

It's Time to Give All Veterans a Good Reason to Smile

**Veterans Are More Likely to Lose Teeth, Suffer Pain,
and Struggle to Access Regular Dental Care**



State of Oral Health Equity in America 2026

America owes a huge debt to its military veterans. The service members who have served their country deserve to live the rest of their lives with dignity and pride. Unfortunately, many veterans cannot smile with confidence because of the condition of their teeth and gums.

Mouths matter. Having dental pain or missing teeth can make it harder to maintain a healthy diet. Unhealthy gums can also make it tougher for people to [control their blood sugar](#) and can increase their [risk of heart attack and stroke](#). "Without oral health, you're not healthy," said [former US Surgeon General Dr. David Satcher](#).



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— Former US Surgeon General Dr. David Satcher

New findings by CareQuest Institute for Oral Health show that our nation is failing to fulfill its obligation to veterans. Based on its recent survey, State of Oral Health Equity in America, CareQuest Institute determined that veterans are:



More likely to lose their teeth: When teeth are severely decayed or the gums surrounding them are infected due to periodontal disease, extraction may be necessary. Older US veterans (ages 60+) are much more likely to have had at least six teeth removed (31%) than older non-veterans (20%).

Don't all veterans receive dental coverage through the Veterans Health Administration?

Of the more than 9 million veterans who are eligible for medical care through the Veterans Health Administration (VHA), [only approximately 26%](#) are eligible for dental care. In other words, only 1 in 4 of these veterans has dental coverage through the VHA.

The PACT Act of 2022 augmented health care benefits for many veterans and resulted in roughly [330,000 veterans](#) [gaining dental coverage](#) among other benefits. But will these newly covered veterans receive the care they need?

Many veterans with VHA dental coverage are not receiving the care they deserve. Only about 1 in 3 with VHA coverage uses their dental benefits each year. The biggest obstacles are a burdensome administrative process and a shortage of dental providers.

In 2025, the number of participating VHA physicians, nurses, dentists, and pharmacists declined, with approximately 14,400 unfilled health care provider positions. [This decline](#) has been greatest in Alaska, Mississippi, Maine, and West Virginia. This shortage makes it challenging for many veterans — even those who are eligible for VHA dental care — to access dental care.



More likely to seek emergency dental

treatment: Veterans are more than twice as likely (7.7%) as nonveterans (3.0%) to seek care at a hospital emergency department (ED) for an oral health condition (an increase from [6% of veterans in 2021](#)). Such ED visits typically occur when people feel significant pain in their teeth or gums. Many people resort to EDs because they lack dental insurance or a “[dental home](#)” — a dental practice where they can access routine care.



Less likely to have dental insurance:

70% of veterans have dental insurance, compared with 75% of non-veterans.



More likely to report trouble with daily

care: Veterans (3.4%) are more than twice as likely as nonveterans (1.3%) to report having difficulty fairly or very often “doing your usual jobs because of problems with your teeth, mouth, dentures, or jaws.”



More likely to have other chronic health

conditions: More than half of older veterans (53%) have at least one chronic health condition, compared with 47% of older nonveterans. As noted earlier, poor oral health can worsen or complicate other health conditions.



More likely to experience impaired sense

of taste: Veterans are twice as likely (5.1%) as non-veterans (2.5%) to report experiencing reduced flavor in their food fairly or very often “because of problems with your teeth, mouth, dentures, or jaws.” An impaired sense of taste can be a symptom of dry mouth (xerostomia), which [raises the risk of tooth decay](#). Dry mouth can be caused by the side effects of certain medications or other health conditions.



Less likely to have had a recent

dental visit: Fewer older veterans had a dental visit in the last year (72%) than older nonveterans (78%).

Younger veterans face challenges too

Older veterans have worse oral health outcomes than older adults who are not veterans. However, on some measures, younger veterans fare even worse than older veterans:



Younger veterans (ages 18–59) are less

likely to have seen a dental provider (65%) in the past year than older veterans (72%). Additionally, younger veterans are less likely to have a dental home (73%) than older veterans (82%).



The lack of insurance may be a key reason

why many younger veterans are not receiving regular preventive dental care. Only 1 in 4 younger veterans has dental insurance (25%), compared with 1 in 3 among older veterans (34%).



For younger veterans, tobacco use is

another area of concern for oral health. Using tobacco products [raises the risk of gum disease and oral cancer](#) — that is, cancers of the mouth or throat. Younger veterans are more likely to be smokers (30%) than older veterans (12%).



Lower rates of dental insurance can lead to poorer utilization of dental care within an already medically complex population, which can ultimately impact both quality of life and cost of care. Emergency department visits are an unacceptable result of chronically poor access to dental care, straining a health care delivery system that is already struggling to meet patient needs. Veterans, regardless of age, deserve consistent, affordable, and comprehensive dental benefits that can meet their needs and keep them healthy.

Older veterans are experiencing poorer oral health with more barriers to access and daily function. Managing chronic diseases such as diabetes and heart disease in the context of oral health care [saves money](#) and strengthens overall health. Addressing the holistic healthcare needs of our aging veterans allows them to age with dignity, maintain a stable quality of life, and avoid costly or painful interventions that may arise because of poor oral health. It is long overdue for America to honor their service by ensuring that veterans have access to care, so they can live and work with dignity — and without pain.

Methodologies

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. Data was collected by NORC at the University of Chicago from January through February in 2024 and 2025 from adults ages 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 the combined 2024–2025 data, sampling units of 22,448 (2024) and 19,193 (2025) were used, with final sample sizes of 9,307 in 2024 and 9,450 in 2025 (total sample size = 18,757).

Suggested Citation:

CareQuest Institute for Oral Health. *It's Time to Give All Veterans a Good Reason to Smile*. Boston, MA: May 2026.

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The survey completion rate was 41.4% in 2024 (cumulative response rate = 7.3%) and 43.8% in 2025 (cumulative rate = 9.0%). All data presented account for appropriate sample weights. The margin of error for the survey is 1.44% for 2024 and 1.61% for 2025.

Individuals were identified as veterans if they responded “have served active duty” to the question, “Have you ever served on active duty in the US Armed Forces, Military Reserves, or National Guard?” Chi-square analyses were conducted to evaluate statistical significance between groups on the variables of interest. The population of veterans in the SOHEA survey is comparable in size and composition to that in similar large surveys. All results presented are statistically significant at the $p < 0.005$ level unless otherwise noted.

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., demographic factors and other socioeconomic factors) that may help further explain these findings.