

1. Introduction

Noncommunicable chronic diseases (NCDs) account for almost 90% of total deaths in the United States.¹ The four most common NCDs—cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases—share common risk factors, including tobacco and alcohol use and dietary behaviors associated with obesity and elevated blood sugar.¹ The most common oral diseases—dental caries, periodontal disease, and oral cancer—share these common risk factors. A coordinated approach to primary prevention, the “common risk factor approach,” argues that coordinated primary prevention of oral and systemic diseases will reduce programmatic costs and increase efficiency and effectiveness.² However, use of this coordinated approach in primary prevention activities in the United States is not well documented.

While a common risk factor approach outlines opportunities for coordinated primary prevention of oral and systemic diseases, increasing evidence also supports the integration of secondary and tertiary prevention approaches. Studies have found associations between periodontal and cardiovascular disease,³ and a recent Cochrane systematic review found that control of periodontal disease results in a statistically significant reduction in glycated hemoglobin (A1C) levels in people with diabetes, indicating improved metabolic control.⁴ Additionally, oral health status can be an indicator of other systemic diseases; oral exams can detect signs of nutritional deficiencies and immune disorders, including the many oral manifestations of HIV/AIDS infection.⁵

In response to growing evidence of linkages between oral and systemic health, national public health priorities aim to increase medical and dental integration. Healthy People 2020 objectives call for increasing the proportion of adults who receive chronic disease preventive services in dental settings, including:

- Tobacco screening and cessation counseling (*TU-9.3, OH-14.1*)
- Testing and referrals for glycemic control (*OH-14.3*)
- Screenings for oral and pharyngeal cancer (*OH-14.2*)
- Dental visits for persons with diabetes (*D-8*)

Despite prioritization, baseline data for several of these objectives do not exist.

Although many state and local interventions address medical-dental integration, national recommendations to guide development and implementation of best practices in this area are lacking. Recent national efforts to reform health care delivery provide an ideal opportunity for policymakers to advocate for the inclusion of oral health in these changes. Currently, lack of knowledge about integrated practices prevents policymakers from appropriate prioritization.

This report addresses that knowledge gap with an environmental scan of medical-dental integration in US public health settings and the inclusion of oral health in health care reform. The aim is to provide information that can be used by policy makers and other public health stakeholders to maximize existing public health resources in order to effectively use our limited public health resources to address common risk factors for NCDs and oral disease.