Dental Trends

The Links Between Oral & Mental Health

The Oral Care Impact of Social Determinants of Health

Cigna Healthcare Dental Annual Report 2025

988294 a 08/25

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Executive summary

Unprecedented change for carriers, providers and customers

Among the streams of new data and studies surrounding healthcare in the United States, a growing consensus is emerging around the connection between oral health and overall well-being. As a result, dentists and dental carriers are addressing whole-person health in new ways while also employing new strategies to lower barriers to getting optimal oral care.

The study results driving these strategies build on established research yet deliver new insights. For example, the composition of microorganisms found in the mouth is connected to mental health and oral health outcomes.[1] The theme is picked up in a different study that showed individuals who have experienced a mental health disorder underutilize dental services.[2]

This established link between oral and mental health is reinforced through the social determinants of health (SDOH) lens. Factors affecting mental and oral health have several attributes in common, according to a Centers for Disease Control and Prevention (CDC) study that recommends integrated medical, dental and behavioral treatment for better overall health outcomes.[3]

In a recent study of 500 respondents, almost a third (29.4%) revealed that it had been longer than 12 months since their last dentist appointment.[4]

However, achieving the goal of integrated care faces several barriers, including racial bias in dental care delivery, scarcity of dental providers in both urban and rural "care deserts," data exchange limitations between carriers and providers, and the high cost of dental services.

67%

Black adults are 67% more likely than white adults to experience tooth loss.[5]

For dentists, knowledge of the connection between oral health and overall health encourages them to approach patients holistically. For many, this includes using personalized care plans that consider an individual's unique lifestyle, medical/mental/dental health history and genetic factors, as well as providing tailored home oral care and specific dietary guidance/instruction.[6] To combat racial bias, dental schools require mandatory coursework on the topic, and several different loan programs offer loan repayment incentives to dentists who belong to minority groups and work in underserved communities. To increase affordability, in-house subscription dental plans and loan programs are becoming standard at many Dental Service Organizations (DSOs) as well as solo dental offices.

For carriers, oral health programs continue to expand, addressing new and additional health conditions. They are also emphasizing the importance of preventive dental appointments and identifying providers in their directory who speak additional languages. Finally, carriers are increasing mobile dentistry and teledentistry programs to extend services to people in care deserts.

By identifying the connection between oral health and overall health and removing barriers to improve health outcomes, dentists and carriers are making headway in improving overall health for the patients they serve.

Oral and mental health links

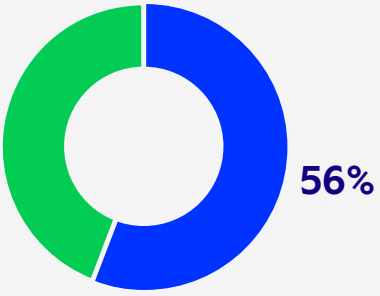
New horizons and new challenges for dentists

Traditionally, oral health problems, such as tooth decay, dental pain, gum disease and tooth loss, were connected to mental health issues as a collateral effect. In other words, patients with depression, anxiety or other mental health disorders were more likely to have dental disease.[7] This is often attributed to decreased overall self-care or a lack of interest in health and/or appearance. In fact, patients with severe mental illness are 2.7 times more likely to lose all their teeth compared with the general population.[7] As a result, the adoption of an oral care regimen can be considered a component of treating core mental health issues.

However, new research demonstrates a more direct link between oral and mental health. Periodontitis and its associated chronic inflammation can cause oral bacteria to pass through the gums and supporting bone and enter the bloodstream, which in turn can cause elevated stress hormones that affect mental health. Bacteria from gingivitis can similarly cause neuroinflammation. A study in Spain drew a correlation between early childhood neglect and subsequent poor oral care, leading to more mental health issues vs. a control group.[1]

Additionally, several psychiatric conditions have a direct impact on oral health. For example, 35%—38% of patients with an eating disorder have clinical signs of tooth erosion. Dry mouth can cause a much higher incidence of caries (tooth decay), and salivary flow rates can fall by 58%, causing dry mouth, in individuals who take a tricyclic antidepressant, such as amitriptyline. Studies have also shown that patients with depression have a significantly higher incidence of teeth grinding (bruxism), which also causes serious jaw pain.[8]

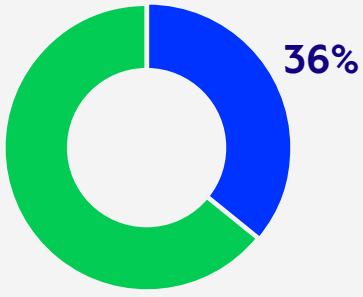
Studies point to a more integrated care approach that includes the dentist, medical doctor and mental health professional to treat these issues. One study suggests integrating oral care into behavioral health settings has the potential to accelerate recovery from mental health or substance use disorders.[2] It tested the efficacy of a single-session oral health education and referral program in behavioral health settings. While the study results were inconclusive, the notion of co-locating oral health resources in behavioral health or medical offices is gaining steam as a way to address whole-body health. Additionally, patient care is no longer just a case of treating oral health issues that occur along with mental health disorders but finding ways to help prevent mental disorders through an established oral care regimen.



of study participants said their at-home oral health improved as a result of oral health education intervention.[2]

2.7x

People with serious mental disorders are at 2.7 times higher risk of losing all their teeth in contrast to the general population.[7]



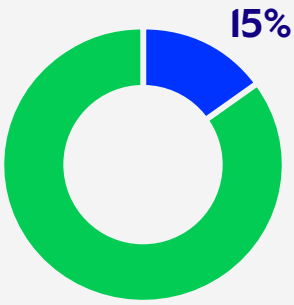
of study participants scheduled a dentist appointment as a result of an oral health education intervention.[2]

Social determinants of health

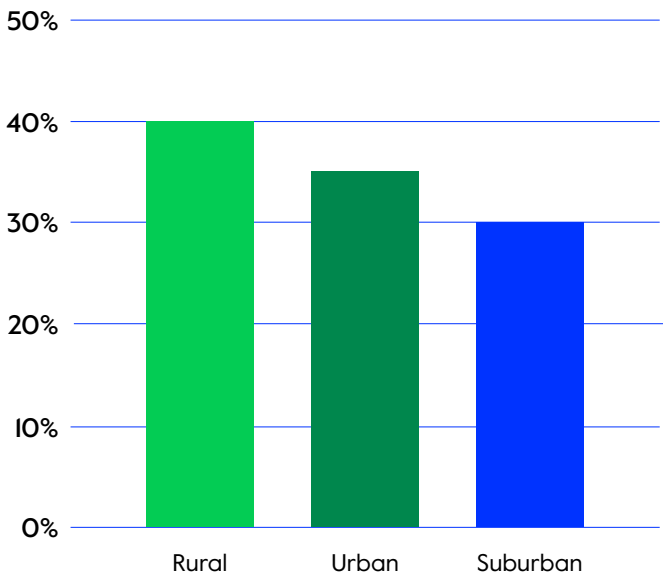
Access, cost and racial barriers to oral care

While evidence continues to accumulate that oral health is a key component of whole-body health, many barriers to obtaining oral care remain. Generally termed SDOH, nonmedical factors that influence a person's health and well-being, which include the conditions in which they are born, grow, live, work and age, create barriers to care. For example, geographic location, income and race are examples of SDOH and help explain why specific populations lag behind others in achieving optimal oral health.

A significant challenge for patients in rural areas is simply finding a dentist in their area. In fact, 67% of rural areas are considered Dental Health Professional Shortage Areas.[9] According to the U.S. Department of Health and Human Services, more than 10,000 dentists are needed to alleviate the shortage.[15] Scarcity isn't the only difficulty. Rural areas have a higher instance of tobacco use, but fewer rural businesses offer health insurance. As a result, people residing in rural settings are most likely to be missing five or more teeth and least likely to have seen a dentist in the previous year.[9]



Approximately 15% of the U.S. population lives in a rural area.[15]



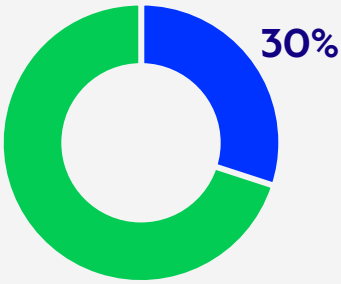
Four in 10 adults living in rural environments (40%) have not visited the dentist in more than one year, compared with 35% of urban and 30% of suburban residents.[9]

Many of these issues also affect people in urban areas, but the reasons can differ. Poverty is a determining factor. People who rent rather than buy their homes are 13% less likely to have seen a dentist in the last year, and those in public housing are 26% less likely. As a result, patients with a household income of less than $30,000 are twice as likely to go to the emergency room (ER) for an oral health issue than any other income group.[11]

Adults with a 12th grade or less education are nine times more likely to seek dental care in an ER than adults with a postgraduate or professional degree.[16]

Pockets of urban areas also suffer from care deserts where there are no dentists; as a result, low-income residents often forsake care due to lack of transportation. But the cost of dental services is the single biggest reason patients affected by poverty don't see a dentist.[11]

Another unfortunate contributor to SDOH is race. A 2024 survey of 9,000 adults reported that 4% of patients experienced discrimination in oral health care settings.[11] Of those reporting discrimination, more than a quarter stated they had been denied care on the basis of race. One revelation was people of Asian ethnicity experiencing denial of care two and a half times the average. Also of note, patients value an office experience with a diverse workforce, and language/cultural affinity is an essential consideration for minorities.



People with food insecurity have a 30% lower likelihood of reporting good oral health.[5]

Meeting the challenge

How dentists and carriers are making a difference

With growing evidence of the importance of oral health and the difficulties many Americans face in accessing it, how are dentists, carriers and employers addressing this challenge?

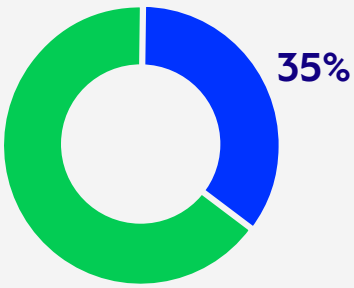
For dentists, programs aimed at increasing the number of dental providers in rural areas are an essential step toward achieving oral health care for more of the population. Dental schools are providing specific tracks with financial incentives for students to experience practice in underserved areas.[12] In fact, all 50 states offer loan-repayment incentives for those working in underserved areas, and there is evidence supporting the fact that dentists in rural areas—removed from oversaturated urban markets—have a larger patient pool and, thus, more income potential.[10]

Another area dental providers are addressing is ensuring their patients feel comfortable in their offices. This includes recruiting providers, hygienists and office staff who have ties to the local community, either by race or ethnicity. Patients in areas where English is not the primary language are being welcomed to offices by staff speaking their language, removing a key barrier to getting needed dental care.

For dental insurance carriers, a few relatively new tools extend care to help patients in rural or underserved areas.

Almost all carriers now provide teledentistry to customers to help triage an oral health issue, recommend the next appropriate care step, and, if necessary, provide a prescription for an antibiotic or another non-opioid medication. This availability helps the patient determine whether follow-up care with a dentist is needed. It is also an essential step in diverting a patient from a potentially expensive and time-consuming ER trip.

The Regional Initiatives in Dental Education (RIDE) program is a specific educational track of the University of Washington School of Dentistry (UWSOD) that trains dentists to meet the needs of rural and underserved populations in the state and region.[12]



More than a third of respondents to a recent study said having translation services in the dentist office was important to them.[ii]

A new aspect coming into use is at-home oral screenings using a patient's smartphone. The patient uploads a series of pictures that is reviewed by artificial intelligence (AI) and/or a licensed dentist, and the patient receives a screening report within a few hours. While a set of "mouth selfies" and AI are not a replacement for an in-person dentist visit, they can help a patient get a sense of their oral health and decide whether to schedule a dental visit and/or step up their oral care regimen.

Another tool available to carriers is mobile dentistry. This brings the dentist to a rural worksite or location to make primary oral care, such as X-rays, check-ups and fillings, convenient for patients without the need to miss work. This configuration also fits urban care deserts, where patients have fewer dentist choices and frequent transportation barriers. Issues that cannot be addressed with mobile dentistry can be identified and referred to the closest available in-network dentist for further care.

Taking the next step

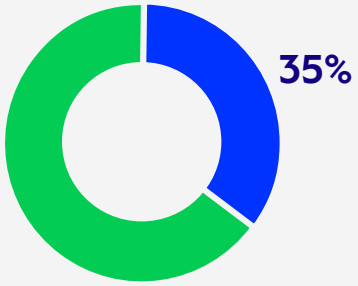
Improving employee oral health

Employers are in a unique position to harness available programs to help improve employees' oral and overall health. Incentives for medical health screenings are common, and many employers are now incorporating similar incentives for preventive dental visits. Employers can also team up with carriers to offer employees access to home oral care tools, such as power toothbrushes and electric flossers, at a negotiated discount.

Additionally, employers can partner with carriers to inform their employees and employees' families about the links between oral care and medical/mental health, encourage them to schedule regular preventive dental visits, and improve their home oral care regimen. They can also highlight carrier tools available, such as lists of multilingual providers and those providing interpreter services, to help facilitate care for people who are not fluent in English. Here are some more specific ways that employers can help employees have better oral health and save money.

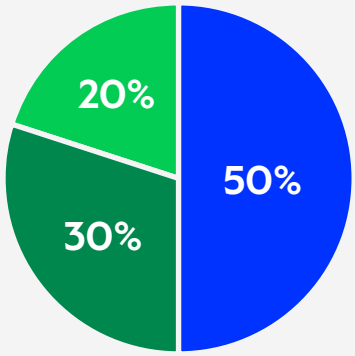
Loan programs

Implementing a no-interest loan program for employees who need dental care but have exceeded their annual maximum or struggle with out-of-pocket expenses can encourage them to get the oral care they need. This is especially true for employees impacted by SDOH; in fact, one study showed that the number one reason patients avoid dental visits is cost.[4]



More than a third of Americans have not been to the dentist in more than one year.[17]

What prohibits you from proceeding with dental treatment?[4]



Cost of services

Cost of dental insurance

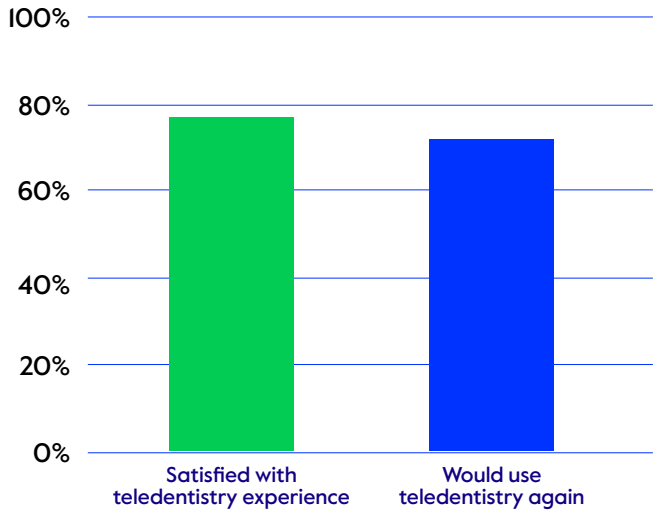
Other

Mobile dental care

Mobile dental care makes it easy for patients who haven't seen a dentist for years to get needed care. It can be done in both a "pop-up" configuration in a conference room or in a specially equipped trailer or pod in the parking lot. This type of outreach is particularly successful for employees who are impacted by SDOH.

Teledentistry

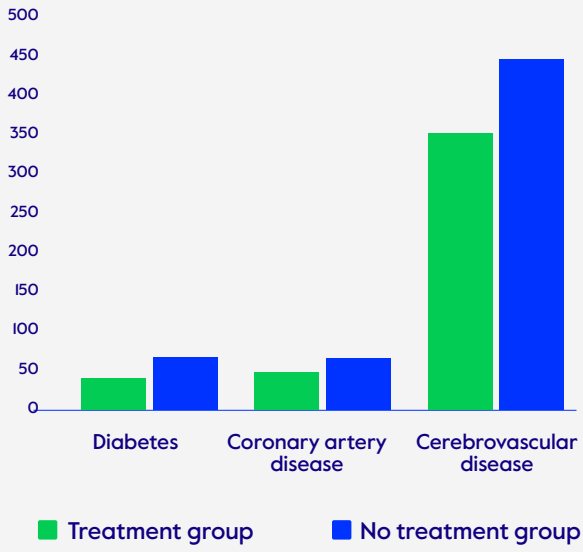
The need for telehealth/teledentistry during the pandemic introduced a game-changer for patients. A great resource in the event of an after-hours dental emergency, teledentistry is also an ideal ER diversion tool and provides services to people in rural areas as a frontline triage opportunity.



77% of respondents indicated they were satisfied with their teledentistry experience, and 72% indicated they would use it again.[9]

Periodontal treatment associated with lower rates of inpatient admissions[14]

Inpatient admissions per 1,000 subjects/year



Integrating oral health into medical and mental health

Many multiline carriers offer oral health integration programs, and most dental-only carriers offer additional services aligned to patients with certain health conditions. Notably, these programs are starting to add mental health to the list of eligible conditions.

Encouraging enrollment in these programs saves patients money on overall medical spend and gets them extra care to improve their oral health.

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