

State of Oral Health Equity in America 2025

RESEARCH REPORT

Oral Health in America: Who Gets Left Behind?

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Good oral health is a [vital component of overall well-being](#) and overall health, yet the United States (US) oral health care system continues to [reflect deep and persistent disparities](#) in access, affordability, and outcomes. Despite increased awareness of the importance of preventive dental care in achieving and maintaining good oral health, [millions of Americans face barriers](#) to receiving timely and appropriate treatment. These [challenges are shaped by factors](#) such as income, insurance coverage, race, language, and geographic location. The 2025 State of Oral Health Equity in America (SOHEA) survey offers a comprehensive snapshot of how adults across the country experience the oral health system — revealing both progress and ongoing gaps that demand attention from policymakers, providers, and advocates alike.

From January to February 2025, CareQuest Institute for Oral Health conducted the fifth annual SOHEA survey, in which nearly 9,500 US adults reported on their attitudes, experiences, and behaviors related to oral health. In previous years, SOHEA survey results suggested that oral health inequities persist, even as the country [began to recover](#) from the COVID-19 pandemic (2022); that [racial and economic factors](#) contribute to these oral health inequities (2023); and that the US oral health care system is [not equally responsive or welcoming](#) to all (2024).

This year's survey results highlight persistent inequities, the importance of oral health care that is responsive and inclusive, and what some US adults will do when the oral health care system is not accessible to them. Key results from the 2025 SOHEA survey include:

- Seventy percent of adults (186.9 million) report having a dental visit within the past year, compared to 84% of adults (224.3 million) who visited a physician during the same time.
- Most adults (78%; 208.2 million) rate their oral health as “excellent,” “very good,” or “good.”
- Half of adults (51%; 136.2 million) report having at least one oral health problem in the past 12 months.
- Nearly three quarters of adults (74%; 197.6 million) report having some type of dental insurance, while 92% of adults (245.6 million) report having some type of medical insurance.
- Over half of adults (51%; 136.2 million) have private dental insurance; 9% (24 million) have dental insurance through Medicare Advantage, 9% (21.4 million) through Medicaid, and 6% (16 million) through other forms of dental insurance.
- Four percent of adults (10.7 million) report visiting an emergency department (ED) for an oral health problem in the previous year.
 - The percentage of adults with Medicaid dental insurance who sought dental care in the ED (9%;

1.9 million of those with Medicaid) was over four times higher than the percentage of adults with private dental insurance who visited an ED for dental care (2%; 2.7 million with private insurance).

- Only one third of adults (36%; 96.1 million) feel it is “very important” or “somewhat important” for their dentist to have a diverse workforce, while nearly nine out of ten (89%; 237.6 million) feel similarly about their dentist being able to speak to them in their preferred language.

- Four percent of adults (10.7 million) report having traveled outside the US to receive dental care.
 - Most adults (58%; 3.6 million) say they sought dental care outside the US due to “the lower cost of care outside the US” and “lack of dental insurance” (9%; 86,501 adults).
- One in ten adults (10%; 26.7 million) say they reached or exceeded their annual maximum dollar benefit/deductible provided by their dental insurance plan in the previous year. Nearly half of these adults (46%; 5.6 million adults who reached their maximum benefit) say this prevented them from seeking needed dental treatment.

Dental Visits on the Rise — but Not for Everyone

Overall, seven out of ten adults (70%) report a dental visit in the past year, a slight increase from 68% in 2024 and 67% in 2023. In comparison, 84% of adults report visiting a medical provider in the past year. Of those who did not visit the dentist in the past year, 8% say they haven’t visited a dentist in five years or more; 2% of adults (2.7 million) said they had never seen a dentist (Figure 1).

Most adults say their most recent dental visit was for a routine examination or cleaning, either prompted by the person themselves (64%) or the dental office (13%). Nine percent of adults say their visit was for a follow-up treatment for an issue found at an earlier visit, while 11% of adults sought dental care for pain or other dental problems.

The frequency of dental visits in the past year increases with income; 52% of adults earning \$30,000 or less annually say they saw a dentist in the last year, compared to 66% of those earning \$30,000–\$60,000, 74% of those earning \$60,000–\$100,000, and 84% of adults earning \$100,000 or more annually.

There is also a notable increase in dental visits with age: While 63% of adults aged 18–29 say they visited a dentist in the past year, this percentage increases to 77% among adults aged 60 and older (Figure 2).

Figure 1: Time Since Last Dental Visit

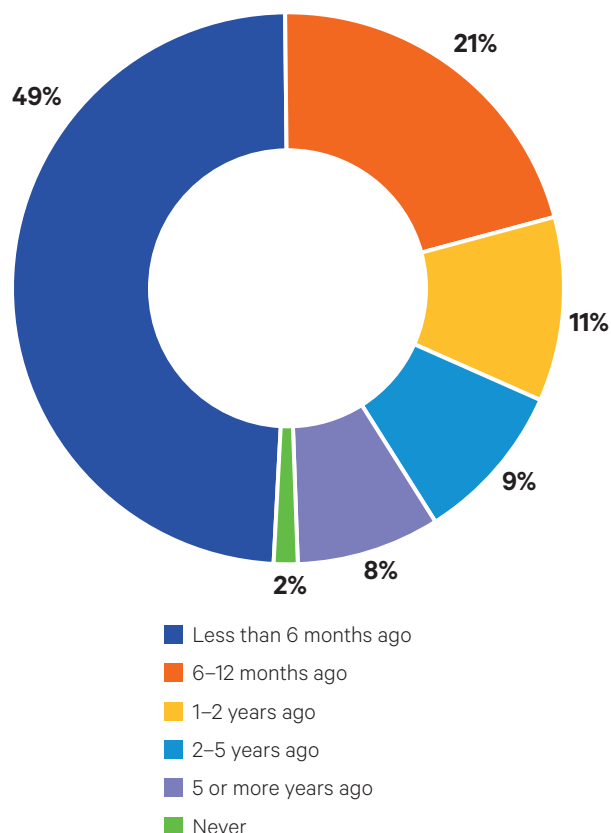
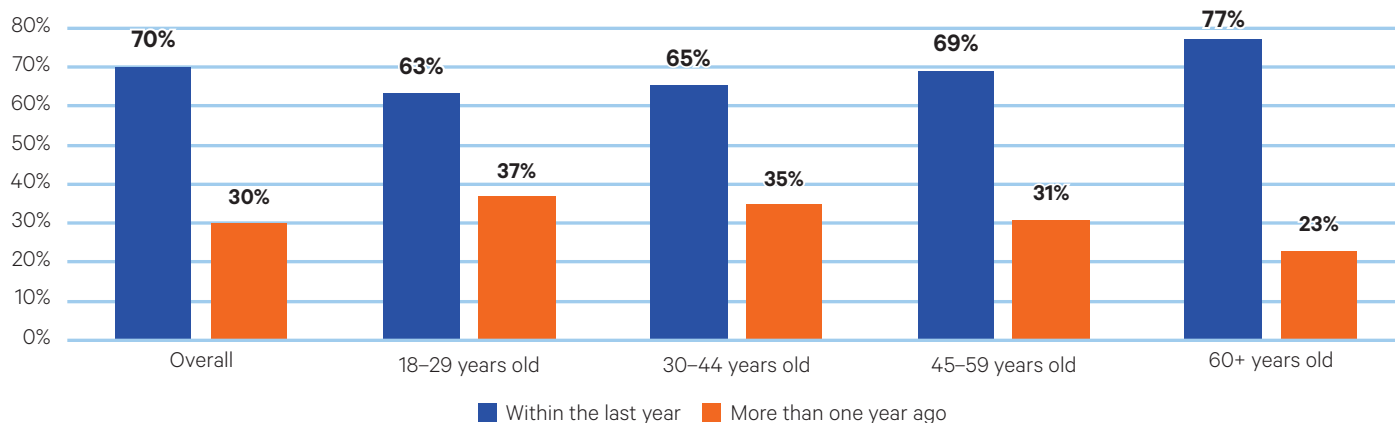


Figure 2: Dental Visit Within the Last Year by Age



Seventy-seven percent of adults with some form of dental insurance report having a dental visit in the past year, compared to only 49% of adults without dental insurance. Adults with private dental insurance visited a dentist in the past year at the highest percentage (81%), followed by 77% of adults who have Medicare Advantage dental insurance, 75% with other types of dental insurance, and 60% of adults with Medicaid coverage (Figure 3).

Nearly eight in ten adults (79%) report having a regular source

of care, or a dental home. This is slightly higher than the percentage of adults reporting a dental home in 2024 (76%) and 2023 (75%). Eighty-one percent of adults identifying as female report having a dental home, compared to 77% of those identifying as male. Adults reporting at least one disability say they have a dental home (72%), a smaller percentage than those without a disability (82%). Prior results from SOHEA demonstrate that adults with dental insurance, older adults, and those with higher incomes are [most likely to have a dental home](#) (Figure 4).

Figure 3: Dental Visit Within the Last Year by Dental Insurance Type

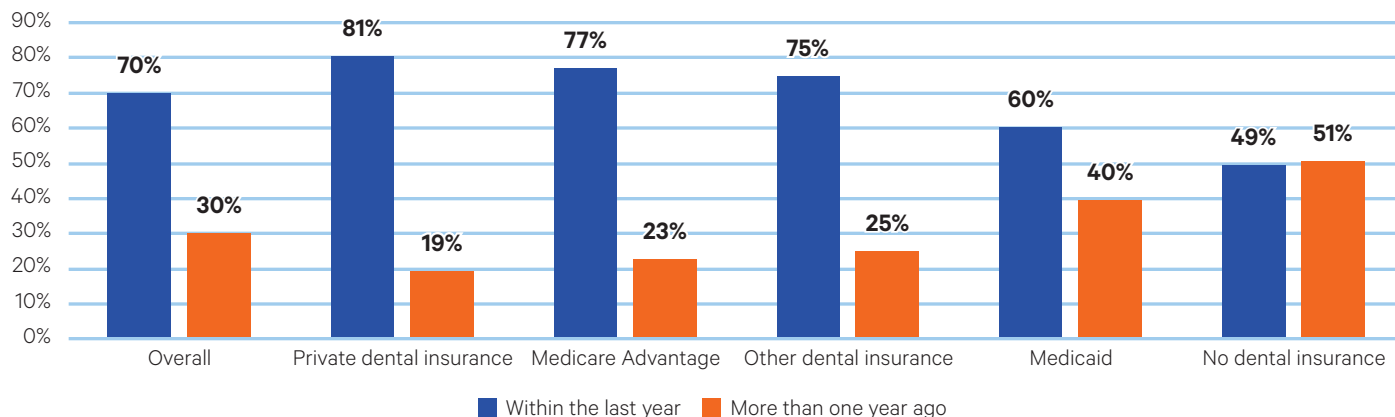
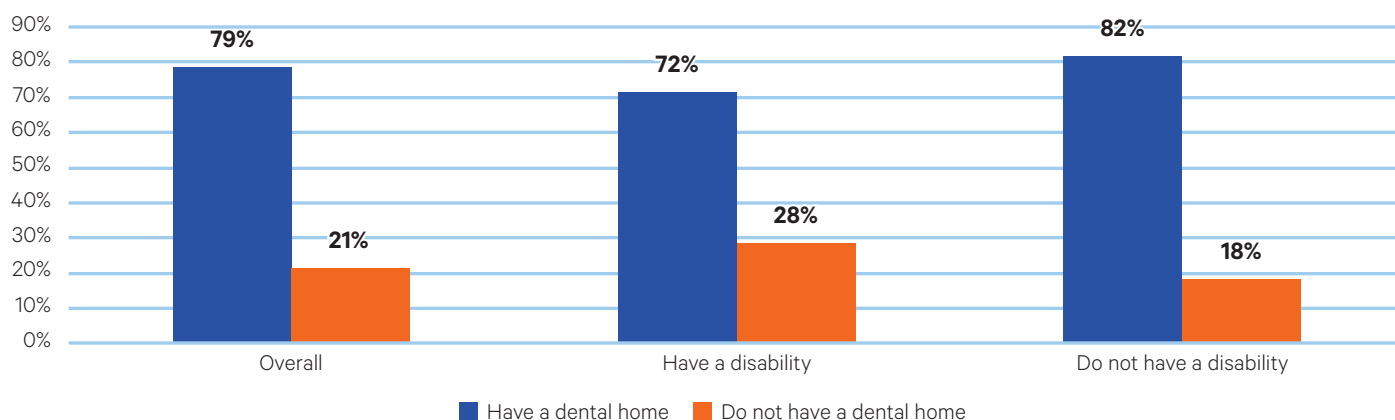


Figure 4: Presence of a Dental Home by Disability Status



In 2025, most adults (85%) plan to visit a dentist in the upcoming year for routine or preventive care, similar to findings from 2024 and 2023 (84%). Seven percent of adults say they do not plan to visit a dentist, and 8% say they are unsure. Two thirds of adults without dental insurance plan to visit a dentist (67%) compared to nine out of ten (91%) with dental insurance. The frequency of planning to see a dentist in the coming year increased with annual household income. While 73% of adults earning \$30,000 or less per year plan to see a dentist, 94% of those earning \$100,000 or more plan to get routine or preventive dental care next year (Figure 5).

Similar to adults participating in the SOHEA survey in 2024 and 2023, approximately 4% of adults in 2025 report visiting an ED in the past year for oral pain or other dental problems. [Adults who seek dental care through EDs](#) are more likely to be young adults, to have Medicaid dental insurance or be uninsured, and to live in low-income areas. Five percent of adults without dental insurance say they sought dental care in an ED, compared to 3% of adults with any kind of dental insurance.

The percentage of adults with Medicaid dental insurance who seek dental care through the ED (9%) is more than four times higher than the percentage of adults with private dental insurance who say they visited an ED for dental care (2%; Figure 6).

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Figure 5: Plan to See a Dental Provider in Next Year by Annual Household Income

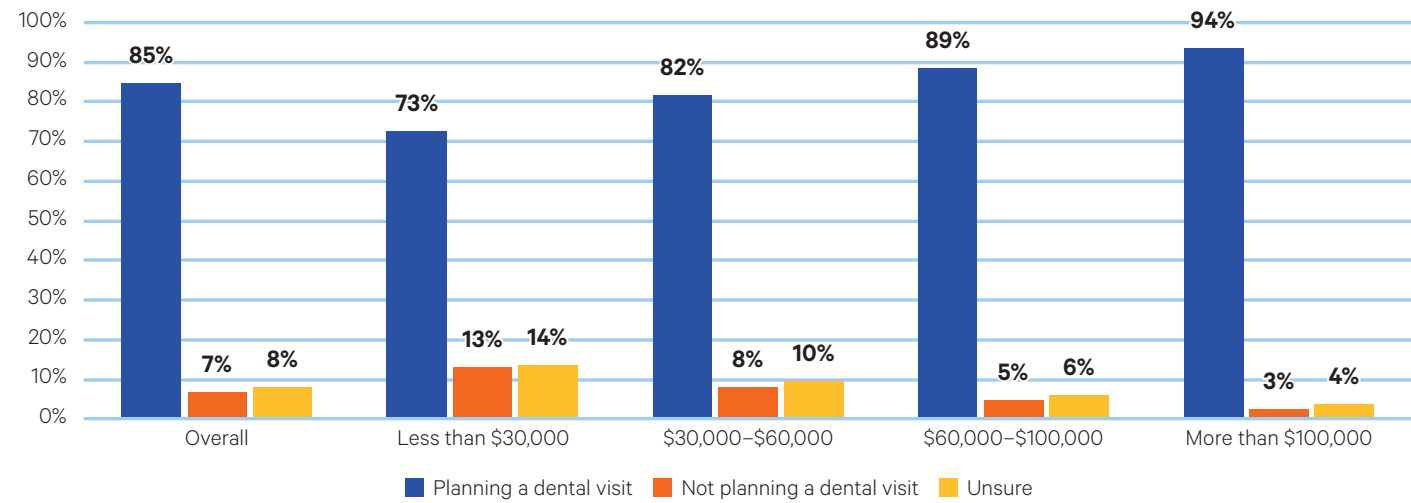
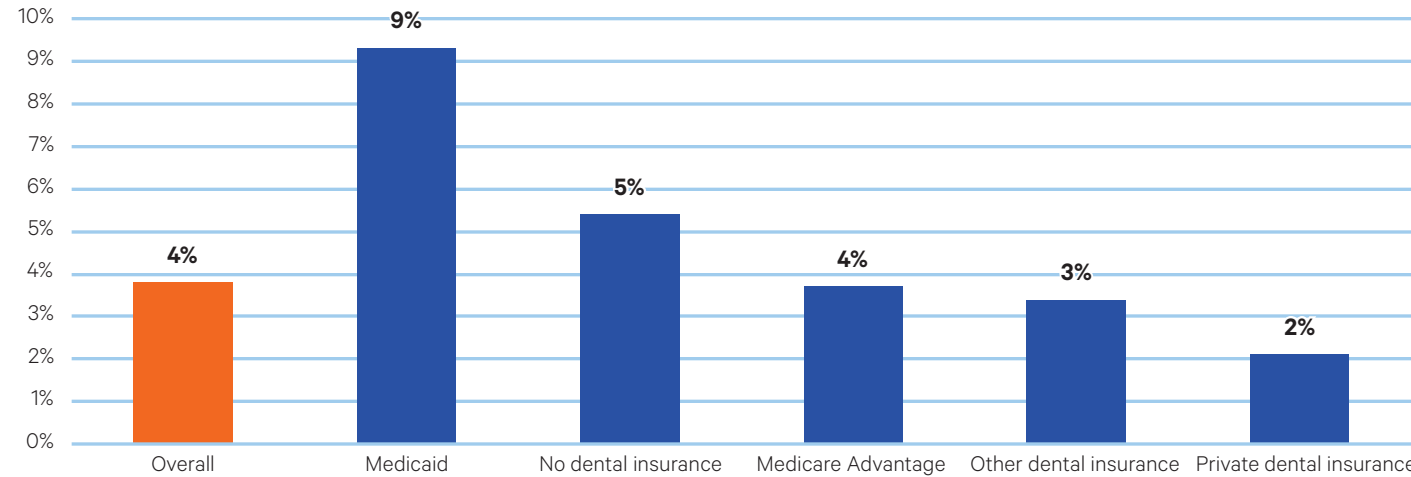


Figure 6: Emergency Department Visit for Dental Pain by Insurance Type



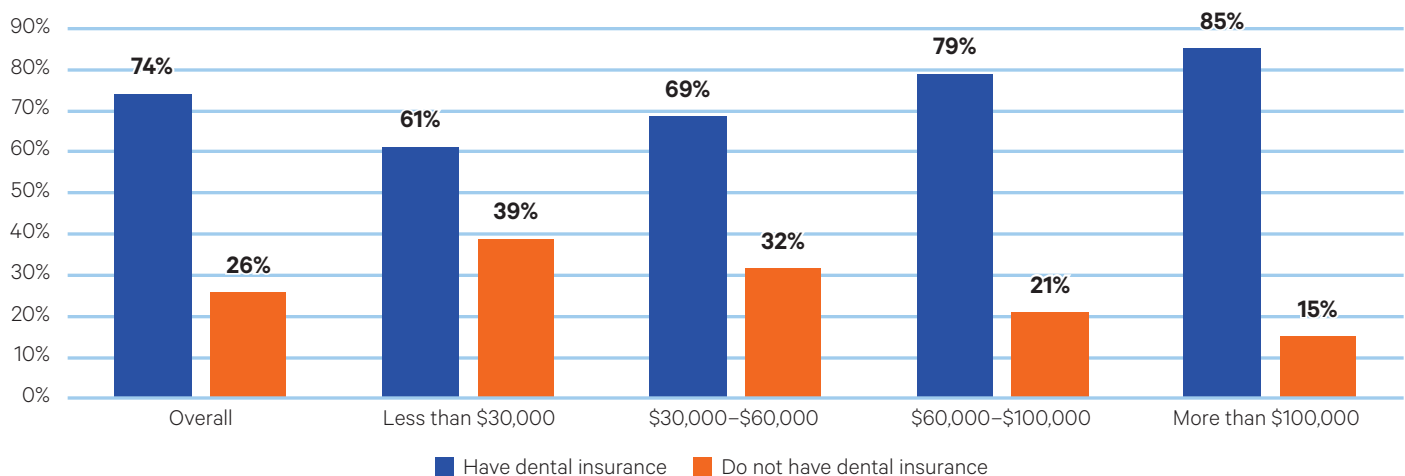


Who's Covered? A Look into Dental Insurance Disparities

Over a quarter (26%) of adults report not having any dental insurance, consistent with the percentage reporting no dental insurance in 2024 (26%) and 2023 (27%). One third (33%) of adults aged 60 and older say they do not have dental insurance, followed by 26% of adults aged 18–29, 22% of those aged 45–59, and 20% of adults aged 30–44. The percentage

of those who reported having dental insurance increased with annual household income. Sixty-one percent of adults earning less than \$30,000 had dental insurance, compared to 64% of adults earning \$30,000–\$60,000, 79% earning \$60,000–\$100,000, and 85% earning more than \$100,000 annually (Figure 7).

Figure 7: Dental Insurance Status by Income



Employed adults report having dental insurance at a higher percentage (80%) than adults who were not employed (66%), potentially because their employer offers dental insurance as a benefit (Figure 8).

As education level increased, adults generally reported higher frequencies of having dental insurance: 63% of adults with less than a high school education had dental insurance, compared to 70% of those with a high school degree or equivalent and 72% of adults with some college or an associate’s degree. However, slightly fewer adults with a postgraduate or professional degree (81%) reported having dental insurance compared to adults with a bachelor’s degree (82%; Figure 9).



Figure 8: Dental Insurance Status by Employment Status

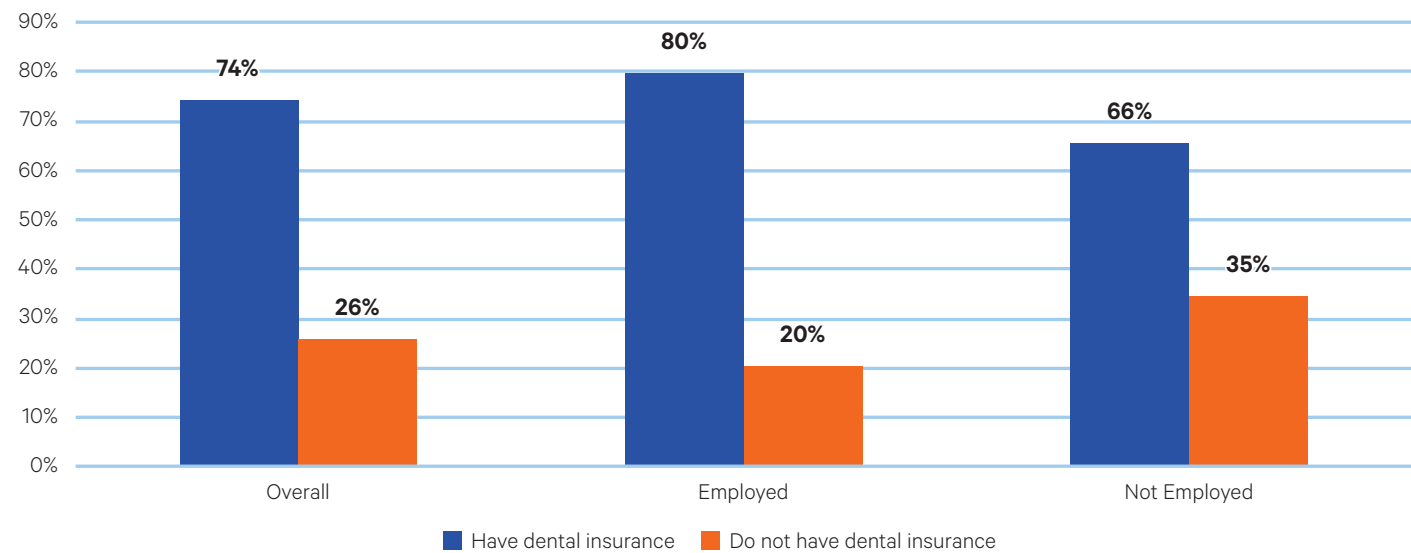


Figure 9: Dental Insurance Status by Education

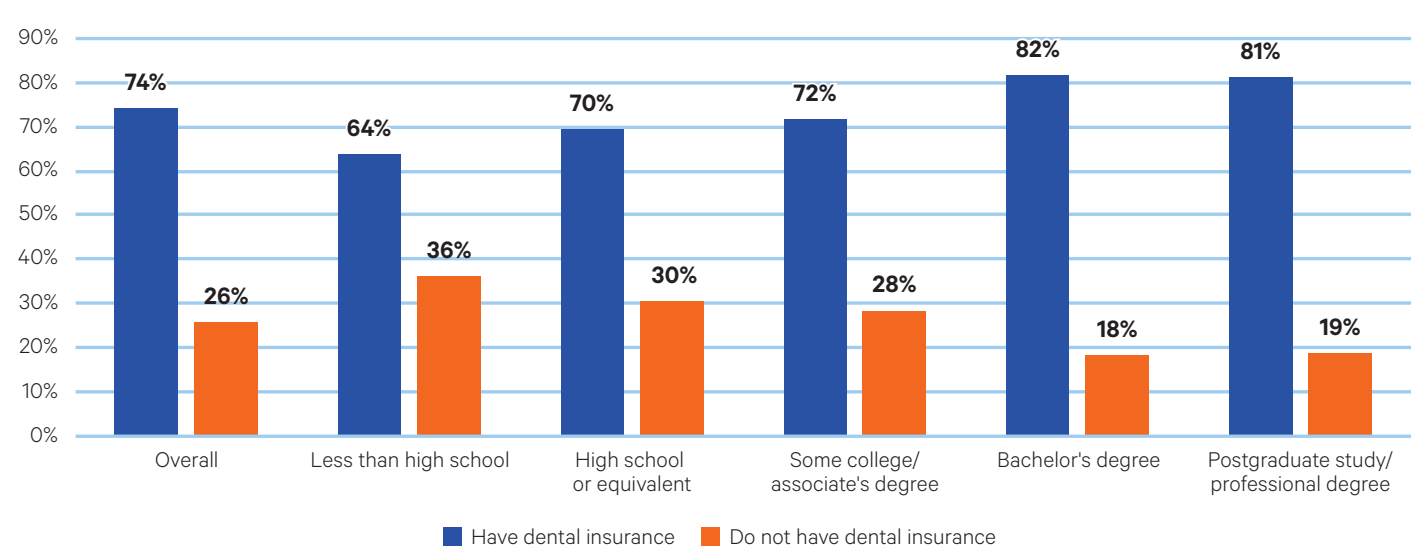
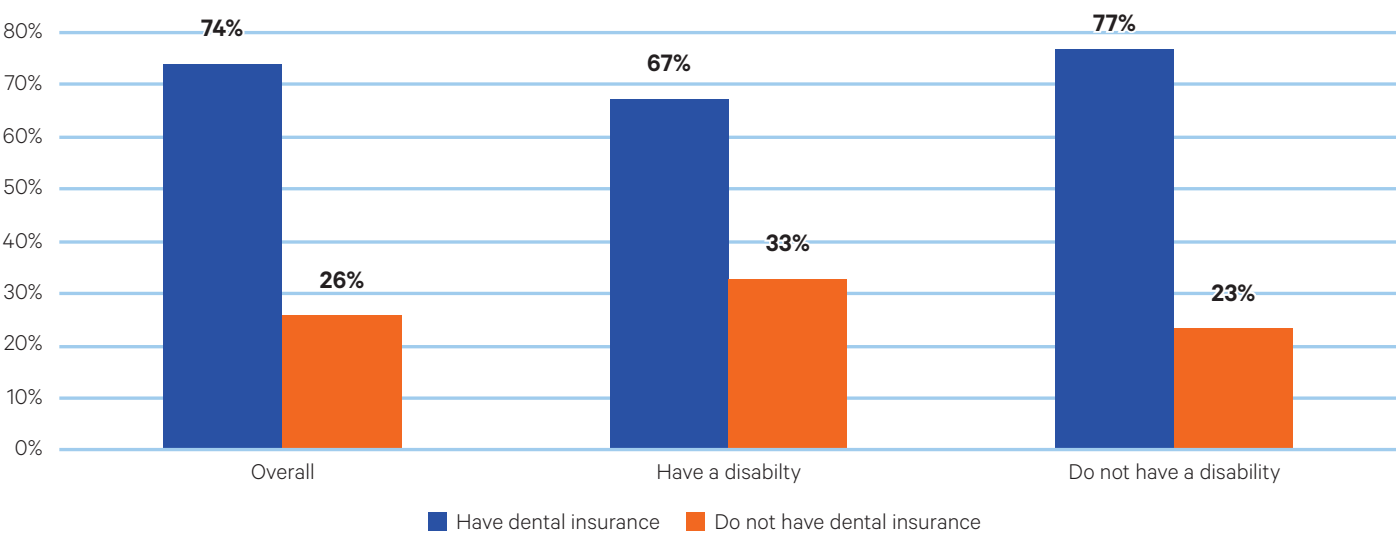


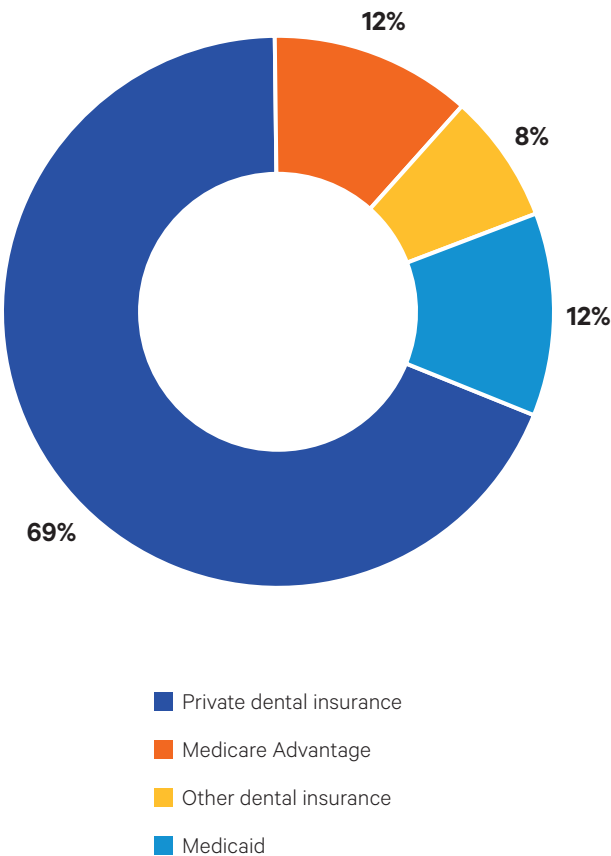
Figure 10: Dental Insurance Status by Disability Status



Adults without a disability have dental insurance at a higher percentage (77%) than those with a disability (67%). However, the frequency of adults with a disability who have dental insurance slightly increased slightly from 2024 (65%; Figure 10).

Among those who report having dental insurance, most say their primary dental insurance is through a private plan (69%). Twelve percent of adults have Medicaid dental insurance, which is the same percentage that have Medicare Advantage insurance (Figure 11).

Figure 11: Dental Insurance by Type for Adults with Dental Insurance



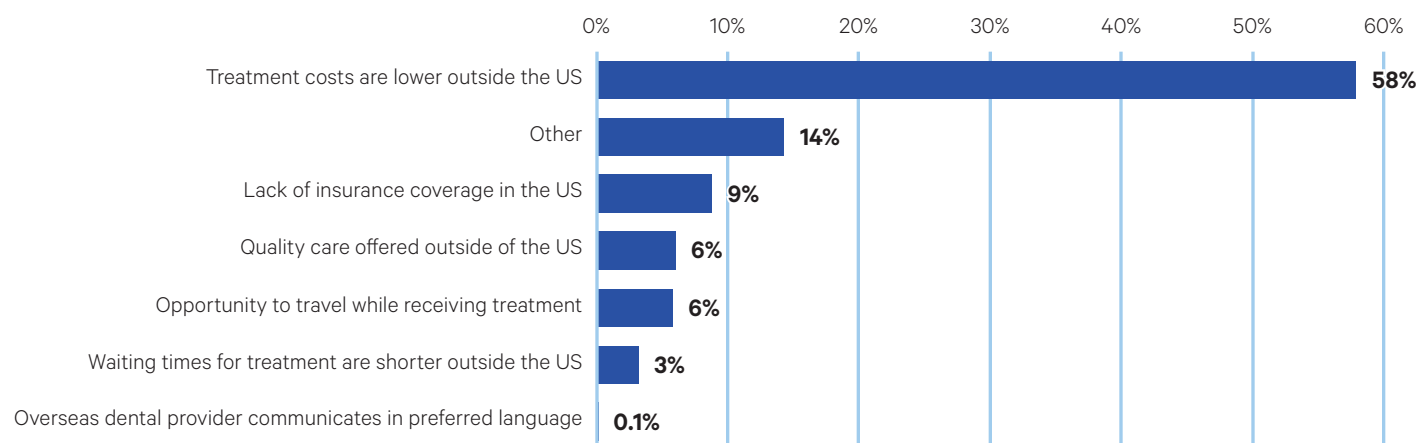


The Price of a Smile: Cost, Coverage, and the Search for Affordable Dental Care

For the first time in 2025, SOHEA respondents were asked, “Have you ever traveled outside the United States (50 states + District of Columbia) for dental treatment?” Four percent of adults (10.7 million) report traveling outside the US for dental care. Adults identifying as male reported traveling abroad for dental care in a larger percentage (5%) than adults identifying as female (3%). Most adults who traveled outside the US to

receive dental care did so for lower treatment costs (58%), followed by lack of insurance coverage for care in the US (9%), the quality of care offered outside the US (6%), the opportunity to travel while receiving dental care (6%), and shorter waiting times for treatment outside the US (3%; 14% answered “Other”; Figure 12).

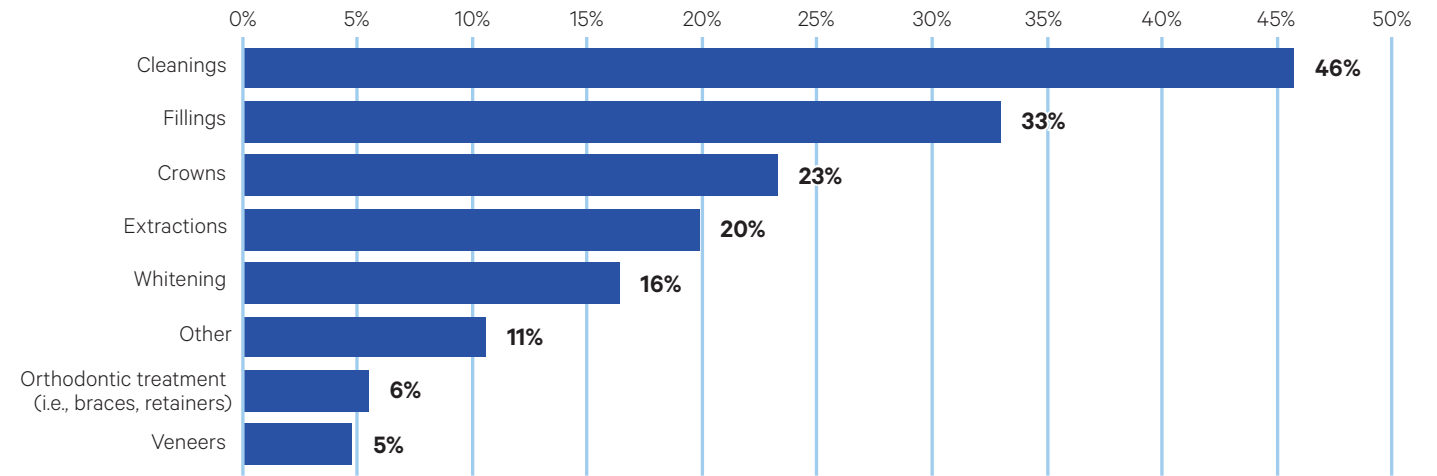
Figure 12: Reasons for Seeking Dental Care Outside the US



Another new question in the 2025 SOHEA survey asks, “Have you ever received dental care outside of a dental setting from someone other than a licensed dental provider in the US?” Less than 1% of adults (0.5%; 1.3 million) report receiving dental care from a nonlicensed dental provider. Most adults who received dental care from a nonlicensed provider say they did so because the cost was lower than seeing a licensed provider (47%) or because they do not have dental insurance (20%).

Other reasons for seeing a nonlicensed dental provider include ease of making an appointment (15%), dental treatment taking less time (14%), recommendations from friends (14%), and not having any licensed dental providers in their area (8%; 25% said they had an “other” reason for seeking care from a nonlicensed dental provider). The most common treatments received from nonlicensed dental providers include cleanings (46%), fillings (33%), and crowns (23%).

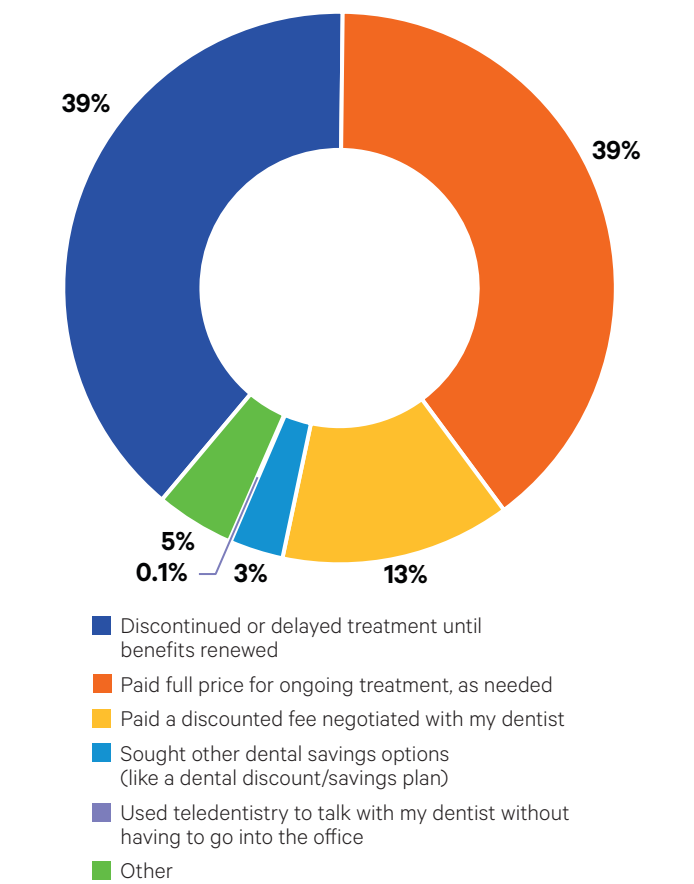
Figure 13: Types of Dental Treatments Received by Nonlicensed Providers



Maximum Dental Benefit Reached and Its Consequences

In 2025, 10% of adults report reaching or exceeding the annual maximum dollar benefit their dental insurance plan offered during the past year. Older adults more often report reaching or exceeding their maximum benefit compared with younger adults, with 12% of adults aged 60 or above and those aged 45–59 years old reaching this maximum, compared to 8% of adults aged 30–44 and 6% of those aged 18–29. Nearly half (46%) of adults who reached or exceeded their maximum benefit say this prevented them from seeking needed dental treatment.. Equal percentages of adults (39%) say that reaching their maximum dental insurance benefit led them to either discontinue or delay their treatment until their benefits renewed or to pay full price for ongoing treatment (Figure 14).

Figure 14: Solutions to Reaching Dental Insurance Maximum Annual Benefit



Inclusive Oral Health Care: Meeting Patients Where They Are

Beginning in 2024, SOHEA respondents were asked how important they felt it was for their dentist to have a diverse workforce, embrace respondents’ cultural preferences, and offer translation and interpretation services. In 2025, the percentage of adults who feel it is “somewhat important” or “very important” for their dentist to have a diverse workforce is 36%, down from 45% in 2024. The perceived importance of a diverse dental workforce decreases as education levels increases; 48% of adults with less than a high school education feel this is very or somewhat important, followed by 42% of those with a high school education, 35% of adults with some college or an associate’s degree, 30% of those with a bachelor’s degree, and 24% of adults with a postgraduate or professional degree.

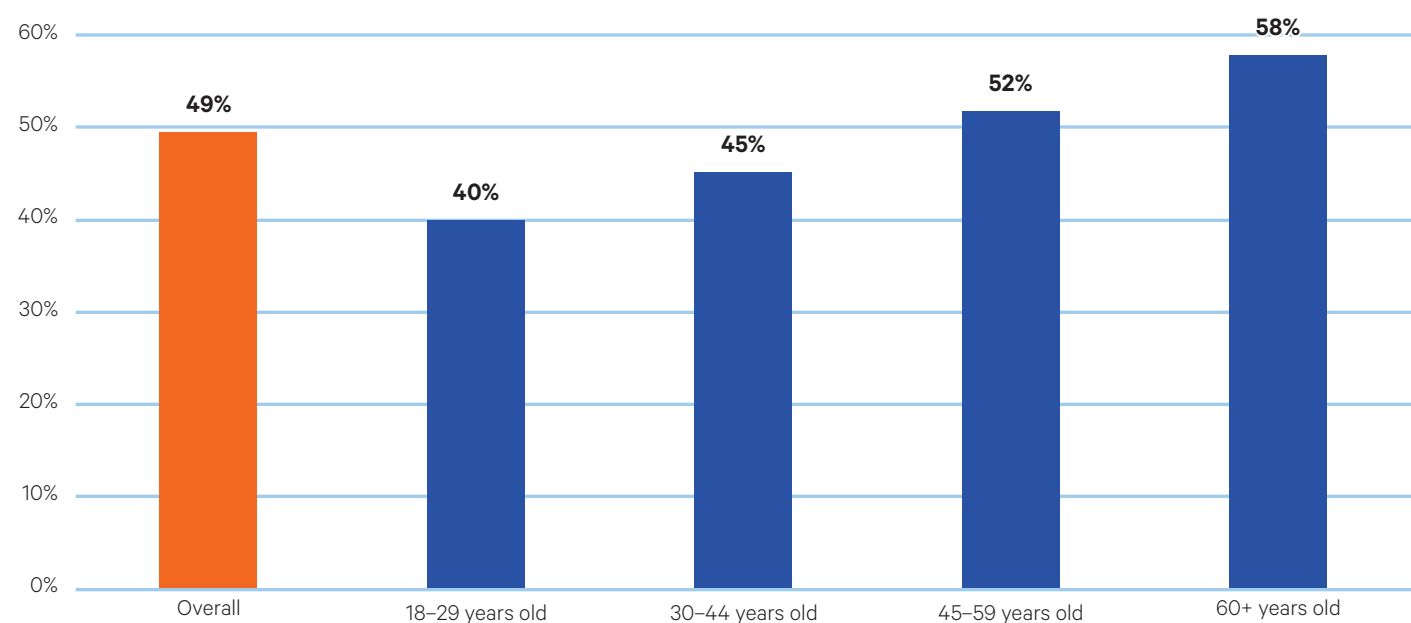
In 2025, 36% of adults feel it is somewhat or very important that their dental provider embraces their cultural preferences, down from 47% in 2024. While [race, ethnicity, and culture are distinct concepts](#) and are not interchangeable with one another, the importance of dental providers embracing patients’ cultural preferences differs by SOHEA survey respondents’ race and ethnicity. More than half of individuals identifying as Black, non-Hispanic (51%) consider this very or

somewhat important; followed by adults identifying as Hispanic (43%); Other, non-Hispanic (40%); two or more races, non-Hispanic (38%); Asian or Pacific Islander (35%); and white, non-Hispanic (29%).

Nearly half (49%) of adults in 2025 consider it somewhat or very important for their dentist to offer language translation and interpretation services; this is higher than in 2024 (35%). The frequency of adults feeling such services are very or somewhat important increases with age. Forty percent of adults aged 18–29 feel this is very or somewhat important, compared to fifty-eight percent of adults aged 60 or above (Figure 14)

For the first time in 2025, adults were asked, “When making decisions about dental care, how important is it to you that a dental provider can talk to you in your spoken language?” Most (89%) adults feel this is very or somewhat important. The percent of adults reporting that it is not important for their dentist to speak to them in their spoken language decreases with age: 13% of adults aged 18–29 feel this is not important to them, compared to 10% of adults aged 30–44 and 45–59 and 8% of adults aged 60 or older.

Figure 15: Importance (Very/Somewhat) of Your Dental Provider Offering Translation or Interpretation Services by Age





Conclusions

These findings from the 2025 SOHEA survey underscore both progress and persistent challenges in the US oral health care system. While most of the adults surveyed report having dental insurance and a regular source of oral health care, disparities remain stark across income, education, race, and disability status. The data reveal that access to dental care continues to be shaped by systemic inequities, with [lower incomes and lack of dental insurance](#) presenting barriers to accessing routine and preventive services. Even for those with dental insurance, limitations in coverage, such as annual maximum benefits, can restrict timely access to necessary treatment for many individuals.

Enhancing dental insurance coverage, improving the affordability of care, growing the oral health care workforce, and fostering inclusive oral health care settings are essential steps toward a more equitable oral health system.

Importantly, the survey highlights the growing demand for inclusive and culturally responsive care. Adults value [oral health providers who can communicate in their preferred language](#) and [respect their cultural preferences](#) — critical components of [patient-centered care](#). However, the decline in perceived importance of workforce diversity and cultural sensitivity from 2024 to 2025 suggests a need for renewed efforts to educate and engage both oral health providers and patients on the [benefits of inclusive oral health practices](#). Additionally, the emergence of alternative care-seeking behaviors, such as [traveling abroad for oral health care](#) or receiving treatment from [nonlicensed providers](#), suggests that affordability and access issues leads some to seek care outside of traditional dental settings.

As policymakers, providers, and advocates consider the findings of the 2025 SOHEA survey, meaningful reform must address both structural and interpersonal dimensions of oral health equity. Enhancing [dental insurance coverage](#), [improving the affordability of care](#), [growing the oral health care workforce](#), and [fostering inclusive oral health care settings](#) are essential steps toward a more equitable oral health system. Continued research and targeted interventions will be vital in ensuring that all individuals, regardless of background or circumstance, can access the care they need to achieve and maintain good oral health.



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. Results were collected by [NORC at the University of Chicago](#) in January–February 2021, January–February 2022, January–February 2023, March–May 2024, and January–February 2025 from adults 18 and older on the AmeriSpeak panel. Unless otherwise noted, data presented in this report were collected in the 2025 round. AmeriSpeak is a probability-based panel designed to be representative of the United States (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 interviewers. An additional general population sample was selected on a state-level basis 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%. All results presented are statistically significant at the $p < 0.05$ level unless otherwise noted.

To estimate the number of adults represented by percentages reported in SOHEA, 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.

Chi-square analyses were conducted to test statistical significance between groups on the variables of interest; all bar featured graphs represent statistical significance as a group of variables at a minimum level of $p < 0.05$. 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

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