

# Barriers to Pediatric Dental Care for Military-Connected Youth

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## BACKGROUND

Military-connected youth have been deemed a vulnerable population by the AAPD. Some of the challenges created by the unique requirements of military life include complex psychosocial burdens, frequent relocations disrupting continuity of care, and the possibility for increased caries risk due to deficiencies in protective and biological factors, suboptimal fluoride exposure, and increased frequency of exposure to cariogenic foods. Additionally, repeated alterations in military insurance plans may deter some dental offices from accepting or continuing care after changes in coverage have occurred.<sup>1,2</sup>

When residing stateside, with limited exception, military children and adolescents receive dental care through civilian professionals in their community.<sup>1</sup> The dependents of service members are eligible to receive dental insurance through the voluntary TRICARE Dental Program (TDP).<sup>1,4</sup> There is no definitive knowledge as to whether families have issues finding a suitable provider within the insurance network. There is also limited information regarding reasons why pediatric dentistry specialists may choose not to participate in the TDP.

A popular pediatric dentistry social media group, iPEDO, published multiple posts over the past several years discussing dental care for military children. A common concern noted was offices weighing the decision to drop the TDP due to unsustainably low reimbursement rates.<sup>5</sup> An article published on Military.com in 2016, upon the TRICARE insurance contract change from MetLife to United Concordia, interviewed dentists across multiple states of whom all warned that the reimbursement rates were so low that many providers may be forced to stop participating in the plans, passing on higher out-of-pocket costs to military families.<sup>3</sup>

## OBJECTIVE

To investigate perceived barriers impacting pediatric dental care in the military-connected youth population and to gather valuable insights regarding TRICARE participation from professionals in pediatric dentistry.

## RESULTS

Figure 1. TRICARE-Authorized Provider Status (n=364, n=162)

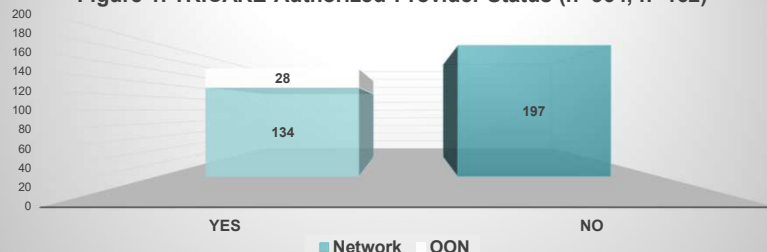


Figure 2. Reasons for Not Participating in the TDP (n=163)

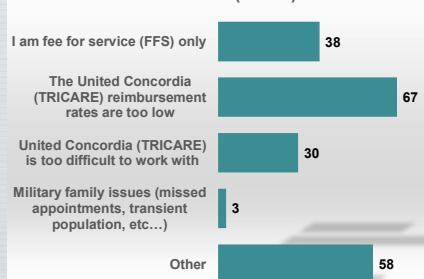


Figure 3. Reasons for Participating in the TDP (n=152)

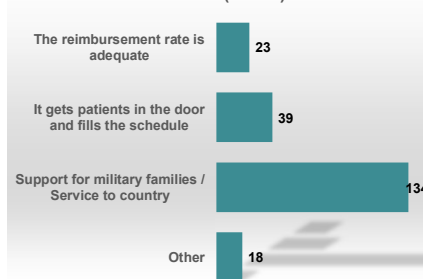
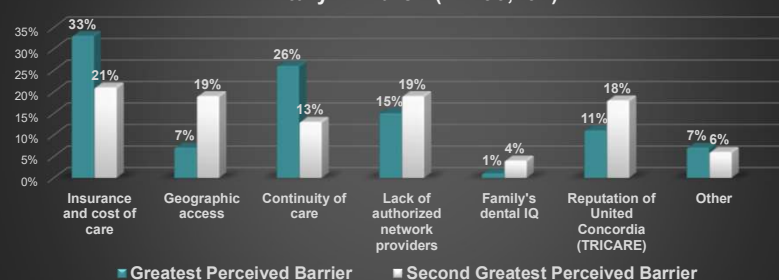


Figure 4. Perceived Barriers To Dental Care For Military Children (n=296,294)



## REFERENCES

Available upon request.

## MATERIALS AND METHODS

Approval to conduct the study was granted by the Texas A&M University Institutional Review Board, STUDY2024-1604. Contact details of active affiliate members of the American Academy of Pediatric Dentistry (AAPD) were obtained. A voluntary survey was distributed via Qualtrics XM from March 6, 2025, to March 24, 2025, to AAPD members (n= 6693) with 1-, 2-, and 3-week reminder emails. The survey distributed included up to six questionnaire items for participants. The questions were designed to gather information regarding affiliate dentists' participation in the TDP and their perceptions of the greatest barriers to oral healthcare for the military-connected youth population. A descriptive analysis was conducted for each item. Data were summarized with counts and percentages.

## DISCUSSION

For providers not authorized with TRICARE, the primary reason selected for not participating was that reimbursement rates are too low. For TRICARE- authorized providers, the overriding reason selected for participating in the TDP was support for military families and service to country, with financial motives lagging far behind. The greatest perceived barrier to dental care for military-connected youth was insurance-related issues and cost of care. Several surveyed pediatric dentists provided comments specifying that many of the current reimbursement fees are lower than Medicaid and that the low reimbursement is unjustifiable and unsustainable. The second greatest perceived barrier was lack of continuity of care. The frequent Permanent Change of Station (PCS) moves undertaken by military families are inevitable, and reestablishing a dental home may be challenging for a variety of reasons. If a dental home proves difficult to establish, fundamental and routine preventive services will not be rendered; thereby increasing the risk of the child requiring more expensive and traumatic emergency care.

Access to affordable oral healthcare is important for military families and changes in the current TDP policy are needed to address barriers to dental care. Recommendations include: (1) raising reimbursement rates, (2) simplifying the administrative process, (3) enhancing participation incentives in underserved regions, and (4) implementing a value-based care (VBC) model which rewards providers for quality-of-care metrics, rather than quantity of services provided; thereby focusing on achieving the best outcomes for patients. It is imperative that the dental provider understand the military child's unique circumstances. Further research and advocacy are required to reduce the barriers to receiving dental care for this vulnerable population.

## CONCLUSIONS

1. The principal reason as to why affiliate AAPD dentists do not participate in the TDP was that the reimbursement fees set by its current contract holder, United Concordia, were too low.
2. The principal reason as to why affiliate AAPD dentists do participate in the TDP was support for military families and service to country.
3. The greatest perceived barrier to oral health care for military-connected youth was insurance-related issues and cost of care. The second greatest perceived barrier was lack of continuity of care.