CareQuest Institute for Oral Health®

State of Oral Health Equity in America 2026

RESEARCH REPORT

Oral Health in America: Falling Through the Cracks

Persistent Barriers to Dental Care, Coverage, and Oral Health

SUGGESTED CITATION:
Heaton, Lisa J., Santoro, Morgan, De Oliveira, RCG, Cheung, Hannah J., Tranby, Eric P. *Oral Health In America: Falling Through the Cracks — Persistent Barriers to Dental Care, Coverage, and Oral Health*. Boston, MA: CareQuest Institute for Oral Health. November 2026. DOI: 10.35565/CQI.2026.2005.

Copyright © 2026 CareQuest Institute for Oral Health, Inc.

Authors

Lisa J. Heaton, PhD
Manager of Scientific Publications, Analytics and Data Insights
CareQuest Institute for Oral Health

Morgan Santoro, MPH
Biostatistician, Analytics and Data Insights
CareQuest Institute for Oral Health

Rubelisa C. G. de Oliveira, DDS, MS, PhD
Science Writer, Analytics and Data Insights
CareQuest Institute for Oral Health

John O'Malley, MHI, MS
Manager, Data Science
CareQuest Institute for Oral Health

Hannah J. Cheung, MPH, MS, RDH
Senior Health Sciences Specialist, Analytics and Data Insights
CareQuest Institute for Oral Health

Eric P. Tranby, PhD
Senior Director, Analytics and Data Insights
CareQuest Institute for Oral Health

Acknowledgements

Renée Clark, MS
Care Coordinator and Interoperability Manager
CareQuest Institute for Oral Health

Julie Reynolds, DDS, MS
Associate Professor
University of Iowa College of Dentistry

Mason Bushyeager
Data Engineer, Analytics and Data Insights
CareQuest Institute for Oral Health

Adrianna Sonnek, MPH
Senior Manager, Data Platform and Engineering
CareQuest Institute for Oral Health

Rebecca Preston, MPH, CHES
Director, Analytics and Data Insights
CareQuest Institute for Oral Health



Good oral health is an essential component of overall health and well-being, influencing nutrition, communication, chronic disease management, and quality of life. Yet despite growing recognition of the connection between oral and overall health throughout the lifespan, access to dental care remains uneven across the United States (US).

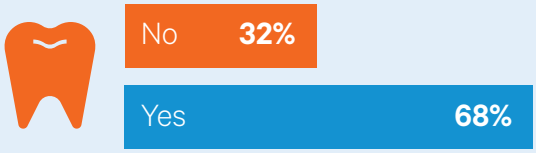
Findings from the 2026 State of Oral Health Equity in America (SOHEA) survey reveal persistent disparities in dental visits, insurance coverage, oral health status, and access to a regular source of care, with barriers disproportionately affecting adults with lower incomes, less education, disabilities, and those living in nonmetropolitan communities. While most adults report good oral health and engagement with the dental care system, millions continue to forgo needed care, face financial barriers, or seek alternatives when traditional dental services are out of reach, underscoring the need for continued efforts to advance oral health equity.

From January to February 2026, CareQuest Institute for Oral Health conducted the sixth annual SOHEA survey, in which 11,375 US adults (18+ years) report on their attitudes, experiences, and behaviors related to oral health. Results from previous SOHEA surveys suggest that racial and economic factors contribute to these persistent oral health inequities (2023); that the US oral health care system is not equally responsive or welcoming to all (2024); and that oral health disparities remain widespread, with insurance coverage, income, and other social factors continuing to shape access to dental care and oral health outcomes (2025).

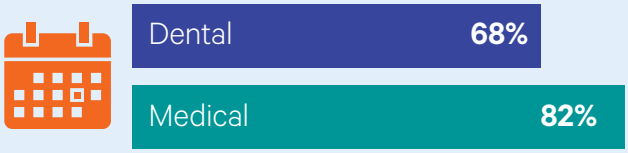
Key Findings

Approximately one-third of adults (32%; 86 million[1]) report not visiting a dentist within the past year, while 18% (49 million) report not seeing a physician during that same period. More adults report visiting a physician (82%, or 221 million adults) than a dentist (68%, or 183 million adults) within the past year. Three times as many adults report having a medical visit without a dental visit (21%) than a dental visit without a medical visit (6%).

Dental Visits in the Last Year Reported by US Adults



Care Visits in the Last Year Reported by US Adults



1. To estimate the number of adults represented by percentages reported in SOHEA, the percentage of a variable reported is multiplied by 269,763,509, which represents the estimated number of adults aged 18 and above living in the US in July 2025 (the most recent estimate available as of the publication of this report) as reported by the United States Census Bureau (https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html). Please see the Methodology section for more details.

Medical and Dental Care Visits in the Last Year Reported by US Adults



21% Medical visit without dental visit

6% Dental visit without medical visit

US Adult Dental Insurance Status



With dental insurance **72%**

Without dental insurance **28%**

Nearly three-quarters of adults (72%; 194 million) report having dental insurance in 2026, whereas more than one-quarter (28%; 76 million) are dentally uninsured.

Dental insurance remains strongly associated with dental visits. More than three-quarters of adults with dental insurance (76%) report visiting a dentist within the past year, compared with less than half of adults without coverage (47%).

Visits for Dental Care by Dental Insurance Status



With dental insurance **76%**

Without dental insurance **47%**

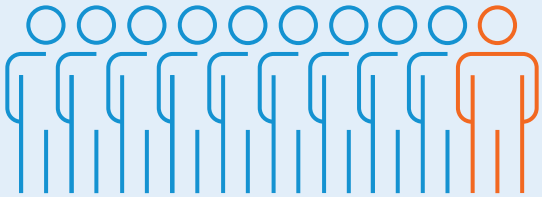
ED Visits for Dental Care by Dental Insurance Status



10% with Medicaid dental insurance

2% with dental insurance

Four percent of adults report seeking dental care in an emergency department during the previous year. Adults with Medicaid dental insurance report the highest rates of emergency department use for dental care (10%), compared with 2% of adults with private dental insurance.



1 in 10

adults who report having dental insurance say they reached or exceeded their annual dental insurance maximum benefit in the past year, and 43% of those individuals say this prevented them from obtaining additional dental care.

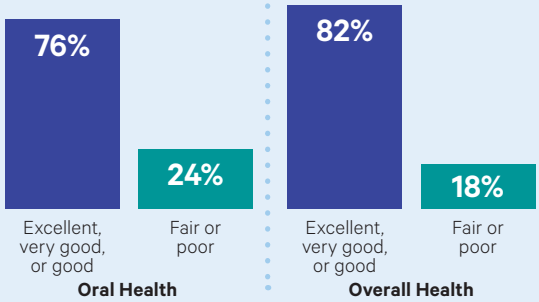
Four percent of adults report seeking dental care outside the US at some point in the past. Among those individuals, nearly two-thirds (65%) say lower treatment costs are a reason for obtaining care abroad.



4% adults sought care outside the US

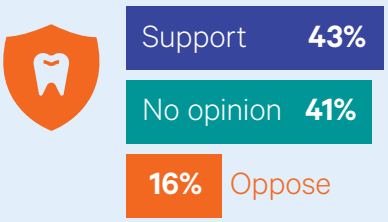
US Adults Rate Their Health





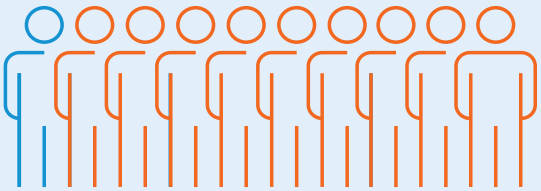
Most adults (76%; 205 million) rate their oral health as excellent, very good, or good; however, nearly one-quarter (24%; 65 million) describe their oral health as fair or poor. Meanwhile, 82% (221 million) say their overall health is excellent, very good, or good, with 18% (nearly 49 million) describing their overall health as fair or poor.

US Adult Attitudes Toward Community Water Fluoridation



For the first time in 2026, SOHEA examined attitudes toward community water fluoridation. Over 4 in 10 (43%) of adults support fluoridation, 41% have no opinion, and 16% oppose it.

Most adults report that it is very or somewhat important for their dental provider to speak their preferred language (90%), while opinions are more mixed regarding dentists providing workforce diversity, respecting patients' cultural preferences in dental care, and offering translation and interpretation services.



Who Is Able to Visit a Dentist Each Year?

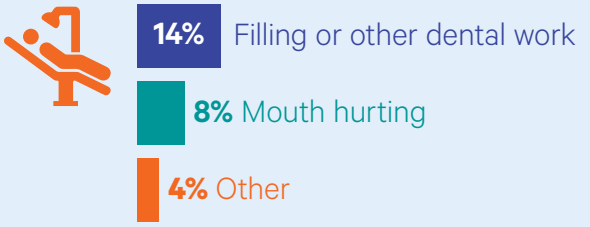
In 2026, approximately one-third of adults (32%, or 86 million adults) say they have not seen a dentist in at least a year. More adults report visiting a physician (82%, or 221 million adults) than a dentist (68%, or 183 million adults) within the past year. Among adults who report a dental visit, the most common reason is a routine checkup or cleaning (75%). Smaller percentages report visiting a dentist to have a filling or other dental work completed (14%), because an area of their mouth was uncomfortable or hurting (8%), or for other reasons (4%).

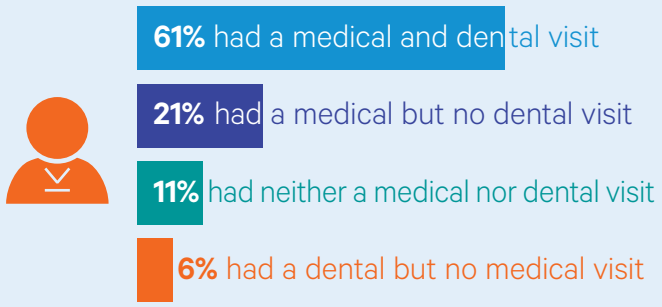
In 2026, 61% of adults report visiting both a physician and a dentist within the past year, while 21% have a medical visit but no dental visit. In contrast, only 6% report seeing a dentist but not a physician. Notably, 11% of adults report having neither a medical nor dental visit during the previous year. These findings suggest that adults are far more likely to engage with the medical care system than the dental care system, with more than three times as many adults receiving medical care without dental care than dental care without medical care.

Annual Dental Visits by Age

Younger adults have an annual dental visit in the smallest number across age groups. In 2026, only 61% of adults aged 18–44 report visiting a dentist within the past year, below the national average of 68%. Nearly one in seven (69%) of those aged 45–59 report a dental visit in the past year, in comparison to adults aged 60 and older, who have the highest rates of dental visits (77%).

Reasons for Most Recent Dental Visit





Annual Dental Visits by Annual Household Income

There are no statistically significant differences in dental visits between those who are employed or not. However, the percentage of adults with an annual dental visit increases as income increases. While approximately half of adults with household incomes below $30,000 (51%) report having visited a dentist within the past year, more than 4 out of 5 adults earning $100,000 or more have had a recent dental visit, representing a 30-percentage-point difference between those with the highest and lowest incomes (Figure 1).

Annual Dental Visits by Dental Insurance Status

Over three-quarters of adults with dental insurance (76%) report visiting a dentist within the past year, compared with less than half (47%) of those without dental insurance. The type of dental insurance is also related to having a recent dental visit in the past year. Compared to the national average of 68%, dental visit rates are highest among adults with private dental insurance (80%), followed by either Medicare Advantage or other dental insurance (76% for both), and lowest among adults with Medicaid (60%; Figure 2).

Annual Dental Visits by Residential Location, Education, and Disability Status

Adults living in nonmetropolitan areas report having a dental visit in the last year in higher numbers (40%) than adults living in nonmetropolitan areas (31%). Educational attainment shows a clear pattern in annual dental visit status. Over half (55%) of adults with less than a high school education report having visited a dentist within the past year, compared to 86% of adults with postgraduate study or a professional degree. While 58% of adults who say they have a disability report seeing a dentist within the past year, this percentage increases to 71% among those without a disability.

Figure 1: Dental Visit Within the Last Year by Income

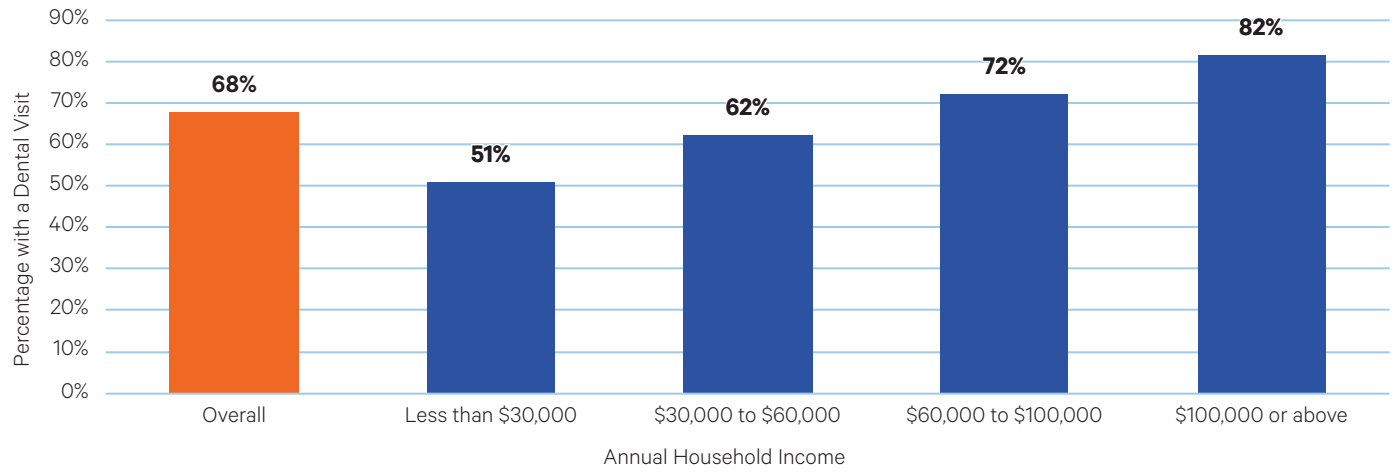
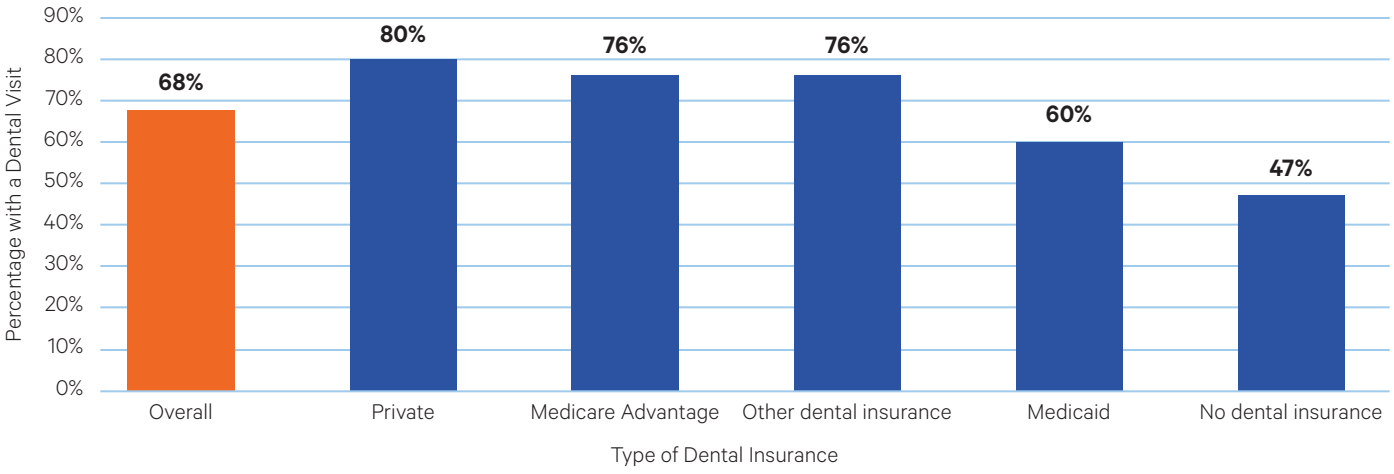


Figure 2: Dental Visit Within the Last Year by Dental Insurance Type



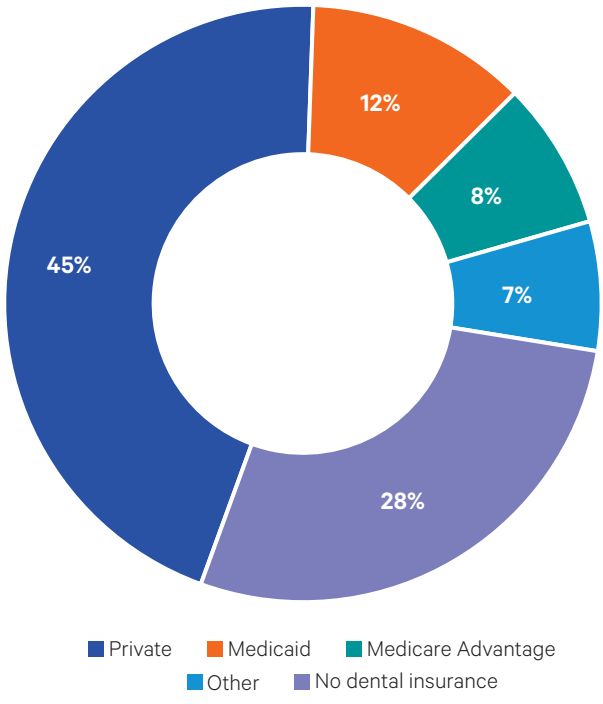


How Many US Adults Have Dental Insurance Coverage?

While 72% of US adults (about 194 million) report having some form of dental insurance in 2026, more than one-quarter (28%), or approximately 76 million adults, lack dental coverage. Private dental insurance is the most common type of coverage reported (45%), followed by smaller percentages of those covered through Medicaid (12%), Medicare Advantage (8%), or another form of dental insurance (for example, insurance through the military, Indian Health Service, or other state/federal program; 7%; Figure 3).

One in ten respondents (10%) who say they currently have dental insurance report exceeding their annual dental insurance maximum benefit during the past year; 16% do not know whether they have reached this limit. Forty-three percent of adults who say they reached this maximum benefit say it prevents them from seeking additional dental care.

Figure 3: Dental Insurance Types



Having Dental Insurance by Age

Adults aged 60 and older report the lowest percentage of adults who have dental insurance, with 66% having coverage. This is followed by adults aged 18–29 (70%), adults aged 30–44 (75%), and adults aged 45–59 (77%; Figure 4).

Having Dental Insurance by Annual Household Income

Similar to having a recent dental visit, a clear income gradient exists in dental insurance coverage, with coverage rates increasing steadily as household income rises. While 60% of adults with household incomes below $30,000 report having dental coverage, this increases to 84% of adults with incomes of $100,000 or more (Figure 5).

Having Dental Insurance by Residential Location, Education, and Disability Status

Two-thirds (66%) of adults residing in nonmetropolitan areas report having dental insurance, compared to 73% of adults living in metropolitan areas. Dental insurance coverage is lowest among adults with a high school education or less. Approximately 65% of adults with either less than a high school education or a high school diploma (also 65%) report lacking dental insurance, compared with 71% of adults with vocational or technical training, some college education, or an associate degree and 80% of adults with a bachelor's degree or higher. While 58% of individuals who report not having a disability say they have dental insurance, that number drops to 14% of individuals who report having some kind of disability.

Figure 4: Dental Insurance by Age

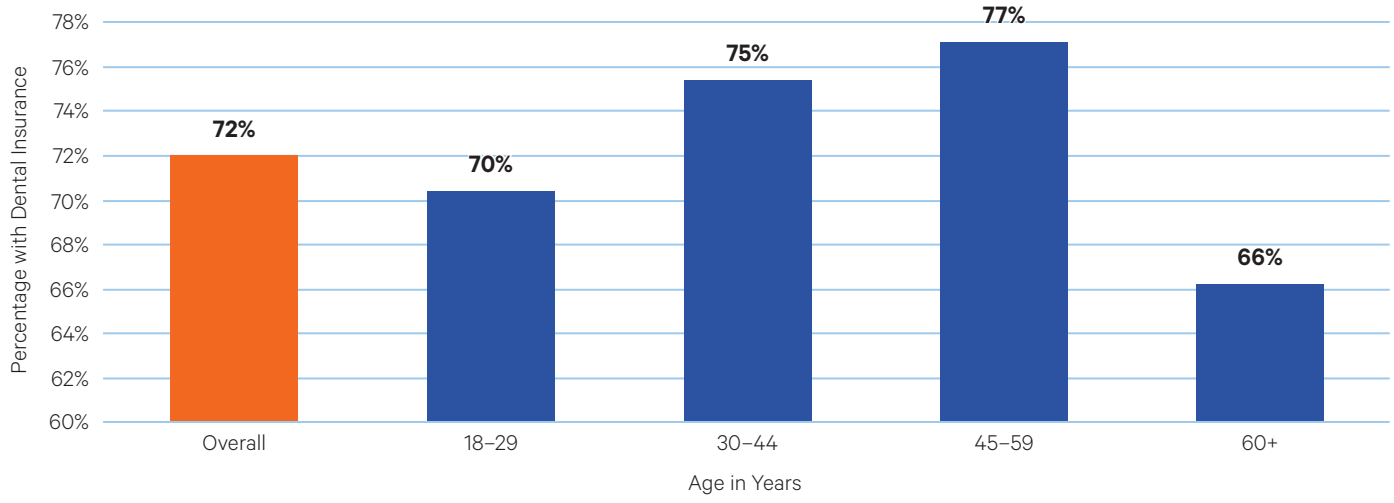
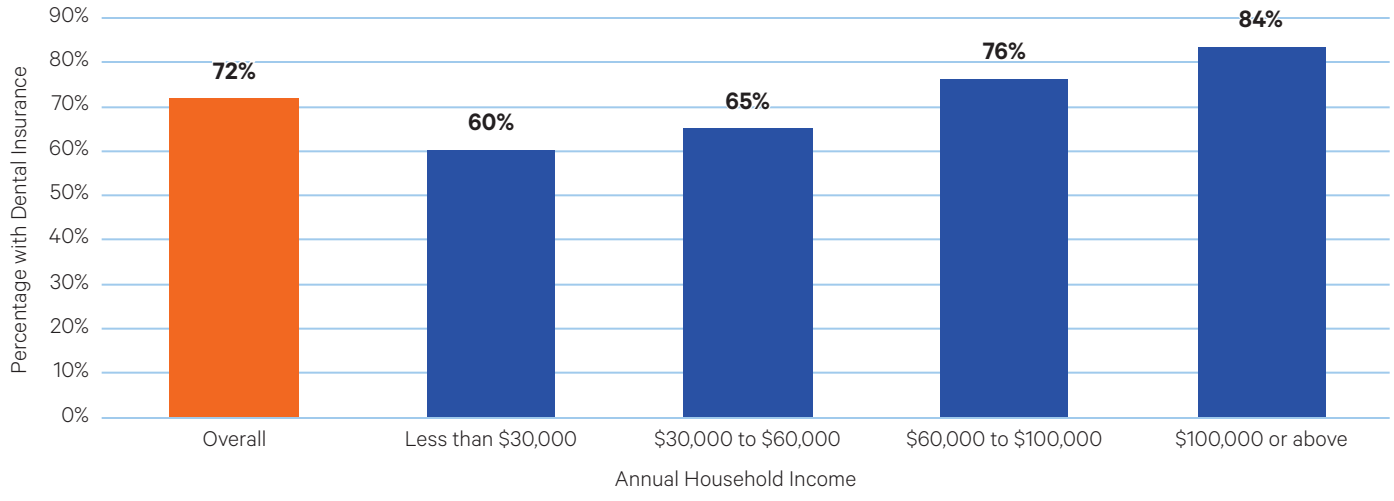


Figure 5: Dental Insurance by Income





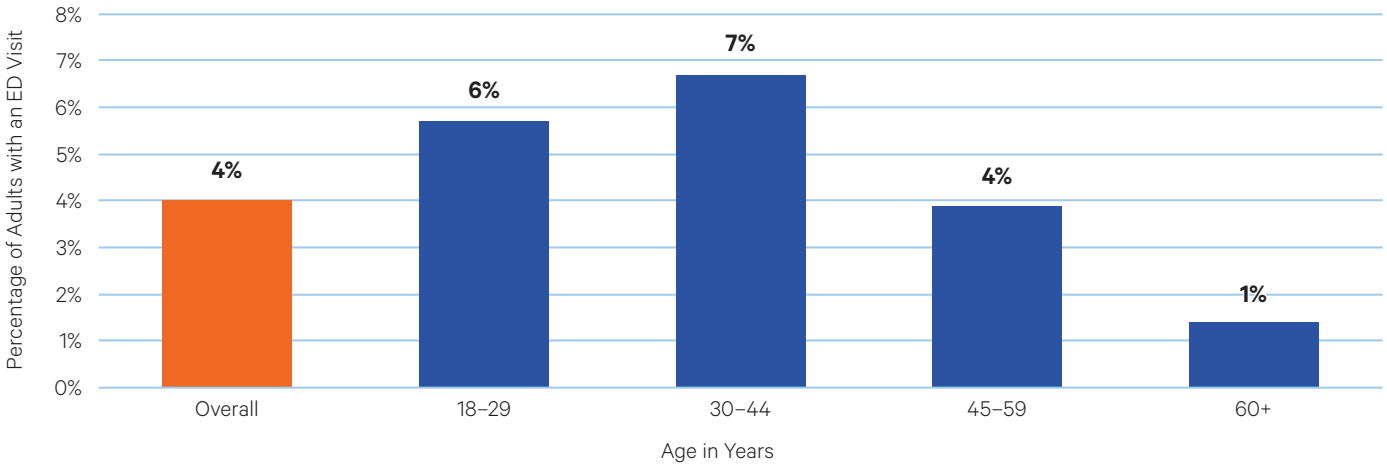
What Happens When Dental Care Becomes Urgent?

Four percent of adults report visiting an emergency department (ED) for a dental problem in the past year. This percentage remains consistent in this survey since 2022. While the overall percentage of adults reporting an ED visit for dental care remains low, these visits are estimated to cost nearly $4 billion per year.

ED Visits for Dental Problems by Age

Younger adults (aged 18–44) report the highest percentage of ED visits for dental problems in the previous year (6%–7%). In comparison, only 1% of adults aged 60 and older report an ED visit for dental problems (Figure 6).

Figure 6: ED Visit for Dental Problems by Age



ED Visits for Dental Problems by Annual Household Income

ED use for dental care decreases as income increases. Eight percent of adults with household incomes below $30,000 report visiting an ED for dental problems in the previous year. The percentage declines to 5% among adults with incomes of $30,000 to less than $60,000, 3% among those with incomes of $60,000 to less than $100,000, and 2% among adults with incomes of $100,000 or more.

ED Visits for Dental Problems by Dental Insurance

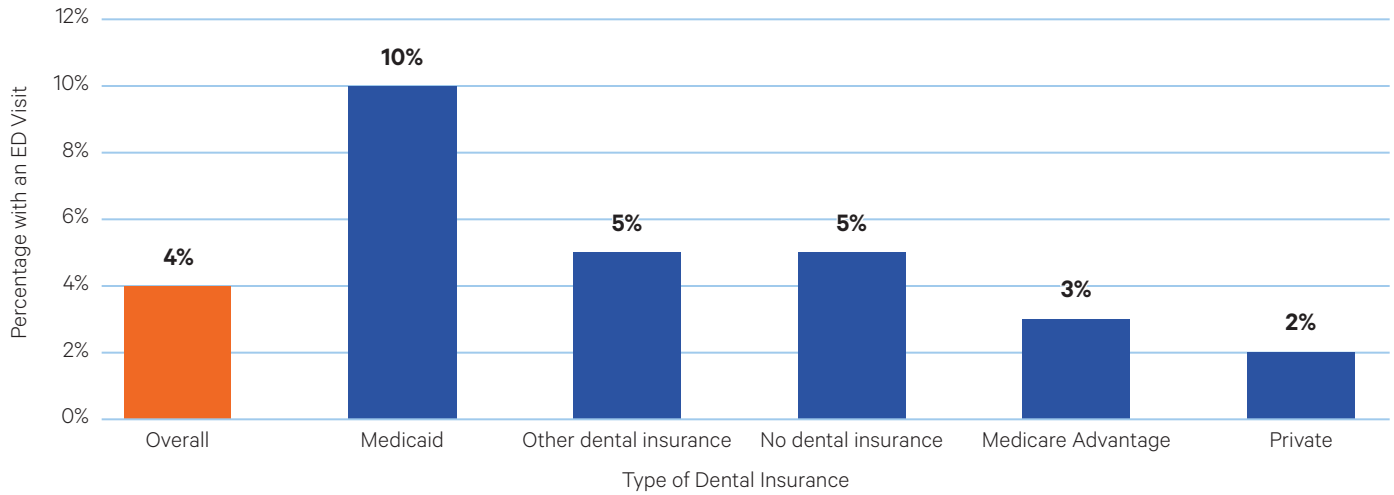
There was no meaningful difference in ED use for dental problems between adults with and without dental insurance (5% vs. 4%). However, ED use for dental problems did vary by type of dental insurance coverage. Adults covered by Medicaid report the highest percentage of ED visits for dental problems during the previous year (10%), followed by adults with other forms of dental insurance (5%), those without dental insurance (5%), and those covered by Medicare Advantage (3%). Adults with private dental insurance report the lowest percentage of ED visits for dental problems (2%; Figure 7).

Eight percent of adults with household incomes below $30,000 report visiting an ED for dental problems in the previous year.

ED Visits for Dental Problems by Residential Location, Education, and Disability Status

Six percent of adults living in nonmetropolitan areas report visiting an ED for dental problems during the previous year, compared with 4% of adults living in metropolitan areas. Adults with less education report higher percentages of ED visits for dental problems than those with more education. Eight percent of adults with less than a high school education report an ED visit for dental problems during the previous year, followed by 6% of high school graduates, 5% of adults with vocational or technical training, some college education, or an associate degree, and 2% of adults with a bachelor's degree or postgraduate study/professional degree. While 8% of adults who say they have some kind of disability report visiting an ED for dental problems, this number drops to 3% of adults who do not report any type of disability.

Figure 7: ED Visits for Dental Care by Dental Insurance Type





What Happens When Seeing a Dentist Isn't an Option?

Seeking Dental Care Outside the US

Four percent, or nearly 11 million US adults, report seeking dental care outside the US at some point in the past. Consistent with previous estimates, lower treatment costs remain the primary reason adults seek dental care abroad (65%). This number increased from 58% in 2025. Smaller percentages cite other reasons, such as being stationed by the US military outside the US or seeking care while traveling abroad (9%), lack of dental insurance coverage in the US (7%), shorter wait times for treatment outside the US (6%), and the opportunity to travel while receiving treatment (6%). Approximately 5% report seeking dental care abroad because of the quality of care offered outside the US, while 1% indicate that access to providers who communicate in their preferred language is a reason for obtaining dental care abroad.

Four percent, or nearly 11 million US adults, report seeking dental care outside the US at some point in the past.

Seeking Dental Care from Non-Dental Providers

Three percent of survey respondents, representing approximately 8 million adults, report receiving dental care from a non-dental provider, such as a medical provider or an individual not licensed to practice dentistry. Among these adults seeking care from a non-dental provider, the most commonly reported reason is that the cost of care is lower than seeing a licensed dental provider (46%). Relatedly, 20% of those receiving dental care from non-dental providers indicate that they do not have dental insurance.

How Do Adults Rate Their Oral Health?

In 2026, most adults report their oral health as excellent, very good, or good (76%, or 205 million adults), while 24% (nearly 65 million adults) report their oral health as fair or poor. Meanwhile, 82% (221 million) say their overall health is excellent, very good, or good, with 18% (nearly 49 million) describing their overall health as fair or poor. Overall, 45% of respondents (121 million adults) report having lost at least one tooth because of dental caries (decay) or periodontal disease.

In 2026, most adults report their oral health as excellent, very good, or good.

Self-Rated Oral Health by Age

The youngest and oldest age groups surveyed report the highest percentage of excellent/very good/good oral health (79% for both), while adults aged 45–59 have the lowest percentage reporting excellent, very good, or good oral health (73%; Figure 8).

Self-Rated Oral Health by Annual Household Income

The percentage of adults reporting their oral health as excellent, very good, or good increases across income groups, from 63% among adults with household incomes below $30,000 to 71% among those with incomes of $30,000 to less than $60,000, 81% among those with incomes of $60,000 to less than $100,000, and 87% among adults with incomes of $100,000 or more.

Self-Rated Oral Health by Dental Insurance Status and Type

The difference based on insurance status is pronounced, with 81% of insured respondents reporting excellent/very good/good oral health compared with 66% of uninsured respondents. By insurance type, uninsured and Medicaid-insured respondents report poorer oral health, with 34% and 32%, respectively, rating their oral health as fair or poor. In contrast, respondents with private insurance report the highest percentage of excellent/very good/good oral health (85%), followed by those with other types of insurance (79%) and Medicare Advantage enrollees (78%: Figure 9).

Figure 8: Self-Reported Oral Health by Age

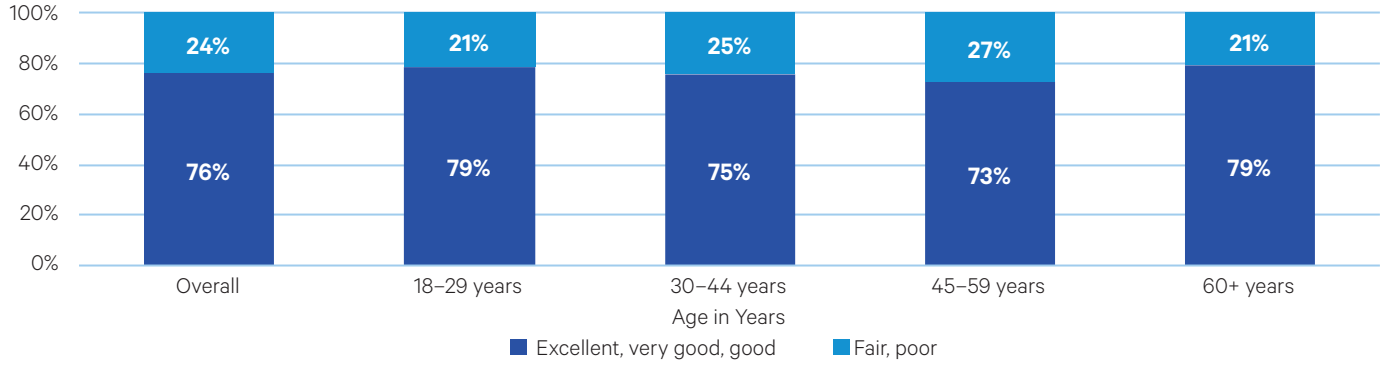
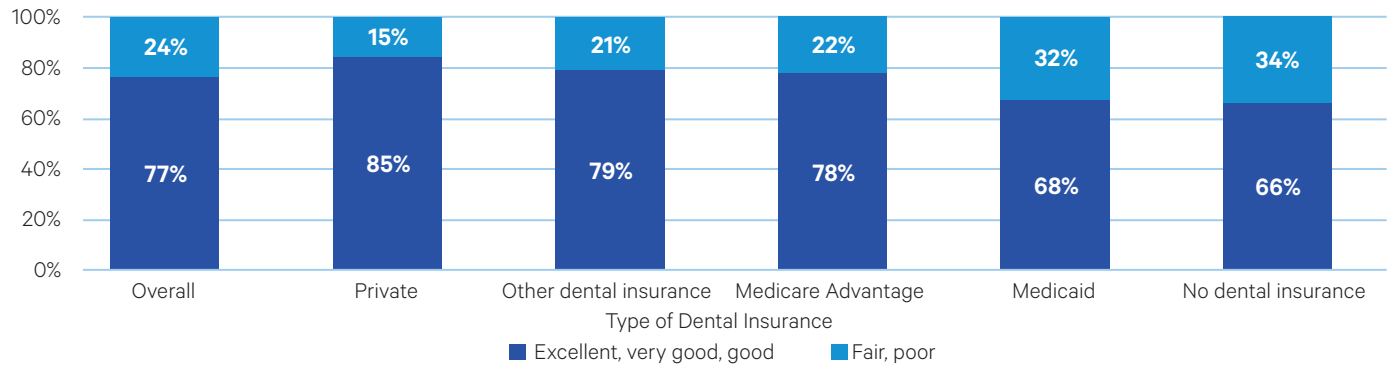


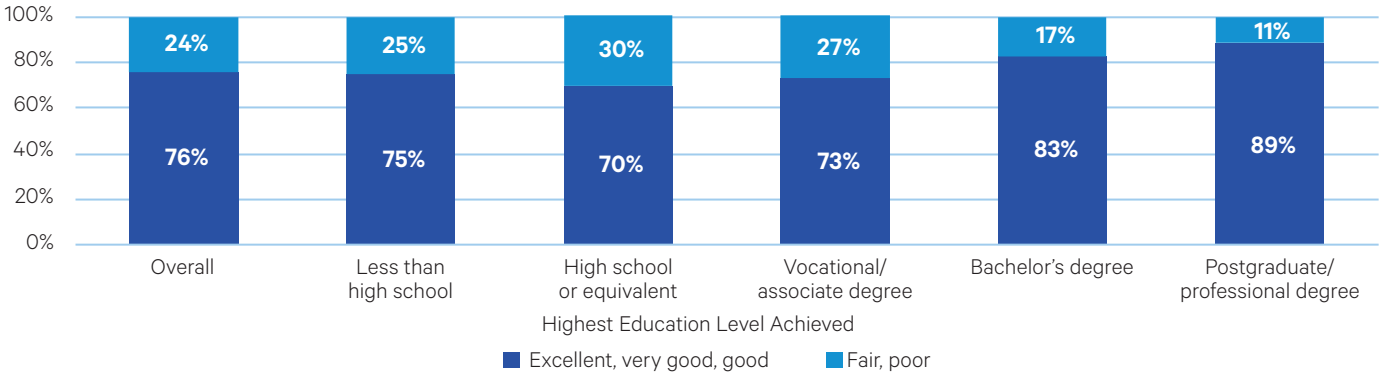
Figure 9: Self-Rated Oral Health by Dental Insurance Type



Self-Rated Oral Health by Residential Location, Education, and Disability Status

Most adults living in metropolitan areas report their oral health as excellent, very good, or good (77%), compared to 71% of adults residing in nonmetropolitan areas. The self-rated oral health distribution varies across education levels. Among individuals who rate their oral health as excellent, very good, or good, the percentages are 75% among those with less than a high school education; 70% among high school graduates or those with an equivalent credential; 73% among those with vocational or technical training, some college education, or an associate degree; 83% among those with a bachelor's degree; and 89% among those with postgraduate study or a professional degree. While 79% of adults who do not report having a disability say their oral health is excellent, very good, or good, only 66% of adults with a disability rate their oral health the same way (Figure 10).

Figure 10: Self-Rated Oral Health by Education



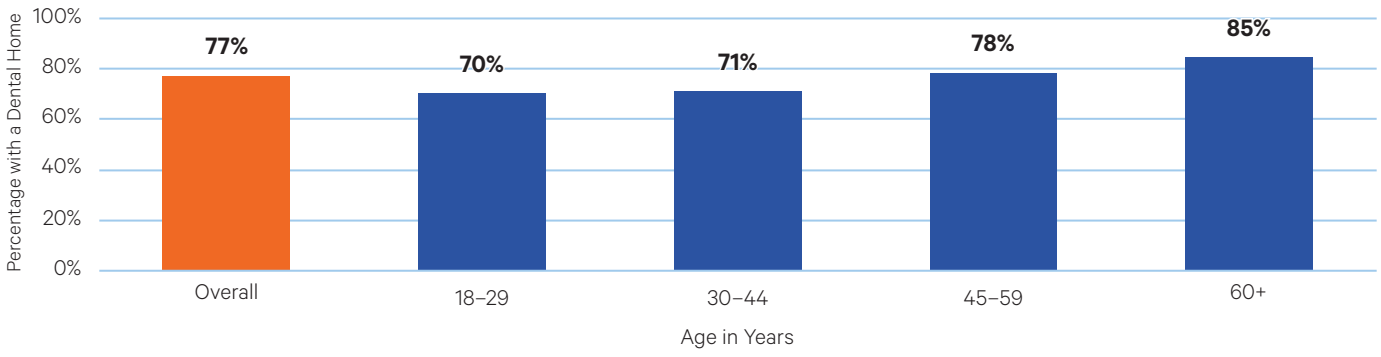
How Many US Adults Have a Dental Home?

Overall, about 77%, or 208 million adults, say they have a dental home, or a regular source of dental care. Interestingly, the percentage of adults who report they have a dental home is higher than the percentage of adults who say they had a dental visit in the past year (68%). The percentage of adults who say they have a dental home (77%) is similar to the percentage of adults who say their last dental visit was for a routine checkup or cleaning (75%), rather than to have a problem addressed (22%) or for another reason (8%). It may be that individuals who feel they have a place where they can receive routine care are more likely to seek out such routine care compared to those without a dental home.

Having a Dental Home by Age

Older adults report having a dental home in greater numbers than younger adults, with 85% of those aged 60 or older reporting a dental home compared to 70% of those aged 18–29 (Figure 11).

Figure 11: Dental Home by Age



Having a Dental Home by Annual Household Income

The percentage of adults who report having a dental home does increase with income, however. Almost two-thirds (63%) of adults earning $30,000 or less annually have a dental home, followed by 72% of those earning $30,000–$60,000, 81% of those earning $60,000–$100,000, and 88% of adults earning $100,000 or more.

Having a Dental Home by Dental Insurance Status and Type

While 84% of adults with dental insurance have a dental home, only 58% of those without dental insurance have a dental home. Adults with private dental insurance report having a dental home in the highest percentages (88%), followed by 85% of adults with Medicare Advantage, 84% of those with other types of dental insurance, and 72% of adults with Medicaid dental insurance (Figure 12).

Having a Dental Home by Residential Location, Education, and Disability Status

More adults living in metropolitan areas report having a dental home (78%) compared to those living in nonmetropolitan areas (73%). The percentage of adults who report having a dental home increases with higher levels of education achieved. For example, while 71% of adults with less than a high school education have a dental home, this number increases to 88% of those with a postgraduate or professional degree (Figure 13). More individuals without one or more disabilities report having a dental home (80%) compared to those reporting at least one disability (70%).

Figure 12: Dental Home by Dental Insurance Type

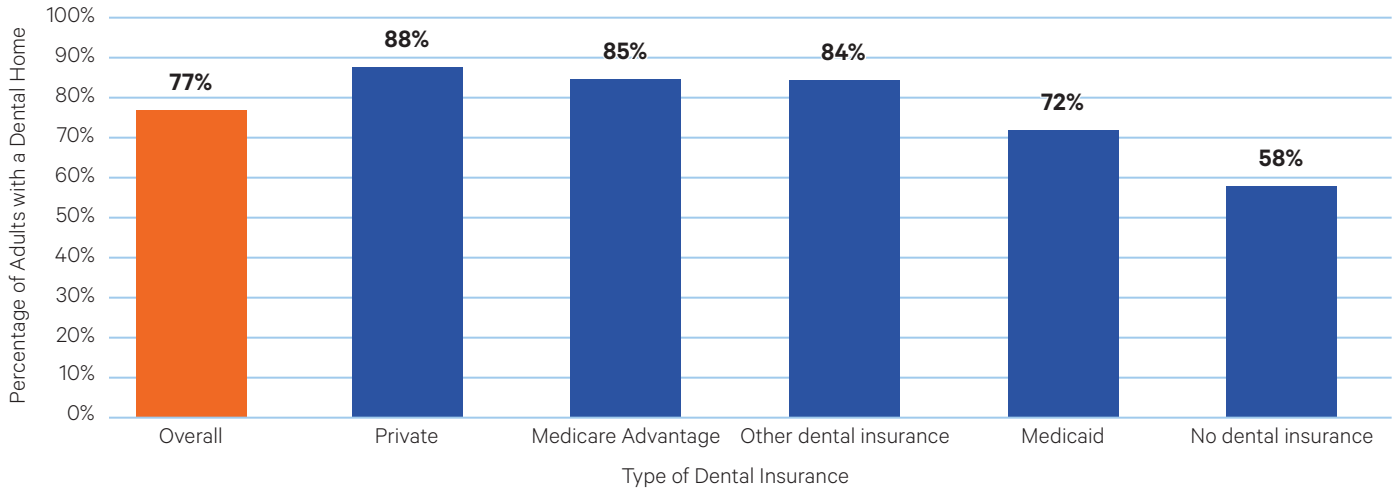
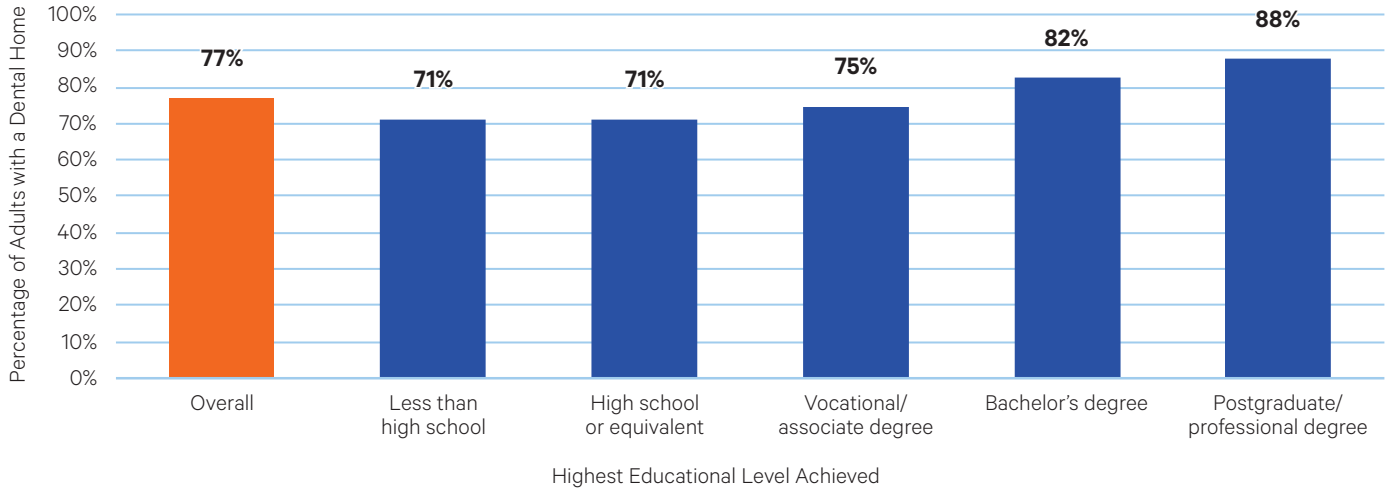


Figure 13: Dental Home by Education Level





Understanding Perspectives on Additional Topics to Advance Oral Health Equity

Oral health disparities reflect a range of factors that influence people's ability to access and experience oral health care. Beyond structural barriers, public understanding, trust, and the patient experience may also shape access to care and oral health decisions. Understanding adults' perspectives on fluoride and ensuring care is inclusive and culturally responsive are therefore important considerations for advancing oral health equity.



How respondents answered
"Is fluoridated water healthy or beneficial for the general public?"

39% Healthy or beneficial
14% Harmful or detrimental
11% No real impact
36% Don't know enough to form an opinion

How Do US Adults Feel About Fluoride?

For the first time, the 2026 SOHEA survey asks respondents' perspectives about community water fluoridation (adding fluoride to the public water supply), revealing that many adults remain undecided about the practice. Most adults either support (43%) or do not have an opinion (41%) on adding fluoride to the public water supply, while 16% oppose this practice. A separate question asked whether respondents felt fluoridated water is healthy or beneficial for the general public. While 39% of respondents believe fluoridated water is healthy or beneficial for the general public, fewer (14%) view it as harmful or detrimental or feel it has no real impact on the health of the general public (11%). Notably, more than one-third of respondents (36%) report that they do not know enough to form an opinion on fluoridated water's benefits or risks.

The Importance of Inclusive and Culturally Responsive Oral Health Care

When asked about dental providers respecting patients' cultural preferences in dental care, more than half (52%) say this is very or somewhat important, while 48% say that this is not important. Perceptions of the importance of workforce diversity in dental offices are mixed. While most respondents (53%) report that it is not important, 47% consider this very or somewhat important.

Language-concordant communication is a key consideration for many patients when receiving dental care. Most respondents consider the ability of a dental provider to communicate in the patient's spoken language important. Nearly all adults overall (90%) indicate that it is very or somewhat important for their dental provider to speak their language. While 80% of adults who speak a language other than English at home feel this is very or somewhat important, this increases to 92% of adults who only speak English at home. Conversely, most respondents do not consider translation or interpretation services important; nearly two-thirds (62%) report that it is not at all important for their dental provider to offer translation services. However, while more than half of adults who speak a language other than English at home feel translation or interpretation services are important in a dental office, only 32% of adults who speak only English at home feel this is very or somewhat important.

Discussion

The findings of the 2026 State of Oral Health Equity in America survey demonstrate that, despite ongoing recognition of the importance of oral health to overall health, significant barriers to accessing dental care remain. While most adults report having dental insurance, a dental home, and good oral health, substantial disparities persist across income, education, disability status, insurance coverage, and geographic location. Adults with lower incomes, no dental insurance, disabilities, and those living in nonmetropolitan areas consistently report lower rates of dental visits and poorer oral health outcomes. At the same time, millions of adults continue to delay care, seek treatment in emergency departments, exceed annual insurance maximums, or pursue alternatives such as dental tourism, suggesting that affordability and access challenges remain deeply embedded within the oral health care system.

The survey also highlights emerging issues that may shape future oral health policy discussions. New findings on community water fluoridation reveal substantial uncertainty among the public, with many adults reporting they do not have enough information to form an opinion. In addition, while respondents place a high value on communication with providers in their preferred language, opinions are more mixed regarding the importance of workforce diversity and culturally responsive care. Together, these findings underscore the need for continued efforts to ensure that oral health systems are accessible, patient-centered, and responsive to the needs of diverse populations.

Policy and Practice Implications

- **Expand dental coverage.** Although most adults report having dental insurance, more than one-quarter remain uninsured, and adults without dental coverage are substantially less likely to receive routine dental care, have a dental home, or report good oral health. Expanding access to comprehensive dental benefits and reducing coverage gaps could help improve access to preventive services and reduce unmet oral health needs.
- **Address affordability.** Cost continues to be a significant barrier to care, even among insured adults. The persistence of emergency department use for dental conditions, reports of exceeding annual insurance maximums, and the growing number of adults seeking care outside the US suggest that many Americans struggle to afford needed dental services. Policymakers and payers should consider strategies that reduce out-of-pocket costs and improve the adequacy of dental benefits.
- **Strengthen workforce distribution and access to care.** Disparities in dental visits, dental homes, and oral health outcomes remain evident among lower-income adults, people with disabilities, and those living in nonmetropolitan communities. Expanding the availability of oral health providers in underserved areas and strengthening connections between medical and dental care may help ensure that more individuals can access timely, preventive, and routine care.
- **Support culturally responsive care.** Survey findings indicate that patients place a high value on communication with providers in their preferred language and on receiving respectful, patient-centered care. Supporting culturally responsive practices, improving communication, and ensuring that oral health care settings are welcoming to people from diverse backgrounds may help strengthen trust, improve patient experiences, and reduce barriers to care.
- **Enhance communication about oral health research.** As public discussions around community water fluoridation continue, communication about emerging research and scientific developments should be clear. Improving public understanding of oral health research can help individuals and communities make informed decisions.



Conclusion

The findings of the 2026 State of Oral Health Equity in America survey demonstrate that while many adults are able to receive dental care and maintain good oral health, substantial barriers persist for millions of Americans. Disparities in dental visits, insurance coverage, oral health status, and access to a dental home continue to reflect broader social and economic inequities, particularly among lower-income adults, people with disabilities, and those living in nonmetropolitan communities. Addressing gaps in coverage, affordability, workforce availability, and culturally responsive care will be essential to ensuring that all people have the opportunity to achieve and maintain good oral health.

Disparities in dental visits, insurance coverage, oral health status, and access to a dental home continue to reflect broader social and economic inequities, particularly among lower-income adults, people with disabilities, and those living in nonmetropolitan communities.

Methodology

The State of Oral Health Equity in America (SOHEA) survey is a nationally representative survey of adults' attitudes, experiences, and behaviors related to oral health. The survey was designed by CareQuest Institute for Oral Health. Information was collected by NORC (National Opinion Research Center) at the University of Chicago from January through February 2026 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 2026, a sampling unit of 26,189 was used, with a final sample size of 11,375, a survey completion rate of 37.4%, and a final weighted cumulative response rate of 9.3%. All data presented accounts for appropriate sample weights. The margin of error for the survey is 1.38%. Weighted 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 unless otherwise noted as not statistically significant.

To estimate the number of adults represented by percentages reported in SOHEA, the percentage of a variable reported is multiplied by 269,763,509, which represents the estimated number of adults aged 18 and above living in the US in July 2025 (the most recent estimate available as of the publication of this report) as reported by the United States Census Bureau (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 1.38% margin of error for the survey. For example, 28% of 2026 SOHEA respondents say they do not have dental insurance; this corresponds to approximately 75.5 million adults (28% of 269,763,509). The 1.38% margin of error is then both subtracted from and added to the estimated value of 28% 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 (28% and 75.5 million adults) likely fall between 26.6% and 29.4%, or between 71.8 and 79.3 million adults.

Readers are advised that changes in SOHEA percentages from year to year may fall within this margin of error and may not represent absolute increases or decreases in estimates but may be suggestive of trends to continue to monitor over time. Additionally, 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.

CareQuest Institute for Oral Health

CareQuest Institute for Oral Health® is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in philanthropy, analytics and data insights, health transformation, policy and advocacy, and education, as well as our leadership in dental benefits and innovation advancements. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit carequest.org.

This report and others are available at carequest.org.