

Putting Research to Work for Military Families



Focus:
Army

Association of Military Deployment of a Partner or Spouse and Changes in Dependent Use of Health Care Services

Larson, M. J., Mohr, B. A., Adams, R. S., Ritter, G., Perloff, J., Williams, T. V., ... Tompkins, C. (2012). Association of military deployment of a partner or spouse and changes in dependent use of health care services. *Medical Care*, 50(9), 821-828. doi:10.1097/MLR.0b013e31825516d8

SUMMARY: Health care records of 55,000 non-pregnant spouses and 137,000 children of deployed Active Duty U.S. Army personnel were compared to records of spouses and children of non-deployed Soldiers to study changes in dependent health care utilization during deployment. Service member deployment was associated with an increased use of antidepressants, antianxiety medications, and specialist visits among spouses and children.

KEY FINDINGS:

- Increases were found in overall use of specialist services (primarily psychiatric related care) and the use of psychotropic medications among military spouses and children during the year the Soldier was deployed.
- Overall use of primary care-based services decreased the year of deployment, but there was no increase in emergency room visits or institutional care
- About 1/3 of families received care in the civilian sector.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide information to families regarding the importance of attending to primary care needs throughout the deployment cycle, even when the at-home parent may feel overwhelmed
- Offer workshops to develop strategies to support communication and coordination of care between military and civilian providers
- Offer support groups for military spouses and children during deployment, these could include in-person or online groups, additional opportunities for childcare, and educational classes

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage continued evaluation of military-based programs that support military families to assess whether these programs are meeting families needs and fostering resilience
- Promote the collaboration between the military and civilian providers to coordinate and communicate care for military families during deployment may illuminate areas that need improvement
- Continue to support programs that work with military families throughout the deployment cycle

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METHODS

- Using the Defense Manpower Data Center's Contingency Tracking System, Army Active Duty members in federal fiscal year 2007 and their TRICARE dependents were identified.
- The dependents were classified as being in the deployed group if their sponsors had any fiscal year 2007 deployment days. Dependents were in the comparison group if the Service member did not have any deployment days in that year and had a no deployment period of 24 consecutive months inclusive of fiscal year 2007.
- Health care utilization was assessed by a comprehensive range of utilization measures for institutional stays, emergency room, generalist or specialist office visits, and use of medications.
- Change was defined by comparing indicators of any use (yes/no) for the 12 months before the sponsor's deployment month of departure to the 12 months after the sponsor's return.

PARTICIPANTS

- The deployed group included 55,518 non-pregnant spouses and 137,602 children, while the comparison group included 74,853 non-pregnant spouses and 199,520 children.
- The majority of the deployed group were female (96%), White (59%), with a mean age of 31.4 years (SD = 7.5 years).
- The comparison group was mostly female (92%), White (60%), with a mean age of 35 years (SD = 7.8 years).

LIMITATIONS

- Most of the comparison group (64%) had experienced a previous deployment, but it was outside the window specified here; therefore, they were not a pure comparison group.
- The study did not capture use of deployment-specific nonmedical counseling and support services made available by the DoD and Army.
- These results may not generalize to non-Active Duty Army military personnel.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine common issues that arise for Service members and their families during reintegration
- Investigate whether psychotropic medications were used alone, in addition to counseling services, or instead of services
- Explore the long-term consequences of leaving service because of an injury and access to health care

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