

**Project Report:**

# **Cavity Free Futures**

*A Chronic Disease Management Approach to Dental Caries*

**January 2025 -December 2025**



**Children's  
Oral Health  
Network  
of Maine**



**Summary developed by MCD Global Health, Oral Health Initiatives**  
Courtney Vannah, IPDH, MS, MPH, Senior Program Manager  
December 2025

**Contents**

Project Partners ..... 3

Project Summary:..... 4

Initial Proposed Project Plan:..... 4

Background & History:..... 5

Project Work Plan & Outcomes:..... 6

    Goal 1: Development of a coaching intervention model..... 6

    Goal 2: Develop training materials..... 9

    Goal 3: Identify path to fiscal sustainability..... 11

    Goal 4: Plan for full implementation pilot..... 11

Project Conclusion ..... 12

## Project Partners



Children's  
Oral Health  
Network  
of Maine



We would like to acknowledge the National Association of Dental Plans Foundation for the grant funding to support this initiative. The National Association of Dental Plans Foundation is an organization who envisions that all individuals would have equitable access to dental care.



# Cavity Free Futures:

## *A Chronic Disease Management Approach to Dental Caries*

### **Project Summary:**

Cavity-Free Futures (CFF) is designed to close a critical gap in early childhood caries management by empowering community-based partners to deliver effective disease management coaching. While Maine has made strides in expanding access to preventive dental care through programs like the Maine Dental Connection and From the First Tooth, families still need more support in adopting “mouth-healthy habits” to prevent and manage decay. CFF builds on evidence-based frameworks such as [CAMBRA](#) (Caries Management by Risk Assessment—a model designed for implementation by the clinical dental team) and the chronic disease management approach developed for other chronic conditions such as diabetes. CFF adapts these proven methods for delivery by community-facing roles such as Community Health Workers and Head Start Family Advocates, who are uniquely positioned to provide culturally relevant, peer-based health coaching. This approach leverages motivational interviewing and goal-setting strategies to help caregivers replace cavity risk behaviors with sustainable oral health practices.

This NADP-funded project developed and field tested a prototype of the CFF coaching intervention, refined the content based on feedback from participants and families, and identified potential reimbursement pathways to support fiscal sustainability. Key deliverables included a toolkit, an outline for a web-based training module, and policy recommendations for Medicaid and commercial insurers to support reimbursement. By integrating caries management into community settings and creating scalable tools, CFF aims to transform how early childhood oral health is addressed—shifting from a purely clinical model to a family-centered, community-driven approach that reduces disease progression and promotes lifelong oral health.

### **Initial Proposed Project Plan:**

Goals of this project included:

- 1) Develop a caries management education and coaching intervention for people in community-facing roles to deliver to patients/families in various community settings.
- 1) Test and refine the prototype design of the coaching intervention with feedback from participants and families at various types of community sites.
- 2) Identify existing and potential reimbursement pathways for Medicaid and commercial health benefits to cover this intervention through case management and patient education codes and/or value-based alternative payment mechanisms.
- 3) Develop recommendations for refinement of the prototype and a full pilot of the intervention, including a formalized training module and any necessary policy changes to make delivery of the intervention financially sustainable.

## Background & History:

The [Children's Oral Health Network](#) (COHN) of Maine works to ensure that all Maine children grow up free from preventable dental disease by collaborating with community partners to build accessible oral health solutions that reach children early and often. As a rural, under-resourced state, dental access has always been a challenge in Maine; however, since the pandemic, people with Medicaid and those without an established dental home have seen access worsen. Many factors contribute to this crisis: a growing population; the pandemic-driven shrinking of the workforce; and the addition of an adult dental Medicaid benefit, which, while necessary, has also overwhelmed the few remaining dental offices serving patients with MaineCare. A recent analysis of claims data revealed that in 2023, only 35% of children under 21 with consistent private or public coverage had a routine dental exam and cleaning.<sup>2</sup> This equates to almost 140,000 insured children in Maine without an active dental home, and there are another 100,000 with inconsistent insurance or no dental coverage at all.

In response to this challenge, COHN unites multiple partners across Maine to support innovations in access to care including [The Maine Dental Connection](#), [From the First Tooth](#), and many other means of bringing care to children in non-traditional ways with a strong emphasis on minimally invasive, early intervention approaches. However, addressing dental disease involves more than just treating decay; it requires supporting families to adopt effective caries management strategies and "mouth-healthy habits", a term coined by California Dentist, Dr. Paul Glassman. Findings from an oral health project that capitalizes on the relationships built by those in community-facing roles indicates that health coaching can be most effectively provided by someone caregivers can relate to more as a peer than by their medical or dental provider who may lack both the training and the time to effectively deliver disease management coaching and behavior change support.<sup>1</sup> Family-facing roles such as Community Health Workers (CHWs) and Head Start Health Managers play crucial roles in health coaching but likely have never had any formal training in managing childhood caries.

To address this gap, COHN proposed this Cavity-Free Futures (CFF) initiative. This approach builds on CAMBRA and other existing Early Childhood Caries disease management tools, to create and test a disease management intervention that can be effectively delivered by community-based partners. A collaborative workgroup of core partners, including community health workers, HeadStart program staff, and school-based health center organizations developed field tested, and refined the CFF prototype. This community-engaged structure ensured that the products created by this project were high-quality, community-informed, family-centered products and ready to be piloted effectively on a broader scale.

---

1. The Children's Partnership and California Northstate University. 2020. The Early Childhood Oral Health Assessment in the Inland Empire: From Pilot to Health Care Systems Integration. Available at: <https://childrenspartnership.org/wp-content/uploads/2020/12/ECHOA-2020-Brief-Final.pdf>

## Project Work Plan & Outcomes:

### Goal 1: Development of a coaching intervention model

Develop an initial prototype of the CFF intervention, including:

- 1) an outline of key parent/caregiver choices, habits, and behaviors that significantly impact caries progression in young children and the knowledge they need for effective caries management; and,
- 2) a toolkit for family-facing roles to support patients/families in learning and practicing these behaviors.

#### Expected outcomes:

Creation of a toolkit that includes an evidence-based risk assessment tool	✓
Development of a process to customize actionable cavity risk-reduction steps based on each family's risk	✓
Integrate motivational interviewing and goal-setting strategies to help families replace risk behaviors with "mouth-healthy habits"	✓
Field-test the CFF prototype	✓
Gather feedback about the intervention experience	✓
Refine tools and model based on feedback	✓

#### Notes:

An initial prototype of the coaching intervention was formed in the Spring of 2025. The coaching intervention was designed to support a family to identify their specific caries risk, identify opportunities for risk reduction action, create actionable goals, and take steps to mitigate their caries risk. A toolkit was created to support this coaching intervention including:

- 1) [Coach Guide](#)-Guides the CFF Coach through the process of supporting families to reduce their cavity risk.
- 2) Cavity Risk Assessments for [ages 0-5](#) and [ages 6+](#) -Supports identification of risk factors, opportunities for action, and goals.
- 3) [Cavity Risk Reduction Pocket Guide](#)-Serves as a reminder for the CFF Coaches of content included in the CFF training and includes explanation and strategies for reduction of each risk addressed on the Cavity Risk Assessment.
- 4) [Prescription for Oral Health Learning](#) -Tool used to "prescribe" educational learning videos from the Oral Health Video library relevant to the family's risk reduction goals.
- 5) [Resource Library](#)-Includes supplemental resources on each topic addressed in the Cavity Risk Assessment that Coaches can provide to families wishing to learn more about a particular topic.

- 6) [Risk-Based Disease Prevention and Management of Early Childhood Caries Flipchart](#)- Resource developed by Boston Children’s Hospital that can be used as an educational aid by the CFF Coach when providing oral health education to a family.
- 7) [Progress tracker](#)-A tracking calendar that families can use to track their progress towards their cavity risk reduction goals
- 8) [Cavity Free Futures Tip Sheet](#)-A one-page tip sheet with general recommendations for families to reduce cavity risk.

The developed prototype outlined procedures for the Coach to use the Cavity Risk Assessment to guide the family through cavity risk reduction with the following steps:

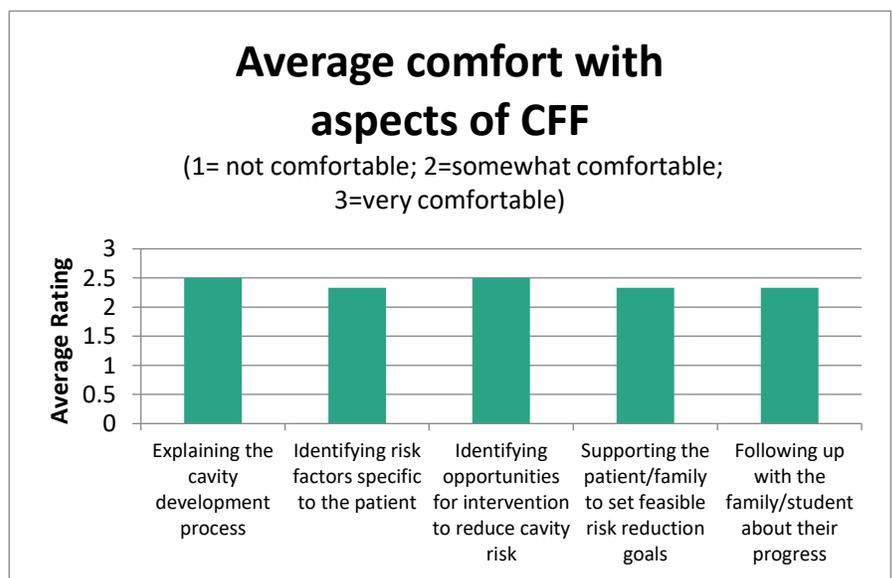
- Complete Cavity Risk Assessment
- Review responses & educate
- Identify opportunities for action
- Create goals for cavity risk reduction
- Provide learning resources
- Plan for tracking and follow-up

The prototype was field tested in the Summer/Fall of 2025 by community health workers, HeadStart family support advocates, and school-based health center staff. Two participants from each site partner were trained and each participant field tested the coaching intervention with at least two families or students. Feedback was collected from both the participants and the families or students they worked with.

*Field Test Experience Feedback*

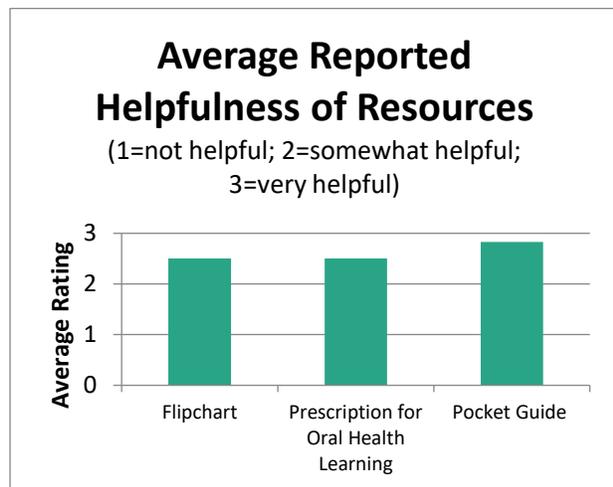
Participants generally reported high levels of comfort when engaging with families/students about cavity risk reduction. The average ratings across five key areas—explaining the cavity development process, identifying patient-specific risk factors, suggesting actions, supporting goal setting, and following up—ranged from 2.33 to 3.0. This indicates that participants felt confident in their ability to communicate and support families effectively.

A few questions came up that the field test participants did not feel prepared to answer including whether genetic factors play a role in causing dental health



issues, especially during childhood, and what constituted an oral appliance. This content will be clarified in future editions of the training.

When asked about the helpfulness of key resources, all three resources investigated—the Pocket



Guide, Flipchart, and Prescription for Oral Health Learning—received high marks for helpfulness, with average ratings close to 3.0. This suggests that the materials were well-received and considered valuable tools during family interactions. Participants appreciated the accessibility and clarity of the resources, often referring back to them when needed, in particular the Pocket Guide. One participant suggested adding a tip sheet with family friendly language which was later added to the toolkit. In addition to these resources,

participants shared that the Resource Library was a useful resource, and they referred families to it whenever appropriate.

The Cavity Risk Assessment form was rated 2.3 out of 3 for ease of use. Participants found the form generally clear and easy to navigate, though some noted areas for improvement such as reducing repetition and confusion around color coding that was included in the original version. One respondent suggested adding an explanation to the form as to why the questions were asked. Overall, participants felt the form was easy to navigate and appreciated the ability to reference available resources, as needed. An updated version of this form was developed based on participant feedback.

### *Family/Student Feedback*

Eight out of twelve of the families/students who participated in the CFF field test provided feedback via survey. All 8 respondents rated the information received in the CFF field test as very helpful (3 on a 3-point scale where 1=not helpful, 2=somewhat helpful, and 3=very helpful). The most helpful parts of the CFF experience were noted as the Oral Health Video Library, and information on mouth breathing and, most notably, dietary guidance. Respondents consistently noted the new realization that sipping on juice was harmful for teeth as well as the realization that foods besides “anything with sugar” can contribute to cavities. Also evident in the responses was the appreciation for information being delivered in a low-barrier, non-threatening way with one participant stating, “Everyone was so kind and helpful, I didn’t feel like I was being lectured, and it felt more like I had real support, thank you”. Additional representative comments from respondents included:

- 🗣️ “I loved how easy it was to follow along and understand everything. It also gave me more confidence to help my kids brush and eat better for their teeth.”

- 🗣️ “My child did not have a dental home before. After I met [CFF Coach] and she told me, “Your child needs a dental home”, and she helped me fill out forms to [dental office], we have our first appointment coming up.”
- 🗣️ “We used to drink a lot of juices in my house. Since I did [Cavity Free Futures] and watched the videos we drink less juice and more water.”
- 🗣️ “I am going to floss more and cut back on my snacking throughout the day now that I understand the risks of snacking all day. I am going to stay focused on only drinking water.”

In general, all participants described the field test as an informative and positive experience with families/students expressing wonderful learning and appreciation for the content delivery by community-facing partners they were already comfortable with, and trainees expressing interest in continuing with the CFF project and even exploring other delivery methods such as group style education. The toolkit and general model were updated throughout and following the field test based on feedback from participants.

## Goal 2: Develop training materials

Create an outline for a formal web-based self-paced training module to train community partners to deliver the caries management coaching intervention.

### Anticipated Activities:

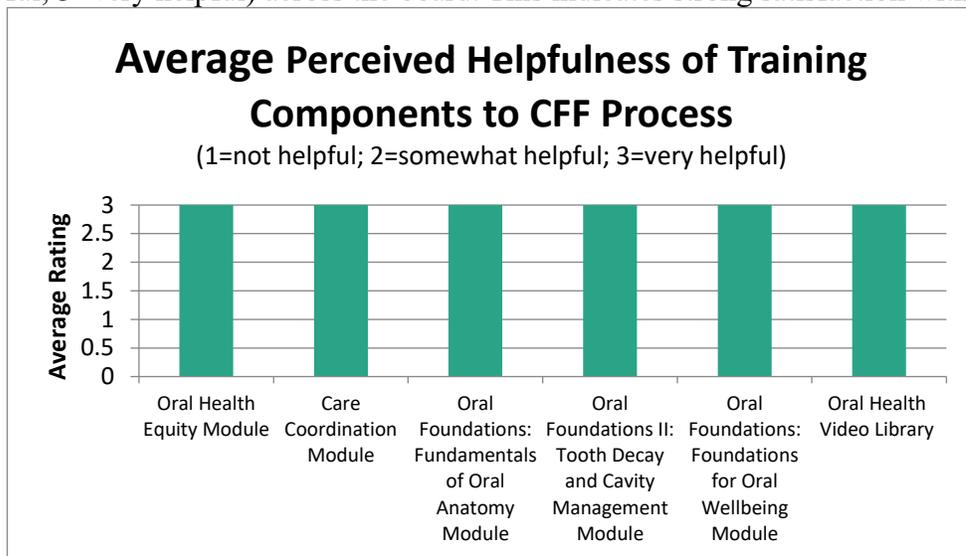
Develop training prototype	✓
Field test training prototype	✓
Collect and analyze feedback on training	✓
Refine training	✓
Develop plan for module development as supplemental module to Oral Health Navigation Learning Series	✓
Secure funding for module development	✓

### Notes:

The training prototype was developed in the Summer of 2025 and field tested in the Summer/Fall of 2025. Three community partner organizations, including community health worker, HeadStart, and school-based health center organizations, participated in the training with two staff participants at each location trained. The training consisted of 5 modules from the [Oral Health Navigation \(OHN\) Learning Series](#) (Oral Health Equity, Care Coordination, Oral Foundations I: Fundamentals of Oral Anatomy, Oral Foundations II: Tooth Decay and Cavity Management, and Oral Foundations III: Foundations for Oral Well-Being), reviewing all videos included in the [Oral Health Video Library](#), and an in-person or live remote training that included content on caries management and the CFF process, role playing and practice, and Q&A. Following the training participants were asked for feedback.

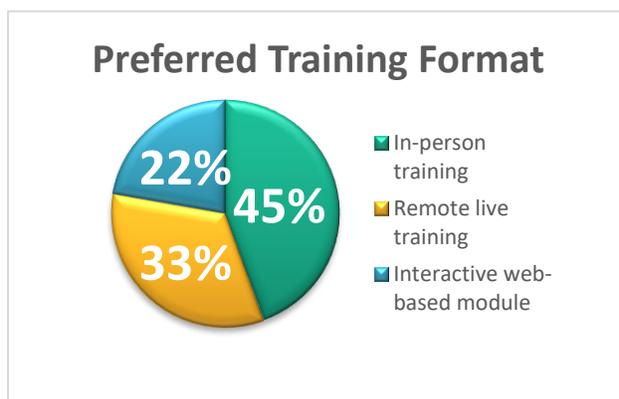
### Training Feedback

Participants consistently rated all training modules as very helpful, with average scores of 3 (1=not helpful; 2=somewhat helpful; 3=very helpful) across the board. This indicates strong satisfaction with the content and delivery of modules such as Oral Health Equity, Care Coordination, and Oral Foundations I, II, and III. Respondents appreciated the relevance and clarity of the materials, which effectively prepared them for the Cavity Free Future test experience. The Oral Health Video Library



videos were referenced multiple times throughout the evaluation noted as being very helpful and relevant with specific mentions of the videos focusing on the early dental home, fluoride, and airway issues.

When asked about preferred formats for future training, most participants favored in-person and remote live training. Interactive web-based modules also received support, suggesting a blended approach may be most effective for future sessions. Participants noted a desire for more interaction during the beginning of the training including knowledge checks which an interactive web-based training could support. Additionally, a desire for more practice with the Cavity Risk Assessment form was expressed, as well as more diversity visible in the training images.



Following the field test, the [Training Plan](#) and training materials were updated with an outline of the training prepared to be converted into an online training module included in the Oral Health Navigation Learning Series with funding secured with a plan to begin development in early winter 2026.

### Goal 3: Identify path to fiscal sustainability

Identify a set of recommendations for MaineCare and commercial dental benefit providers regarding effective reimbursement to support ongoing delivery of the CFF intervention.

**Anticipated Activities:**

Identify feasible reimbursement pathway	✓
Develop recommendations for benefit carriers	✓
Present recommendations to MaineCare and Northeast Delta Dental administrators	✓
Identify next steps to cover the intervention or to support policy changes to enable future reimbursement	✓

**Notes:** The most feasible reimbursement pathway for this model was identified to be the utilization of available CDT codes for Motivational Interviewing and/or Oral Health Literacy:

- **D9994:** Dental case management – patient education to improve oral health literacy
- **D9993:** Dental case management – motivational interviewing

Utilization of these codes is recommended to be payable at a rate similar to that of **D1310:** Nutritional Counseling except payable on a more frequent basis to accommodate needed follow-up with families, up to 4 times per year, with option for more sessions in a very high-risk case with additional documentation.

At the time of this report, conversations have been initiated with both MaineCare & Northeast Delta Dental regarding the potential for making CFF a reimbursable service. A meeting to present an overview of CFF, share results of the field-test, and gather input regarding the potential needed policy avenues to establish future reimbursement, is scheduled in December.

### Goal 4: Plan for full implementation pilot

**Anticipated Activities:**

Secure funding for multi-site pilot	✓
Include at least 6 sites committed to participation	✓

**Notes:** At the completion of Phase I of this project, included here in this report, a plan for a full implementation pilot was developed. The pilot will include at least 6 implementing partners who have already agreed to participate, including community health worker organizations, Head Start programs, school-based health centers, and community paramedicine. Collectively at least 12 staff members will be trained, with the intervention delivered to at least 120 participants representing a wide range of settings. At the time of this report, proposals for funding for this pilot are still pending.

## Project Conclusion

Phase I of the Cavity Free Futures (CFF) initiative successfully demonstrated the feasibility and impact of a community-based coaching model for early childhood caries management. Through the collaborative efforts of diverse partners—including community health workers, Head Start advocates, and school-based health center staff—the project developed and field-tested a comprehensive toolkit and intervention prototype. Feedback from both coaches and families affirmed the value of the approach, with participants reporting increased confidence in supporting oral health behavior change and families expressing appreciation for the accessible, supportive delivery of information. The integration of motivational interviewing, goal-setting strategies, and culturally relevant resources proved effective in helping caregivers adopt “mouth-healthy habits”. The training modules and educational materials received high ratings for clarity and usefulness, laying a strong foundation for scalable implementation. These outcomes underscore the potential of shifting caries management from a clinical-only model to one that is family-centered and community-driven.

Looking ahead, the next phase of the CFF initiative will focus on developing a formal, interactive web-based training module and launching a full multi-site implementation pilot. With six committed partner sites and a plan to train 12 staff members to reach 120 families collectively, the pilot will further refine the intervention and assess its broader applicability. The momentum generated in Phase I—through strong partner engagement, positive participant experiences, and iterative refinement of tools—positions CFF to become a transformative model in oral health equity. As the project moves into module development and expanded implementation, it holds promise for reshaping how communities support families in preventing dental disease and promoting lifelong oral health.