CareQuest Institute for Oral Health®

It's All Connected

How Unmet Dental Needs Can Delay Medical Treatment

Oral health is inextricably linked to overall health, and poor oral health has been linked to chronic health conditions such as diabetes, cardiovascular disease, and dementia. But what happens when oral health problems affect the *treatment* of other health conditions?

For example, some individuals may need to delay heart valve replacement surgery until oral infections are treated and resolved. Bacteria from oral infections — such as those related to periodontal disease or dental abscesses — can travel to the site of the valve replacement through the bloodstream, resulting in a serious cardiac infection called infective endocarditis. Similarly, elective total joint replacement surgery may need to be delayed to ensure that bacteria from the oral surgery procedure do not travel to and infect a joint replacement site. The American Academy of Orthopedic Surgeons recommends that "dental extractions and other oral surgery procedures should be completed at least three weeks before" elective total joint replacement procedures.

Treatment of oral infections is often a key step prior to transplant surgery. Individuals who have organ transplant surgery are typically prescribed medications that suppress their immune systems to avoid rejection of the transplanted organ. This immunosuppression may facilitate the spread of untreated oral infections throughout the body. Individuals being treated for cancer are also in a state of immunosuppression. Thus, to prevent complications and delays in cancer treatment, it is often recommended that oral problems be addressed prior to treatment.

In addition to seeking dental care prior to medical treatment, it may be recommended that some individuals who have had heart or joint replacement surgery take antibiotics prior to invasive dental treatment for a limited time after their medical treatment. Individuals should consult with their medical and dental providers to determine whether they should take antibiotics prior to dental treatment, as this is not recommended for everyone.

Unmet oral health needs represent a preventable barrier to receiving needed medical treatments, and delaying necessary medical treatments such as heart surgery or cancer treatments can have profound health consequences. This study examines data from the 2025 State of Oral Health Equity in America (SOHEA) survey to understand how many adults have delayed their medical treatment due to unmet oral health needs.

The SOHEA survey, administered by CareQuest Institute for Oral Health, is the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors related to oral health. Respondents were asked, "In the last year, have you had one or more of these medical treatments?" The five response options were radiation therapy, chemotherapy, immunotherapy, heart surgery, and joint replacement therapy; adults could choose as many conditions as applied to them. Those who responded "yes" to one or more of these conditions were then asked, "Did your medical doctor delay your medical treatment due to problems with your teeth, gums, or mouth?" This report examines factors linked to delaying medical care due to oral health problems.

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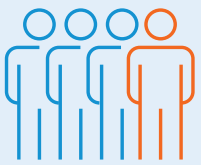
Key Results

Of 9,450 adults surveyed, 660 (7%) had at least one of the five listed medical treatments in the prior year. The most commonly reported treatment reported was joint replacement (37% of those with one of the listed treatments, 2.6% of the entire sample), while the least common treatment was chemotherapy (24%; 1.7%, Figure 1).

Of the 660 individuals who reported at least one of those medical treatments, 15% say their medical doctor delayed their treatment due to problems with their teeth, gums, or mouth; this represents approximately 1% of survey respondents, or 2.7 million US adults.* Survey respondents were not asked how long their treatment was delayed or the nature of the oral health problems that delayed their care. Across the five treatment types, approximately 25% of individuals receiving each treatment report having their treatment delayed due to oral health problems.



1 of 4 individuals
across each type of treatment
had their medical care delayed due to oral health problems.

There is no significant difference between male and female adults in terms of having medical treatment delayed. Younger adults are more likely to have their medical treatment delayed due to oral health problems: more than a third of adults aged 18–29 had their medical treatment delayed (36%), while only 6% of adults aged 60 or above had their medical treatment delayed (Figure 2).

Figure 1. Types of Medical Treatments Reported in the Prior Year

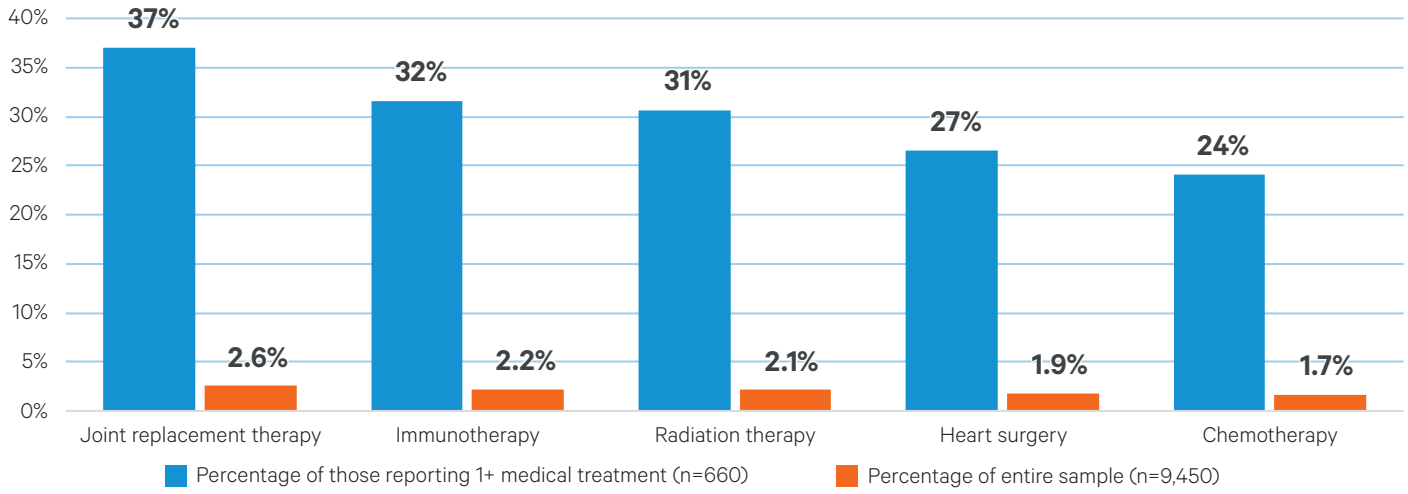
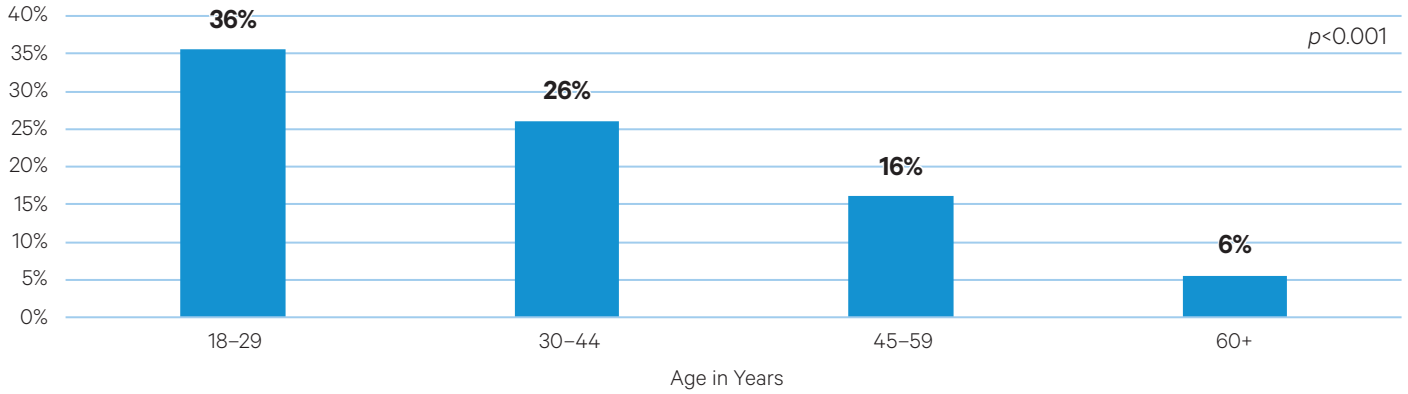


Figure 2. Delayed Medical Treatment Due to Oral Health by Age



Across all treatment types, adults aged 44 and under are more likely to have their medical treatment delayed due to poor oral health compared with adults aged 45 and over. For example, while approximately a third of adults aged 18–44 who had undergone joint replacement therapy had their treatment delayed due to oral health problems, only 10% of adults aged 45–59 and 20% of adults aged 60 and over had their treatment delayed.

Adults identifying their race/ethnicity as Black, non-Hispanic report having their medical treatment delayed in the largest percentage (31%), nearly twice that of Hispanic adults (16%).

Approximately one in ten adults identifying as Asian/Pacific Islander, non-Hispanic (12%), or white (10%) report having their medical care delayed due to oral health problems (Figure 3).

The percentage of adults who had their medical treatment delayed due to oral health problems is highest for those earning the least, with 22% of adults who earn less than $30,000 reporting delayed medical treatment, compared with 6% of adults who earn $60,000–$100,000. However, this percentage more than doubles for adults earning over $100,000 (15%, Figure 4).

Figure 3. Delayed Medical Treatment Due to Oral Health by Race/Ethnicity

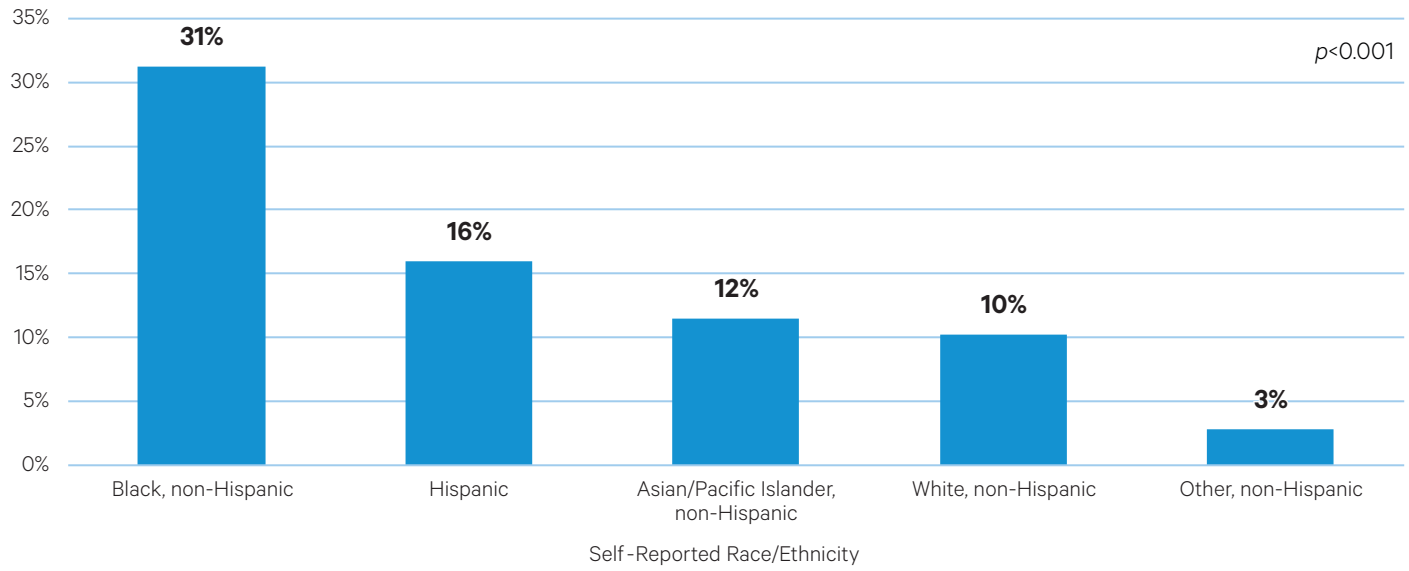
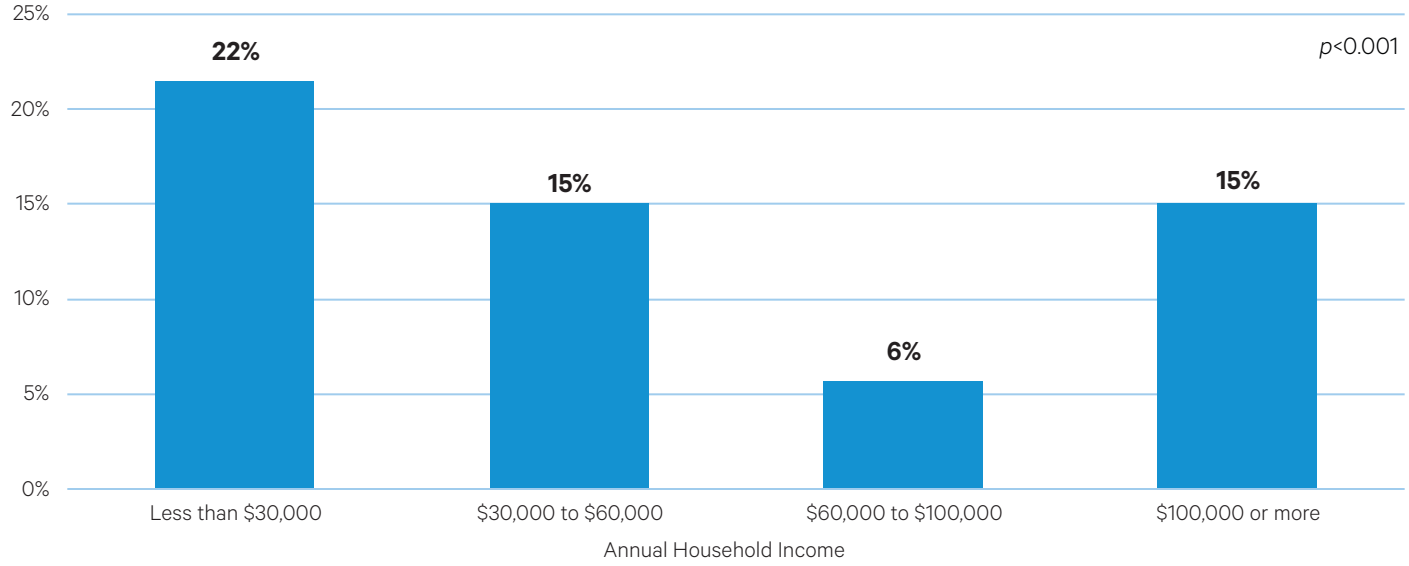


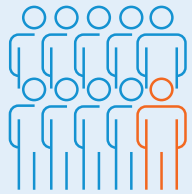
Figure 4. Delayed Medical Treatment Due to Oral Health by Income



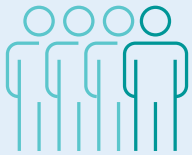
Adults with less than a high school education report the highest percentage of delayed medical care (31%); only 5% of adults with a postgraduate or professional degree report having their medical care delayed due to oral health problems (Figure 5).

While 18% of adults with dental insurance report having their medical care delayed due to oral health problems, less than half that percentage of adults without dental insurance (8%) had their medical care delayed (Figure 6).

Approximately one in ten adults with private dental insurance (11%) or Medicare Advantage dental insurance (10%) had their medical care delayed due to oral health problems, while this percentage increases to 43% of adults with Medicaid dental insurance (Figure 6). Adults with Medicaid health insurance are more likely to rate their overall health as fair or poor and have more unmet dental needs compared to adults with Medicare or private insurance. This combination of increased medical and dental needs may result in more delayed medical care due to unmet dental needs for adults enrolled in Medicaid.



1 in 10 adults
with **private** dental insurance or **Medicare Advantage** dental insurance **had their medical care delayed due to oral health problems**
compared to



over 1 in 4 adults
with **Medicaid** dental insurance.

Figure 5. Delayed Medical Treatment Due to Oral Health by Education Level

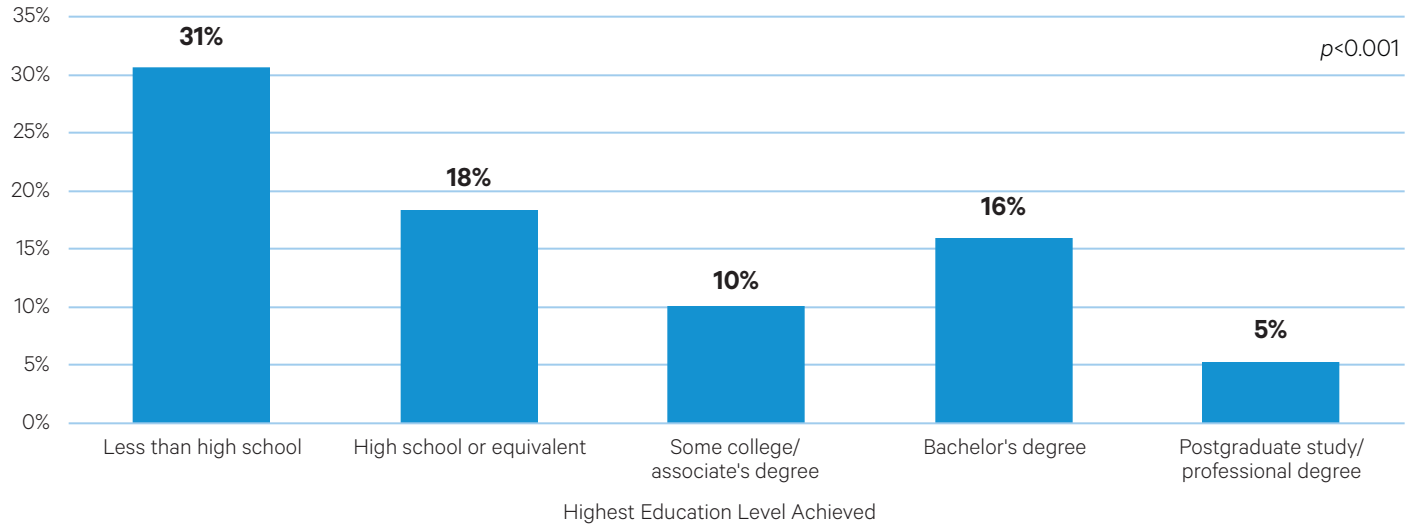
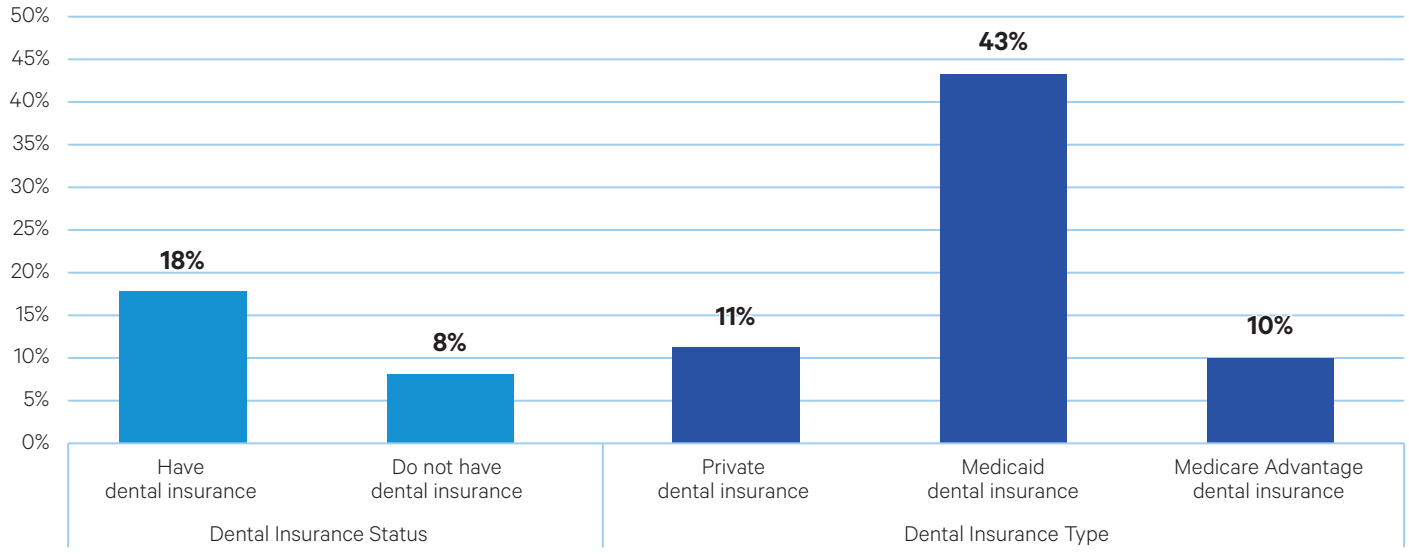


Figure 6. Delayed Medical Care by Dental Insurance Status and Type



Conclusions

Findings from this survey show that approximately 15% of adults who underwent at least one common medical treatment in the past year had their treatment delayed by their medical provider due to oral health problems. Younger adults, adults identifying their race/ethnicity as non-Hispanic Black, adults earning less than $30,000 per year, adults with less than a high school education, and those with Medicaid dental insurance were the most likely to report having their medical treatment delayed due to unmet dental needs. These findings suggest substantial inequities in access to preventive dental care that can affect not only individuals' oral health but also their overall health.

Interestingly, older adults were less likely to have their medical care delayed due to poor oral health than younger adults. Older adults are more likely than younger adults to have more chronic health conditions, which may result in reluctance by medical providers to delay medical care for their older patients. Medical providers may also be considering the lifelong impacts of chronic conditions and/or oral health differently for patients of different ages. Small studies suggest that individuals who have dental care prior to cardiac surgery have better outcomes related to markers of inflammation than those who do not have such dental care; however, studies like these do not allow for conclusions to be drawn about postsurgical impacts by age. As oral health is linked to chronic medical conditions throughout the lifespan, it is critically important to consider oral health as a key part of medical treatment plans for patients of all ages.

Reducing delays in medical care due to oral health problems requires clear and consistent communication between medical and dental professionals, an understanding of the oral-systemic link by all health care providers, and better access to both medical and dental care for patients.

Not only has poor oral health been linked to chronic health conditions such as diabetes, cardiovascular disease, and dementia, but unmet dental needs can impede the timing of treatments such as chemotherapy for cancer, heart valve replacement surgery, and joint replacement surgery. Postponing these medical treatments, particularly for patients facing barriers to accessing dental care, can have profound health implications.

Medical-dental integration, in which interprofessional health care teams provide whole-person care for their mutual patients, can help facilitate both communication between providers and access to dental and medical care for patients. Additionally, participation of oral health providers on multidisciplinary teams caring for patients with diseases like cancer and heart disease can not only prepare patients for successful medical treatment outcomes, but can also help prevent post-treatment complications.

The Oral Medicine Service at the Fred Hutch Cancer Center in Seattle, Washington, is a prime example of such an interdisciplinary team. Dentists with advanced training in oral medicine serve as key collaborators in treating patients with different cancer types, both addressing patients' oral health problems prior to treatment and any oral health issues — such as oral lesions or dry mouth — that arise due to cancer treatment side effects. For example, a literature review found evidence that dental evaluation and treatment prior to chemotherapy treatment for cancer is associated with fewer oral infections during treatment and fewer cases of osteonecrosis of the jaw during care, although the studies reviewed did not allow the authors to conclude whether precancer treatment dental care affects patient survival or tolerance of chemotherapy. Ideally, integrating dental providers into the cancer treatment team helps support comprehensive, seamless, whole-person care for patients.

Reducing delays in medical care due to oral health problems requires clear and consistent communication between medical and dental professionals, an understanding of the oral-systemic link by all health care providers, and better access to both medical and dental care for patients. Together, these findings underscore that oral health is not supplementary to medical care but a prerequisite for it. Failure to address inequities in dental access risks delaying life-saving medical treatment for those already facing some of the greatest health burdens.

Methodology

The State of Oral Health Equity in America survey is a nationally representative survey of adults' attitudes, experiences, and behaviors related to oral health. The study was designed by CareQuest Institute for Oral Health. Information was collected by NORC at the University of Chicago from January through February 2025, from adults 18 and older on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, nonzero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviews. An additional general population sample was selected at the state level to increase the number of complete interviews for individual state oversamples. In 2025, a sampling unit of 19,193 was used, with a final sample size of 9,450, a survey completion rate of 43.8%, and a final weighted cumulative response rate of 9.0%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.61%.

Respondents were asked, "In the last year, have you had one or more of these medical treatments?" The five response options were radiation therapy, chemotherapy, immunotherapy, heart surgery, and joint replacement therapy. Adults could choose as many conditions as applied to them, which is likely the reason why more adults in each treatment category reported delaying care (25%) than those who delayed overall (15%). Those who responded "yes" to one or more of these conditions were then asked, "Did your medical doctor delay your medical treatment due to problems with your teeth, gums, or mouth?" Chi-square analyses were conducted to evaluate statistical significance between groups on the variables of interest. All results presented are statistically significant at the $p<0.05$ level.

*To estimate the number of adults represented by percentages reported in the 2025 SOHEA survey, the percentage of a variable reported is multiplied by 266,978,268, which represents the estimated number of adults aged 18 and above living in the US in July 2024 (the most recent estimate available as of the publication of this report) as reported by the US Census (https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html). Each estimated value should be considered within the context of the 1.61% margin of error for the survey. For example, 26% of 2025 SOHEA respondents say they do not have dental insurance; this corresponds to approximately 69.4 million adults (26% of 266,978,268). The 1.61% margin of error is then both subtracted from and added to the estimated value of 26% to create a range around the estimated value, in which the true estimated value is likely to fall. Therefore, the true estimates of this figure (26% and 69.4 million adults) likely fall between 24.4% and 27.6%, or between 65.1 and 73.7 million adults.

While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., insurance coverage, demographic factors, and other socioeconomic factors) that may help further explain these findings.

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