

Cavity Free Care Network (CFCN)

CFCN is one of eight Maternal and Child Health—Improving Oral Health Integration projects funded by the Maternal and Child Health Bureau to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health.

CFCN is implementing a two-tier, state- and local-level approach to improve access to oral health care for their target population—children ages 1–21 who receive care in participating private and public clinics.

Partners

CFCN is led by the Colorado Department of Public Health & Environment (CDPHE) in collaboration with Denver Health and the University of Colorado Department of Family Medicine Practice Innovation Program. CFCN Alliance members provide subject matter expertise and insights on the target population.

State-Level Approach

CFCN's state-level approach aims to advance three core functions (policy and practice; outreach and education; and data, analysis, and evaluation) to promote integrated POHC for the target population.

Core Function Activities

Policy and Practice

CFCN completed an environmental scan to gain knowledge about factors that could impact the integration of oral health care into primary care for the target population at the state level. The scan included questions focused on medical providers' and dental providers' scope of practice, Medicaid billing and payment, and policies and regulations. CFCN used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Children: Tool* and the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool* to identify policy and practice improvement opportunities. Findings



from the environmental scan and capacity inventories include:

- There are inconsistencies in reimbursement criteria for medical providers depending on patient age, which leads to confusion about and barriers to providing integrated POHC.
- Community health workers can practice in Colorado; however, there are no practice rules or regulations, and Medicaid does not reimburse them.
- Medicaid does not reimburse medical providers for POHC provided to pregnant adults.
- An oral health coalition in Colorado needs to be reestablished to support identified, tangible, and sustainable statewide efforts to improve oral health care.



CFCN is working with stakeholders to identify key policy and practice strategies to address during the 4-year project period. The Colorado Oral Health Coalition was reestablished in 2025; it consists of community and organizational partners with an interest in Coloradans' oral health. CFCN will partner with coalition members in project year 2 to identify key policies and practices related to the integration of oral health care into primary care.

Education and Outreach

CFCN developed the following training curricula and tools to increase oral health literacy across the state using an organizational health literacy approach. The resources were developed with input from health literacy experts and are being tested by CFCN's cohort 1 pilot sites. They will be refined as needed based on testing results.

- A health literacy gaps analysis tool to assess organizational health literacy practices; medical provider and dental provider oral health literacy knowledge, skills, attitudes, and behaviors; and medical provider and dental provider and staff

oral health literacy practices. The tool was adapted from [AHRQ Health Literacy Universal Precautions Toolkit \(3rd ed.\)](#) (2024), [Oral Health Literacy Toolkit](#) (2021–), and other key health literacy sources.

Results will inform training needs of medical providers and staff. The tool was incorporated into a readiness assessment, called the *CFCN Startup Assessment*, for participating primary care sites.

- *Cavity Free Literacy*, an online self-paced interactive training module for health care organizations and their staff, designed to increase awareness and knowledge about oral health literacy.
- *Cavity Free Youth Curriculum*, an online curriculum for medical providers and staff about communicating with children ages 6–21. It was developed to align with CDPHE's long-standing *Cavity Free at Three* curriculum that trains medical and oral health providers to deliver POHC to infants, young children, and pregnant women.
- Updates to *Cavity Free at Three*, an online curriculum to incorporate a health literacy approach for communicating with parents of infants and children up to age 5 (currently in development).

Data, Analysis, and Evaluation

CFCN developed the Colorado Oral Health Priority Community Index (OHPCI) to identify areas of the state where the greatest need for POHC exists. OHPCI is based on data from [County Health Rankings & Roadmaps](#) and was developed with input from key stakeholders in the CFCN Alliance. OHPCI was built with county- and regional-level data from various sources such as the Behavioral Risk Factor Surveillance System, the Healthy Kids Colorado Survey, Small Area Health Insurance Estimates, the Colorado Health Access Survey, the American Community Survey, the Colorado Department of Education, the Colorado Office of Early Childhood, the Water Fluoridation Reporting System, the Comprehensive Housing Affordability Strategy, the Health Resources and Services Administration, and the Federal Communications Commission's [Fourteenth Broadband Deployment Report](#). The OHPCI measures represent one of four focus areas: health behaviors, clinical care, social and economic factors, and the physical environment. OHPCI determined that the south and southeastern areas of Colorado experience a heavier oral disease burden among children up to



age 21 compared to the rest of the state. OHPCI helped guide outreach to potential clinic pilot sites in those areas.

CFCN also developed the [Colorado Oral Health Surveillance Dashboard](#) to link to individualized oral health dashboards for various data sources including the Pregnancy Risk Assessment Monitoring System, the Healthy Kids Colorado Survey, Baby & You, the Behavioral Risk Factor Surveillance System, and the Basic Screening Survey (BSS). The [Colorado Basic Screening Dashboard](#) includes all Colorado BSS data from 2003 through 2023. Oral health indicators are visualized for Colorado’s kindergarten and third-grade population; indicators include caries experience, untreated decay, early and urgent oral health care needs, and dental sealants for students in third grade. These indicators can be further broken down by other factors, including free or reduced-priced school meals data and urban or rural county designation.

In addition, CFCN developed the *Early Childhood and Youth Oral Health Screening Standardization Training* for school-based health providers on how to conduct oral health screenings and identify oral health concerns for children up to age 21 in school settings.

Local-Level Approach

CFCN conducted outreach to private and public primary care clinics located in the top 10 counties identified in the OHPCI as having a heavier oral disease burden among children up to age 21 compared to the rest of the state. After initial outreach was complete, it was expanded to the top 20 counties identified in the OHPCI. CFCN plans to work with three clinic cohorts during the project period to integrate oral health care into primary care for the target population. The first cohort includes a rural community health center and a rural school-based health center. CFCN’s approach incorporates activities in three core function areas: policy and practice; outreach and education; and data, analysis, and evaluation.

Core Function Activities

Policy and Practice

CFCN is using the *CFCN Startup Assessment* to guide coaching calls and identify areas for potential technical assistance (TA) that can support sites as they implement processes to provide POHC in primary care. The assessment includes questions on roles for the project (including recommended primary care integration roles), referral processes, and current workflows.



Education and Outreach

CFCN is testing the health literacy gaps analysis tool with the two participating pilot sites. The pilot sites will also test the *Cavity Free Literacy* and *Cavity Free Youth* online curricula. The training curricula will be provided via the educational platform *Colorado Train*. The tool and curricula will be refined for use by later cohorts. The training will be supplemented with coaching conversations and TA tailored to the needs of each site.

CFCN is assessing the readability and suitability of *Cavity Free* at Three patient materials using tools recommended by a health literacy expert and will update these materials based on assessment results. CFCN is using readability and suitability tools to develop a flipbook that medical providers and staff can use with patients when providing anticipatory guidance and education. CFCN is also obtaining input from a group of youth to inform resource development for *Cavity Free Youth*.

Data, Analysis, and Evaluation

Project team members from Denver Health and the University of Colorado Department of Family Medicine Practice Innovation Program are working with participating sites to optimize their electronic health record and processes for documenting the provision

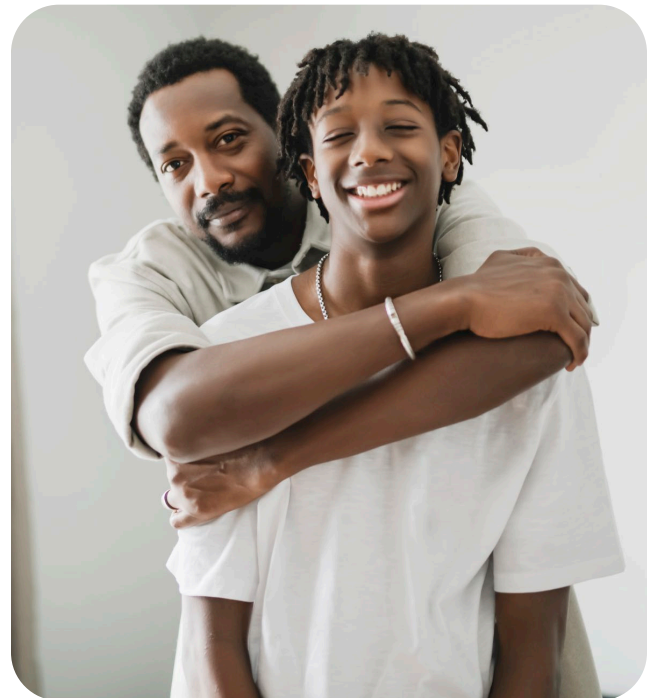
of POHC. Team members developed a metrics dictionary for the sites to report data monthly to CFCN to monitor each site's progress and guide coaching calls.

CFCN is also collecting data about provider and staff knowledge and skills to inform training activities and about patient and parent and other caregiver oral health literacy to inform anticipatory guidance and education.

CFCN developed an online system for collecting data about the status of other site-level project-implementation components, including workflow modifications, provider trainings, and dental-referral tracking. Project coaches will complete a clinic-specific field note after each coaching session to monitor clinic progress and inform TA and coaching needs.

Early Successes/Lessons Learned

- Established the CFCN Alliance and developed curricula.
- Modified OHPCI for the target population, which resulted in pilot-site selections.
- Developed an evaluation and metrics, and launched them with pilot sites.





Early Challenges

- CFCN adjusted its project timeline to meet deadlines set by the Maternal and Child Health Bureau for project year 1 deliverables. The revised timeline reduced the amount of time available for the CFCN Alliance to participate in developing and reviewing curricula. A more focused process for soliciting contributions and reviewing curricula was adopted to address alliance members' concerns about their capacity to adhere to the timeline.
- Clinics' lack of capacity to participate in a new project limited the number of pilot sites.

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