

ASTDD Health Impact Snapshot: Medical-Dental Integration and Diabetes



The Challenge

The link between oral and overall health is well established. Poor oral health can significantly complicate the management and outcomes of chronic diseases such as **Type 2 diabetes**. For individuals with diabetes, gum disease can worsen blood glucose control and increase the risk of complications. Despite this connection, oral health is often overlooked in chronic disease prevention and management strategies.

At the same time, individuals with chronic diseases may also face barriers to accessing timely dental care, further exacerbating health disparities. Each year, nearly **29.3 million people** in the U.S. see a dental provider but not a medical provider—underscoring the **untapped potential of dental teams to identify and refer at-risk patients**. Likewise, medical providers can play a vital role in screening for oral health needs and connecting patients with care.

State oral health programs play a key role in promoting this kind of cross-system coordination. With tools like the **Behavioral Risk Factor Surveillance System (BRFSS)**, states can analyze and share data on how people with and without diabetes access oral health services. These insights can drive better care models and reduce disparities. Research shows that treating periodontal disease in people with diabetes may **lower medical costs by \$900 to \$2,840 per patient annually**.

Strengthening Integration Through Public Health Collaboration

In 2024–2025, ASTDD partnered with the **National Association of Chronic Disease Directors (NACDD)** to support 15 states funded under the Centers for Disease Control and Prevention’s (CDC) DP24-0048 initiative. Their collaboration focused on equipping states with data, tools, and partnerships to improve outcomes for adults with diabetes by integrating dental and medical care.

Key Activities:

- Conducted a preliminary analysis of **2022 BRFSS data** for each funded state, focusing on access to dental care among adults with and without Type 2 diabetes.
- Convened a **Community of Practice** in January 2025 for funded states to exchange findings, challenges, and emerging strategies.

- Provided **examples of potential data products** and identified key target audiences to support evidence-informed outreach and policy planning.
- Shared resources highlighting the impact of oral health on glycemic control, including tools linking periodontal treatment to improved **Hemoglobin A1c (HbA1c)** outcomes.



The Impact

This collaboration has opened critical lines of communication between **oral health and diabetes program staff** in state health departments. Through the MOU between ASTDD and NACDD, state oral health programs gained greater access to diabetes program managers and **state diabetes education management specialists**, enabling:



Increased awareness of the role that oral health plays in diabetes management



Opportunities for joint messaging and provider training



Expanded referral pathways and care coordination



Data-driven strategies to reduce costs and improve outcomes for people with Type 2 diabetes



Conclusion and Next Steps

As chronic disease rates rise and healthcare systems evolve, **integrating oral and medical care** is essential to delivering whole-person care. ASTDD's collaboration with NACDD demonstrates how public health partnerships can illuminate unmet needs, align clinical priorities, and promote practical, data-informed solutions. Continued investment in state-level capacity is key to shaping a healthier future for adults with diabetes and reducing preventable healthcare costs nationwide.

