



Access to Special Care Dentistry for US Army Dependent Children

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PURPOSE

The purpose of this study was to assess the access to dental care for US Army dependent children with special healthcare needs.

BACKGROUND

The AAPD defines special health care needs as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.”¹

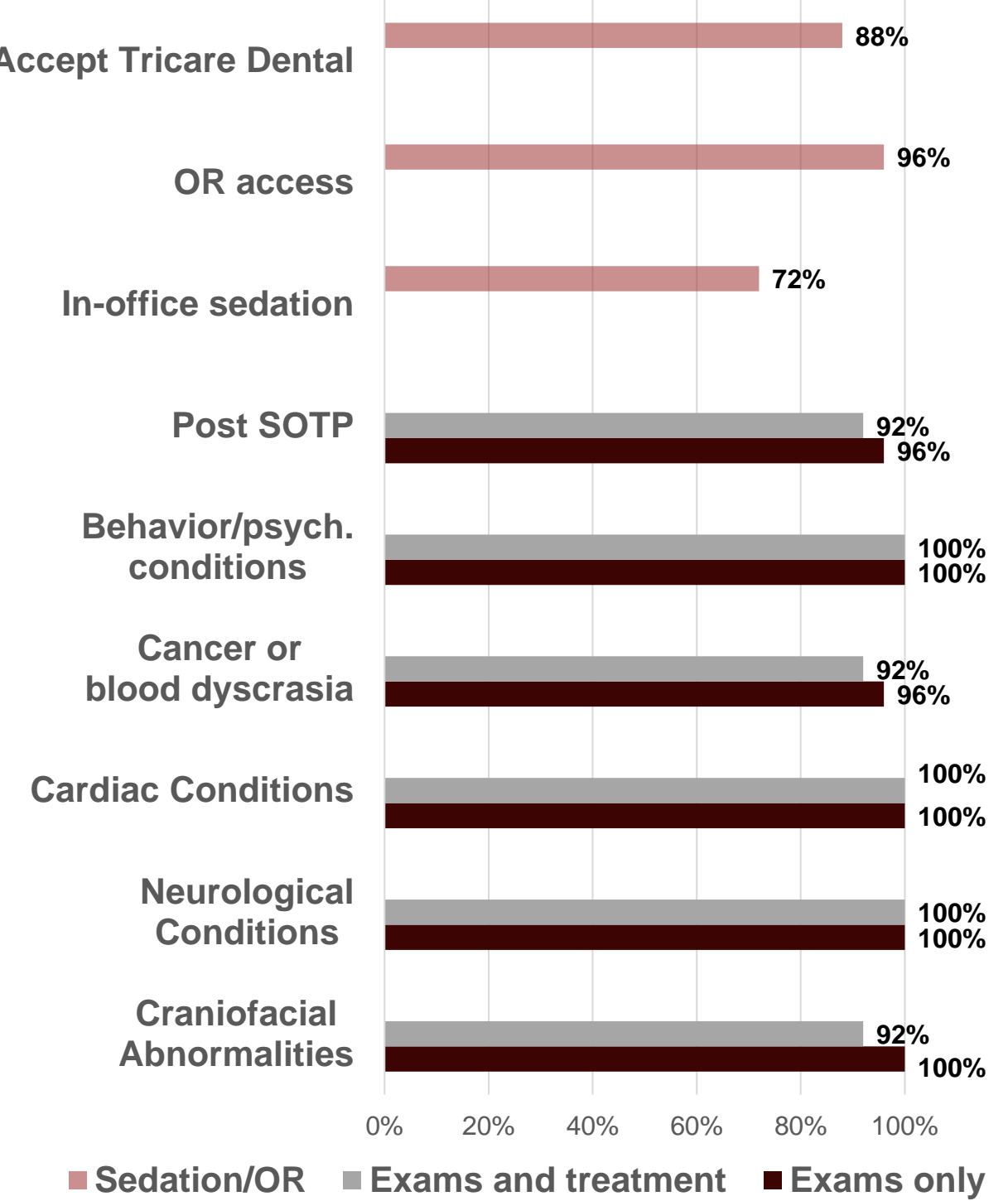
According to the AAPD guidelines on management of dental patients with special healthcare needs (SHCN), “health care for individuals with special needs requires specialized knowledge acquired by additional training, as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine.” Also, “dental care remains the most frequently cited unmet health need for children with special health care needs (CSHCN).² According to a survey evaluating general dentist’s perceptions towards CSHCN, only about 10 percent see CSHCN often or very often, and only one in four respondents had hands-on experience with these patients in dental school.³

Military families are insured through the Army with Tricare Dental and Medical insurance. US Army soldiers and their dependents are moved based on mission and personnel requirements. The Army has the Exceptional Family Member Program (EFMP) to ensure family members receive the care they need and are located where necessary healthcare is available. Dental care is not identified as a consideration in the EFMP and a lack of access to dental care may exist for these families.⁴

MATERIALS AND METHODS

A search was conducted to identify pediatric dentists within a 25 and 50-mile radius of US Army posts using the American Academy of Pediatric Dentistry’s online “Find-a-Dentist” tool. US Army posts with less than 50 pediatric dentists in a 50 mile radius were identified. Pediatric dentists within the 50 mile radius of the identified Army posts were sent a questionnaire assessing their willingness and comfort treating various special healthcare needs conditions. 194 questionnaires were distributed. Specific conditions included in the questionnaire were craniofacial abnormalizes, neurological conditions, cardiac conditions, cancer, blood dyscrasias, psychological/behavioral conditions, and patients who are post solid organ transplant. Use of in-office sedation, hospital privileges, operating room access, and acceptance of Tricare dental insurance was also assessed.

RESULTS



US Army Post	Family member population	Pediatric Dentists 25 miles	Pediatric Dentists 50 miles
Ft. Wainwright, AK	6,500	2	2
Ft. Richardson, AK	8,300	25	26
Ft. Rucker, AL	8,057	3	5
Ft. Huachuca, AZ	11,000	1	5
Ft. Irwin, CA	5,982	1	1
Ft. Carson, CO	38,018	21	24
Ft. Benning, GA	26,900	8	11
Ft. Gordon, GA	22,450	25	25
Ft. Stewart, GA	42,957	4	12
Schofield Barracks, HI	31,355	49	49
Ft. Riley, KS	15,703	1	1
Ft. Leavenworth, KS	3,704*	18	63
Ft. Campbell, KY	50,812	6	26
Ft. Knox, KY	26,000**	13	36
Ft. Polk, LA	12,137	0	3
Aberdeen Proving Ground, MD	1,381	19	136
Ft. Detrick, MD	1,700	22	257
Ft. Meade, MD	11,000	208	320
Ft. Leonardwood, MO	12,183	2	2
Ft. Bragg, NC	69,808	10	34
Ft. Drum, NY	18,613	4	4
West Point, NY	3,000	48	478
Ft. Sill, OK	33,000	1	1
Ft. Jackson, SC	12,000	18	18
Ft. Hood, TX	49,415	8	39
Ft. Bliss, TX	39,576	13	13
JBSA, TX	48,000	72	77
Ft. Belvoir, VA	216,050**	172	280
Ft. Lee, VA	37,430	13	58
Ft Myer, VA (JBMHH)	3,500	218	312
Ft. Eustis, VA	20,943	38	48
JBLM, WA	58,635	34	129

* = Active duty population
** = Total population (including retirees)

DISCUSSION

The data collected shows there are nine Army posts with five or less pediatric dentists within 50 miles. These posts may have limited access to dental care for CSHCN. US Army families may have significant difficulty accessing dental care while stationed at these Army posts due to the limited number of pediatric dentists and the distance these families must travel for care. While is reassuring that the dentists surveyed are comfortable and willing to complete exams and treatment for children with various SHCN, fewer of them (72%) provide in-office sedation.

Another consideration is acceptance of Tricare Dental insurance. In some of the locations where there is already limited access to pediatric dentists, non-acceptance of the family’s dental insurance may make receiving dental care even more difficult. Several of the surveyed offices reported that while they accept Tricare dental insurance, they often had difficulty getting reimbursed, especially for FMDR.

A potential problem with this study is the use of the AAPD Find-A-Dentist tool, which leaves out pediatric dentists who are not members of the AAPD. Future studies could survey the CSHCN population at the Army posts with limited access to dental care to understand what problems they face, if any, accessing dental care.

CONCLUSIONS

1. Access to dental care is challenging for patients with SHCN and more so for military family dependents
2. Access to care for military dependents is difficult due to location and insurance issues
3. Access is further complicated in general by routine military relocations and deployments

REFERENCES

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