

INFORMATION PAPER

AFRC-MD (40)

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SUBJECT: Dental Readiness

1. Purpose. Our goal is to improve dental readiness. This paper discusses the differences in dental care systems between the active component and the reserve components.
2. Points. The active and reserve components have contrasting ways to measure and improve the dental fitness of their soldiers. While dental fitness standards apply to both the active component and the reserve components, the dental care systems are different. Specific features are contrasted below.
 - a. Active duty soldiers receive dental care at Army Dental Clinics. The clinics provide the annual examinations and dental treatment. The dental clinics also maintain the soldiers' records and update their dental readiness classifications (Tab A). The dental readiness officer provides reports to the unit commanders on a monthly basis. Dental treatment is free and the soldiers get time off during duty hours for treatments.
 - b. Reserve soldiers receive care at civilian dental clinics. They make their own appointments; lose pay or leisure time to get treatment; and pay for their care. No civilian dentist reports readiness status to the unit commander.
 - c. Approximately 40% of the workers in the United States have dental insurance with their employers (Ref. Delta Dental). Only 60% of the adult population go to the dentist on a regular basis (Ref. National Center for Health Statistics).
 - d. Let us assume that those people who visit their dentist regularly attain a class 2 dental fitness standard (60%) and 10% have good dental health in spite of irregular visits to the dentist (total 70%). The remaining 30% of the population fit into the class 3 dental fitness standard.
 - e. The TriCare Selected Reserve Dental Plan (TSRDP) was intended to be a low cost insurance plan (Tab B). It is a voluntary program and enrollment is very low. It is doubtful that dental readiness will significantly improve until the treatment is free. Offering free dental care to reserve soldiers through contract or modification of the existing insurance policy will be very expensive.
 - f. The reserves do not have a data system to monitor dental readiness. The active component system can be modified for the reserves if they have computer internet access.

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