

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Effects of Parental Military Deployment on Pediatric Outpatient and Well-Child Visit Rates

Eide, M., Gorman, G., & Hisle-Gorman, E. (2010). Effects of parental military deployment on pediatric outpatient and well-child visit rates. *Pediatrics*, 126(1), 22-27. doi:10.1542/peds.2009-2704

SUMMARY: Medical claims data were utilized to determine the ratios of outpatient and well-child visit rates during parental deployment, compared with those during non-deployment. Deployment influenced the rate of health care visits differently for single and married parents. These differences should be explored further to determine the best approach to meeting military children's medical needs during a parental deployment.

KEY FINDINGS:

- Overall, increases of 7% for outpatient visits and 8% for well-child visits were seen during periods of parental deployment compared with periods of non-deployment.
- Children of single military parents had decreased rates of both outpatient visits and well-child visits during periods of deployment.
- Children of married military parents had increased rates of both outpatient visits and well-child visits during periods of deployment. This effect was strongest among younger married parents compared to older married parents.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide support to at-home caregivers across a range of modalities such as peer support, educational classes, and social networking support
- Provide specific outreach to target populations, such as military families with young, single parents, and distribute information regarding medical health care services during deployment
- Educate civilian providers who treat children of military Service members about the unique needs of military families related to deployment

IMPLICATIONS FOR POLICIES:

Policies could:

- Consider developing programs to support at-home parents and caregivers, especially those caring for children of single military parents, during deployment
- Continue to support services that help military families cope with deployment, including services for medical needs
- Encourage single military parents to discuss with the family member or caregiver responsible for their child during deployment about the medical services available to their children

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METHODS

- Participants were identified using the Defense Eligibility and Enrollment System.
- This study focused on children of deployed Service members who were under the age of two years.
- Medical claim data from fiscal year 2007 were examined.

PARTICIPANTS

- There were 54,395 children with deployed parents in this study.
- Most children were male (51%), White (64%), and had a mean age of 0.54 years (SD = 0.50).
- Forty-one percent were Army, 23% Air Force, 22% Navy, and 11% Marine Corps; 74% were junior enlisted personnel (grades E1-E6).

LIMITATIONS

- This study focused on Active Duty Service members; therefore, findings may not generalize to Service members in other components of the military (i.e., Reserve or National Guard).
- Medical visits obtained from non-military healthcare providers were not captured for this analysis; therefore, decreased rates among the children of single deployed parents only reflect decreases within their entitled health insurance plan, not in general.
- Data were classified as deployed or non-deployed based on the sponsor parents' deployment status; families with two military parents may have been classified incorrectly if the non-sponsor parent was deployed during the study period.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Explore factors that contribute to increases in medical visits during deployment (e.g., increased parental and/or child psychological stress)
- Examine why deployment may have different effects on single versus married parents (e.g., non-parent caregivers, child relocation, use of health care services outside the military system, and increased symptoms of stress)
- Investigate why deployment may have different effects on younger versus older married parents (e.g., social networks, financial resources, parenting experience)

ASSESSING RESEARCH THAT WORKS



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