



American Heart Association®  
Healthy Smiles, Healthy Hearts™



# Ready



# Set



# Go!

Blood Pressure Screening and Referral Process  
for Dental Settings

## **IMPLEMENTATION GUIDE**

---

---



# Table of Contents

<b>The Opportunity Sitting in the Dental Chair</b> .....	3
<b>How to Use:</b> .....	4
<b>READY</b> .....	5
Know Where You Stand Before You Begin.....	5
Readiness Insights.....	6
Site Assessment for Readiness.....	8
Readiness Essentials.....	9
<b>SET</b> .....	11
Measuring Blood Pressure Accurately.....	12
Dental Chair Considerations and Limitations.....	13
The Importance of Proper Positioning for Accurate Readings.....	14
Blood Pressure Thresholds and Guideline.....	15
Recommended Actions Based on Readings.....	16
Blood Pressure Screening Decision Tree.....	18
Normal Blood Pressure Readings of 120/80 mm Hg.....	19
Elevated Blood Pressure 120-129/<80 mm Hg.....	20
Stage 1 Blood Pressure 130-139/80-89 mm Hg.....	21
Stage 2 Blood Pressure $\geq$ 140/90 mm Hg.....	22
Severe Hypertensive or Emergency Blood Pressure $\geq$ 180/ $\geq$ 120 mm Hg.....	24
Establishing Referral Networks.....	26
Standardizing Referral Information.....	30
Implementation Considerations.....	32
<b>GO</b> .....	33
Reinforce Blood Pressure Screening as Routine Care.....	34
Monitor and Strengthen Daily Workflows.....	36
Patient Feedback and Engagement.....	37
Elevating Excellence in Dental-Cardiovascular Integration.....	39
<b>Key Takeaways</b> .....	41
<b>Educational Resources</b> .....	43
<b>Credits and References</b> .....	44

# Ready, Set, Go!

---

## The Opportunity Sitting in the Dental Chair

About 120 million U.S. adults, nearly half of the population, have hypertension and approximately 78% of those individuals are reported to have uncontrolled hypertension<sup>1</sup>. Simultaneously, over 40% of adults aged 30 and older have been estimated to experience gum disease<sup>2</sup>. Chronic periodontal inflammation and oral pathogens can contribute to systemic inflammation, which has been linked to hypertension and adverse cardiovascular outcomes<sup>3</sup>. In fact, one study found that individuals with untreated oral infections may be nearly three times more likely to develop coronary artery disease<sup>4</sup>.

Each year, about 29 million adults have a dental visit but not a medical medical visit<sup>5</sup>. For many, the dental chair represents their primary point of contact with the health care system. This positions dental professionals as key players in the early detection of systemic conditions such as hypertension, particularly due to their consistent and trusted interactions with patients.

By incorporating simple health screenings, such as blood pressure checks, into routine dental care, dental teams can identify patients at risk for hypertension and at risk for cardiovascular disease, often before symptoms appear. This early detection enables timely referrals and better outcomes, potentially saving lives.

The American Heart Association's Healthy Smiles, Healthy Hearts™ initiative, in collaboration with Delta Dental, is exploring ways to integrate oral and cardiovascular care, working to establish a new standard of care that includes<sup>6</sup>:

- Routine blood pressure screenings in dental settings
- Referrals to primary care professionals when necessary
- Support for dental professionals through education and resources
- Education on the link between oral and heart health for dental patients

This initiative emphasizes the importance of an overall health care approach, where dental professionals are active members of a patient's integrated care team. By performing screenings and sharing educational materials, dental professionals can help patients take charge of their overall health.

*Thresholds are intended as general guidance; the treating dental professional should use clinical judgment, patient history, and context to determine the most appropriate course of action.*

## How to use this guide...



### Ready EVALUATE

Lay the groundwork for success. This section helps you and your team evaluate current processes, identify readiness for blood pressure screening integration, and understand patient and staff expectations. Explore site-level models, process mapping, and key insights to determine where you are—and what's needed to move forward.



### Set DEVELOP

Prepare your teams and set the standard. This section supports dental professionals in developing standardized blood pressure screening and referral workflows, defining team roles, selecting validated devices, and preparing your staff through training and education.



### Go! INTEGRATE

Turn your plan into everyday practice. This section guides dental professionals in fully integrating blood pressure screening and referral processes into routine care. It provides decision-support tools, scripting, patient education resources, and strategies to help teams overcome barriers, track progress, and sustain success over time.



# Ready > EVALUATE

## Know Where You Stand Before You Begin

Before implementing blood pressure screening and referral in the dental setting, it's important to assess your site's current workflows, team readiness, and opportunities for improvement.

- **Assess your site's existing workflows** to understand where screening and referral could be integrated
- **Evaluate team readiness** by identifying available resources, training needs, and staff roles
- **Map out current patient flow and documentation processes** to spot gaps and opportunities for improvement
- **Explore practical tools and resources** to support process mapping and readiness assessment
- **Build a shared vision for success** by gathering team input and aligning on the value of integrating screening into routine care

This is your starting point. Use these insights to prepare your team and create a strong foundation for what's next.



# Ready

## Readiness Insights: Patients, Dental Teams & Primary Care

Across the country, both patients and dental and other health care professionals are signaling readiness for a more integrated approach to care, one that includes blood pressure screening and referrals in the dental setting. Recent research conducted by the American Heart Association, in collaboration with The Harris Poll<sup>7</sup> and The Olinger Group<sup>8</sup>, shows dental professionals already have a strong foundational understanding of the oral–cardiovascular health connection, and many are open to putting that knowledge into practice.

Patients are equally receptive. A majority say they would be willing to talk to their dental care team about the connection between oral and cardiovascular health. Primary care professionals also recognize the connection and see the value in working together, even as standardized protocols and workflows are still evolving.

You're not alone in this shift. These insights confirm dental teams like yours are well-positioned to lead the way. The tools, resources, and implementation guidance provided in this guide are here to support you every step of the way.



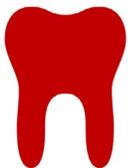
### Patients Are Open

Two-thirds (66%) of dental patients want more comprehensive care from their dental care teams. They're ready for the conversation; you can start it.<sup>7</sup>



### Protocols Make it Possible

The initiative offers tools, workflows, and templates to help you screen, educate and refer patients with confidence. **You don't have to start from scratch.**<sup>8</sup>



### Dental Professionals Are Willing

Most dental teams already recognize the importance of blood pressure screening and are open to making it part of routine visits. **You're not alone; many of your peers are on this journey, too.**<sup>8</sup>



### Other Health Care Professionals Are Listening

Other health care professionals recognize the connection between oral and heart health, and they're open to working together. Integrated care starts here. **You have a chance to lead by initiating the conversation and the referral.**<sup>8</sup>



# Ready

## Readiness Insights: What This Means for You

These insights confirm: Patients are open, your peers are willing, and the support systems are in place. Now is the time to act, and you don't have to do it alone. This implementation guide provides tools, protocols, and patient education resources to help your practice take the next step with confidence.

### So, What Can Dental Professionals Do?

- Incorporate blood pressure screenings into routine dental visits using standardized protocols and validated equipment.
- Educate patients about the connection between oral and cardiovascular health using simple, relatable language.
- Use screening results as a teaching moment, celebrate normal readings, and offer follow-up steps when elevated.
- Refer patients to primary care when needed, using clear communication templates and referral pathways.
- Document and track screenings in the dental record to support continuity of care.
- Leverage patient education materials in the chair, waiting area, and take-home tools to reinforce the message.
- Build relationships with local primary care professionals to create feedback loops and shared care understanding.



#### RESOURCE

Get started on building your knowledge and receive continued education with the eModule:

[The Cardiovascular–Oral Systemic Link: An Interprofessional Course](#)



#### RESOURCE

Learn more about additional resources on the connection of oral health and cardiovascular health at [heart.org/HealthySmiles](http://heart.org/HealthySmiles)

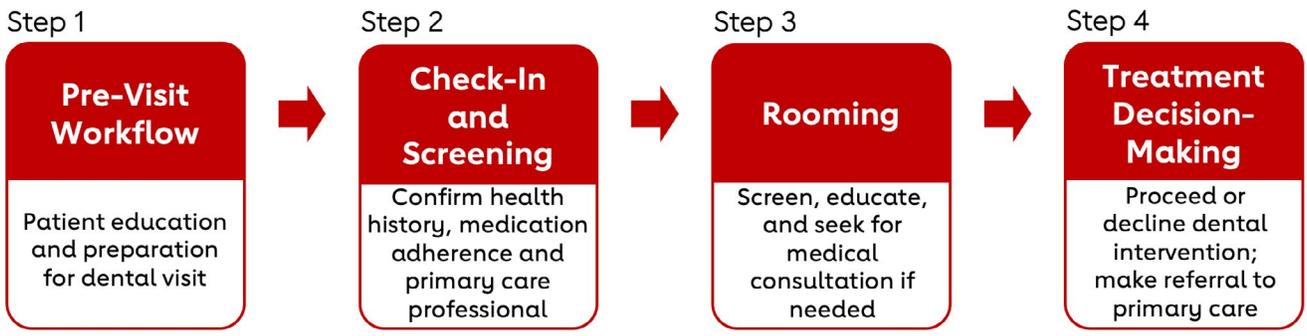


# Ready

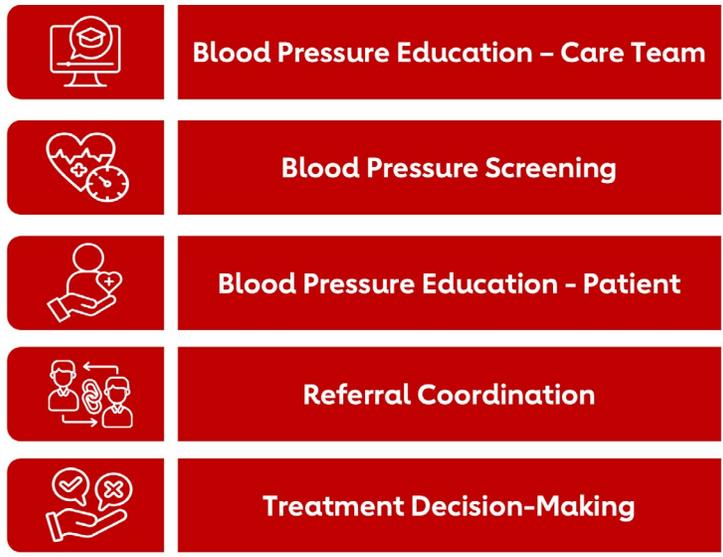
## Site Assessment for Readiness

The first step in building a standardized blood pressure screening and referral protocol is to evaluate your current practices and identify areas for improvement. Begin by assessing current processes and model shares from the patient intake to the dental procedure.

Using the flowchart below, consider what are your current practices, and what it would take to be ready for a proper blood pressure screening and referral workflow with optimal quality outcomes.



This workflow identifies readiness essentials to implement a quality blood pressure screening and referral process with educational support.





# Ready

## Readiness Essentials

Each step of the workflow—from Pre-Visit to Treatment and Decision-Making—is supported by tailored education, tools, and considerations. These highlighted readiness essentials guide dental teams through implementation with confidence. Use the callouts below to explore what matters most at each step.

### Blood Pressure Education – Care Team



#### Equip your dental team to understand why and how.

**Key Considerations:**

- Familiarize yourself with the American Medical Association MAP™ Framework:
  - **Measure Accurately** – Use validated equipment and proper technique.
  - **Act Rapidly** – Respond to high readings promptly and appropriately.
  - **Partner** – Connect and partner with primary care professionals.
- Provide regular staff education and refreshers (e.g., [eModules](#), short training videos).
- Include role-play scenarios for common patient conversations.
- Display simple visual job aids on technique and decision trees in clinical areas.

**Assess Your Current Process**

- Which steps are currently happening in our workflow?
- Where do we need support or training?
- What would it take to implement a full blood pressure screening and referral process?

**Helpful Resources**

- [eModule](#) – The Cardiovascular-Oral Systemic Link: A Groundbreaking Interprofessional Course
- American Heart Association's 2025 Blood Pressure Guideline
- List of validated devices for blood pressure screening

### Blood Pressure Screening



#### Build consistency and confidence in your screening process.

**Key Considerations:**

- Determine who on your team will screen and when (e.g., before cleaning, during health history intake).
- Clarify how and where to document BP readings in patient records.
- Create a backup plan if your usual screener is unavailable.
- Use digital tools (e.g., templates in your EHR) to standardize input.

**Assess Your Current Process**

- Who does the screening?
- How are screening measures captured?
- Where does the screening occur?
- Are validated blood pressure monitors properly calibrated and stored?
- Is your team confident in identifying abnormal readings?

**Helpful Resources**

- [Target: BP™ Blood Pressure Measurement Resources](#)
- List of validated devices for blood pressure screening



# Ready

## Blood Pressure Education - Patient



### Help patients to understand and act on their blood pressure readings.

#### Key Considerations:

- Use plain language and visual aids to explain what blood pressure numbers mean.
- Offer brief talking points or scripts for hygienists and assistants.
- Distribute handouts or wallet cards after screenings.
- Identify when in the visit it makes sense to educate—before cleaning, while waiting, etc.

#### Assess Your Current Process

- When in the visit is the best time to educate the patient?
- Who should educate the patient?

#### Helpful Resources

- Resources on the connection of oral and heart health at [heart.org/OralHealth](http://heart.org/OralHealth)
- Collaborative Communication Strategies: Partner with Patients
- Life's Essential 8<sup>™</sup> resources educating on the risks and health behaviors for overall health, covering topics including healthy eating, sleep, tobacco, managing blood sugar and blood pressure

## Referral Coordination



### Create seamless communication with primary care teams.

#### Key Considerations:

- Establish local partnerships with primary care offices encouraging patients to look for in-network physicians.
- Determine your referral method (printed form, fax, patient handoff, portal).
- Define a referral follow-up process (e.g., call in 2 weeks, note in system).
- Make sure your patients understand why they're being referred and what to expect.

#### Assess Your Current Process

- Who on the dental team is responsible for initiating referrals?
- Have we identified local primary care offices we can refer to or seek consultation if needed?
- Do we document referral communications in the patient's dental record?

#### Helpful Resources

- Referral template
- Health history questions

## Treatment Decision-Making



### Support ethical, patient-centered decisions on care timing.

#### Key Considerations:

- Define thresholds for when to delay dental treatment (e.g., dangerously high BP).
- Use decision trees or clinical pathways to guide action.
- Consult with patients and providers to respect informed consent and safety.
- Document decisions and patient education in the clinical record.

#### Assessment Your Current Process

- Have we defined clear thresholds for delaying treatment based on blood pressure readings?
- Do team members know how to use the decision tree or clinical pathway when faced with high blood pressure?
- Do we have a plan for when patients insist on treatment despite elevated risk?
- Who on our team is responsible for making the final call on proceeding with or deferring care

#### Helpful Resources

- Blood Pressure Screening Decision Tree for the Dental Setting



# Set > DEVELOP

Now that you have self-assessed and identified the gaps in your current process, **SET** is intended to prepare your team and set the standard.

This section will help you:

- **Establish a blood pressure screening and referral protocol** tailored to your dental care setting
- **Standardize a team-based approach** to ensure consistency across all professionals and staff
- **Engage patients effectively** with tips for clear, compassionate communication around blood pressure and heart health
- **Familiarize your team with current hypertension education and referral practices** through curated tools and resources



# Set

## Measuring Blood Pressure Accurately

Accurate measurement is the foundation of a successful screen-and-refer process in the dental setting. This section establishes a clear, repeatable protocol so any trained team member can obtain a reliable reading, document it correctly, and trigger the appropriate next step without disrupting clinic flow.



**Figure 1 Checklist for Accurate Blood Pressure Measurement<sup>9</sup>**

Pickering et al. Adopted with permission from Whelton et al. Copyright 2018 American College of Cardiology Foundation and American Heart Association, Inc. Adapted from Mancia et al by permission of Oxford University Press. Copyright 2013 Oxford University Press. Adapted with permission from Weir et al from *Annals of Internal Medicine*. Copyright 2014 American College of Physicians. All Rights Reserved. Adapted with permission of American College of Physicians. Created by Sceyence Studios.

### Office Blood Pressure Measurement

1. The patient should avoid caffeine, exercise and smoking for at least 30 minutes before measurement. Ensure the patient has emptied their bladder.
2. Use a blood pressure device that has been validated for accuracy ([validatebp.org](http://validatebp.org)).
3. Use the correct cuff size on a bare arm
4. The patient's arm should be supported at heart level.
5. Have the patient relax, sitting in a chair (feet on the floor, legs uncrossed, and back supported) for more than 5 minutes of rest.
6. Neither the patient nor the clinician should talk during the rest period or during the measurement. The patient should not be using their phone.
7. Blood pressure measurement should be taken in a temperature-controlled room.
8. Take 2 or more blood pressure measurements at least 1 minute apart. Average readings, and provide the patient their blood pressure readings both verbally and in writing.



#### RESOURCE

To find a validated blood pressure device, visit trusted lists such as the

[American Medical Association's Blood Pressure Validated Device Listing \(VDL™\)](#)



#### RESOURCE

To learn more about how to select the best suited cuff size for your patients, visit [Selecting a Cuff Size | Target: BP](#)



# Set

---

---

## Dental Chair Considerations and Limitations

To perform a blood pressure screening with the patient on the dental chair, and in alignment with the American Heart Association and the American College of Cardiology 2025 Blood Pressure Guideline, the **dental chair should be able to:**

- **Be positioned at a 90-degree angle**, allowing the **patient to sit upright** as if on a bench.
- Ensure **the knees are bent at a right angle** and **the feet are flat and supported** to maintain correct posture.
- If the **feet are hanging or not fully touching the floor**, provide a **footrest or stool** to ensure they are **supported**.
- If none of the above are feasible, have the patient sit on a regular chair to perform the blood pressure screening.



# Set

## The Importance of Proper Positioning to Avoid Inaccurate Readings

Even small setup errors can shift the blood pressure reading by several mm Hg, enough to misclassify a patient and trigger the wrong action. Use the table below as a quick troubleshooting guide after you've followed the standard technique.

### Validated Equipment

A *validated blood pressure device* has undergone independent clinical testing and meets established accuracy standards, meaning it reliably provides precise readings across diverse populations. To find a validated blood pressure device, visit trusted lists such as the [American Medical Association's Blood Pressure Validated Device Listing \(VDL™\)](#)<sup>10</sup>.

Make sure to use a **validated upper-arm blood pressure monitor** with the correct **cuff size** (small, standard, large, or XL) to ensure accuracy. **Wrist devices** are not preferred but sometimes needed. If a properly fitting upper arm cuff is not available, blood pressure may be measured at the wrist as an alternative. Wrist monitors can have a higher likelihood of inaccurate readings, partly due to sensitivities with position.

**Table 1: Common Positioning Problems that Can Lead to Inaccurate Blood Pressure measurement<sup>11</sup>**

If Patient Has...	Reading May Be Off By...*	Adjustment to Make
Crossed Legs	2-8 mm Hg	Ask patient to uncross legs.
Cuff Over Clothing	5-50 mm Hg	Place cuff over bare arm.
Cuff Too Small	2-10 mm Hg	Ensure cuff fits properly. If an upper-arm cuff does not fit the patient due to arm size, use a wrist cuff.
Full Bladder	10 mm Hg	Suggest the patient use the restroom.
Talking or Active Listening	10 mm Hg	Ask for silence and stillness before beginning the measurement and to the last duration of measurement.
Unsupported Arm	10 mm Hg	Position patient with arm supported, cuff at heart level.
Unsupported Back or Feet	6 mm Hg	Make sure patient is not on the exam table, but seated in a chair with back supported, feet flat on the ground or on a footstool.

\*These values are not cumulative.

Source: American Heart Association; American Medical Association. Target:BP—Measure Accurately (Control blood pressure).



# Set

## Blood Pressure Thresholds and Guideline

As blood pressure screening becomes a routine part of dental visits, it’s vital for your dental team to confidently recognize and respond to abnormal readings. The thresholds below serve as the clinical foundation for determining next steps, whether to proceed with dental care, provide patient education, or recommend primary care follow-up. Understanding these categories allows your team to contribute to overall health while protecting patients from potential cardiovascular risks that may arise during dental procedures.

**Figure 3: Blood Pressure Categories<sup>12</sup>**

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
STAGE 1 HYPERTENSION (HIGH BLOOD PRESSURE)	130 – 139	or	80 – 89
STAGE 2 HYPERTENSION (HIGH BLOOD PRESSURE)	140 OR HIGHER	or	90 OR HIGHER
SEVERE HYPERTENSION (if you don’t have symptoms*, call your healthcare professionals)	HIGHER THAN 180	and/or	HIGHER THAN 120
HYPERTENSIVE EMERGENCY (if you have any of these symptoms*, call 911)	HIGHER THAN 180	and/or	HIGHER THAN 120

*\*Symptoms include chest pain, shortness of breath, back pain, numbness, weakness, change in vision, or difficulty speaking. Thresholds are intended as general guidance; the treating dental professional should use clinical judgment, patient history, and context to determine the most appropriate course of action.*



**RESOURCE**

To learn more about impact of high blood pressure thresholds, visit: [American Heart Association and the American College of Cardiology \(AHA/ACC\) 2025 Blood Pressure Guideline](#)



# Set

## Act Rapidly With Confidence

With the *why* established, this section moves into the *how*. The table below presents evidence-based thresholds with recommended actions tailored to dental settings. Use these reference points to make informed, consistent decisions about proceeding with treatment or initiating referral, supporting patient safety and coordinated care.

Blood Pressure (mm, HG, repeat measurement)	Treatment Type	Action	Reference
≥130/80	Any	Proceed with treatment, but refer to a health care professional for follow-up	<a href="#">2025 American Heart Association/American College of Cardiology (AHA/ACC) High Blood Pressure Guideline</a>
≥160/100*	Elective	Defer elective care; consider consultation with a health care professional	<a href="#">American Dental Association (ADA)</a>
160–180 systolic / 100–109 diastolic*	Emergency	May proceed if dental symptoms are contributing to hypertension; monitor every 10–15 minutes; consult with a health care professional as needed	<a href="#">American Dental Association (ADA)</a>
>180/12 + no symptoms	Emergency	Consider consultation with a health care professional before proceeding	<a href="#">American Dental Association (ADA)</a>
>180/120 + symptoms	Any	Hypertensive emergency – refer immediately to the emergency department	<a href="#">2025 AHA/ACC High Blood Pressure Guideline</a>

\*ADA guidance: thresholds are intended as general guidance; the treating dental professional should use clinical judgment, patient history, and context to determine the most appropriate course of action.



# Set

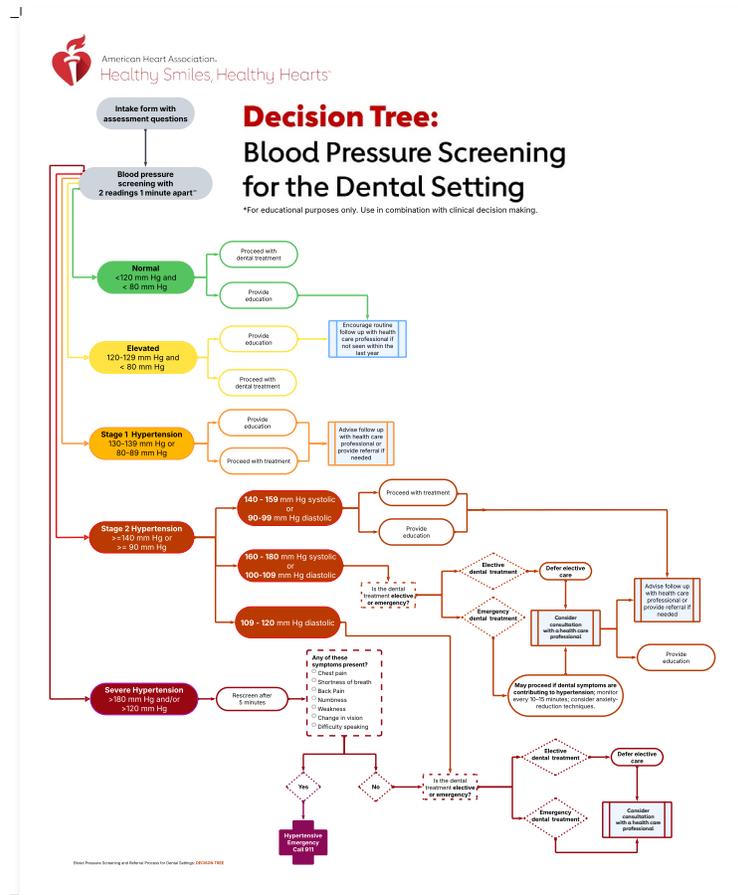
## Blood Pressure Screening Decision-Making for the Dental Setting

An algorithm is a structured flow of “if-then” decisions that guides the team from the blood pressure reading and symptoms to the appropriate next action:

- Proceed with care,
- Pause and educate,
- Defer and refer to primary care, or
- Activate emergency response.

Using a shared algorithm helps every team member follow the same workflow, support safe, timely referrals, and document care consistently. It is designed for educational purposes and should be used in combination with clinical decision making.

*The following decision tree example can be used to streamline screening, education, and referral of patients within the dental setting:*

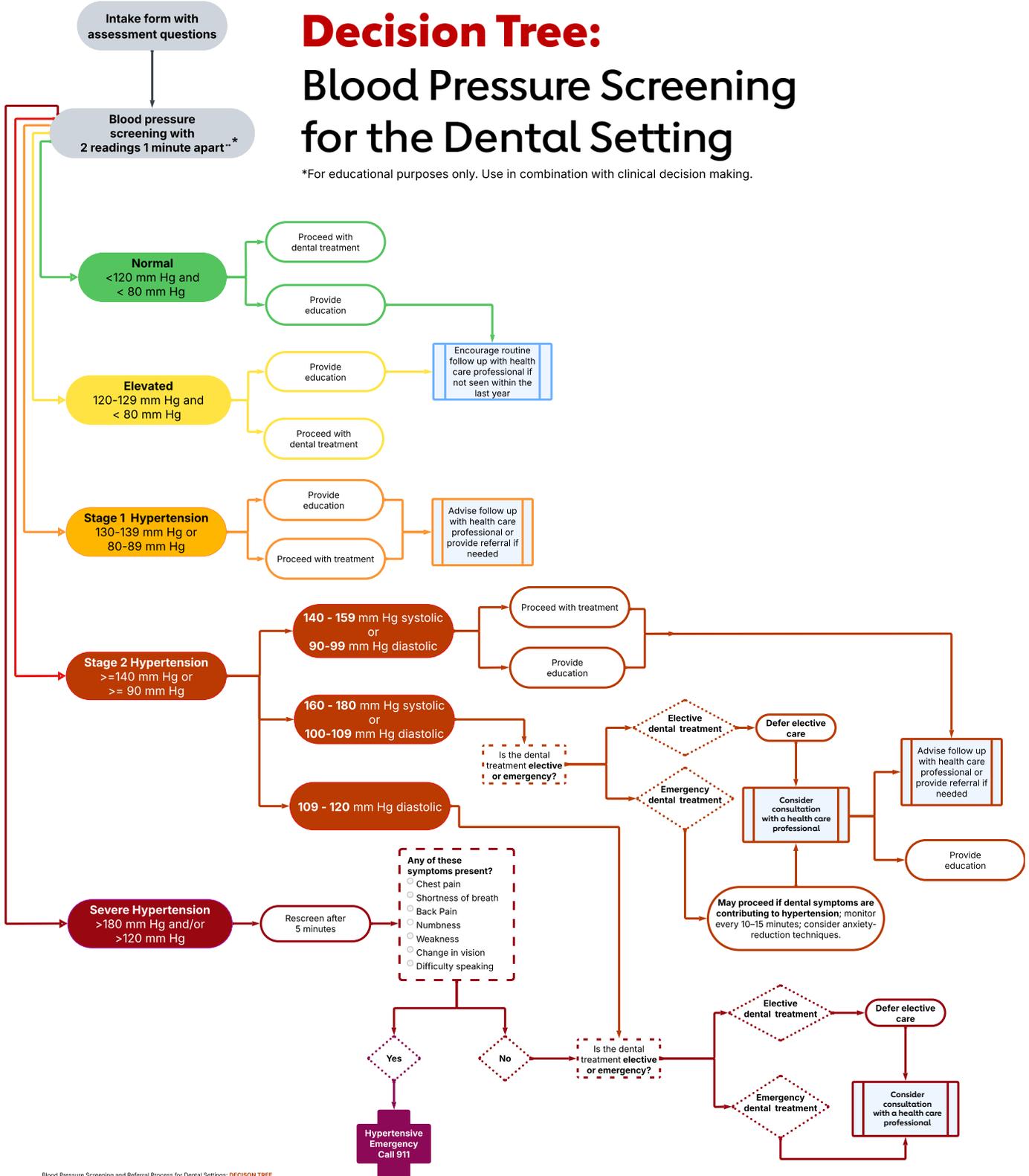




American Heart Association.  
Healthy Smiles, Healthy Hearts™

# Decision Tree: Blood Pressure Screening for the Dental Setting

\*For educational purposes only. Use in combination with clinical decision making.



Blood Pressure Screening and Referral Process for Dental Settings: DECISION TREE

\*\*For the most accurate blood pressure screening, we recommend two readings taken one minute apart. If that's not possible in your setting, a single reading is still helpful and should be documented



# Set

## Normal Blood Pressure Readings of less than 120/80 mm Hg

If patient's blood pressure is within the normal range, no immediate follow-up is needed. This is an opportunity to reinforce positive health behaviors and educate your patient on the connection of oral and cardiovascular health.

### Considerations for the Dental Professional

- Reinforce to the patient that their blood pressure is in the normal range.
- Encourage the patient to connect with their primary care professional if they have not seen them in the last year.
- Use this moment as a brief opportunity to reinforce the connection between cardiovascular health and oral health.
- Document the reading and potential referral recommendation in the patient's chart.

### Education for the Patient

Educate patients on heart-healthy habits, which may include maintaining a healthy diet, engaging in regular physical activity, avoiding tobacco, getting adequate sleep, maintaining a healthy weight, or managing stress. Encourage the patient to connect with their primary care professional if they have not seen them in the last year.

**Dental Treatment**<sup>13</sup>: Proceed with dental treatment.

**Script:** "Good news! Your blood pressure is in the normal range. We check blood pressure here because oral health and heart health are connected, and high blood pressure often has no symptoms. Can we agree to begin or keep up those heart-healthy habits, like eating well, staying active, and managing stress? And if you haven't seen your primary care professional in the last year, now's a great time."



### RESOURCE

Use these patient education blood pressure cards to educate your patients on their blood pressure reading.



### RESOURCE

Opportunity to share education materials related to risk and health factors like the American Heart Association's Life Essential 8.





# Set

## Elevated Blood Pressure Readings of 120-129/<80 mm Hg

The patient's blood pressure falls within the elevated range. While not yet in the hypertension stage, these reading can signal increased cardiovascular risk if not addressed. The dental setting provides a valuable opportunity to identify and act on this early warning sign.

### Considerations for the Dental Professional

- Ask if this is a typical reading for the patient or a new occurrence.
- Encourage the patient to connect with their primary care professional if they have not seen them in the last year.
- Document the reading and potential referral recommendation in the patient's chart.

### Education for the Patient

Educate patients on heart-healthy habits, which may include maintaining a healthy diet, engaging in regular physical activity, avoiding tobacco, getting adequate sleep, maintaining a healthy weight, or managing stress. Encourage the patient to connect with their primary care professional if they have not seen them in the last year.

**Dental Treatment**<sup>13</sup>: Proceed with dental treatment.



**Script:** "Your blood pressure is slightly elevated today, not in the hypertension range yet, but it's a sign we want to keep an eye on. We check here because oral and heart health are closely connected. Have you seen a reading like this before? If not, it's worth checking in with your primary care professional if you haven't seen them in the last year. Keep up (or begin) heart-healthy habits in the meantime like eating well, staying active and managing stress. We'll note this in your chart."



# Set

## Stage 1 Blood Pressure Readings of 130-139/80-89 mm Hg

Your patient's blood pressure reading falls within the Stage 1 hypertension category. While this does not require immediate medical intervention, it signals an increased cardiovascular risk that should be addressed with early action and continued monitoring.

### Considerations for the Dental Team

- Discuss whether this is a known or new reading for the patient.
- Encourage the patient to follow up with their primary care professional to further evaluate their blood pressure.
- Ask the patient whether they have been diagnosed with hypertension
- Review the patient's medical history and intake form to determine whether they've been prescribed blood pressure medication
- If the patient confirms they have been prescribed medication but did not take it today, encourage consistent usage and stress the importance of adherence
- Document the reading and any recommendations or referrals made during the visit.

### Education for the Patient

Let the patient know that the reading falls in the Stage 1 hypertension range. Reinforce that the dental visit is an opportunity to catch early signs and support overall health care. Educate patients on heart-healthy habits, which may include maintaining a healthy diet, engaging in regular physical activity, avoiding tobacco, getting adequate sleep, maintaining a healthy weight, or managing stress.

**Dental Treatment**<sup>13</sup>: You can proceed with dental treatment. Advise the patient to follow up with their primary care professional. Provide referral if needed.



**Script:** "Your blood pressure today falls in the Stage 1 hypertension range. Have you seen numbers like this before? It doesn't require emergency care, but it does increase heart risk if left unmanaged. We check blood pressure here because oral and heart health are connected. Let's agree it's time to follow up with your primary care professional soon. In the meantime, keep focusing on habits like movement, healthy eating, and managing stress. We'll note this in your chart."



# Set

## Stage 2 Blood Pressure Readings of $\geq 140/90$ mm Hg

Your patient's blood pressure reading falls within the Stage 2 hypertension range.

### Considerations for the Dental Professional

- Ask the patient whether they have been diagnosed with hypertension.
- Review the patient's medical history and intake form to determine whether they've been prescribed blood pressure medication.
- If the patient confirms they have been prescribed medication but did not take it today, encourage consistent usage and stress the importance of adherence.
- Encourage the patient to follow up with their primary care professional to further evaluate their blood pressure
- Document the reading and any recommendations or referrals made during the visit.

### Education for the Patient

If after the second reading it is still at this level, ask whether the patient has been diagnosed with hypertension. If yes, the team may review the patient's medical history or intake form to note any prescribed antihypertensive medications and, when appropriate, confirm whether the patient takes their medication as directed. If patient confirms they have medication but did not take it today, encourage consistent usage and follow up with their primary care professional.

Let your patient know their blood pressure was in the Stage 2 hypertension range today. Reassure them that you are part of their health care team and that this reading gives them a chance to take action. Encourage them to follow up with their primary care professional and educate patients on heart-healthy habits, which may include maintaining a healthy diet, engaging in regular physical activity, avoiding tobacco, getting adequate sleep, maintaining a healthy weight, or managing stress. Make it clear this is not a reason for alarm, but a reason to stay on top of their cardiovascular health.

### • Dental Treatment<sup>13</sup>:

- **If 140 - 159 mm Hg systolic or 90-99 mm Hg diastolic**, you can proceed with treatment and advise the patient to follow up with their health care professional. Provide referral if needed.



**Script: "Your blood pressure today is in the Stage 2 hypertension range. Have you been diagnosed with high blood pressure before? If you're on medication, staying consistent is important. We check blood pressure here because your mouth and heart are connected. Can we agree it's time to follow up with your primary care professional soon? We'll document this reading and can provide a referral if helpful."**



## Set

- **If 160 - 180 mm Hg systolic or 100-109 mm Hg diastolic:**
  - **Elective dental treatment:** Defer elective care and seek consultation with a health care professional. Advise the patient to also follow up with their primary care professional. Provide referral if needed.
  - **Emergency dental treatment:** May proceed if dental symptoms are contributing to hypertension; monitor every 10–15 minutes. Consider consultation with a health care professional before proceeding emergency treatment as needed. Advise the patient to follow up with their primary care professional. Provide referral if needed.



**Script:** “Your blood pressure today is higher than expected, above the safe range for routine dental treatment. Have you been diagnosed with high blood pressure before? We’re part of your care team, so let’s take action together. Let’s agree to defer care for now and follow up with your primary professional. We’ll document this and offer a referral to support your next steps.”

- **If 109 - 120 mm Hg diastolic:**
  - **Elective dental treatment:** Defer elective care and seek consultation with a health care professional.
  - **Emergency dental treatment:** Seek consultation with a health care professional before proceeding.



**Elective Dental Treatment Script:** “Your blood pressure today is in the very high range, especially your bottom number. This puts extra stress on your heart and makes routine dental care unsafe right now. Have you been diagnosed with hypertension or missed any medications today? Let’s agree to pause elective care and connect you with your primary care professional. We’ll document this and provide a referral to support follow-up.”

**Emergency Treatment Script:** “Your blood pressure is high so we must consult with a medical professional before continuing. Have you taken your blood pressure medication today? Your health is our priority right now, so we’ll document today’s reading and help you contact your professional. Let’s work together to keep you safe and supported.”



## Set

### Severe Hypertension or Hypertensive Emergency Blood Pressure Readings of >180/120 mm Hg

Dental professionals play a critical role in recognizing severe hypertension or hypertensive emergencies during routine screenings. While rare, severely high blood pressure, when accompanied by symptoms, requires immediate action to protect the patient's health and safety. Knowing how to identify red flags and respond appropriately ensures your team can act quickly and confidently.

#### Considerations for the Dental Professional

- If the patient's repeat reading is above >180/120 mm Hg, wait 5 minutes and rescreen the blood pressure.

#### Severe Hypertension- Without Symptoms

If the patient has no symptoms, but the reading remains > 180/>120 mm Hg, this may represent severe hypertension, which still warrants referral to their primary care professional for evaluation and management. Educate patients on heart-healthy habits, which may include maintaining a healthy diet, engaging in regular physical activity, avoiding tobacco, getting adequate sleep, maintaining a healthy weight, or managing stress.

#### • Dental Treatment<sup>13</sup>:

- **Elective dental treatment:** Defer elective care and seek consultation with a health care professional. Also, advise the patient to follow up with their primary care professional. Provide referral if needed.
- **Emergency dental treatment:** Seek consultation with a health care professional before proceeding. Advise the patient to follow up with their primary care professional. Provide referral if needed.

**Elective Dental Treatment Script:** "Your blood pressure remains very high, but since you're not experiencing symptoms like chest pain or vision changes, it's not an emergency, yet it's still serious. We check blood pressure here because your oral and heart health are connected. Have you had a reading like this before? Let's agree to defer treatment today and get you connected with your primary professional right away. We'll document this and provide a referral if needed."

**Emergency Treatment Script:** "Your blood pressure is high so we must consult with a medical professional before continuing with the emergency treatment. Have you taken your blood pressure medication today? Your health is our priority right now, so we'll document today's reading and help you contact your professional. Let's work together to keep you safe and supported."



# Set

## Hypertensive Emergency - With Symptoms

If any of the above symptoms are present, call 911 immediately. This is a medical emergency requiring urgent evaluation. Find more information on when to call 911 here:

- **Dental Treatment<sup>13</sup>:** Defer care. Call 911.



### RESOURCE

[When to Call 911 About High Blood Pressure | American Heart Association](#)



**Script: “Your blood pressure is dangerously high, and the symptoms you’re having, like [chest pain/vision changes/ etc.], could signal a serious medical emergency. We’re going to call 911 now so you can be seen right away. You’re not alone, we’ll stay with you and share your information with emergency responders. Your safety is our top priority.”**

NOTE: In the dental office, a blood pressure of 130/80 mm Hg or higher should prompt referral to primary care. Dental treatment should be deferred if the patient’s blood pressure is  $\geq$  180/110 mm Hg, aligning with the threshold used in perioperative guidelines for deferring elective surgery (linked below) and the 2025 Guideline for High BP. A BP of >180/120 mm Hg with signs or symptoms of organ damage is a hypertensive emergency and should be referred to the Emergency Department. Blood pressure should be measured two or more times, one minute apart, and the average reading should be used to guide decision-making.

*\*Signs or symptoms of organ damage include chest pain, shortness of breath, back pain, numbness, weakness, change in vision, or difficulty speaking.*



# Set

## Establishing Referral Networks and Dental-Medical Linkages

Establishing referral networks and clear communication pathways between dental professionals and primary care professionals supports follow-up for patients. Strengthening these connections helps ensure patients with high blood pressure readings receive appropriate assessment from a primary care team.

### Identify Local Primary Care Partners

Start by creating a list of nearby primary care offices or clinics that your patients frequently visit or are covered under. Consider including Federally Qualified Health Centers (FQHCs) or community clinics.

To identify primary care professionals or FQHCs in your area or near your patient's home, you can use the [American Heart Association's Health Roadmap](#).

#### FindHelp: Search and Connect to Social Resources

*The American Heart Association has engaged FindHelp as a service provider to help connect individuals with community resources and reduce social barriers to health. This service is provided for convenience and is not an endorsement of any product or resources.*

Enter key words related to your specific needs (Ex. "financial aid," "healthy recipes") and your zip code to find resources near you.




### Establish a Point of Contact

For your referral process, designate a specific contact person to streamline communication and ensure clarity. This may include:

- Dental assistant or hygienist
- Front desk or administrative coordinator
- Dental community health worker
- Office manager or referral coordinator (if available)

The key is that this person:

- Knows the clinic workflow and has time set aside for coordination



# Set

## Select a Clear Referral Method

Choose a consistent method for referral—printed form, fax, patient portal message, or a verbal patient handoff—and ensure both teams (dental and primary care) understand and can support that method.

*Here is a list of common referral methods dental professionals can use when referring patients to primary care:*

- **Printed Referral Form** - A written or printed document handed to the patient or faxed to the primary care professional, containing the dental team's observations and referral recommendation.
  - **Pros:**
    - Simple and accessible
    - Can be customized for your practice
    - Patients have something tangible to take with them
  - **Cons:**
    - Relies on the patient to follow through
    - Primary care professional may not receive it if patient forgets or misplaces it
    - No built-in feedback loop (i.e., not "closed loop")
  - **Best for:**
    - Non-urgent referrals
    - Practices without electronic health record (EHR) integration
    - Patients who prefer physical documentation
- **Fax to Primary Care Office** - A secure transmission of the referral directly to the primary care professional's office via fax.
  - **Pros:**
    - Still widely accepted in health care
    - Allows direct delivery to primary care staff
    - Better paper trail than relying on patient
  - **Cons:**
    - Requires fax machine and tracking
    - May require follow-up to confirm receipt
    - Not ideal for time-sensitive coordination unless monitored
  - **Best for:**
    - Practices with access to a fax system
    - Primary care offices that have confirmed they accept referrals this way
    - Initial setup of referral process when EHR integration is unavailable



## Set

- **Verbal Referral** - The dental team explains the concern directly to the patient and encourages them to follow up with their primary care professional, optionally providing a form or checklist.
  - **Pros:**
    - Quick and easy
    - No special technology required
    - Encourages patient ownership
  - **Cons:**
    - High reliance on patient memory and motivation
    - No guarantee of follow-up
    - No documentation for tracking
  - **Best for:**
    - Low-risk cases or patients with strong self-management skills
    - Situations where formal communication isn't possible
    - Settings with limited technology access
- **Phone Call to Primary Care Office** - A member of the dental team calls the primary care office directly to relay information about the referral.
  - **Pros:**
    - Immediate, direct communication
    - Useful for urgent concerns
    - Opportunity to clarify next steps and capture acknowledgment
  - **Cons:**
    - Time-consuming
    - Dependent on availability of both offices
    - May lack written record if not documented well
  - **Best for:**
    - Urgent or high-risk blood pressure findings
    - Establishing relationships with primary care professional
    - Smaller practices with fewer patients needing referral



# Set

- **Secure Email or Patient Portal Message** - Referral information is sent via a secure, HIPAA-compliant platform to the primary care professional or their team. It can also be done via a shared care coordination tool or EHR portal if integrated.
  - **Pros:**
    - Convenient and trackable
    - May allow for attachments such as blood pressure readings or notes
    - Offers documentation of communication
  - **Cons:**
    - Many dental offices don't have integrated EHR systems
    - Primary care office access may be limited
    - Must ensure HIPAA compliance
  - **Best for:**
    - Established partnerships with tech-savvy primary care offices
    - Dental practices using digital records or care coordination platforms

## Choosing the Right Method: Questions to Ask

Does the primary care office **accept this type of referral** (fax, phone, email)?

Do our **patients have access to** or comfort with digital communications?





# Set

## Standardize Referral Information

When referring a patient to a primary care professional after high blood pressure readings, dental professionals should provide clear, relevant information to support timely follow-up and reinforce their role in overall health care. This information could include:

### 1. Patient Demographics

- Full name
- Date of birth
- Contact information
- Insurance (if applicable)

### 2. Dental Visit Summary

- Date of dental visit
- Reason for visit (e.g., routine cleaning, treatment, new patient exam)
- Whether blood pressure screening was routine or prompted by a specific concern

### 3. Blood Pressure Readings

- All readings taken (at least two, one minute apart)
- Time of measurement
- Validated device type used and cuff size
- Notes on patient condition (e.g., calm, post-exercise, visibly anxious)

### 4. Patient Medical History (as reported to dental team)

- History of hypertension or cardiovascular disease
- Current medications
- Adherence to medication (ask: "Did you take your blood pressure medication today?")
- Any recent changes in health or care professional

### 5. Action Taken by Dental Team

- Patient education provided (e.g., discussed blood pressure readings, shared educational resources)
- Verbal recommendation to follow up with primary care professional
- Referral form or letter given to patient

### 6. Contact Information for Dental Office

- Name of referring dental professional
- Practice name
- Phone number and email
- Offer for follow-up collaboration if needed



# Set

## Educate the Patient at the Point of Referral

Clearly explain why the referral is being made, what the patient can expect next. Some information to share with the patient could include:

- **Reason for Referral** - Clearly explain why the blood pressure reading is concerning and how it relates to their overall health, especially the heart.
- **Next Steps** - Provide simple directions: who they should contact, when, and what they can expect at the appointment.
- **Referral Details** - Provide a printed referral form or summary (including your contact info, blood pressure reading, and recommended action) they can take to the health care provider.
- **Connection of Oral Health and Heart Health** - Reinforce that your dental practice cares about their overall health, and dental care is part of it. Share brochures, wallet cards, or links so they can learn more on their own time.



### RESOURCE

Find resources on the connection of oral and heart health at [heart.org/OralHealth](https://heart.org/OralHealth)

## Document the Blood Pressure Screening and Referral in the Record

Include date, method, and reason for referral in the patient's chart. If a referral was declined or delayed, document that as well. Even in the absence of consistent CDT codes, make blood pressure documentation routine in your charting system:

- Record exact readings and their blood pressure category (e.g., 134/88 mm Hg – Stage 1 Hypertension).
- Note technique used and patient position.
- Add any symptoms reported or actions taken.
- Consider creating a custom Smart Phrase or template in your EHR for quick and consistent entries.
- Use internal tags/notes for quality improvement tracking (e.g., % of patients screened, referral follow-through).
- Document whether the referral was completed, pending, delayed, or declined.
- Record the name and contact details of the referral recipient or clinic.
- Note the method used to deliver the referral (e.g., fax, portal, verbal).
- Add any patient-reported barriers or follow-up plans.
- Include consent status for sharing patient health info if relevant.



# Set

## Implementation Considerations

### Team Roles and Flexibility for Blood Pressure Screening

Clearly defining roles within the dental care team supports consistency, efficiency, and confidence during blood pressure screening and referral. Establishing flexible role assignments also allows multiple team members to successfully perform screenings and ensures continuity in care delivery regardless of staffing changes.

- **Defined Roles, Flexible Execution:** Clearly define who can take blood pressure within your setting—dentists, hygienists, dental assistants, or trained front-desk staff—while maintaining flexibility to accommodate staffing needs and workflows.
- **Training Across Roles:** All designated team members should receive standardized education on:
  - Proper blood pressure measurement technique
  - Understanding clinical thresholds
  - Patient communication strategies
  - Identifying red flags and when to escalate

### Collaborative, Patient-Centered Communication

Effective blood pressure screening in dental settings relies on respectful, clear communication that empowers patients and strengthens coordination with health care professionals.

- Encourage team members to use active listening techniques and maintain a collaborative tone when communicating about blood pressure readings.
- Research shows when patients are involved in shared decision-making, they are more likely to adhere to recommendations and achieve better outcomes<sup>14</sup>.



#### RESOURCE

#### [Collaborative Communication Strategies to Manage Blood Pressure](#)



# Go! > INTEGRATE

You've prepared your team and set a clear standard—now it's time to put your plan into action. The **GO** phase is where best practices move from paper to practice. This section focuses on operationalizing your protocol and building long-term sustainability.

- **Begin implementation** by embedding blood pressure screening and referral into daily workflows
- **Normalize blood pressure checks** as a standard and expected part of every dental visit
- **Apply standardized screening techniques** using validated equipment and appropriate patient positioning
- **Use decision trees and referral protocols** to respond appropriately to elevated readings
- **Engage patients in their own care** by providing education and reinforcing the oral–heart health connection
- **Monitor and refine your process** through team debriefs, feedback loops, and periodic evaluation
- **Build momentum** by celebrating team wins, tracking progress, and reinforcing the importance of whole-person care



## Go!

### Reinforce Blood Pressure Screening as Routine Care

**Blood pressure screening in the dental setting** is a vital tool for promoting overall health. As trusted and frequent points of contact in the health care system, dental professionals are uniquely positioned to support early detection of hypertension and help patients understand the connection between oral and cardiovascular health.

By incorporating blood pressure checks at every visit, dental teams can ensure patient safety, identify potential cardiovascular risks early, and reinforce their essential role in overall health monitoring. Just as with reviewing medical history or taking X-rays, blood pressure screening should become a standard part of care, regardless of whether it's a new patient, a routine cleaning, or a procedure involving local anesthesia.

Normalizing this practice helps patients expect and embrace blood pressure checks as routine, while supporting dental professionals in gaining fluency and confidence in interpreting results, responding to abnormal readings, and guiding patients to appropriate follow-up. Over time, this consistent practice not only strengthens patient care, but helps with the position of dental professionals as key players in integrated, overall health.

The strategies below offer practical steps to embed blood pressure screening into daily workflows in a systematic, sustainable, and supportive way for both staff and patients.

#### Build It Into Your Intake and Health History Process

Create or update your intake forms to routinely include questions that prompt meaningful follow-up:

- Do you have a history of high blood pressure (hypertension)?
- If you have been diagnosed with high blood pressure, have you been prescribed high blood pressure medications?
- Have you had any recent changes to your health?
- Do you have a primary care professional?
  - If yes, record their name and clinic information.

Including these questions helps the dental team assess urgency, communicate effectively, and refer appropriately.



## Go!

### **Normalize Blood Pressure Screening for All Patients**

Promote blood pressure screening as a standard part of overall health care across all channels:

- **During Appointment Booking:** Let patients know ahead of time that blood pressure will be checked.
- **In Your Lobby:** Use posters or video loops to explain why dental visits are a great time to monitor heart health.
- **On Your Website:** Feature a short explanation that highlights your practice's commitment to total health, including blood pressure checks.
- **At Every Visit:** Reinforce that this is an expected, routine check, not something only done "if needed." The more patients see it as normal, the less stigmatized or alarming it will feel.

### **Make It a Team-Based Workflow**

Assign clear roles so that any trained team member (not only the dentist) can take blood pressure readings and communicate results:

- Cross-train hygienists, dental assistants, and front desk staff to:
  - Properly measure blood pressure using validated equipment
  - Record results in the chart
  - Share standard scripting for patient education and referral
  - Provide and standardize retraining
- Define who documents, who communicates results, and who follows up if results are out of range.



## Go!

### Monitor and Strengthen Daily Workflows

Implementing blood pressure screening is not a one-time effort; it requires ongoing reinforcement to ensure it becomes a reliable, routine part of patient care. Dental teams can create consistency and build confidence by embedding sustainable screening practices into their daily operations. Over time, this helps normalize screening for both patients and staff while supporting a culture of overall health.

Here are practical ways to monitor and strengthen your workflows:

#### Conduct Quick Daily or Weekly Audits

Set a regular cadence (daily, weekly, or by shift) to quickly review whether blood pressure was:

- Measured for every patient
- Documented in the appropriate chart/note field
- Followed up with scripting and next steps (e.g., recheck, referral, education)

Even a five-minute review at the end of the day or week can highlight trends and help course-correct early.

#### Use Morning Huddles for Quick “Resets”

Use daily team huddles as an opportunity to:

- Reinforce the importance of blood pressure checks
- Address barriers (“It was too busy” or “I wasn’t sure how to explain the number”)
- Celebrate wins (“We referred three patients to a primary care professional this week!”)
- Realign on goals for the day

#### Troubleshoot Barriers Together

If screening rates drop, engage the team in problem-solving:

- Are blood pressure monitors easily accessible and functional?
- Are team roles clear?
- Is there a quick visual reminder at the check-in station or in the operatory?
- Does the team need a refresher on proper technique or scripting?

Re-engagement is more effective when it’s supportive and collaborative—not punitive.



## Go!

### Build Into Quality Checks or Staff Meetings

Incorporate blood pressure screening into existing quality assurance or team meetings:

- Present simple stats (“98% screening rate last month!”)
- Ask for team feedback (“What would make it easier to be 100%?”)
- Review scripting and symptom-check questions as a team exercise

### Patient Feedback and Engagement

Blood pressure screening in the dental setting is an opportunity to engage patients in their own health journey. When patients feel informed, respected, and heard, they may be more likely to adopt positive health behaviors and follow through with care recommendations. By actively incorporating patient perspectives and feedback, dental teams can improve how screenings are delivered, build stronger trust, and reinforce the importance of oral health as part of overall health care.

#### Why Patient Engagement Matters

- Patients are more likely to accept blood pressure checks when they understand why it’s being done and how it connects to their overall health.
- Educated patients may become advocates, sharing positive experiences with friends, family, or other health care professionals.
- Feedback loops allow the dental team to refine workflows, scripting, or educational materials to meet real patient needs.

#### How to Integrate Patient Feedback and Engagement

##### 1. Normalize Practice Through Clear Communication

- Use consistent, compassionate scripting to explain the purpose of the blood pressure screening.
- Reinforce that it is a standard part of every dental visit, not something done only under specific conditions.
- Example scripting:  
*“We check blood pressure at every visit because your oral health is closely connected to your heart health. This is one of the ways we support your total well-being.”*



## Go!

### 2. Create Space for Patient Questions and Dialogue

- Ask open-ended questions such as:
  - *“Have you ever had your blood pressure checked at the dentist before?”*
  - *“Do you monitor your blood pressure at home?”*
  - *“Is this a number you’ve seen before, or is it new for you?”*
- Use these questions to prompt curiosity, provide education, and build rapport.

### 3. Provide a Simple Takeaway

- Offer the patient a printed or digital summary of their blood pressure reading and what it means.
- Include lifestyle tips that can help support healthy blood pressure.
- For high readings, provide a referral card or script they can take to their primary care professional.

### 4. Gather Feedback After the Visit

- Add a short question to your post-visit survey or follow-up email, such as:
  - *“How did you feel about having your blood pressure checked today?”*
  - *“Was the explanation about your blood pressure result clear?”*
- Use responses to adjust your communication approach or educational materials.

### 5. Promote Awareness Beyond the Chair

- Post signs in your lobby, on your website, or in appointment reminders to reinforce that blood pressure screenings are routine.
  - *Example: “Your heart matters here. We take blood pressure measurements at every visit to support your total health.”*
- Consider QR codes that link to American Heart Association resources on blood pressure and oral health.



## Go!

### Healthy Smiles, Healthy Hearts Recognition Program: Elevating Excellence in Dental-Cardiovascular Integration

The American Heart Association's Healthy Smiles, Healthy Hearts initiative, in collaboration with Delta Dental, is transforming dental visits into meaningful opportunities for overall health care. At the heart of this movement is the Healthy Smiles, Healthy Hearts Recognition Program, a national platform that honors dental sites who are leading the way in integrating blood pressure screening and referral into routine oral health care.

This program celebrates dental clinics who model excellence, amplify impact, and inspire others to follow their lead, helping shape a future where oral and cardiovascular health are seamlessly connected.

#### Why It Matters

Routine blood pressure screening in dental settings is a simple yet powerful action that can help detect cardiovascular risk early, often before symptoms arise. Dental teams may interact with patients more regularly than many other health professionals, making them ideal partners in hypertension awareness, prevention, and referral.

#### Program Purpose

The Healthy Smiles, Healthy Hearts Recognition Program was designed to:

- Highlight participant sites who demonstrate leadership in integrating blood pressure screening and referral into routine dental care.
- Promote standardization of clinical practices across oral health settings, including:
  - Routine blood pressure screening at every adult visit
  - Use of validated devices
  - Decision-tree tools and referral protocols
  - Effective, compassionate patient scripting
- **Build confidence** by providing tools, resources, and peer validation to support continuous quality improvement in cardiovascular risk detection.



## Go!

### Year 1 Recognition Award Criteria

Site will Self Attest on the following items:

- Reviewing the Blood Pressure Screening and Referral Process for Dental Settings in the Implementation Guide
- Training the necessary practice staff
- Using Validated Devices
- Implementing the Blood Pressure Screening and Referral Process as outlined in the Implementation Guide

### Benefits of Participation

- **National Recognition**

Earn distinction as a Healthy Smiles, Healthy Hearts participating site, reinforcing your clinic's leadership in overall health care, patient-centered care.

- **Enhanced Patient Experience**

Demonstrate to your patients that their total health matters—improving trust and satisfaction.

- **Team Motivation & Momentum**

Public recognition energizes teams, celebrates progress, and encourages long-term engagement with integrated care practices.

## Join the movement. Lead the change.

Ready to celebrate your team's commitment?

Visit the [Healthy Smiles, Healthy Hearts™ Recognition Program](#) to learn more and enroll. connected to your heart health. This is one of the ways we support your total well-being."



# Key Takeaways

---

## READY | Evaluate Your Readiness

- **Start With Awareness**

Understand the link between oral health and cardiovascular health. Recognize that dental professionals are trusted health professionals who can play a vital role in early detection of hypertension.

- **Map Your Current Process**

Review your current workflows and identify where blood pressure screening can be integrated. Look at appointment flow, staffing, and physical space.

- **Assess Staff Readiness & Training Needs**

Engage your team. Identify who can take blood pressure (dentist, hygienist, assistant) and what training they need. Build a flexible, empowered team.

- **Understand Patient Expectations**

Patients may be surprised; educate them on why blood pressure screening is part of oral care. Use lobby posters, websites, and verbal scripts to normalize it.

## SET | Develop Your Workflow and Tools

- **Standardize Your Blood Pressure Screening Plan**

Establish clear protocols for when, how, and by whom blood pressure is checked. Consider: new patient visits, before anesthesia, and every adult visit.

- **Use Validated, Calibrated Devices**

Choose a validated blood pressure monitor. Ensure regular calibration per manufacture guidance, battery checks, and appropriate cuff sizes (including XL cuffs).

- **Follow the Decision Tree**

Respond to results with confidence using the provided algorithms. Know when to rescreen, educate, or refer, and document each step.

- **Build Confidence Through Scripting and Education**

Train staff to explain results clearly and kindly, whether readings are normal, elevated, or high. Use scripting guides to reduce discomfort and bias.

# Key Takeaways

---

- **Establish Referral Pathways with Primary Care**

Create clear communication channels, designated points of contact, and a consistent referral method with local primary care teams. Ensure referrals are documented, tracked, and followed through, so patients receive the right care beyond the dental visit.

## GO | Integrate Into Daily Practice

- **Make Blood Pressure Screening Routine Care**

Treat blood pressure checks like X-rays or medical history. It should be part of every visit. Over time, both patients and staff will expect it.

- **Create Strong Intake and Documentation Practices**

Add blood pressure-related questions to your intake forms.

- **Communicate with Compassion and Clarity**

Use active listening and personalized encouragement to build patient trust and improve adherence to medical follow-up.

- **Track Your Work and Celebrate It**

Join the Healthy Smiles, Healthy Hearts Recognition Award Program. Implement a blood pressure screening and referral program to begin screening your patients demonstrating your commitment to overall health care.

- **Establish Referral Pathways with Primary Care**

Create clear communication channels, designated points of contact, and a consistent referral method with local primary care teams. Ensure referrals are documented, tracked, and followed through, so patients receive the right care beyond the dental visit.



# Educational Resources

## For Dental Teams

- [Healthy Smiles Healthy Hearts Professional Education](#)
- [Blood Pressure Measurement Skills Assessment](#)
- [When to Call 911 About High Blood Pressure](#)
- [Connection of Oral and Heart Health](#)
- [Healthy Smiles Healthy Hearts Initiative](#)
- [New AHA/ACC High Blood Pressure Guideline: Top 10 Things to Know](#)
- [Collaborative Communication Strategies: Partner with Patients](#)
- [Professional at Heart - Podcasts](#)
- [Quick Practice Assessment Tool](#)
- [Quick Start Guide to Partner with Patients](#)
- [Target: BP – Measure Accurately](#)
- [Validated Devices for Blood Pressure Screening](#)

## For Patients

- [When to Call 911 About High Blood Pressure](#)
- [Connection of Oral and Heart Health](#)
- [American Heart Association’s Health Roadmap | Find Help](#)
- [High Blood Pressure](#)
- [How to Eat Better](#)
- [How to Get Healthy Sleep](#)
- [How to Manage Blood Sugar](#)
- [How to Quit Tobacco](#)
- [Life’s Essential 8](#)
- [What Can I Do to Improve My High Blood Pressure](#)

# Credits and References

---

Credit for the creation of the Ready, Set, Go Implementation Guide, along with development of the recognition program, goes to the following Writing Group members:

**Hamid Afshari, DDS**, *Southern Arizona VA Healthcare System*

**Thomas Allen, DDS**, *Thomas J. Allen, DDS*

**Stacy Andersen, MD, PhD**, *Geisinger Health*

**Nicholas Button, DMD**, *Dentists at Westchase*

**John Giacona, PA-C, PhD, CHC**, *UT Southwestern Medical Center*

**Eoin Halpin, DMD**, *Rutgers School of Dental Medicine*

**Thomas Holt, DDS**, *Holt Family Dentistry*

**Huong Le, DDS, MA**, *Asian Health Services CHC*

**Arminé Nazarian, DMD**, *Arminé Nazarian, DMD, Inc.*

**Mychi Nguyen, MD**, *Asian Health Services CHC*

**Sarah Zvonar, PhD, RN, CCRN**, *Ball State University*

## References

1. Million Hearts®. Estimated hypertension prevalence, treatment, and control among U.S. adults. U.S. Department of Health & Human Services; May 12, 2023. Accessed October 15, 2025. <https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html>
2. Centers for Disease Control and Prevention. Gum Disease Facts. Oral Health. National Center for Chronic Disease Prevention and Health Promotion; May 15, 2024. <https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-gum-disease.html>. Accessed August 05, 2025.
3. Muñoz Aguilera E, Einhorn S, Schlüter M, et al. Association between periodontitis and blood pressure: a systematic review and meta analysis. *Hypertension*. 2021;78(4):1033-1043. doi:10.1161/HYPERTENSIONAHA.120.16790.

## Credits and References

---

4. Lockhart PB, Bolger AF, Papapanou PN, Osinbowale O, Trevisan M, Levison ME; et al; American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee of the Council on Cardiovascular Disease in the Young, Council on Epidemiology & Prevention, Council on Peripheral Vascular Disease, and Council on Clinical Cardiology. Periodontal disease and atherosclerotic vascular disease: does the evidence support an independent association?: A scientific statement from the American Heart Association. *Circulation*. 2012;125(20):2520-2544. doi:10.1161/CIR.0b013e31825719f3.
5. Manski R, Rohde F, Ricks T, Chalmers NI. Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2019. Statistical Brief #544. Rockville, MD: Agency for Healthcare Research and Quality (US); October 2022. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK594339/>
6. American Heart Association. 2025 Healthy Smiles, Healthy Hearts
7. American Heart Association, Harris Poll. Market research survey of dental patients. Unpublished data. American Heart Association; 2024.
8. American Heart Association, The Olinger Group. Market research survey of dental professionals and health care professionals. Unpublished data. American Heart Association; 2024.
9. Jones DW, Ferdinand KC, Taler SJ, et al; on behalf of the ACC/AHA Joint Committee on Clinical Practice Guidelines. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. *Hypertension*. 2025;82:e127. doi:10.1161/HYP.000000000000249.
10. American Medical Association. U.S. Blood Pressure Validated Device Listing (VDL™). <https://www.validatebp.org/>
11. American Heart Association; American Medical Association. Target:BP—Measure Accurately. <https://targetbp.org/measure-accurately/>. Published 2024.
12. American Heart Association. High Blood Pressure. <https://www.heart.org/en/health-topics/high-blood-pressure>
13. American Dental Association. Hypertension (High Blood Pressure). ADA Oral Health Topics. <https://www.ada.org/resources/ada-library/oral-health-topics/hypertension>
14. Dennison Himmelfarb CR, Beckie TM, Allen LA, et al; American Heart Association. Shared Decision Making and Cardiovascular Health: A Scientific Statement From the American Heart Association. *Circulation*. 2023;148(11):912-931. doi:10.1161/CIR.0000000000001162.

## Credits and References

15. American Heart Association. 2021 Association Between Periodontitis and Blood Pressure Highlighted in Systemically Healthy Individuals: Results from a Nested Case-Control Study
16. Nasseh K, Greenberg B, Vujicic M, Glick M. The effect of chairside chronic disease screenings by oral health professionals on health care costs. *Am J Public Health*. 2014;104(4):744–750. doi:10.2105/AJPH.2013.301644. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4025684/>
17. Fleming E, Singhal A. Chronic Disease Counseling and Screening by Dental Professionals: Results From NHANES, 2011–2016. *Prev Chronic Dis*. 2020;17:E87. Available at: <https://pubmed.ncbi.nlm.nih.gov/32816664/>
18. American Heart Association. 2025 Heart Disease & Stroke Statistics Update – At a Glance (Fact Sheet). Dallas, TX: American Heart Association; 2025. Accessed October 2025. <https://www.heart.org/en/-/media/PHD-Files-2/Science-News/2/2025-Heart-and-Stroke-Stat-Update/2025-Statistics-At-A-Glance.pdf>
19. Kriauciunas A, Huang H, Baghdadi J, et al. The influence of Porphyromonas gingivalis bacterium causing periodontal disease on the pathogenesis of rheumatoid arthritis: systematic review of literature. *J Immunol Res*. 2019;2019:7686324. doi:10.1155/2019/7686324.
20. Martin SS, Aday AW, Almarzooq ZI, et al; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. 2024 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 24, 2024;149(8):e347–e913. doi: 10.1161/CIR.0000000000001209

To learn more about Healthy Smiles, Healthy Hearts, please scan the QR code or visit:



[www.heart.org/HealthySmiles](http://www.heart.org/HealthySmiles)



American Heart Association®  
Healthy Smiles, Healthy Hearts™

 **DELTA DENTAL**®

Delta Dental is proud to collaborate with the American Heart Association's Healthy Smiles, Healthy Hearts™ initiative.

Delta Dental is a registered trademark of Delta Dental Plans Association



American Heart Association®

Healthy Smiles, Healthy Hearts™

---

---