an 8-year period.
- Ensures adequate reimbursement for dental providers who serve low-income enrollees.
- Requires that the United States Preventive Service Task Force (USPSTF) include at least one oral health professional.



Dental Care for Veterans Act, H.R. 914

(Brownley)

- Eliminates current statutory eligibility restrictions for VA dental care
- Expands eligibility for VA dental care to all veterans enrolled in the system making dental care part of the standard medical benefits package for all enrolled veterans.



COVID-19 Vaccine Policies and Procedures in Kentucky

**Jeff Allen, President
Kentucky Board of Dentistry**

Kentucky Board of Dentistry

COVID-19 Vaccines



Kentucky Board of Dentistry

On Jan. 27, 2021 the Board of
Dentistry filed emergency admin.
regulation 201 KAR 8:505E.

This rule temporarily allows qualifying
dentists and dental hygienists to
administer vaccinations for COVID-19.



Role of the Board of Dentistry

Provisions of 201 KAR 8:505E:

- Applies to licensed dentists as well as licensed hygienists with local anesthesia privileges
- Administration of COVID-19 vaccines only
- Requires completion of a Board approved training course (CDC modules)
- Reporting requirements (VAERS, DPH, PCP)
- Vaccine storage and facility requirements



Role of the Board of Dentistry

Dentistry.ky.gov

- Authorization Form
- Emergency Regulation
- CDC Training Modules
- Injection Technique Refresher Videos
- CE Questionnaire and Certificate



COVID-19 Vaccine Policies and Procedures in Kentucky

Dr. Julie McKee, Kentucky State Dental Director
Department of Public Health

Questions?

One Year Later - Updates on COVID-19 and Dental Care

**Dr. Justin Whitney, University of Louisville
School of Dentistry**

University of Louisville School of Dentistry

Current Practices

- ▶ Patients, students, employees are screened at the door
 - ▶ Temperature check
 - ▶ Questionnaire
- ▶ Social distancing
- ▶ In operatory
 - ▶ Temperature check again
 - ▶ Questionnaire review
 - ▶ Isolated clinic area with aerosols, increased ventilation
 - ▶ Increased PPE
 - ▶ Disposable head coverings, eye wear, gowns, foot coverings, N95 masks + surgical masks, and face shields





More Recent Practices at ULSD

- ▶ As of March 1, 2021
 - ▶ School returning to pre-COVID schedule
 - ▶ 24/7 access to preclinical areas
 - ▶ Self-monitoring of symptoms, no active screening for students/employees
 - ▶ Continued screening for patients and guests
 - ▶ Mandatory COVID testing for students/employees continues
 - ▶ Continued contact tracing
 - ▶ Planning to restore typical breaks and schedules starting May 1, 2021
 - ▶ All decisions are subject to change or be modified by University leadership



Providing Education & Care During COVID:
An update from the University of Kentucky College of Dentistry

Pam Stein VanArsdall, DMD
Professor and Division Chief, Dental Public Health
University of Kentucky College Dentistry



The University of Kentucky College of Dentistry



March 16, 2020: The entire campus was closed and deserted.



The University of Kentucky
College of Dentistry

March 16, 2020: Closed our clinics (only emergency care).
The campus was closed.
Teaching only remote.
Everything was placed on hold.
117 clinical staff were placed on
administrative leave, without pay.



April 29, 2020 the governor allowed dentists to go back to work.
We had two bosses.



Dr. Mark Newman, MD
Executive Director of UK Healthcare

Provost David Blackwell, PhD
Director of UK Academics



Facilities had to change for more distancing.





Teaching had to change.
We had to go remote.



Zoom Lectures: Live and recorded



You cannot teach dentistry remotely. Our Simulation Laboratory



Clinical PPE is used
(Masks, gloves, face shields)



Clinical Protocol following CDC guidelines





Controlling the virus

Use of Electrostatic sprayer to sanitize simulation laboratory and clinics.

Use of Electrostatic Sprayer to sanitize the elevators and front stairwell.

Surface cleaning high touch point areas: door-knobs, light switches,
door handles, elevator buttons, etc.

Staff and faculty are utilizing office cleaning kits.

Health Pro Series Air Purifiers used through out the College.

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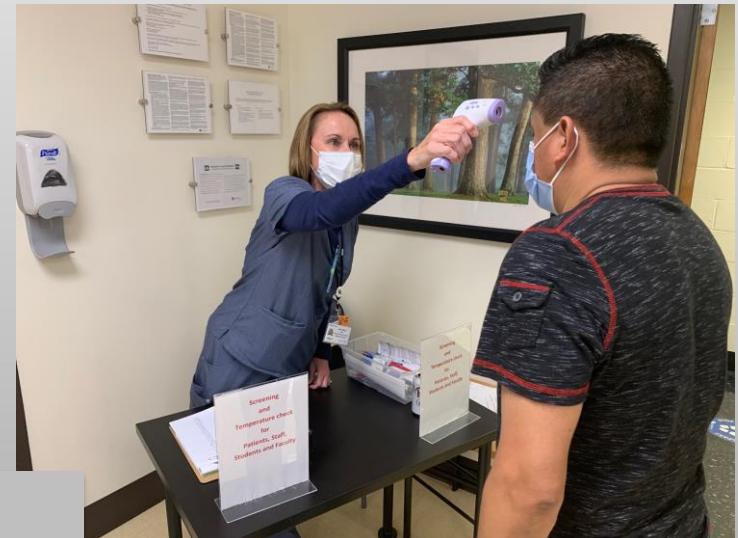
Controlling the virus

Students and Staff

Two daily screening plus temperature checks
upon entering the college.

Patients

Screening plus temperature checks
upon entering the college.





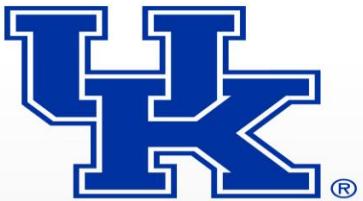
Return to the “New Normal”

May 2020: We brought our seniors back to finish their requirements.

June 2020: We reopened our clinics on a limited base for rising 3rd and 4th year students.

August 2020: We welcomed our new first year class and one week later, all other students returned.

In July, August and September: We provided double classes and clinics to get all students caught up.



Controlling the virus

Type	#	Positive Cases
DMD Students	260	16
Residents	76	3
Faculty	91	3
Staff	240	6
Total	667	28

No clinical cases. All infections came from community gatherings.

One Year Later - Updates on COVID-19 and Dental Care

**Leah Smothers, Registered Public Health Dental Hygienist
Purchase Health Department**

One Year Later - Updates on COVID-19 and Dental Care

**Jennifer Hasch, Dental Director
Shawnee Christian Healthcare Center**

Recent Longitudinal Study Published in Jada March 2021

Longitudinal caries prevalence in a comprehensive, multicomponent, school-based prevention program

Jacqueline R. Starr, PhD, MS, MPH; Ryan R. Ruff, PhD, MPH; Joseph Palmisano, MPH, MA; J. Max Goodson, DDS, PhD; Omair M. Bukhari, BDS, DMSc; Richard Niederman, MA, DMD

ABSTRACT

Background. Globally, children's caries prevalence exceeds 30% and has not markedly changed in 30 years. School-based caries prevention programs can be an effective method to reduce caries prevalence, obviate traditional barriers to care, and use aerosol-free interventions. The objective of this study was to explore the clinical effectiveness of a comprehensive school-based, aerosol-free, caries prevention program.

Methods. The authors conducted a 6-year prospective open cohort study in 33 US public elementary schools, providing care to 6,927 children in communities with and without water fluoridation. After dental examinations, dental hygienists provided twice-yearly prophylaxis, glass ionomer sealants, glass ionomer interim therapeutic restorations, fluoride varnish, toothbrushes, fluoride toothpaste, oral hygiene instruction, and referral to community dentists as needed. The authors used generalized estimating equations to estimate the change in the prevalence of untreated caries over time.

Results. The prevalence of untreated caries decreased by more than 50%: from 39% through 18% in phase 1, and from 28% through 10% in phase 2. The per-visit adjusted odds ratio of untreated caries was 0.79 (95% confidence interval, 0.73 to 0.85).

Conclusions and Practical Implications. This school-based comprehensive caries prevention program was associated with substantial reductions in children's untreated caries, supporting the concept of expanding traditional practices to include office- and community-based aerosol-free care.

Continued

Interventions

Enrolled children received twice-yearly examinations and comprehensive caries prevention performed in the school by calibrated dental hygienists. Prevention included the provision of prophylaxis, glass ionomer pit and fissure sealants (Fuji IX, GC America), glass ionomer interim therapeutic restorations on asymptomatic carious lesions (Fuji IX), fluoride varnish on all teeth (Duraphat or Prevident, Colgate-Palmolive), toothbrushes, fluoride toothpaste (Colgate Big Red, Colgate-Palmolive), and chairside toothbrushing instruction. All children were referred to their own dentist, a local dentist, or a community health center as needed for acute oral health care (for details see [Appendix 1](#), available online at the end

DISCUSSION

In our pragmatic study, we assessed the potential effectiveness of a multicomponent, longitudinal, school-based caries prevention program delivered by dental hygienists. The program focused on US schoolchildren attending Title I¹⁴ elementary schools, at which 50% or more of the student population participated in free or reduced lunch programs, which is a surrogate indicator for lower socioeconomic status.

Children in the program experienced a more than 50% reduction in untreated caries during 6 visits. This 50% reduction is a change that, as explained below, would be unlikely in the absence of school-based caries prevention. Furthermore, wide-ranging sensitivity analyses support the conclusions of a beneficial preventive effect. Results of parallel economic analysis of our cohort indicated that this program is both cost-saving and cost-effective compared with no care or other prevention programs,¹¹ and the methods reported here offer 1 mechanism to expand the reach of traditional dental practices.¹³ These results also support the claim that a low-cost, high-access, community-based caries prevention program can control or reduce the prevalence of caries.^{1,15}





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COVID-19 Webinar Series: Infection Prevention and Control: Guidance for School Sealant Programs During the COVID-19 Pandemic

DESCRIPTION:

School sealant programs (SSPs) are recognized as an effective model for providing preventive oral health services to children at increased risk of developing dental caries and who are less likely to have access to regular dental care. On December 1, 2020 the Centers for Disease Control and Prevention (CDC) Division of Oral Health (DOH) published Considerations for School Sealant Programs During the Coronavirus Disease 2019 (COVID-19) Pandemic. OSAP, with funding support from the CDC DOH, has developed a document to supplement the CDC guidance with additional considerations for practical implementation. This webinar will review the Interim CDC guidance and considerations for planning and implementing a SSP infection prevention and control program during the COVID-19 Pandemic.

LEARNING OBJECTIVES:

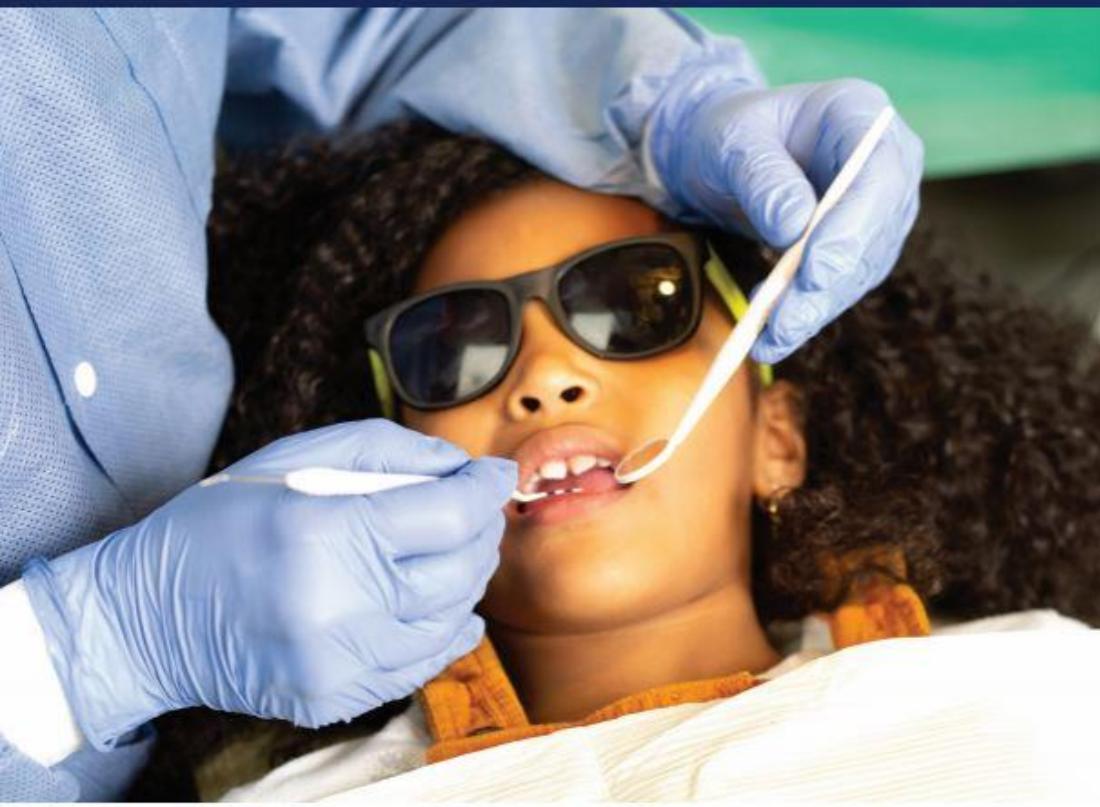
1. Describe interim infection prevention and control guidance for school sealant programs
2. Identify strategies and resources for implementation and evaluation
3. Discuss the impact on the roles and responsibilities of the school sealant program coordinator

Administrative and Work Practice Controls - CDC

- Avoid aerosol-generating procedures whenever possible
- Use of ultrasonic/sonic scalers, air polishing, etc. is not recommended.
- If aerosol-generating procedures are necessary for dental care,
 - use four-handed dentistry,
 - high evacuation suction and
 - dental dams (full mouth dental dams when possible)
- PPE after implementation of administrative, engineering and work practice controls
- Limit the number of DHCP present during procedure to those essential for patient care and procedure support

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

INFECTION PREVENTION & CONTROL GUIDE FOR SCHOOL SEALANT PROGRAMS DURING THE CORONAVIRUS DISEASE 2019 (COVID-19)



LAST UPDATED 2/11/2021

SCOPE OF SERVICES

CDC currently recommends avoiding Aerosol Generating Procedures (AGPs).

- Refrain from motor polishing and do not use air and water at the same time.
- Avoid the use of dental handpieces, air-polishing, air abrasion and ultrasonic scaling, and any other AGPs.
- Perform toothbrush prophylaxis.
- Consider using Silver Diamine Fluoride (SDF) to help arrest dental decay.
- Consider placing fluoride varnish to help strengthen the enamel and prevent dental decay.

CONSIDERATION:

AGPs are not necessary to provide preventive dental services to students. Students with restorative and other dental needs that require AGPs should be referred to a fixed dental setting for treatment.

Refer students with immediate or urgent dental needs to a fixed dental setting.

Consider the following when selecting sealant material:

GLASS IONOMER SEALANTS

Consider using Glass Ionomer (GI) sealant material instead of Resin-Based sealant materials. Placing GI sealants does not require a dry field and will be less likely to create aerosols during placement.

RESIN-BASED SEALANTS

Placement of Resin-Based Sealants requires a dry field. If this type of material is used, consider engineering controls designed to control aerosols in dentistry (i.e., intraoral isolation system, intraoral use of the high evacuation suction, four-handed dentistry, properly placed HEPA filters, etc.).

AEROSOL GENERATING PROCEDURES:

Procedures that may generate aerosols (i.e., particles of respirable size, $<10 \mu\text{m}$). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus nor sufficient supporting data to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scalers, high-speed dental handpieces, air polish, and air abrasion units.

All Kentucky Counties Have Returned to In Person School

- Hybrid schedules
- Sub-groups
- Districts are welcoming back school-based health providers
- Dental programs are returning for care and/or screenings
- Important to refer and treat urgent care before summer break
- Educating and communicating with FRYSCs and Administrators key
- School staff are overwhelmed, but valuing health care more than ever

Questions?

Poll and break

KOHC 2021 Project Initiatives, Sustainability, and Resources

**Alicia Whatley, Policy and Advocacy Analyst
Kentucky Youth Advocates**

KOHC 2021 Projects

- ▶ DentaQuest Partnership for Oral Health Advancement Grant - January 2021-December 2021
 - ▶ Funding level at \$115,000 for 2021
 - ▶ Focus on policy advocacy and systems change
 - ▶ We rely on members to help form our policy agenda and participate in advocacy efforts to support this work
 - ▶ This grant funding allows KOHC to:
 - ▶ Convene members and stakeholders virtually and in person, when possible
 - ▶ Build our infrastructure to respond and create policy agendas each year
 - ▶ Mobilize members and stakeholders to engage with the Coalition's goals and policy advocacy

KOHC 2021 Projects

- ▶ Delta Dental Grant - Year 3
 - ▶ This three-year grant aims to equip dental professionals with the knowledge and tools needed to recognize and appropriately report the signs of child abuse and neglect and keep kids safe.
 - ▶ We have spent two years gathering information from dental professionals, preparing resources, and developing a toolkit.
 - ▶ Year three will kick off in April with the release of our new toolkit for health professionals to recognize and report signs of child abuse and neglect.
 - ▶ In addition to the toolkit release and campaign, we will provide three free trainings on Pediatric Abusive Head Trauma for oral health professionals in April, Summer 2021, and October.

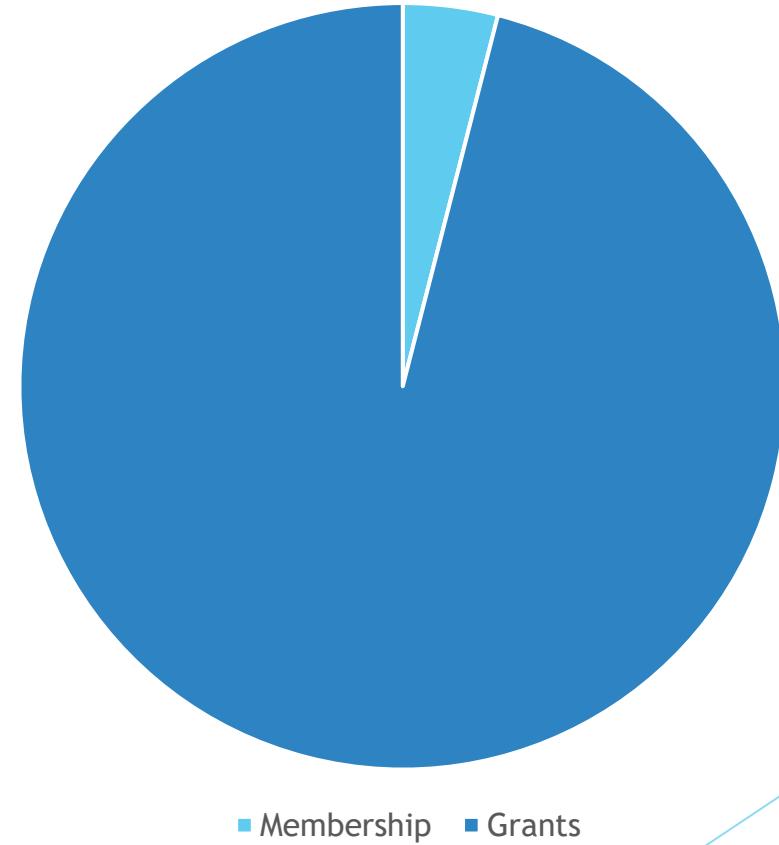


Questions and reflections on toolkit?

KOHC Sustainability

- ▶ KOHC is a coalition that has operated for more than ten years, relying heavily on support from grant funding for our programming
- ▶ We are driven by the participation and input from our members, and membership matters for the sustainability of the coalition

KOHC Current Funding



What we need from you

- ▶ Continue engaging as members and renewing memberships each year
- ▶ Provide insight into the work we prioritize including:
 - ▶ Content we share
 - ▶ Meeting presentations
 - ▶ Programming/ projects we focus on
- ▶ Invite others to become members - including organizations
- ▶ Engage with our content online - visit our website and utilize resources, share and like our content on social media

Volunteers of America Expansion into Southeast Kentucky

**Jennifer Hancock, President and CEO
Volunteers of America**



Jennifer Hancock
President & CEO



VOA SERVICES

We reach people through more than 40 programs across 4 states



Developmental Disability
Services



Veterans Services



Addiction Recovery
Services



Homeless and Housing
Services



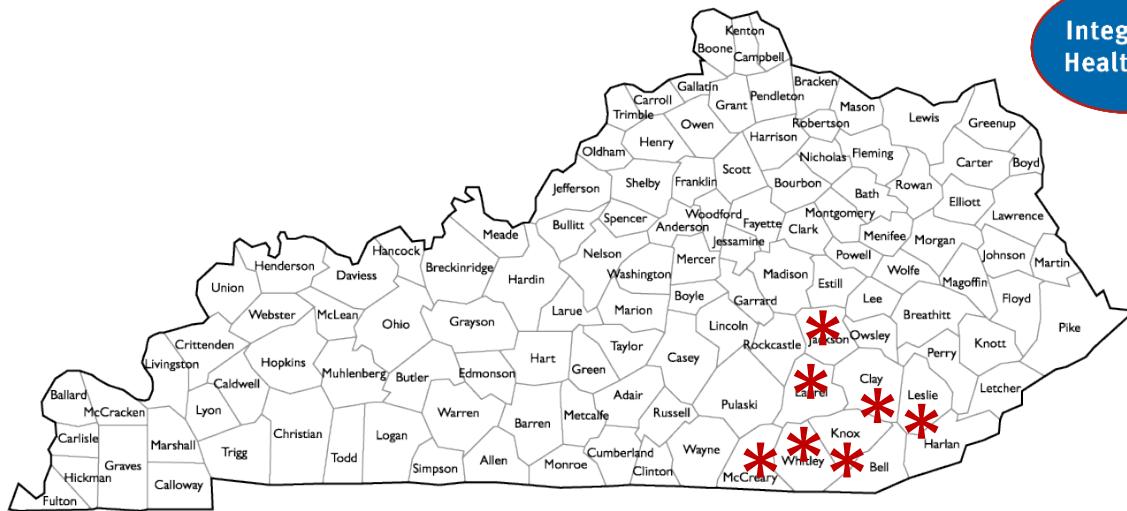
HIV Services



Restorative Justice

Expansion into South Eastern KY

- Communities in SEKY have been dramatically affected by the opioid and addiction crisis.
- These communities have been underserved and VOA has a solution that works and will make a difference.



KY Counties:

McCreary, Knox, Jackson, Clay, Whitley, Laurel & Leslie



FREEDOM HOUSE

Our Freedom House program for pregnant and parenting women helps moms to overcome substance use disorder and to keep families together.



- A two-generation solution focused on long-term recovery and stability for moms and their children.
- National model for helping women start new lives – and one of just 7 programs in the entire nation certified by the very rigorous American Society of Addiction Medicine
- Long-term recovery that uses evidence-based and outcome-focused treatment.

RECOVERY COMMUNITY CENTER

The RCC serves as a gathering place for individuals seeking community and peer support in Clay County and Southeastern Kentucky.

The RCC hosts meetings, speakers and community events. It's a place to share stories and learn about substance use disorder and to access workforce re-entry & other case management services.



RESTORATIVE JUSTICE

Restorative Justice is an innovative, outcome-based and cost-effective alternative to our juvenile justice system.

It is a comprehensive alternative that brings together the offender, victim and community to make things right.



VOA'S ORAL HEALTH INITIATIVE

We are working to promote better oral health care for pregnant and parenting women working to overcome substance use disorder in Southeastern Kentucky.

Our Freedom House program will be the initial focus on the campaign, which will expand to educate and serve as many women with substance use disorder as possible.



OUR WORK TO IMPROVE ORAL HEALTH

- Working with Dr. Jill Keaton from Big Sandy Community and Technical College who plans to provide virtual and educational oral health programming to clients at RCC and Freedom House in SEKY this spring.
- Received funding from Delta Dental Foundation to fund restorative dental work for clients of our addiction recovery programs in Manchester.
- Received in-kind donations of oral health supplies from the American Dental Association.
- Received support from Avesis and the Ky Beverage Association for a multi-media educational and oral health literacy campaign in SEKY.



INNOVATION AT RED BIRD MISSION

- We introduced Whip Mix Corporation to our friends at Red Bird Mission and they have donated more than \$25,000 in capital equipment to start a 3D implant printing program. This gift brings new technology, resources and training to create high quality dental implants for clients who need oral reconstruction. This project is not limited to but is particular beneficial for clients who are undergoing treatment for Substance Use Disorder and have a high level of oral health need.



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www.voamid.org



Questions?

Thank you for joining us!

This virtual meeting was hosted by:

Kentucky Oral Health Coalition



For a lifetime of oral health

To learn more about KOHC and become a member,
please visit www.kyoralhealthcoalition.org