



Military Family
Advisory Network

MILITARY FAMILY SUPPORT PROGRAMMING SURVEY

2021 RESULTS

giving You Home



PRESENTED BY

ORACLE Cerner

RELEASED JULY 14, 2022

A LETTER FROM THE PRESIDENT

The Military Family Advisory Network (MFAN) was founded in 2013 to fill a persisting gap in the military community: the inability to quickly and effectively understand the modern military family and connect them to the resources they need to thrive.

MFAN launched its first Military Family Support Programming Survey the following year. When the organization was in its infancy, the team — alongside our incredible advisory board — recognized that it was critical that we understand the lived experiences of military families before embarking on any work. Since that point, the Military Family Support Programming Survey has been foundational to how we conduct business.

Every other year, our doctoral-level researchers build this survey that is informed by what we are hearing from those in our network, designed with a mixed methods approach, and built with intentional integration of validated scales, some which have never been used in the military community. This approach allows us to:

1 Take the time to mine our data to glean as much as possible without over-surveying the community.

2 Make discoveries that we never would with a strictly quantitative survey—the open-ended questions always shed light on emerging topics we may not have expected.

3 Build apples to apples comparisons between the military community and civilian population.

This year — based on historical feedback we've received on the length of previous reports and to make the data even more digestible for the reader — we've taken a slightly different approach that we think you, the reader, will appreciate. For the MFAN team, it is paramount that these data are widely consumed, understood, and used by all to strengthen the programs and resources that military families depend on. So, you will see an emphasis on data visualization and key points that emerged. Over the next several months, MFAN will continue cross-tabulating our findings to gain focus on core areas, which you will see called out as "points to ponder" throughout the report.

I would like to thank the MFAN research team for the remarkable work on the 2021 Military Family Support Programming Survey. The learnings from this report will shape the next several years for MFAN, and we hope that you use it to advise your work and support of this most-deserving community. I also want to thank the more than 8,000 military-connected families who responded. Your voices have been heard (in this case, read twice). To our partners and the leaders in the government sector who are reading, we appreciate you. We're honored to be part of this community with you.

Happy reading. I know you will enjoy!



Shannon Razzadin
President & Executive Director
Military Family Advisory Network



SPONSORS

PRESENTING SPONSOR

ORACLE Cerner

This survey would not be possible without the generous support of the following sponsors:



TABLE OF CONTENTS

Research Team	01
Introduction	02
Methodology.....	02
Demographics	03
Family Well-Being Scale	09
Health Care	10
Telehealth	21
Mental Health	24
Family Relationships	30
Military and Veteran Family Loneliness	30
Marriage in the Military	30
Family Relationships in the Military	33
Caregiving Support	35
Children.....	37
Financial Readiness	43
Housing	51
Food Insecurity	56
Military Community and Recommending Military Life	61
Community, Transition, and Military Life.....	64
Recommending Military Life.....	68
Conclusion and Recommendations	70

RESEARCH TEAM

DR. GABBY L'ESPERANCE, Ph.D.

As the director of research and program evaluation, Gabby L'Esperance leverages qualitative methodology to better understand the lived experiences of military and veteran families. By emphasizing the value of qualitative methods in understanding military family life, MFAN continues to shine a light on the support military families need most. Such research has been used to convene stakeholders, shape policy, develop programs, and invoke positive change for service members, veterans, and their families. Dr. L'Esperance holds a doctorate in public administration with a focus in nonprofit management and research. She teaches nonprofit management courses at the University of Nebraska Omaha.

DR. SHANNA A. SMITH, DBA

Shanna Smith, associate director of research, is an applied qualitative researcher with an extensive background in external relations, business, and hospitality. Dr. Smith holds a doctorate in business administration from Walden University, a master's in business administration from Liberty University, and a bachelor's in communications from Hardin-Simmons University. Shanna also serves as a professor of business administration at Wayland Baptist University – Hawaii.

MS. JACKIE TRENT, MPhil

Jackie Trent, research data analyst, earned a master's in criminology research from the University of Cambridge. Jackie's current interests include the intersection between academic criminology and law enforcement, and the practical application of psychological research. Her eventual goal is to earn her doctorate.

WITH ASSISTANCE FROM

Dr. Kimberly Nicholson, Ph.D.

Dr. Abhishek Bhati, Ph.D.

Dr. Jessica Luckhardt, Ph.D.

Dr. Kate Clavijo, Ed.D.

INTRODUCTION

The Military Family Advisory Network (MFAN) is a nonprofit organization committed to taking a collaborative, impact-driven, and authentic approach to addressing the needs of military and veteran families. MFAN's constant goal is to shorten the amount of time between the identification of an issue and the deployment of a solution. Collecting and sharing data is one of the most effective ways to do that.

At its inception, MFAN determined that to create a measurable impact, the lived experiences and needs must be understood, not just for the organization but for the whole community. That's why MFAN tirelessly works to bring qualitative methods into the spotlight and analyze the stories families share to illuminate challenges, identify solutions, and catalyze change.

The Military Family Support Programming Survey is the foundation of our research portfolio. This biennial survey provides insight into a wide range of the support needs of military and veteran families serving around the world. MFAN shares this research with others so that it is actionable. These survey results lead to data-informed programming from MFAN and others, and edify public policy, yielding positive outcomes for military-connected communities.

The fourth iteration of the Military Family Support Programming Survey was built to better understand military and veteran family well-being. In 2021, MFAN introduced the Family Health Scale, a validated measure of family unit well-being. This scale, which sits at the intersection of so many of the topics that MFAN has studied for years, forms the backbone of the survey and this report. **Therefore, this report proceeds by discussing key findings around each of the key topic areas in the Family Health Scale, including:**

- 1 Health Care
- 2 Family Relationships
- 3 Financial Readiness
- 4 Housing
- 5 Food Insecurity
- 6 Community, Transition, and Recommending Military Life

While many of the areas of interest are consistent with those MFAN has explored in previous research, the introduction of the Family Health Scale provides new insight into military family experiences throughout the past two years. Meanwhile, findings from the USDA Six-Item Short Form Food Security Scale and the UCLA Loneliness Scale are leveraged to compare the recent experiences of military and veteran families with data from our previous research.

METHODOLOGY

MFAN's research is primarily qualitative or open-ended, which generates data that are rich with perspective and experiences and provide a greater diversity of topics to understand and evaluate. Quantitative questions, such as multiple choice, are used as a navigation system to ensure that participants receive only the questions relevant to them. While these quantitative questions supply valuable data, the qualitative data are the heart of our research.

MFAN's overarching research goal is to offer deeper context. While quantitative data can explain the "what," qualitative data can explain the "why" and "how." Some researchers may avoid relying heavily on open-ended responses because of the time and effort required to analyze them, but MFAN has established a systematic method for analysis. Because MFAN organizes and analyzes its data in-house, it has the agility to conduct intermittent surveys when needs present themselves.

The data are analyzed with Qualtrics Survey Software, cutting-edge software that allows not only methodologically sound qualitative coding, but also comparisons with other data within the sample. MFAN's coding team reads every written response submitted to every question and tags each one with themes and subthemes. Then, the team evaluates all those themes to explain what military families are experiencing. The software also allows those themes to be sorted by demographics and geographics, among many other potential measures.

After the analysis is complete, the research team uses the results to tell the stories of military families. The data is arranged in percentages and charts to explain the most common themes and ideas families communicated in their responses. These manifest effect sizes show the tabulated themes — they won't add up to 100% because responses may include more than one theme. Military families are more than numbers and statistics, so the data is highlighted with the real comments and experiences participants shared.

MFAN's research ensures that participants are connected to military family life — it is a condition they must meet to participate in the study. When MFAN invites participants to share their thoughts in its research, it often uses a sampling technique in which participants invite others who are also connected to military life to join in. Invitations to participate are also sent out via social media and through partners in the military family space who are hoping to learn from the data. This ensures the participants come from every branch of service, every rank, and from a variety of geographic locations.

The results are not meant to predict behaviors or perceptions of all military families. Instead, this form of research helps shed light on what military families are

currently experiencing. MFAN's research explores new, emergent, and perennial needs of those who participate. Some questions have been asked each year, providing valuable longitudinal information. Other questions are new. New questions are designed to explore topics discussed in our network, primarily through the MFAN advisory board.

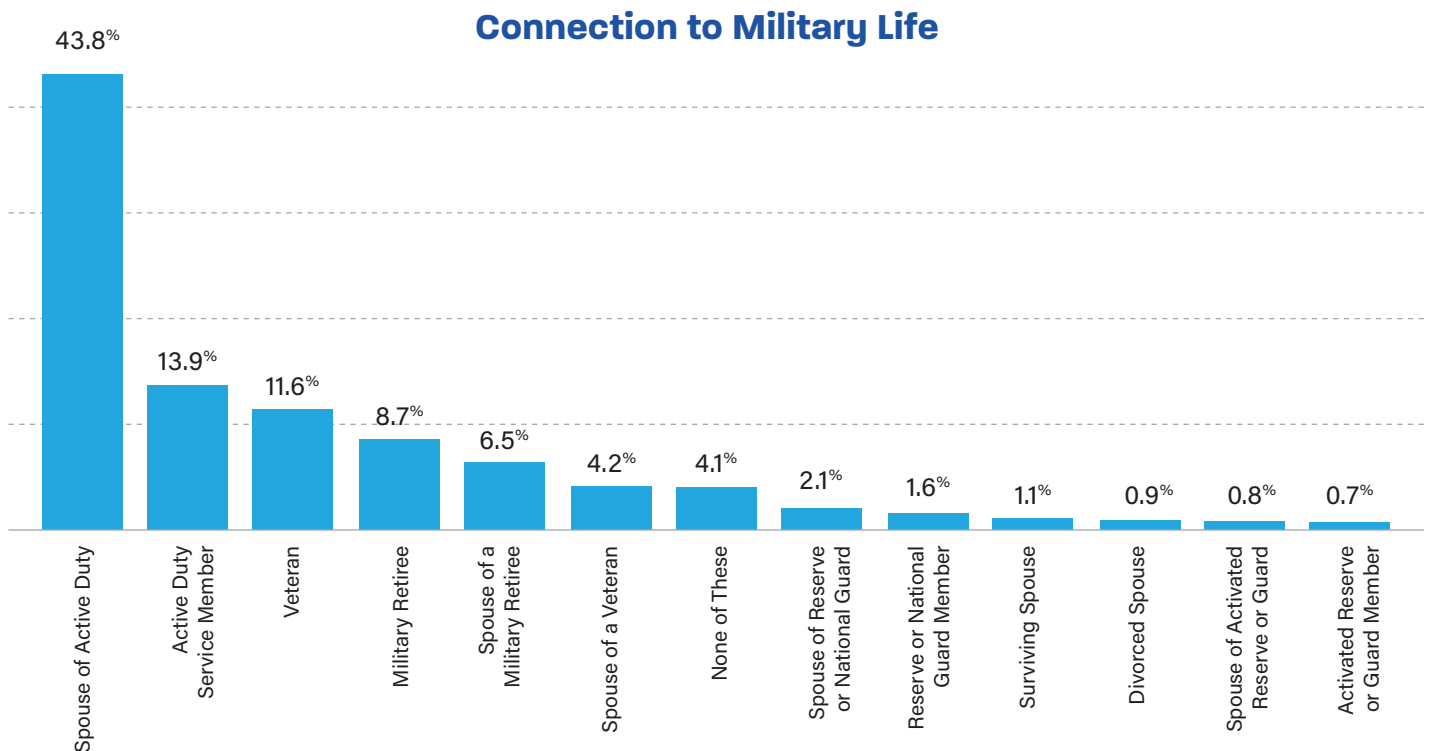
These data take a deep dive into military and veteran family well-being to share the support programming that families most appreciate, identify any gaps in support, and ultimately inform a path towards support program development and enrichment.

During that time, 8,638 people participated. This iteration of the Military Family Support Programming Survey yielded the largest response rate to date.

DEMOGRAPHICS

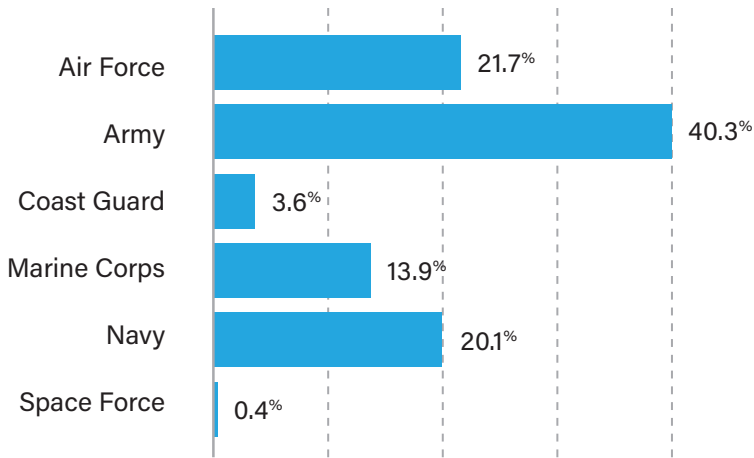
Connection to Military Life

To complete the survey, respondents had to identify a connection to military life. The most common category was spouse of an active duty service member. Only 4.1% of respondents who entered the survey did not identify as a current or previous service member or spouse of a current or previous service member.



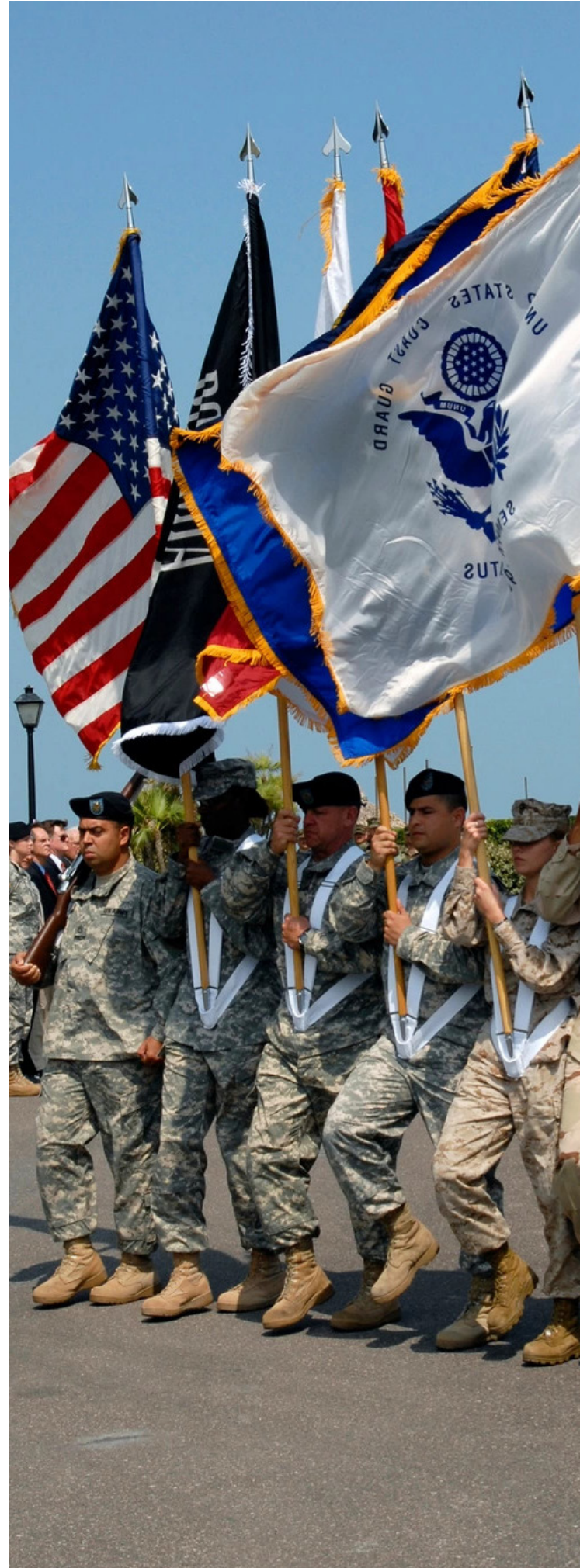
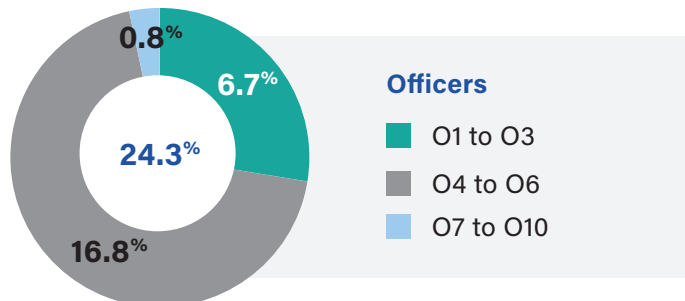
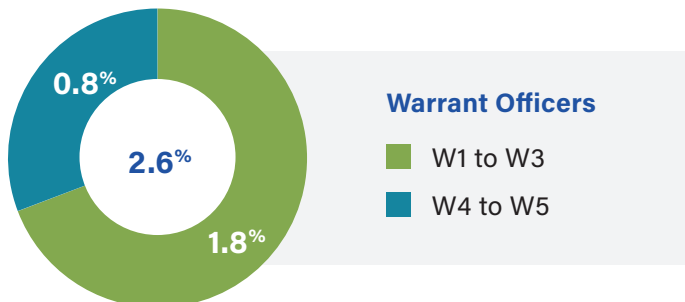
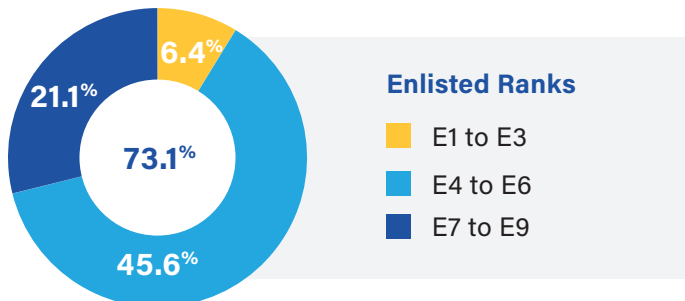
Branches of Service

The largest proportion of respondents were affiliated with the Army, followed by the Air Force and the Navy. The proportion of respondents from each branch of service aligns with the currently serving force.



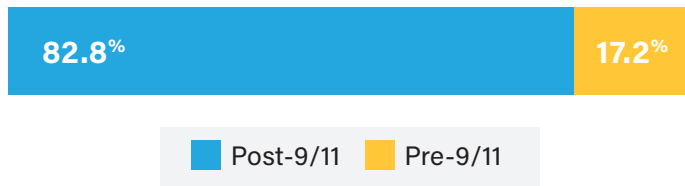
Ranks of Service

Most respondents were in the enlisted ranks, most commonly E4 to E6.



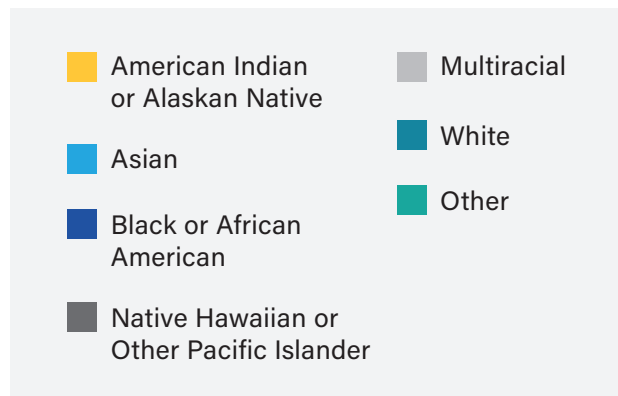
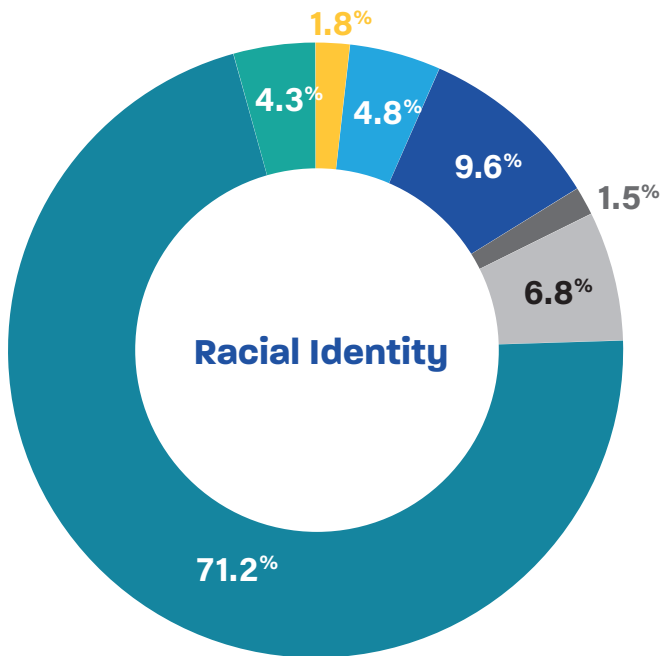
Post-9/11 Service Members

More than three quarters of the respondents had served on active duty after September 11, 2001.



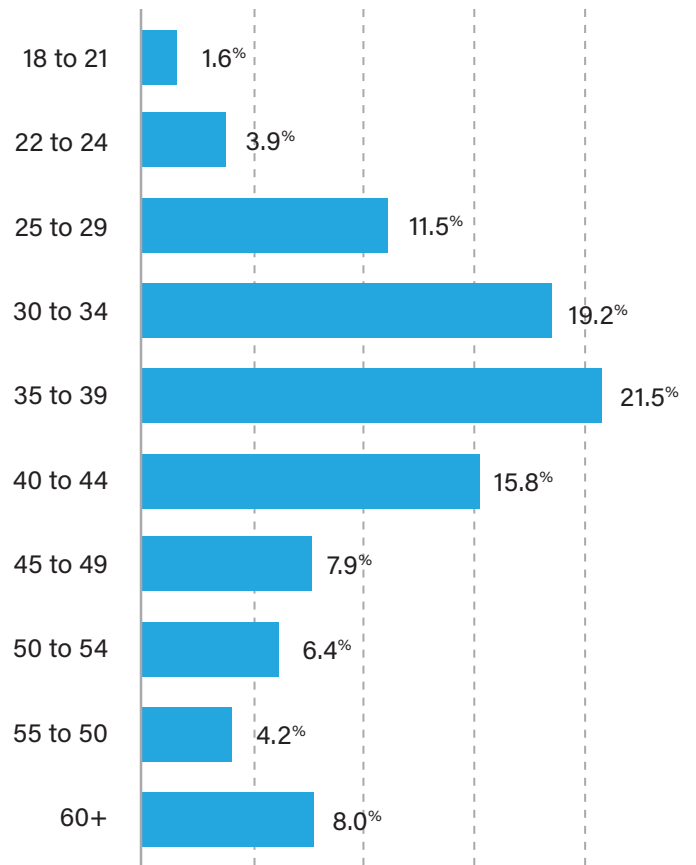
Race and Ethnicity

MFAN measured race and ethnicity among our population for the first time in 2021. Nearly a fifth (17.0%) of the respondents identified as Hispanic or Latino. Most of the respondents were white, representing 71.2% of the sample. The next most common racial identity was Black or African American, representing 9.6% of the population.



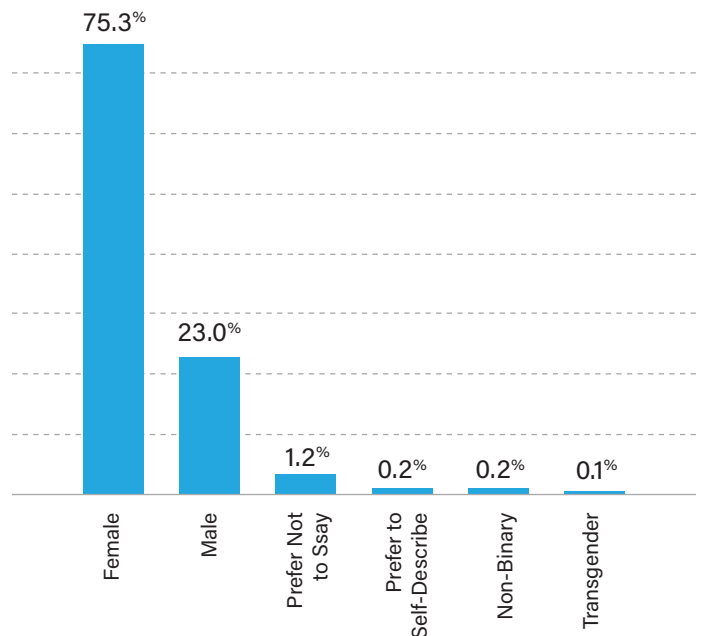
Ages

Most 2021 respondents were between 25 and 39 years old.



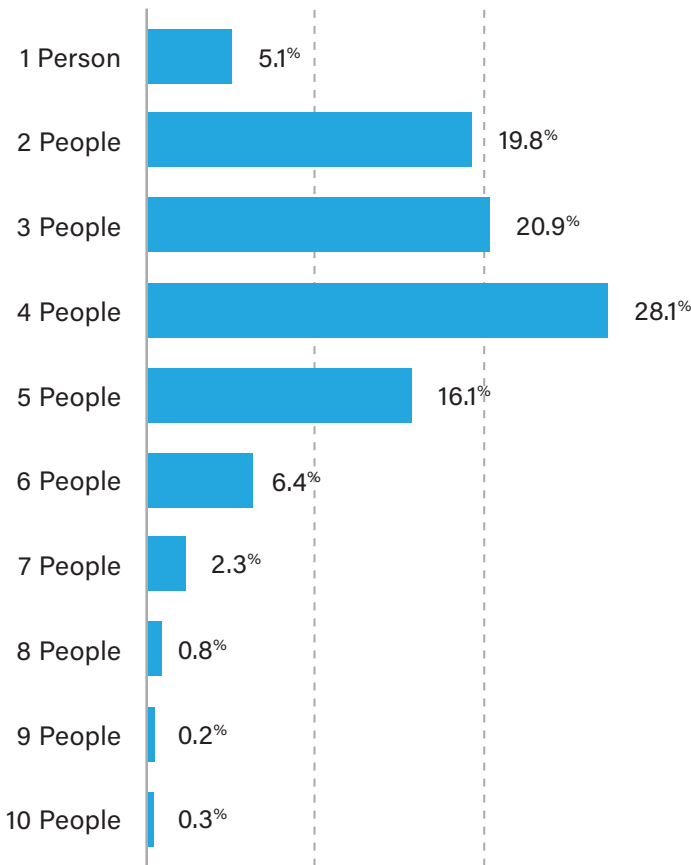
Gender

Most respondents were female.



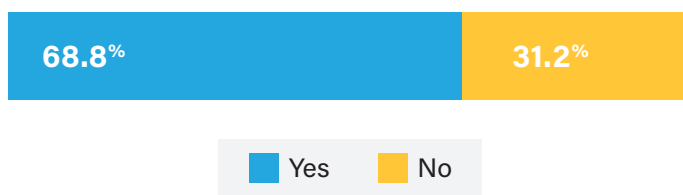
Number of People in the Home

Most commonly, respondents had four people, including themselves, living in their homes.



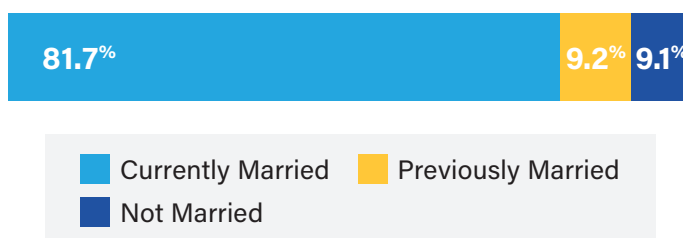
Children in the Home

Respondents were asked whether they currently have children or stepchildren under the age of 18 in the home.



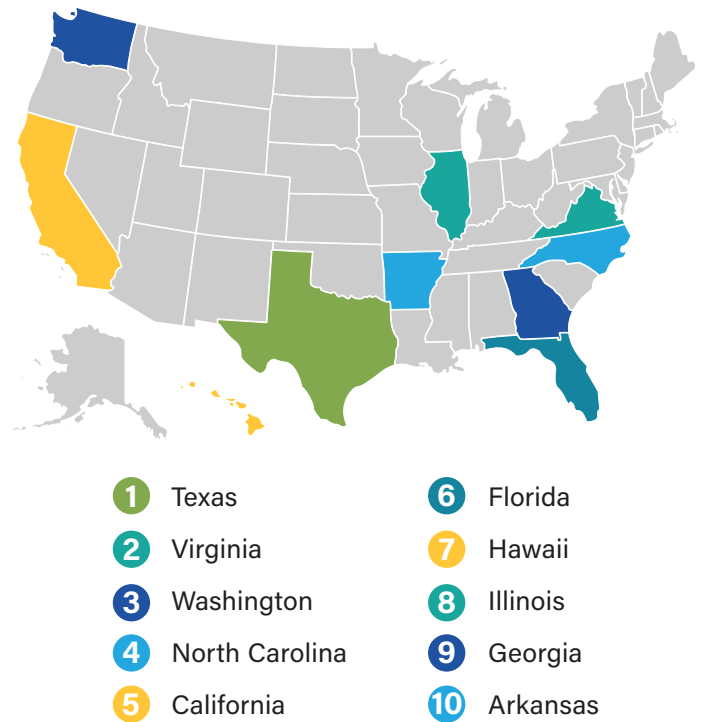
Marital Status

More than two thirds of respondents were currently married (81.7%) and an additional 9.2% of the sample had been previously married.



Location

Military and veteran families from all over the country were asked to tell their story in the 2021 Military Family Support Programming Survey. Respondents came from all 50 states and Washington, D.C., two U.S. territories, and 22 countries. The survey yielded the highest number of responses from the following states:



In keeping with past iterations of the Military Family Support Programming Survey, the demographics of this sample are largely in line with those of the currently serving force. As noted above, the sample closely mirrors the breakdown of branch of service for active duty families. This trend rings true for other demographic markers as well as including the percentage of enlisted personnel and the race and ethnicity of active duty service members.

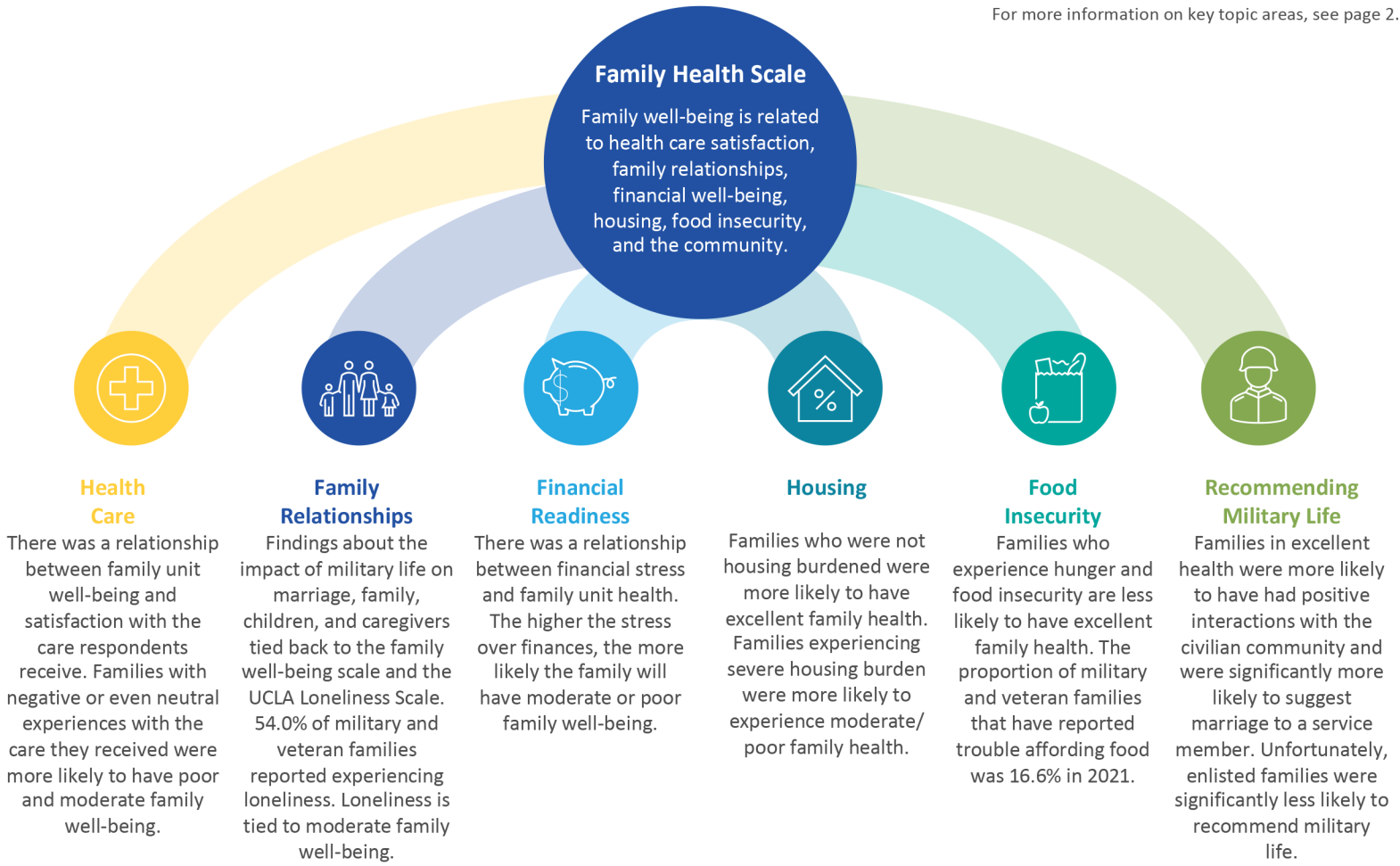
The most striking demographic difference revolves around family composition. Of the currently serving force, 43.1% are family units married without children (13.6%) or married with children (29.5%). Our sample has a much higher proportion of married couples with children, with 81.7% of the sample identifying as currently married, and 68.8% of families with children or stepchildren under the age of 18 in the home. This difference speaks to the true meaning of this survey — to better understand the support programming available for military and veteran families.

MFAN's Military Family Support Programming Survey

MFAN's Military Family Support Programming survey is the foundation of its research portfolio. The fourth iteration of the survey (8,638 respondents) was built to understand military and veteran family well-being. In 2021, MFAN introduced the Family Health Scale, a 10-question measure of family relationships, health care, finances, and housing.

There are significant relationships between six key areas and the Family Well-Being Scale

For more information on key topic areas, see page 2.



The Family Health Scale provided key insights about military and veteran family respondents

- More than forty-one percent** of military and veteran families reported **excellent** family health, whereas **58.7%** of families reported **moderate or poor** health.
- Military personnel in **lower enlisted ranks** were more likely to have **poor or moderate family health**. Officer families were significantly more likely to have excellent family health.
- There was a significant relationship between **race/ethnicity and family well-being**. Minority groups (Hispanic, American Indian or Alaska Native, Black or African American, and multiracial) were more likely to have poor/moderate family health.

Families at lower ranks and families in marginalized racial and ethnic groups are statistically less likely to indicate excellent family health and statistically more likely to indicate poor or moderate family health than their white, non-Hispanic, higher-ranking peers.

Actionable solutions can be created from the survey findings; MFAN recommends the following:

- 1** Conduct additional research on military family well-being using the Family Health Scale in relation to topics like health care, housing, and food insecurity.
- 2** Increase the availability of health care and mental health appointments, which would improve both provider accessibility and possibly reduce wait times.
- 3** Increase the availability of child care including standard child care availability and drop-in opportunities.
- 4** Right-size BAH to decrease the housing burden experienced by military families.
- 5** Reduce the barriers to saving money for military families by supporting pay and allowance increases in alignment with the rising cost of living.

75.6%

Accessing health care: 75.6% of respondents use TRICARE Prime for coverage. 67.0% use Military Treatment Facilities and 77.5% travel fewer than 14 miles for health care.

>70%

Continuity of care: Respondents leveraged EMR and adopted methods of continuity such as carrying paper medical records to maintain consistent health care. 72.0% of respondents have an EMR or patient portal to monitor and access their health care.



Common hurdles: While satisfaction rates with all types of care were generally high, respondents cited common hurdles including trouble accessing care/booking appointments, negative experiences with providers, and poor quality of care.



No appointments: The lack of available appointments was a key hurdle to health care and mental health care.

Family Relationships



Family resiliency: Despite facing hardships in their marriage caused by military life, many families still cite moderate and excellent family health, speaking to military and veteran family “resiliency.”



Effects on marriage: Respondents spoke of the negative impacts of the military on their marriages, general benefits (e.g., personal changes and strengthened relationship dynamics), mental health effects, and financial impacts due to spousal unemployment.



Family hardships: Families spoke of hardships due to the realities of military life, like a permanent change of station (PCS) causing physical and emotional distance between family members.



Children: Parents pointed to the need for childcare, additional financial support, built-in support systems, and easier access to information and resources.

11.0%

Caregiving: 11.0% of respondents, mainly military spouses, provided care for a wounded, ill, or injured service member or veteran.

Financial Readiness

51.2%

Trouble saving money: 51.2% of families have had trouble saving money over the past two years, and 27.5% have experienced financial emergencies in the past two years.



Financial management: In active duty families, the spouse was more likely to be in charge of financial management, whereas families of military retirees and veterans, the service member tended to become responsible for household management.

38.4%

Emergency funds: 38.4% of veteran families and 22.4% of currently serving families had <\$500 in emergency savings. Enlisted families were the most likely to have low or no emergency funds.

75.8%

Current debt: 75.8% of the respondents indicated that they carry current debt.



Source of debt: Mortgage debt was consistently ranked as the most stressful form of debt with credit card debt ranking second.

Housing

60.9%

Housing burden: 60.9% of respondents carry the burden of paying more than they can comfortably afford for housing.

61.0%

Living off base: 61.0% choose to live off base due to lack of military housing availability, poor military housing conditions, more privacy, preference for home ownership, and military housing not being the kind of home they desired.

39.0%

Living on base: 39.0% of respondents choose to live in military housing because of location, affordability, security, convenience, and in a notable addition from 2019 findings, the housing market.



Private housing satisfaction: Respondents were satisfied with privatized military housing companies’ responsiveness to repair issues. In 2019, this was the factor of privatized military housing that respondents were most dissatisfied with.

Food Insecurity



Families experiencing food insecurity: One in six (16.6%) of military and veteran families were experiencing food insecurity or hunger in 2021 vs about 15% in 2017.

23.3%

Enlisted family experience: 23.3% of enlisted families alone, indicated food insecurity, which is roughly five times the number of officer families that indicated the same.



Groups experiencing increased food insecurity: Enlisted personnel in lower ranks, and individuals belonging to ethnic minorities are disproportionately affected by food insecurity.

96.0%

Resources used for food insecurity: 96.0% of those who faced problems with securing food used federal assistance programs such as SNAP and WIC, and 70% of those stated that they found those programs helpful. However, there were also significant obstacles.

Community, Transition, and Recommending Military Life

81.9%

TAP participation: 81.9% of currently serving respondents had not participated in the Transition Assistance Program (TAP). Meanwhile, more than half (58.6%) of military retirees and veterans had utilized TAP after leaving service.

76.8%

Spousal awareness of TAP: 76.8% of respondents did not know that spouses could access the Military Spouse Transition Program (MySTeP).



Transition supports: Respondents desire additional support including hands-on preparation to enter the civilian workforce, improvement to the transition process, one-on-one transition advising/tailored support, improvements to TAP, and transition support tailored for spouses/ family.

62.9%

Recommendation of military life: 62.9% would recommend military life to someone considering it in 2021. This is a drop from the 74.5% of respondents who recommended it in 2019.

FAMILY WELL-BEING SCALE



In the 2021 Military Family Support Programming Survey, MFAN included the Family Health Scale for the first time. This ten-question scale measures the health of the family unit by measuring dimensions of family health including family relationships, health care, lifestyle, financial health, and housing. Due to the overlap of the scale measures with previously conducted research and areas of interest for military and veteran family well-being, this scale was a natural fit for this survey. To the organization's knowledge, the 2021 Military Family Support Programming Survey is the first time that this scale was used to understand the military family population. As such, this scale is presented as the backbone of the survey and subsequent report.

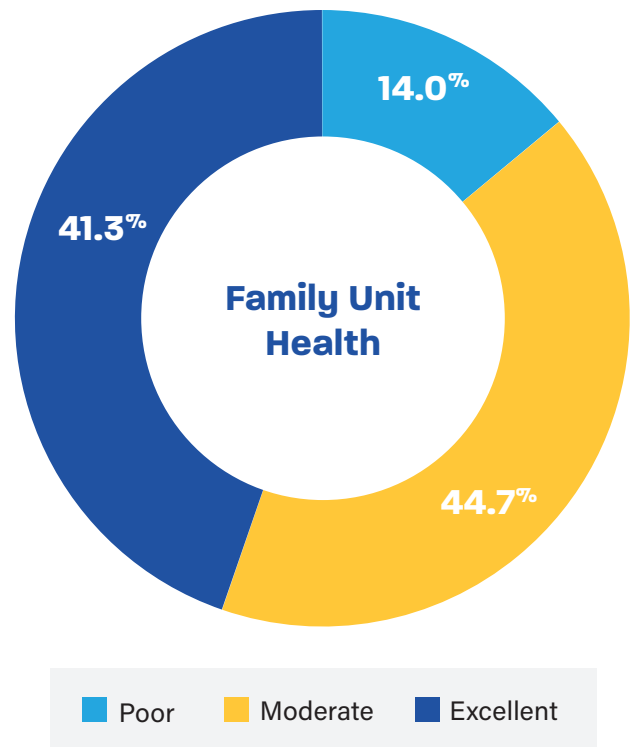
FAMILY WELL-BEING SCALE FINDINGS

The Family Health Scale measures family well-being at three levels. Respondents who affirmatively answer less than five of the scale statements have poor family health. Respondents who answer six, seven, or eight of the statements affirmatively displayed moderate family health. Finally, respondents who answered nine or ten of the statements affirmatively had excellent family health. Unfortunately, the scale, crafted for use in clinical settings, does not provide insight into the definition or description of poor, moderate, or excellent family health. Therefore, the findings presented below stand as the first attempt at contextualizing the meaning of poor, moderate, and excellent family unit health in the military and veteran family space.

In 2021, 44.7% of military and veteran family respondents reported moderate family health and an additional 41.3% of respondents indicated excellent family health. When looking at the full sample, only 14.0% of military and veteran family respondents reported poor family health.

These findings become more interesting when broken down by rank. The table below shows the self-reported ratings of family unit health broken down by the rank of the service member. The highlighted spaces indicate statistically significant relationships between rank of service and family unit health. Blue indicates relationships that are statistically higher than expected, meanwhile yellow indicates relationships that are statically lower than expected. Darker colors indicate stronger statistical relationships, and lighter colors indicate weaker, but still statistically significant relationships. Spaces without highlight indicate a relationship between rank and family unit health that is expected.

These findings indicate that families in lower enlisted ranks, specifically E1 to E6, have significantly higher rates of poor and moderate family health, and statistically lower rates of excellent family health.



Rank of Service	Poor Family Health	Moderate Family Health	Excellent Family Health
ENLISTED RANKS			
E1 to E3	36.5%	43.3%	20.2%
E4 to E6	30.9%	43.4%	25.7%
E7 to E9	27.3%	36.9%	35.8%
WARRANT OFFICERS			
W1 to W3	35.5%	37.6%	26.9%
W4 to W5	35.6%	35.6%	28.8%
OFFICERS			
O1 to O3	22.9%	24.7%	52.4%
O4 to O6	19.0%	25.3%	55.7%
O7 to O10	34.8%	18.2%	47.0%

The exact opposite can be said of officer families at all ranks, with statistically lower rates of poor and moderate family health, and statistically higher rates of excellent family health.

Unfortunately, there are similar relationships between family unit health and respondent race and ethnicity. Respondents who identify as Hispanic, American Indian or Alaskan Native, Black or African American, and Multiracial all reported statistically lower rates of excellent family health than expected. The exact opposite rings true for white and non-Hispanic respondents who have statistically higher rates of excellent family health and significantly lower rates of poor and moderate family health.

Taken together, these findings indicate that families at lower ranks and families in marginalized racial and ethnic groups are statistically less likely to indicate excellent family health and statistically more likely to indicate poor or moderate family health than their white, non-Hispanic, higher-ranking peers.

FAMILY WELL-BEING IN RELATION TO OTHER FINDINGS

Both the inclusion of previous areas of interest to MFAN in the Family Unit Health Scale and the striking relationship between demographic characteristics and rating of family unit health speak to the usefulness of this scale as both a backbone of the survey and a method for contextualizing the findings presented below.

The remainder of this report presents findings around military family and veteran experiences with health care (including telehealth, mental health, and mental health crises), family relationships, housing, food insecurity, and community (including military transition). Each section will provide an overview of relevant quantitative findings, a discussion of the relationship between family well-being (measured by the Family Unit Health scale), and a journey through the lived experiences of military and veteran family respondents as captured by rich qualitative data.

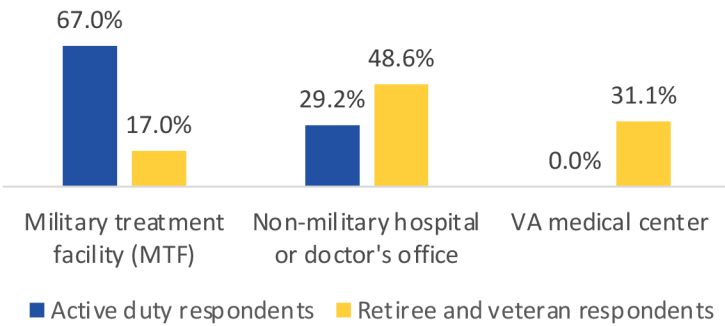


Health Care

Health care has been a top priority for respondents in every MFAN support programming survey. The 2021 survey collected data on experiences with health care, mental health care, and telehealth.

More than three quarters of active duty survey respondents use TRICARE as their primary form of health care coverage

Location of health care treatment was varied



22.5% reported having to travel 15 miles or more for appointments with their primary care physicians.

EMR system usage to monitor and assess health care



72.0% reported that they have used an EMR system or patient portal



22.5% reported that they have/are not



5.5% reported that they do not know if they are or not

Military retiree and veteran families were more satisfied than active duty families with health care in four areas



General health care



Ability to maintain consistency of care



Quality of providers

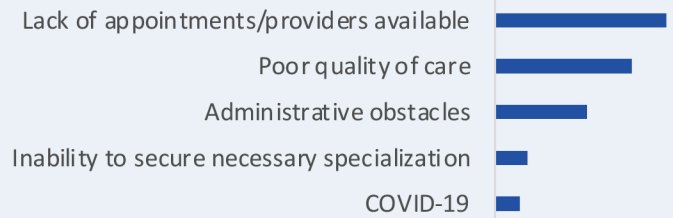


Access to appointments

The area where active duty families were **most dissatisfied was with their ability to access general health care appointments**. Thirty-three percent (33.3%) of active duty families rated this area as very negative or negative.



Top five health care obstacles experienced in the past two years



"Sadly, I know it isn't right, but with all of my experiences, I have learned to 'play the game' to endure and get through to the care my family needs. It shouldn't be this way. It is exhausting and sad - it is breaking military families. We really don't want to beg for basic healthcare needs that we have been promised, but we need to in order to survive."



Spouse of an active duty service member

Obstacles preventing respondents from accessing mental health care have not changed since 2019



In 2021, 46.2% of respondents indicated that they had used mental health care in the last two years either for themselves or for an immediate family member.

Satisfaction levels with mental health care

- Overall ratings of **satisfaction** hovered around 57%
- Overall ratings of **dissatisfaction** hovered around 15%



Respondents were least satisfied with **their ability to access mental health care appointments**; the same top complaint in 2019 & 2017.

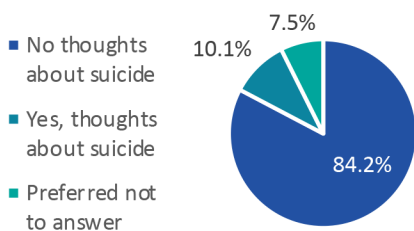
Mental health care obstacles were consistent with 2019 findings

- Lack of available providers/available appointments
- General poor quality of care
- Negative experiences with TRICARE
- Stigma and career implications
- Lack of specialized care

All resources are missing from crisis situations

- 10.5% of respondents had sought crisis resources and relayed primarily negative experiences
- Poor quality and lack of availability created hardships that made emergency situations harder
- Providers failed to listen, care needs were disregarded, and respondents were passed from one provider to another
- Quality care from compassionate providers was also missing

Suicidal ideation in the last two years



Two populations would be more likely to answer 'Yes': spouses of active duty members, followed by veterans and military retirees

Health Care: Telehealth

Telehealth has gained traction over the last few years, especially with the onset of the COVID-19 pandemic. More military and veteran families are now opting to use telehealth options.

The use of telehealth services has increased by more than 50% over the last two years

Drastic increase in use of telehealth services

11.3%

11.3% of total respondent population reported having used telehealth services in 2019



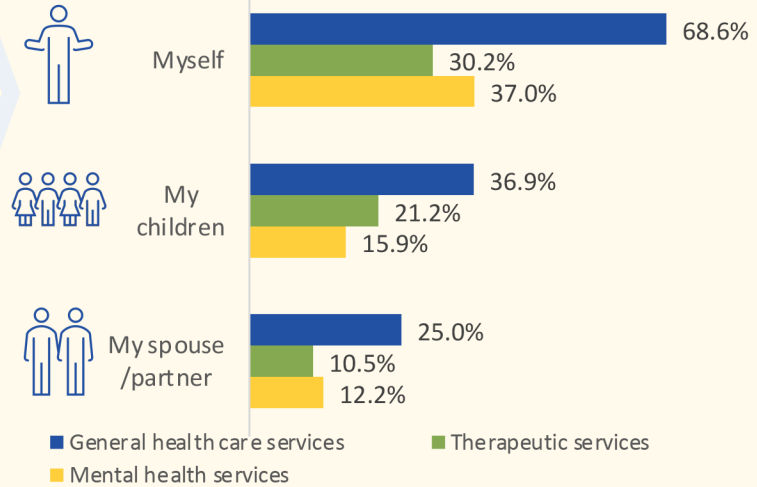
62.6%

62.6% of total respondent population reported having used telehealth services in 2021

Of the 37.4% of respondents who had not used telehealth previously:

- 30.6% were likely/very likely to use telehealth in the future
- 31.7% were unlikely/very unlikely to use telehealth in the future
- 37.7% were neutral

2021 respondents' use of telehealth services



Almost half of the families surveyed were unlikely to use telehealth if copays are reinstated post-COVID-19



Due to the COVID-19 pandemic, copays for telehealth services were waived for all TRICARE beneficiaries.

48.1%

of military and veteran family respondents indicated that they were unlikely or very unlikely to use telehealth resources if copays were reinstated, in 2021.

"The negative issue has been with billing. I've been charged for copays despite the fact that telehealth services are supported. I've had to call Tricare several times to get the matter resolved."



Army veteran

"If there are insurance approved telehealth programs, it should be repeatedly stated to the public on how to access or receive copay coverage or reimbursement. For me, I have not seen anything."



Spouse of an active duty service member

Although over a third of families report positive perceptions of telehealth, there are many obstacles

Respondent perceptions of telehealth



37.3% reported positive perceptions



16.0% reported negative perceptions

29.4%

Identified aspects of telehealth as beneficial

15.0%

Reported that telehealth was a viable option under certain conditions

12.1%

Reported concern about some aspects of telehealth

Obstacles of using telehealth

For the respondents who were aware of telehealth (**95.3%**), they faced obstacles around:

- Telehealth shortcomings
- Technological hurdles
- Generalized hurdles to accessing telehealth
- Not using telehealth/ unaware of option
- Prefer in-person health care



"I don't feel like they can see physical issues as well and just have to go with your description the best they can to make a judgement call."



Spouse of an active duty Marine Corps member

HEALTH CARE

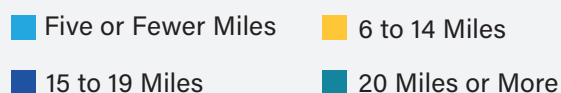
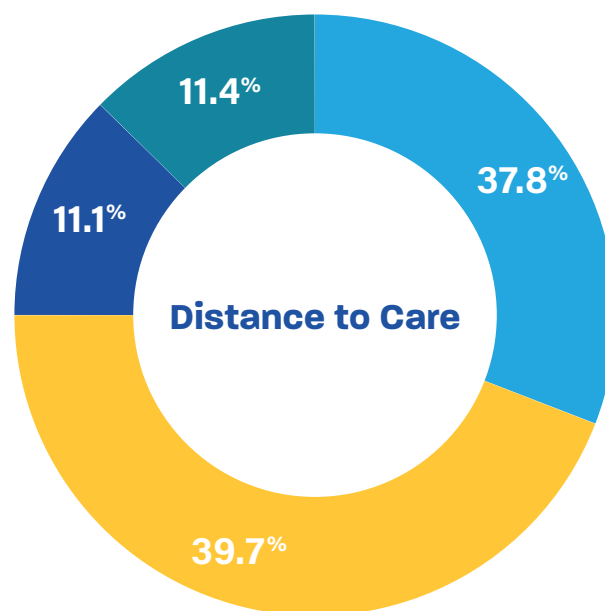
Health care has been a top priority for respondents in every support programming survey MFAN has administered. The 2021 survey collected data on the expanded health care topics introduced in the 2019 survey, such as experiences with health care, mental health care, and mental health crises. As health care is critically important to military and veteran families, the 2021 survey expanded the topics it covered. New to this report are sections on electronic medical records (EMRs), patient portals, and continuity of care.

QUANTITATIVE FINDINGS

In 2021, 75.6% of active duty family respondents indicated that TRICARE Prime was their primary form of health care coverage. This number is slightly higher than in the 2019 findings (72.3%). Military retiree and veteran family respondents reported using TRICARE Prime as their primary form of health care coverage (24.1%), followed by VA health care coverage (23.2%), and private health care insurance (18.1%) as the most used forms of health care coverage.

As respondent groups have different health care benefits, the location for treatment varied. When asked where respondents receive most of their health care, the majority of active duty family respondents (67.0%) indicated that they receive care at a military treatment facility (MTF). This number is slightly higher than in the 2019 findings (61.7%). Twenty-nine percent (29.2%) of active duty family respondents reported they receive care at a non-military hospital or doctor's office. This number is slightly lower than in the 2019 findings (33.7%). Military retiree and veteran family respondents indicated that they receive health care through a non-military hospital or doctor's office (48.6%), at a VA medical center (31.1%), and at an MTF (17.0%).

More than three quarters (77.5%) of the total respondent population reported that they travel 14 or fewer miles for appointments with their primary care physicians, whereas nearly a quarter (22.5%) travel 15 miles or more for appointments with their primary care physicians.



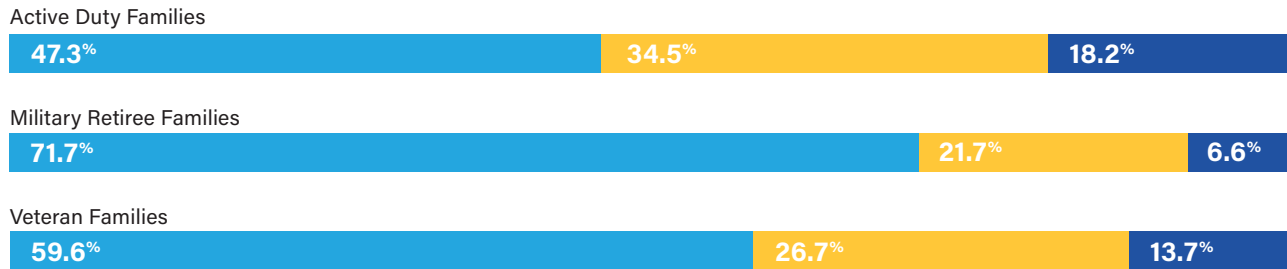
Additionally, nearly three quarters (72.0%) of the total respondent population reported that they have used or have been using an electronic medical record (EMR) or patient portal to monitor and access their health care, nearly a quarter (22.5%) of the respondents indicated that they are not, and 5.5% indicated that they do not know if they are or not. EMRs and patient portals will be discussed more in-depth throughout this section.

Respondents were also asked to describe their overall satisfaction with their health care coverage in four main areas: general health care, access to appointments, quality of providers, and the ability to maintain consistency of care. The ability to maintain consistency of care was a new category in the 2021 survey. These areas were rated as very positive/positive, neutral, or very negative/negative.

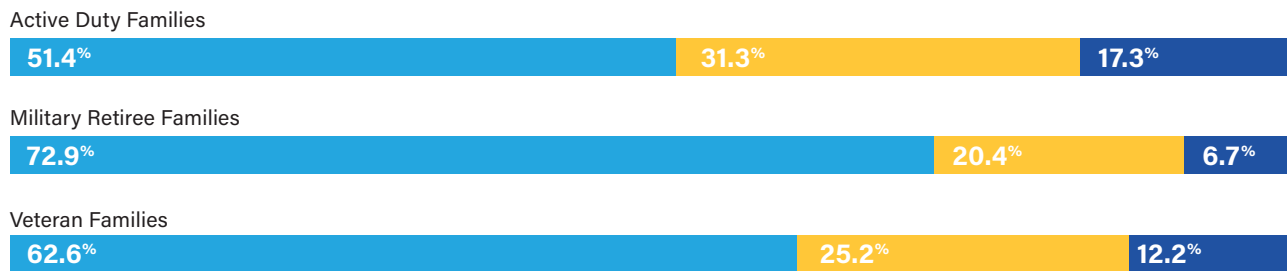
SATISFACTION WITH HEALTH CARE

When rating satisfaction with the health care received, the ability to access health care appointments, the quality of health care providers, and the ability to maintain consistency of care, military retiree and veteran families were most satisfied of all respondent groups, while active duty families were least satisfied.

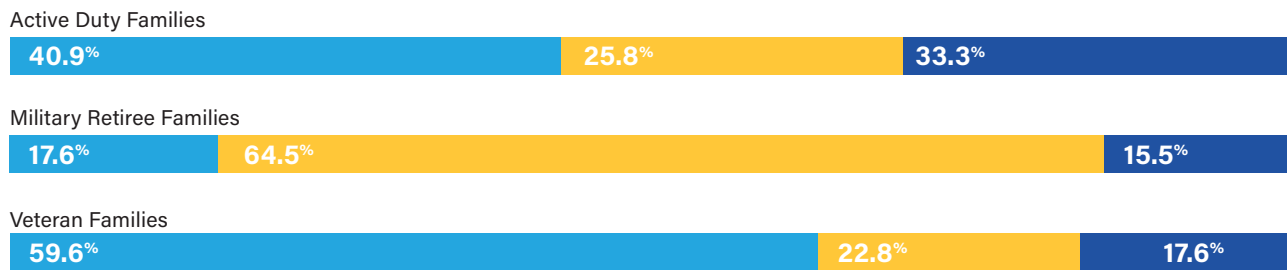
Satisfaction with Care Received



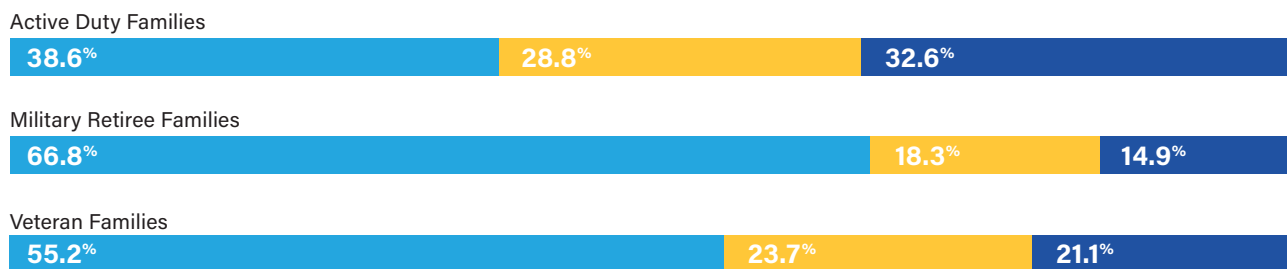
Satisfaction with the Quality of Care Provided



Satisfaction with the Ability to Access Appointments



Satisfaction with the Ability to Maintain Consistent Medical Care



■ Very Positive/Positive
 ■ Neutral
 ■ Very Negative/Negative



Compared to military retiree and veteran family respondent groups, active duty family respondents reported negative ratings at statistically significant higher values for all four satisfaction areas (general health care, access to appointments, quality of providers, and the ability to maintain consistency of care). The area where active duty family respondents indicated the most dissatisfaction was with their ability to access general health care appointments. A third (33.3%) of active duty family respondents rated this area as very negative/negative. This number is slightly higher than in the 2019 findings (32.9%).

Analyzing the relationship between military and veteran family health care satisfaction and family well-being sheds additional light on the 2021 findings. Unsurprisingly, there is a statistically significant relationship between family unit well-being and satisfaction with the care military and veteran families receive. Respondents who have very negative, negative, or even neutral experiences with the care they received were statistically more likely to have higher rates of poor and moderate family well-being and lower rates of excellent family well-being. Meanwhile, families who had positive or very positive experiences with the care they received, were significantly more likely to have excellent family well-being and less likely to have moderate or poor family well-being.

QUALITATIVE FINDINGS

To better understand the meaning behind the respondents' satisfaction ratings, the 2021 survey posed a series of qualitative questions regarding health care experiences. The respondents were asked to expand on their health care experiences and obstacles in the past two years. The top five themes that surfaced from respondents were the lack of appointments and providers available, poor quality of care, administrative obstacles, inability to secure necessary specialization, and COVID-19 pandemic-related obstacles.

TOP THEMES Health Care Experiences & Obstacles (Past Two Years)	Manifest Effect
Lack of Appointments and Provider Availability	53.7%
Poor Quality of Care	42.8%
Administrative Obstacles	28.7%
Inability to Secure Necessary Specialization	10.1%
COVID-19 Pandemic-Related Obstacles	7.8%

1 Lack of Appointments and Provider Availability (53.7%)

Of those respondents who reported obstacles to securing health care, more than half (53.7%) said that wait times for appointments and providers have become so excessive as to render some requests for care irrelevant. Opportunities for treatment are being lost as respondents' medical conditions remain unseen and, in some cases, worsen. Delays in test results and referrals have become so lengthy that they expire prior to visits. Respondents report having to start all over again with new requests to be tested and/or referred.

Difficulty and/or inability to get in contact with scheduling personnel is widely reported as a primary obstacle encountered when seeking care. Respondents share stories of un navigable portals and phone-trees that disconnect while on hold, as well as emails, phone calls, and other inquiries that remain unanswered despite multiple attempts over weeks and months. Some respondents report giving up and remaining without care as a result of not being able to speak to someone. Those who manage to get in contact with scheduling personnel are generally informed that appointments are unavailable for weeks or months. An active duty Navy spouse said,

"Not enough providers, you have to book appointments at least six months in advance, difficult to see providers, providers not provid[ing] adequate care."

In lieu of available appointments, many providers are instructing military families to contact emergency rooms and urgent care clinics for basic needs. Respondents shared experiences of understaffed, crowded emergency rooms and urgent care clinics filled with other military families seeking basic services such as well-visits, prescription refills, pregnancy tests, sports physicals and forms, and eye exams. A spouse of an active duty service member said,

"I wish there was a nurse advice line connected directly with our pediatrician that I could call between 8 a.m. and 8 p.m. for advice and get a response to a basic need, such as filling a prescription or scheduling an appointment to be seen."

As a result of their inability to secure timely care, some respondents reported abandoning efforts to obtain appointments and/or are going without care, including medications.

Some respondents reported rationing care by spacing out appointments or waiting until symptoms become dire. In instances when care is available, some respondents reported that the geographic distance to services resulted in financial and time burdens associated with drives of up to six hours for a single visit.

Nearly half (42.8%) of respondents reported poor quality as an obstacle to getting the health care that they need. As it related specifically to access, poor quality was most frequently described as a lack of continuity exacerbated by provider turnover. Respondents described how they are required to re-tell entire medical histories to a new primary care manager (PCM) at nearly every appointment. Strict time limits and "one issue per appointment" protocols leave insufficient time to describe, let alone address care needs. Respondents recognize that relocations, either their provider's or their own, contribute to the lack of continuity. However, evident provider burnout should also be considered. In a few instances, respondents reported that their providers have spent time in their appointments remarking how overwhelmed they are and wished that they could provide good care.

2 Poor Quality of Care (42.8%)

Poor quality is also evident in respondents' descriptions of providers who are apathetic, unprofessional, and insufficiently trained. Experiences were shared of providers who fail to show up for appointments, disregard care needs and/or lack skills necessary to use basic medical equipment. In fewer instances, respondents also described providers who engage in unethical behavior such as violation of confidentiality, racial and gender discrimination, and in far less frequent instances, verbal abuse. An active duty Marine Corps spouse stated,

"It is a severe violation of HIPAA when my husband can see my health record. I've reported it twice at multiple duty stations and yet, over a year later had not fixed it. It's embarrassing and shameful that this is called care."

An active duty Army service member indicated that they had experienced,

"Discrimination against being transgender, a false medical separation, and denied referrals to off post treatment."

3 Administrative Obstacles (28.7%)

The third most frequent theme was the presence of administrative obstacles. Twenty-eight percent (28.7%) of respondents experienced this theme. Experiences generally conveyed insurance and referral barriers including limits on care (e.g., who may be seen) and rules that respondents believe make no sense (e.g., bases that do not have sick calls or elimination of coverage upon transition from active to National Guard). Respondents described multiple instances of oversights, omissions, miscalculations, inefficiencies, gaps and “red tape”, all of which prevented access to the health care that they need. Respondents often reported a poorly executed migration to the new patient portal systems and civilian physicians not being able to obtain information. To receive adequate care, respondents report having to advocate for themselves and for their family members. An active duty Army spouse said,

“Sadly, I know it isn’t right, but with all of my experiences, I have learned to ‘play the game’ to endure and get through to the care my family needs. It shouldn’t be this way. It is exhausting and sad - it is breaking military families. We really don’t want to beg for basic healthcare needs that we have been promised, but we need to in order to survive.”

4 Inability to Secure Necessary Specialization (10.1%)

The fourth most frequently reported theme is that specialized health treatment is highly sought and exceedingly difficult to find, particularly pediatric care. Ten percent (10.1%) of respondents experienced this theme. There is a dearth of providers qualified to offer specialized care in neurology, gastroenterology, obstetrics and gynecology, rheumatology, and orthopedics. An active duty Army spouse mentioned,

“It still blows my mind that there is only one OB clinic for all of Fort Bragg.”

An active duty Marine Corps spouse echoed this sentiment,

“It’s really difficult to get an appointment, when I needed doctors of rheumatology and dermatology, it would take six weeks to get an appointment.”

Additionally, respondents are seeking alternative medical options including but not limited to naturopathic approaches and acupuncture. An active duty Coast Guard spouse advocated,

“Massage, acupuncture...these should be covered for pain management and additions to physical therapy. Many of our service members are not mission ready because of chronic pain. But there are no appointments for these preventative/non-medication measures.”

5 COVID-19 Pandemic-Related Obstacles (7.8%)

The fifth most frequently reported theme relates to COVID-19 obstacles. Seven percent (7.8%) of respondents indicated experiencing this obstacle. Respondents shared stories of closed facilities, restrictions on care, difficulties with telehealth appointments, and in some instances, a reluctance to seek care due to the risk of infection. An active duty Army spouse said,

“The clinic that I go to had a lot of challenges because of COVID, so sometimes it’s hard to make appointments or certain areas are closed.”

An Army retiree cited the following challenges,

“The availability of my PCM during COVID-19 and the backlog of appointments that were deferred due to the virus lockdowns.”

An active duty Air Force spouse said,

“As COVID dragged on, the refusal to see patients in person made things more difficult as, again, patients were required to seek out urgent care for minor issues that should have been addressable in a primary care setting.”

EXPERIENCES MAINTAINING CONSISTENT MEDICAL CARE

New to the 2021 survey were questions surrounding experiences for maintaining consistent medical care for military and veteran families. The top five themes that surfaced from respondents were general positive experiences, experiences with electronic medical records (EMR) systems, general negative experiences, examples of provider experiences, and methods for ensuring continuity.

TOP THEMES Experiences for Maintaining Consistent Medical Care	Manifest Effects
General Positive Experiences	39.0%
Electronic Medical Records	16.3%
General Negative Experiences	15.3%
Provider Experiences	11.7%
Methods for Ensuring Continuity	10.2%

1 General Positive Experiences (39.0%)

Nearly 40% of military and veteran family respondents shared general stories of positive experiences maintaining consistent medical care for their families. Most often brief assurances of their positive experiences, few respondents felt the need to broadly elaborate. Those who did elaborate most often spoke about the improvements they have noticed over time. An active duty Army service member recalled,

"In the past 3+ years we have had a good experience with consistent doctors and care. In previous duty stations that has not always been the case. For example, when I was pregnant, I would see a multitude of doctors versus one doctor, which made the complicated pregnancy even more stressful."

Such improvements seem to show themselves most often when a family has been in one place for an extended period but may very well be lost in the event of a PCS. An active duty Air Force spouse explained,

"The results are mostly positive if you have been at a location for a while and aren't new. It has been difficult ensuring my dependent get connected to the care they were previously receiving prior to my recent PCS."

2 Electronic Medical Records (16.3%)

Respondents had positive and negative experiences to share regarding their recent experiences with electronic records management systems (EMRs). Respondents found that EMRs helped them to achieve care consistency by facilitating contact with providers and making medical records easily accessible. The spouse of an Army veteran shared,

"I like using the electronic portal. I think it's very helpful and often times faster than waiting for someone to answer a phone call."

An active duty Navy service member elaborated,

"Having access to my electronic records is great. I wish this had been the system in place all along."

Unfortunately for some, the hurdles of rolling out and adopting new technologies made for negative experiences with EMRs. Respondents noted that EMRs were generally slow to update, have incomplete medical records, and were generally difficult to navigate. An Air Force retiree explained,

"...difficulty with the computer system online and trying to stay up to date on what was sent to [them]. Not very helpful for getting real-time answers, there's always a gap of a few days."

3 General Negative Experiences (15.3%)

Despite most participants who noted positive experiences getting continuous medical care for their family, there were a number of people who shared negative experiences. They found the challenges of maintaining medical care frustrating and often turned to support services for help. An active duty Army spouse shared,

"I have had limited success and have had to utilize the patient advocate many times."

For many, these experiences push them out of MTFs altogether, and they prefer civilian medical care. An active duty Air Force spouse simply said that her experiences getting continuous care was,

"Absolutely fine as long as we stay away from military providers."

4 Provider Experiences (11.7%)

Stories shared about provider experiences help to shed light on the themes outlined above. Respondents noted positive experiences with medical providers once relationships had been established, once online communication facilitated additional interactions, and if the provider was convenient to access. Generally, they noted that their providers were kind and professional. The response from an active duty Navy spouse summarized this experience,

"We have good access to general care, the staff and providers are always kind and professional."

Unfortunately, negative experiences were common for those respondents who struggled to find, connect with, and receive follow up from their medical providers. This theme was particularly evident for respondents who sought specialized medical care. An active duty Air Force service member provided context by stating,

"MTFs have become increasingly difficult to get appoints in over my 30+ year career, particularly when it comes to referrals and specialist care."

5 Methods for Ensuring Continuity (10.2%)

Finally, respondents cited specific methods for ensuring continuity of care. They mention everything from proactively prioritizing general health, to monitoring blood pressure and scheduling follow up appointments before leaving the provider's office. A Navy veteran simply stated, *"Making positive life choices is important"* in maintaining medical care for their family. Many of the approaches, including carrying paper medical records, were developed over time and after gaining experience in military life.

An active duty Air Force spouse stated,

"It is always a struggle to get established at a new base. As a seasoned military family, we carry all our records – in print – from place to place. We have to badger the referral office and new off base doctors to communicate with each other to get anything done."

TELEHEALTH

Telehealth is a critically important option in the health care space. Telehealth was defined as medical care provided through technology like videoconferencing or mobile health monitoring. In the 2021 survey, respondents provided information about their telehealth use, experiences, perceptions, obstacles, purpose for use, and copays. These questions helped develop a clear understanding of respondents' telehealth experiences.

QUANTITATIVE FINDINGS

Telehealth's importance, relevance, and impact were certainly experienced during the COVID-19 pandemic. This was evident in the substantial increase in use among respondents. In the 2019 survey, only 11.3% of the total respondent population reported having used telehealth services. In the 2021 survey, 62.6% of the total respondent population indicated that they or a member of their immediate family had used telehealth services for general health care services, therapeutic services, and mental health services. The table below represents a breakdown of the 2021 respondents by category of telehealth services.

Family Member	General Health Care Services	Therapeutic Services	Mental Health Services
Myself	68.6%	30.2%	37.0%
My Children	36.9%	21.1%	15.9%
My Spouse/Partner	25.0%	10.5%	12.2%

Of the 37.4% of respondents who had not used telehealth previously, 30.6% indicated they were likely or very likely to use telehealth in the future, 31.7% were unlikely or very unlikely to use telehealth in the future, the remaining 37.7% were neutral in their response.

Due to the COVID-19 pandemic, copays for telehealth services were waived for all TRICARE beneficiaries. In the 2021 survey, MFAN asked all respondents, regardless of their previous experience with telehealth, if they were likely to use telehealth services if the copays were reinstated. Nearly half (48.1%) of military and veteran family respondents indicated that they were unlikely or very unlikely to use telehealth resources if copays were reinstated. An additional 23.8% indicated that they were neither likely nor unlikely to utilize telehealth services if copays were reinstated.

An active duty Army spouse said,

"The negative issue has been with billing. I've been charged for copays despite the fact that telehealth

services are supported. I've had to call Tricare several times to get the matter resolved."

Another spouse of an active duty service member added,

"If there are insurance approved telehealth programs, it should be repeatedly stated to the public on how to access or receive copay coverage or reimbursement. For me, I have not seen anything."

QUALITATIVE FINDINGS

Qualitative responses further illuminated military and veteran family respondents' perceptions of telehealth services. Overall, 37.3% of respondents perceived telehealth as positive, generally, and 16.0% of respondents reported negative perceptions, generally. Regardless of perception (positive or negative), 29.4% of respondents identified aspects of telehealth beneficial, 15.0% reported that telehealth was a viable option under certain conditions, and 12.1% reported concern about some aspects of telehealth.

TOP THEMES Perceptions of Telehealth	Manifest Effect Sizes
Perceive Telehealth as Positive, Generally	37.3%
Beneficial Aspects of Telehealth	29.4%
Perceive Telehealth as Negative, Generally	16.0%
Telehealth Viable Under Certain Conditions	15.0%
Concerned About Some Aspects of Telehealth	12.1%

1 Perceive Telehealth as Positive, Generally (37.3%)

The most common theme included positive comments from the respondents, generally, and specifically denoted the consistency, reliability, and efficacy of care received via telehealth. A Coast Guard veteran said,

"I feel no less cared for using telehealth. If anything, I feel it has made consistent health care more accessible for people like myself who live long distances from my care facility."

2 Beneficial Aspects of Telehealth (29.4%)

The second theme highlighted the aspects of telehealth that respondents found beneficial. Along with increased safety during the COVID-19 pandemic, respondents felt that telehealth is easy to use, convenient, a more efficient use of time, provided the ability to save on travel and gas money, and assisted with child care issues. Respondents with severe illnesses, impaired mobility, and mental health conditions shared experiences of how the elimination of travel has been particularly helpful. Respondents also reported that telehealth appointments are more readily available than in-person appointments, which in certain circumstances, allows them to be seen by providers on a more frequent and/or more regular basis. This in turn, allows respondents to monitor conditions and treatments more closely for higher quality care.

Respondents also reported that telehealth enables them to obtain medications, referrals, and paperwork more efficiently.

3 Perceive Telehealth as Negative, Generally (16.0%)

A third theme included generally negative comments by the respondents, and specifically denoted the awkward, inefficient, and impersonal nature of telehealth sessions. An Army veteran said,

"I have trouble focusing on and hearing what is said. I do not feel heard via telehealth."

4 Telehealth Viable Under Certain Conditions (15.0%)

This theme presents telehealth as a viable option, but only under certain conditions. Of the respondents who set parameters for its utilization, most reported accessing telehealth only as a safety measure during the pandemic or more generally, when a hands-on examination is not required. Additional limits include using telehealth only in non-urgent situations, while other respondents restrict usage to urgent situations. Some respondents reserve telehealth for mental health concerns, while others limit its use to physical health. Additional parameters include only for adults, only for children, only for certain members of a family unit, only for existing medical issues, only for new medical issues, only from civilian providers, only from military providers, only from established providers, and only from new providers. Interestingly, some parameters are more personal in nature and relate to advocacy. These parameters include the use of telehealth only when the respondent is feeling confident, can be present in the moment, knows what they need, and is willing to be honest with a provider.

5 Concerned About Some Aspects of Telehealth (12.1%)

The final theme included concerns respondents have about some aspects of telehealth. Respondents said that they were concerned about privacy/security, cost/coverage, technical issues, quality of care, communication or hearing issues, or that they were skeptical of telehealth overall.

In another open-ended question, respondents shared the obstacles they faced in utilizing telehealth for their healthcare needs. Slightly less than five percent of the respondents to this question were unaware of the ability to use telehealth or unfamiliar with the option. For the respondents who were aware of telehealth, their responses revolved around the shortcomings of telehealth, technological hurdles, and generalized hurdles to accessing telehealth. Finally, a small number of respondents expressed their preference for in-person healthcare over virtual options provided by telehealth.

TOP THEMES Obstacles for Using Telehealth	Manifest Effect
Shortcomings of Telehealth	45.6%
Technological Hurdles	26.8%
Hurdles of Using Telehealth	16.8%
Not Using Telehealth/ Unaware of Option	4.7%
Prefer In-Person Healthcare	2.0%

1 Shortcomings of Telehealth (45.6%)

When discussing the obstacles for using telehealth, respondents most often cited the shortcomings of their previous telehealth experiences. These shortcomings often focused on the difficulty of conducting physical exams in a virtual environment and communication struggles with their provider. An active duty service member in the Army responded,

“Communication is more difficult when trying to describe a condition which is visible versus an in-person appointment.”

An active duty Marine Corps spouse expressed a similar sentiment saying,

“I don’t feel like they can see physical issues as well and just have to go with your description the best they can to make a judgement call.”

2 Technological Hurdles (26.8%)

Respondents cited specific technological hurdles as an obstacle to utilizing telehealth. Specifically, respondents struggled with connectivity and internet issues, generalized technology struggles, and struggles with the software. These technological hurdles negatively impact the interpersonal connection and coordination with healthcare personnel. An active duty Marine Corps spouse recalled,

“Connectivity. A lot of calls and videos freeze, drop, lag, skip...it’s very frustrating. Also, some have not been user friendly, and it’s been hard just to connect and coordinate with the nurse or doctor.”

3 Hurdles of Using Telehealth (16.8%)

Additionally, respondents mentioned hurdles to using telehealth that arose before their appointments even began. For some, it was as simple as telehealth not being currently available in their area. For others, scheduling has proven to be a two-sided hurdle. A spouse of an Air Force retiree shared,

“Right now, my work schedule would be an obstacle. I can’t just drop things in the middle of the day to do a video chat with a doctor.”

An active duty Navy spouse simply explained that her hurdle was *“providers not having availability.”* Hurdles like scheduling and generalized lack of availability prevent military and veteran family respondents from utilizing telehealth.

4 Prefer In-Person Healthcare (2.0%)

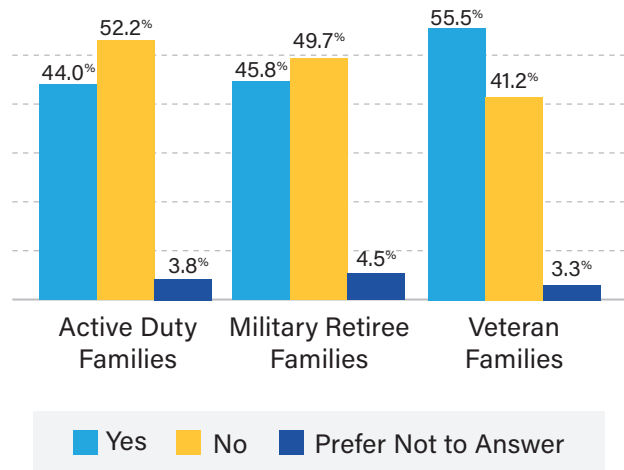
Some respondents to this question simply preferred in-person healthcare. This preference was their biggest obstacle to using the telehealth options available to them. An active duty service member in the Navy summarized,

“I believe that a face-to-face appointment with a healthcare professional is best.”

MENTAL HEALTH

Mental health issues and the demand for mental health care providers continue to rise in the United States of America. Given the importance of this topic, the 2021 survey asked military and veteran family respondents if they had accessed mental health care for themselves or an immediate family member in the past two years. Half of the total respondent population (50.0%) indicated that they had not, 46.2% of all respondents indicated that they had, and 3.8% of all respondents preferred not to answer. The chart below captures access for active duty, military retiree, and veteran families. Veteran families were the most likely to have accessed mental health care services in the past two years as well as the only group who would have done so more often than not.

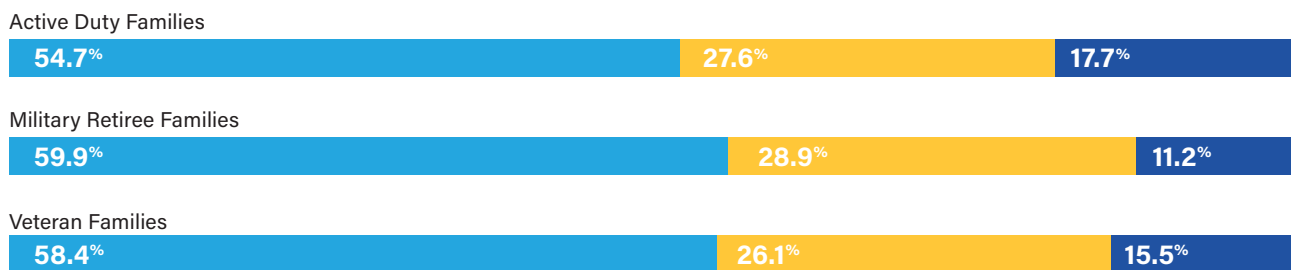
Mental Health Care Access



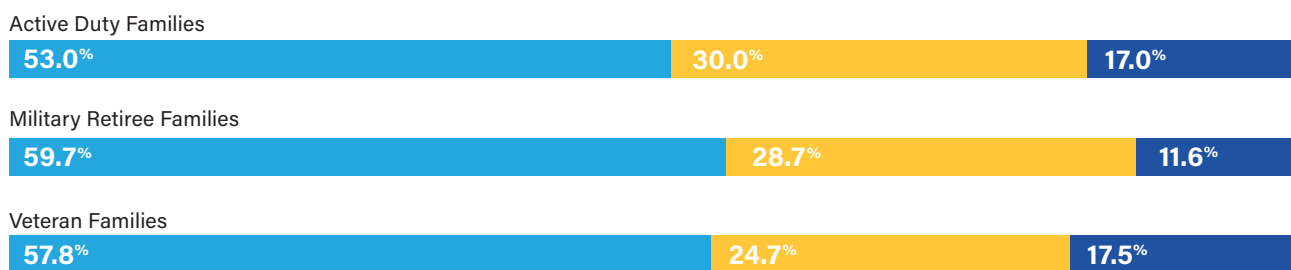
QUANTITATIVE FINDINGS

Mental health care satisfaction ratings were compared across the three demographic groups: active duty families, military retiree families, and veteran families. The overall ratings of satisfaction hovered roughly around the 57% mark for all respondent groups, while the overall ratings of dissatisfaction hovered around the 15% mark for all respondent groups. The overall rating of dissatisfaction dropped 5% since the 2019 survey. The demographic groups were least satisfied with their ability to access mental health care appointments, which was also the most common complaint about mental health care in both the 2019 and 2017 support programming surveys.

Satisfaction with Mental Health Care Received



Satisfaction with Quality of Mental Health Care Providers



Very Positive/Positive Neutral Very Negative/Negative

Satisfaction with Access to Mental Health Appointments

Active Duty Families



Military Retiree Families



Veteran Families



■ Very Positive/Positive
 ■ Neutral
 ■ Very Negative/Negative

QUALITATIVE FINDINGS

New to the survey this year was an open-ended question that explored the experiences respondents had accessing mental health services. Slightly more than half of respondents reported positive experiences accessing care which they attribute primarily to the absence of obstacles. Securing care was easy and straightforward, generally. As told by an active duty Navy service member,

“Mental health care at Fleet and Family Services has been super accessible and helpful.”

Those who reported negative experiences encountered obstacles which made the process difficult, opaque, and frustrating. An active duty Army spouse said,

“It took several tries to access care for my daughter. She struggled with our move four years ago and started therapy with a good therapist. Then, Tricare consolidated their regions and dropped the therapist. Getting reapproved in the new region was such a hassle for the therapist that, after several months of trying, she gave up and was no longer able to accept Tricare. It was very hard to find another therapist, but we finally did about six months ago. I have been unable to find mental health treatment for myself.”

Consistent with the 2019 survey findings, the top obstacle to mental health care was the lack of available mental health care providers and the lack of available appointments. The additional top obstacles to mental health care that surfaced from the respondents were the general poor quality of care, negative experiences with TRICARE, stigma and career implications, and the lack of specialized care.

TOP THEMES Obstacles to Mental Health Care	Manifest Effect
Lack of Available Providers and Appointments	52.1%
Poor Quality, Generally	25.7%
TRICARE Negative, Generally	9.6%
Stigma and Career Implications	7.4%
Lack of Specialized Care	6.7%

1 Lack of Available Providers and Appointments (52.1%)

The lack of available providers in this category includes emergency care not accessed due to an insufficient number of available hospital beds. An Air Force veteran said,

"My son is suicidal, and I am unable to get any help or appointments for him. No one has any openings."

A Navy veteran adds,

"There are a lack of openings in facilities even when the care requested happened after a suicidal attempt."

This category also includes geographic distance to available care, long waits to get an appointment, gaps of no care, including medication, that is experienced by established clients due to scarcity of consistent appointments. An active duty Army service member said,

"There are long gaps in between appointments (3-5 weeks). The Embedded Behavioral Health clinic at Fort Polk has too many patients per provider. Time between appointments can be up to 6 weeks."

An active duty Navy spouse adds,

"My son was on a waiting list for most of the last 2 years."

2 Poor Quality, Generally (25.7%)

As it relates specifically to access, poor quality is most often described by respondents as a disregard and lack of compassion demonstrated by providers when services are requested. A Navy veteran said,

"Trouble scheduling, provider just not keeping appointments, long wait times, ignored when begging for help, not refilling meds, making me feel less and less like I matter."

An active duty Marine Corps service member added,

"Scheduling is a pain at the MTF, they have canceled appointments without notification, and the providers don't seem to care."

Respondents in this category also said that phone calls and other inquiries for care are not returned despite multiple attempts, often over months. Stories of poor-quality providers include professionals who are rude,

incompetent, and inattentive, as well as instances of unethical behavior such as violation of confidentiality, racial and gender discrimination, and in far less frequent instances, verbal abuse. This category also includes instances of respondents remaining with poor quality care due to a lack of alternative care.

3 TRICARE Negative, Generally (9.6%)

Respondents in this category said that insurance company's red tape and low reimbursement rates result in large numbers of providers leaving the TRICARE system which, in turn, creates a 'near impossibility' of locating TRICARE providers with availability. The spouse of a Coast Guard retiree said,

"There are almost no providers, both psychiatrists and other professionals, that will accept Tricare for payment because they say the payment amount is too low."

Respondents also said that the TRICARE website is confusing, difficult to navigate and often out-of-date. An active duty Marine Corps spouse said,

"I asked my primary care physician for a psychologist referral and denied due to complex Tricare regulations. I was forced to search Tricare West provider list which is outdated and not user-friendly."

4 Stigma and Career Implications (7.4%)

At its broadest, this obstacle is described as a general reluctance and anxiety associated with securing care. Respondents said that stigma within and beyond the military remains a barrier to access. Within the military, concerns were that either the active duty service members and/or the spouse's access to mental health care would have negative implications on the service member's career. An active duty Army spouse said,

"Service members are scared of seeking help because of the potential of getting discharged over mental health problems."

An active duty Air Force spouse added,

"We only access these services in secret, and pay out of pocket, to protect the service member's career."

5 Lack of Specialized Care (6.7%)

Specialized mental health treatment is highly sought and exceedingly difficult to find, particularly pediatric care, psychiatry, and medication management. Respondents said that an insufficient number of providers are qualified to treat PTSD, sexual trauma, ADHD, Autism, family therapy, depression, anxiety, grief, alcohol, and substance abuse. An active duty Army spouse said,

“VERY difficult to find providers that are in-network and trained in the specific type of therapy recommended by my daughter’s MTF psychiatrist. It is very difficult to have to pay out of pocket for multiple sessions per week. Waitlists for pediatric mental health care specialists [are] ridiculous, some being 3-6 months. This is unacceptable when your child is in mental turmoil, and it leaves your only option to seek acute care repeatedly while waiting for a long-term provider to have an opening.”

Respondents also describe unsuccessful attempts to locate providers with either military and/or combat experience, or at the very least, experience treating members of the military. In their view, civilian providers often lack sufficient understanding and skill to meet care needs of military families.

These five top themes share an overarching theme of a mental health care system that is overburdened and unable to keep up with demand. For nearly every respondent who disclosed that, as a direct result of obstacles encountered, they have given up looking for care, an equal number reported refusing to begin looking for care, due to their awareness of barriers. In addition to care needed but never accessed, respondents said that impacts to families include premature termination of care, disruption of established care, condition(s) worsening, medications unfilled, suicidal/homicidal ideation, and in some instances, deaths that respondents think could have been prevented had timely quality mental health care been available.

MENTAL HEALTH CARE CRISES

This section, introduced in 2019, provides insight into families’ experiences when their needs for mental health support are immediate and more dire.

Most respondents (85.6%) said they had not accessed mental health crisis resources. Those who had sought crisis resources (10.5%) relayed primarily negative experiences. Almost four percent (3.9%) of respondents preferred not to answer.

Poor quality and lack of availability created hardships that respondents said made emergency situations considerably harder. Specifically, providers failed to listen, care needs were disregarded, and respondents were passed from one provider to another with little or no explanation. An active duty Navy spouse said,

“Difficult, and no one knew the correct procedure, so we were spinning in circles for a full 24 hours trying to get help for my son who was suicidal.”

Additionally, available appointments and/or beds were nearly impossible to find. A few respondents reported going without emergency care due to lack of available providers. A few respondents did report that they were able to access high quality care for mental health crises in a timely manner. Those who had positive experiences said they were able to access supportive providers and that the help was beneficial.

An open question asked respondents to consider their experiences accessing mental health crisis resources and to identify what resources, if any, were missing. The most frequent response to this inquiry was ‘Everything; all resources are missing.’ An active duty Navy spouse said,

“ALL OF THEM! We searched for over 13 months for Tricare covered services before having to opt into another insurance carrier in order to get help. The DoD should be ashamed of themselves.”

A spouse of a military retiree added,

“Where do I begin?”

A nearly equal number reported that quality care from compassionate providers is missing. Respondents seek skilled, empathic professionals who listen carefully to members of the family, as well as to care recipients. A third resource that is missing is timely care for critical situations which respondents think is due to the shortage of providers. It is their view that increasing the number of mental health facilities and professionals is paramount.

Of equal importance is increasing providers' flexibility to accommodate emergencies. Too often, respondents encounter rigid policies which take precedence over the lives at stake leaving them no choice but to attempt admittance via emergency rooms. While respondents recognize the value of hospitalization, they call for more options, as well as care that is less institutional and less like jail. Multiple ideas were shared and include rapid response teams at inpatient and outpatient facilities, specialized emergency care for pediatrics and adolescents, more awareness of the crisis lines dedicated to veterans, and 24/7 telehealth to incapacitated individuals such as those experiencing severe depression. Respondents seek clear information and guidance that will enable them to navigate the mental health system during emergencies. Specifically, they want to know whom to contact, how to get referrals when required, and how to obtain care when minutes matter. Proper discharge planning and follow up care are essential components of the guidance sought.

SUICIDAL IDEATION

Evaluating suicidal ideation among the demographic population remains important due to the increased attention on veteran and service member suicide, and the limited information available regarding spouse and family incidences. When asked if participants had thoughts of suicide in the past two years, 82.4% said they had not, 10.1% said they had thoughts about suicide, and 7.5% said they preferred not to answer. There were slight statistical significances showing that three populations would be more likely to answer affirmatively: spouses of active duty members, followed by veterans, and military retirees. However, this should not be generalized to full populations. This is an insight among the respondents to this research. Further study among these populations is encouraged.

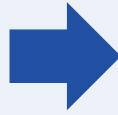
Family Relationships

MFAN's Military Family Support Programming survey sought to understand family relationships as a component of military and veteran family well-being. Findings about the impact of military life are tied back to the family well-being scale and the UCLA Loneliness Scale.

In 2021, more than half of military and veteran respondents reported feeling lonely

54.0%

of military and veteran family respondents reported feeling lonely



Respondents who do not report loneliness are significantly more likely to have excellent family health and are less likely to have poor family health. Respondents who report loneliness are significantly more likely to report overall moderate family well-being.

Marriage in the military comes with challenges. Despite hardships, military and veteran families are resilient

Some respondents felt that their marriages had grown stronger as a result of the challenges of marriage in the military, while others held resentment towards the military for the negative impact it had on their lives and the careers of military spouses. Effects of military on marriage:

1

Negative impacts of military work and culture (i.e. absence of service member)

2

Negative relationships between spouses (i.e. couples on the brink of divorce)

3

Positive benefits (i.e. sense of purpose, learned lessons, strength in partnership)

4

Negative mental health effects (i.e. generalized stress, anxiety, depression, PTSD)

5

Negative employment/finance effects (i.e. spousal unemployment, delayed careers)

Respondents discuss the impact of the military on family relationships throughout the phases of military life

Impact through stages of military life

Military lifestyle necessitates frequent moves, putting physical distance between families, which ultimately impacts the relationships they hold with extended family.

15.6%

Reported struggling with the military lifestyle (frequent moves)

"With constantly PCSing, it is difficult to establish a long-lasting relationship. Especially the kids. Moving, changing schools in the middle of the semester, leaving friends, etc. It's super hard for them."



Spouse of an active duty Army member

34.4%

Reported struggling with the distance from family

"[Military life] has created a lot of strain. Extended family members don't understand the stress level we are under and haven't been understanding when the service member missed important holidays or wanted to spend what little time they had in port with their kids and wife rather than them."



Spouse of an active duty Navy member

23.3%

Reported having strained relationships with extended family

Caregivers are more likely to report loneliness and moderate or poor family health than non-caregivers

11.0% of respondents provided care for a service member or veteran



70.5% (of the 11.0%) of caregivers provided care to their spouse



Caregivers were significantly more likely to report loneliness on the UCLA Loneliness Scale and more likely to report moderate or poor family health than non-caregiving respondents.

Caregiver supports

Many respondents did not use support systems and said they were unaware of available support. Caregivers that did use support mentioned military-connected support and nonprofit support.

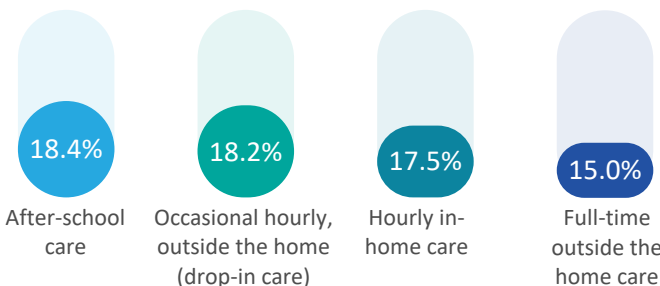


Missing caregiver supports fall into three groups:

- Care for all caregivers
- Physical and mental health support
- Desired care and programs

Almost half (48.8%) of respondents with children under 18 at home needed child care in the past two years

Type of child care needed



78.3% of respondents reported finding child care as very difficult or difficult in the past two years.

Respondents with children wish they had these supports:

- Accessible and affordable childcare
- Additional financial support
- Built-in support systems and improved amenities
- Easier access to consistent information/resources

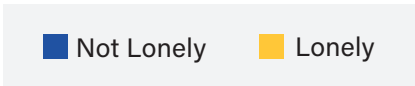
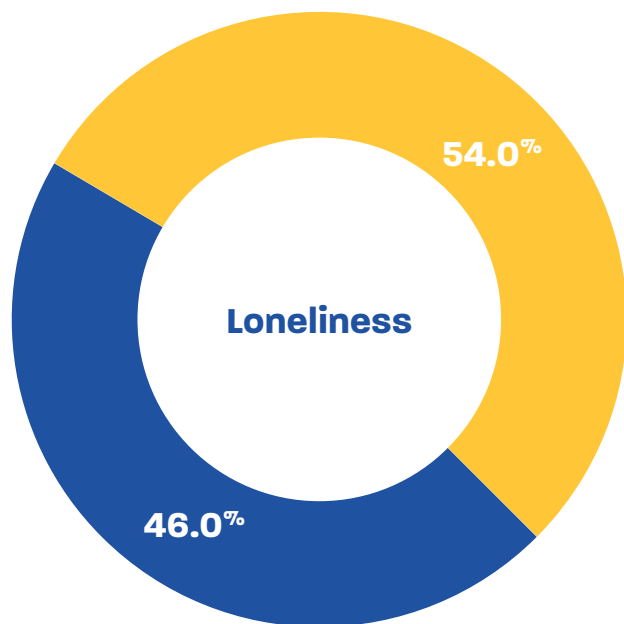
FAMILY RELATIONSHIPS

Family relationships have been at the heart of every support programming survey that MFAN has fielded, and this year is no different. Although past iterations of the survey have sought to understand the impact of military life on marriage and family relationships, children, and relationship dynamics, the 2021 survey sought to understand family relationships as a component of military and veteran family well-being. This year, findings about the impact of military life on marriage and family, children, caregivers, and wounded warriors will be consistently tied back to the family well-being scale and the UCLA Loneliness Scale.

MILITARY AND VETERAN FAMILY LONELINESS

In 2021, as in 2019, the Military Family Support Programming Survey leveraged the UCLA Loneliness Scale. This nine-point scale indicates loneliness if respondents score six or higher. Analyzing the UCLA Loneliness Scale provides additional insight into family relationships and family well-being.

In 2021, 54.0% of military and veteran family respondents reported feeling lonely.



POINT TO PONDER

Since 2019, twice as many respondents (11.9%) said they did not feel comfortable reporting intimate partner violence (IPV). In 2019, respondents were most inclined to turn to military support, yet in 2021, the inclination to turn to civilian support was double that of military support. This begs the question, why? Looking ahead, MFAN will work to understand more about the demographics of each respondent and if there are shifts in response to IPV based on rank, branch, or race/ethnicity.

When analyzed against the backbone of the 2021 support programming survey, the data show a strong statistical relationship between loneliness and family well-being. Respondents who do not report loneliness are significantly more likely to have excellent family health and less likely to have poor family health. Respondents who report loneliness are significantly more likely to report overall moderate family health. Given this close relationship and the predominance of loneliness amongst the 2021 support programming respondents, both scales will be used to provide the additional context around the qualitative findings for the impact of military life on marriage and relationships and child care and caregiving dynamics.

MARRIAGE IN THE MILITARY

When the support programming survey was fielded in 2021, nearly 90% of military and veteran family respondents reported being currently (81.7%) or previously married (9.2%). Additionally, nearly 70% of respondents had children or stepchildren under the age of 18 living in their home (68.8%). With such a large proportion of respondents rooted in family life, it only makes sense to learn more about their relationship dynamics.

First, respondents were asked to describe the effect of military life on their marriage in an open-ended question. Some respondents felt that the military did not influence

their marriage, particularly those who felt prepared for military life. Whether the military spouse had also served in the military, or they had family who had served, this subset of respondents entered military life feeling prepared for the hurdles their marriages and family relationships would need to overcome.

Others told stories of struggles associated with military life including deployments, training, and general absence, the impact of these struggles on their marriages, and varying outcomes. Some respondents felt that their marriages had grown stronger as a result of these trials and tribulations, while others held resentment towards the military for the negative impact it had on their lives and the careers of military spouses.

TOP THEMES Effect on Marriages	Manifest Effect Size
Negative Impacts of Military Work and Culture	40.0%
Relationships Between Spouses	27.6%
Benefits	18.1%
Mental Health Effects	16.4%
Employment and Finances	6.4%

1 The Negative Impacts of Military Work and Culture (40.0%)

By far the most common theme respondents mentioned when discussing the impact of the military on their marriage was the negative impact of military work and culture. Most often, respondents referred to frequent deployments and general absence of the service member. An active duty service in the Air Force shared,

“The separation during deployments, TDY’s, etc. was the most difficult part.”

Often, the difficulties of deployment and “separation” compounded other, pre-existing difficulties. For example, one active duty Coast Guard spouse explained,

“Deployments are hard when you have a medically fragile child. Sometimes I feel like the military doesn’t care. But we get through it.”

An active duty Army spouse explained the impact of military work culture on her marriage,

“We spend time apart and I carry more of the household duties and childcare than I would if my husband was home more. I also work full time outside the home, but I take on more of the home care role. This can cause tension as my husband leaves and returns and I have to adjust from being very independent to incorporating him into our day to day life again.”

This quote speaks both to the difficulties of military work culture and the inherent impact on spousal relationships, the second most common theme.

2 Relationships Between Spouses (27.6%)

As respondents reflected on the impact that military life has had on their marriage, they often cited the outcomes military life has on the relationship between spouses. Essentially, respondents noted a generalized strain on their relationships. An active duty Navy spouse explained,

“My husband is gone all the time requiring me to leave my job and raise the children alone. It has put a lot of strain on our marriage.”

An active duty Army spouse mentioned the same sentiment,

“The military has caused strain on our marriage and my husband’s mental health.”

Unfortunately, this strain occasionally brings couples to the brink of divorce. An active duty Army spouse recalled,

“It led us directly to divorce attorneys. The lack of leadership organization, lack of communication within units about decisions that direct affect military families, and significant decrease in morale and financial resources nearly ended our marriage. There is still a ton of resentment and I feel the military is not for service members with families as we were treated horribly by personnel and medical physicians associated with the military.”

The respondents paint a picture of marriage that is often strained due to the complexities of military life and general lack of support for families in leadership command and culture.

3 Benefits (18.1%)

Despite the generalized hardship of military work life culture and the undue strain it places on marriages, respondents still mentioned benefits to being married in military life. Often times these benefits were rooted in personal changes in the service member. One Air Force spouse said,

"My husband gained a sense of purpose and structure that improved our marriage."

An activated Reserve or National Guard member said the military gave them *"a lot of learning and positive experience"* but went on to say that there was also *"compounding stress of separation and unique service requirements."*

Understanding this balance of positive impacts and hurdles to overcome is key to understanding the benefits of marriage in military life. One active duty Air Force spouse encapsulated this response by explaining the roles she and her husband have taken,

"[We] both accept the role the military plays in helping us stay fed and housed, and therefore understand the struggles of being away from each other a few nights isn't that big of a tragedy. We try not to let what happens at work impact us in our personal relationship."

However military and veteran families deal with the hardships military life throws at them, one common benefit stood out; the strength of military marriages. An active duty service member in the Air Force stated,

"I feel like it has strengthened our marriage. It's taught us that we want to be together rather than need to. We enjoy the time we have together and are grateful for it."

4 Mental Health Effects (16.4%)

The fourth most common theme cited by military and veteran family respondents was the mental health effects of marriage in the military. By far the most common impact on mental health was generalized stress. An active duty Army spouse said,

"It has made it difficult. It adds stress to the marriage."

This stress directly impacts marriages. An active duty service member in the Navy explained,

"[It is] difficult to maintain affection due to work stress."

The response from one active duty Air Force spouse shed light on the way stress complicates their marriage,

"The struggles we face are so different than civilian life. My friends spend a week apart from their spouse and when I'm not with mine, I'm nervous for his life. We have been apart more than the average marriage. I also have a lot more stress on my shoulder, that I can't converse with my husband about because I don't want him to be distracted by my stress."

Although stress was the most common mental health struggle, respondents cited everything from anxiety and depression to PTSD that impacts their relationships.

An Army veteran explained,

"PTSD created insecurities and other issues that held to the end of the marriage."

Unfortunately, respondents noted the general lack of support for the impact of PTSD. An active duty Navy spouse shared,

"It's been a struggle for both of us mentally as well as physically. Military lacks help and resources for those who need mental health. Sailors get no help when diagnosed with PTSD. Family is left on their own to figure it out."

5 Employment and Finances (6.4%)

Finally, military and veteran family respondents noted the financial implications of the military on their marriage due to spousal unemployment. An active duty Marine Corps spouse described the influence of military life on her career, and echoed the sentiments heard time and time again in the data, explaining,

"As a military spouse, I have put my career on hold so we could stay together as a family and am now working towards a degree so I can start my career when my husband retires."

Military spouses are putting their careers on hold so that their service member can pursue their own careers. This not only leads to tension in their marriages but also negative financial impacts. The spouse of an Air Force Reserve member explained,

"My career comes second to my spouse's and can be a source of tension."

An active duty Coast Guard spouse added,

"It has caused stresses due to constant moves and financial stresses due to being unable to work/being unemployed due to lack of childcare resources."

MARRIAGE AND FAMILY WELL-BEING

Studying these themes provides a peek behind the curtain of military and veteran marriages to understand the hardships and the growth that defines them. Viewing them in light of the family well-being provides even more context. Cross-tabulating ratings of family well-being with the main themes noted above reveals a surprising conclusion. Respondents who cited the negative impacts of military work and culture, despite contributing to a theme fraught with hardships, were highly likely to display either excellent or moderate family health. This surprising finding may speak to the resilience of military and veteran families. Despite facing hardships in their marriage caused by the realities of military life, these families still cite moderate and excellent family health.

FAMILY RELATIONSHIPS IN THE MILITARY

After discussing the impact that military life had on their marriage, respondents described the impact of military life yet again shifting the focus from marriage to their family relationships. Military and veteran family respondents discuss the impact of the military on family relationships throughout the phases of military life. First, their military lifestyle necessitates frequent moves, this puts physical distance between themselves and their families, which ultimately impacts the relationships they hold with extended family members.

TOP THEMES Effect on Family Relationships	Manifest Effect Size
Military Lifestyle	15.6%
Distance from Family	34.4%
Relationships with Family	23.3%

1 Military Lifestyle (15.6%)

When discussing the impact of military life on their family relationships, responses lay on a foundation set by frequent moves and changes, and the difficulties this reality brings. An active duty Army spouse explained,

"With constantly PCSing, it is difficult to establish a long lasting relationship. Especially the kids. Moving, changing schools in the middle of the semester, leaving friends, etc. It's super hard for them."

Not only is it difficult on immediate family members, but it is also hard on extended family. A Marine Corps retiree explained,

"[It's] tough for family members to understand the constant moving and being away."

2 Distance from Family (34.4%)

Unfortunately, all military and veteran families face the reality of having "moved far away from family." According to an active duty Navy spouse,

"We rarely get to see them."

Respondents' family relationships feel the impact of geographical separation. An active duty Coast Guard spouse noted that their family,

"[We] miss out [on] a lot of family get-togethers and exciting life events because we are so far away."

As a result of the physical distance between themselves and their family members, respondents feel disconnected from important support systems and struggle to maintain family relationships.

An active duty Navy spouse explained,

"Living so far away from my family means that I cannot receive support from them."

An active duty service member in the Navy elaborated,

"[Military life] has caused a bit of stress, caused us to miss important events, and made it difficult to stay connected."

3 Relationships with Family (23.3%)

As a result of this physical, and even emotional, distance from extended family, military and veteran respondents cite impacts on the relationships they have with family members. An active duty Navy spouse explained,

"[Military life] has created a lot of strain. Extended family members don't understand the stress level we are under and haven't been understanding when the service member missed important holidays or wanted to spend what little time they had in port with their kids and wife rather than them."

The effects of this kind of strain spread beyond the service member and spouse, but it impacts the children as well.

An active duty Army spouse responded,

"We see family maybe once a year. Our children don't have real meaningful relationships with our extended families."

FAMILY RELATIONSHIPS AND FAMILY WELL-BEING

Similar to the relationship between family well-being and the effects of military life on marriage, the themes that come to the surface around family relationships in the military are often associated with excellent or moderate family well-being. Respondents who mentioned distance from family and relationships with family as key themes in their responses were likely to have excellent or moderate family health.

Despite the relationship hardships they face with extended family members, these military and veteran family respondents cited strong immediate family relationships.



POINT TO PONDER

When comparing findings from the 2019 and 2021 Military Family Support Programming Surveys, **there is a shift in the LGBTQ+ community in feeling supported.** In 2019, 45% of respondents said they do not feel supported. In 2021, that number dropped to 26%. Looking ahead, MFAN will evaluate key components like loneliness to seek understanding in what may have led to this substantial change.



CAREGIVING SUPPORT

Relationship dynamics in marriage and with extended family are not the only components in which families must contend. Often, military service members require care for injuries, illness, or impairments. More often than not these caregivers are family members, specifically spouses, who sacrifice in order to care for their service members. The realities of caregiving impact family relationships. In 2021, as in previous iterations of the Military Family Support Programming Survey, MFAN asked caregivers about the support that they used most often and the support they wish they had. Additionally, families were asked to describe the impact of caregiving on the children in the home.

Eleven percent (11.0%) of 2021 respondents provided care for a service member or veteran. Nearly a tenth (8.3%) of service members reported that they received care. Service members were also asked if they received care, and 8.3% did. Of the 8.3% of service member respondents who received care, 65.8% of their care was provided by their spouse. Unfortunately, caregiver respondents were significantly more likely to report loneliness on the UCLA Loneliness Scale and more likely to report moderate or poor family health than their non-caregiving counterparts.

In an open-ended question, caregivers were asked what support they valued. Many respondents did not use support systems and often noted that they were unaware that support is available to them. The caregivers that did use support systems mentioned two main forms of support: military-connected support and nonprofit support.

Military-Connected Support

Caregivers rely on the educational resources and support programs available through the Department of Veterans Affairs (VA). An active duty Air Force spouse discussed the care she provides her spouse,

"Veterans Affairs have amazing support so far. The VA's caregiver support has proved helpful."

Caregivers are thankful for the emotional and financial support this program provides. The spouse of an Army veteran stated,

"VA Caregiver Program helps financially so that I can work less and provide better, more consistent care for my husband."

Nonprofit Support

Caregivers also cited a broad array of nonprofit organizations that they lean on for support. From the Elizabeth Dole Foundation to Operation Homefront, these nonprofits provide caregivers with the additional support they require. Although they rarely elaborate on the impact that this support has on their lives, caregivers do note that there are differences in the support provided from one geographic location to the next. A spouse of a Marine Corps veteran mentioned,

"[Nonprofit] caregiver support [at our previous location] was awesome. But we moved to [another location] and it sucks here."

After being asked about their most valued support, caregivers were asked what kind of support they are missing. Respondents felt that "all" support for caregivers was missing. When asked what support was missing in an open-ended question, the spouse of a Navy retiree who provides care for her spouse said,

"Everything. Access is so full of red tape."

The responses that elaborate on the need for caregiver support fall into three main categories: care for caregivers, physical and mental health support, and details about the kind of support they desire.

TOP THEMES	Manifest Effects
Missing Caregiver Support	
Care for All Caregivers	19.4%
Physical and Mental Health Support	13.1%
Desired Care and Programs	23.9%

1 Care for All Caregivers (19.4%)

At large, caregivers are seeking care for themselves regarding emotional support, training, and financial resources. Interestingly, this theme throughout the data speaks not only to the need for support, but the need to support caregivers of all kinds. The spouse of an Air Force retiree explained,

"I think many programs think that full-time caregiver means someone who isn't working full time, which is often not true. I work full-time, but a portion of my day is dedicated to phone calls, emails, and communication with providers, programs, and my spouse, so it takes away from my work. Therefore, I end up working more hours in a day just to make up the time I'm distracted. And then, that time away from home adds up. It's a really tough cycle to be in.

There is also a focus on the military service member, but caregiving involves the whole family. Kids are affected, spouses are affected, and many of these programs just talk to how to support the service member. This is fine and great, but not enough. Self-care is also not just going to get your hair cut or taking a break once a month. I think the focus on self-care should be a daily activity, not just when you start feeling burnt out."

2 Physical and Mental Health Support (13.1%)

Furthermore, caregivers crave physical and mental health support. This support is not necessarily aimed towards the well-being of the caregiver, instead these supports would provide added physical and mental health support for the wounded warrior, which would lessen the burden on the caregiver or better prepare them to provide necessary care. The spouse of an Army retiree explained,

"My husband suffers with his mental health since leaving service. His ability to handle tasks in caring for our home and family is greatly diminished and his ability to normally interact in the world is affected by his anxiety. I get no support in dealing with this."

3 Desired Care and Programs (23.9%)

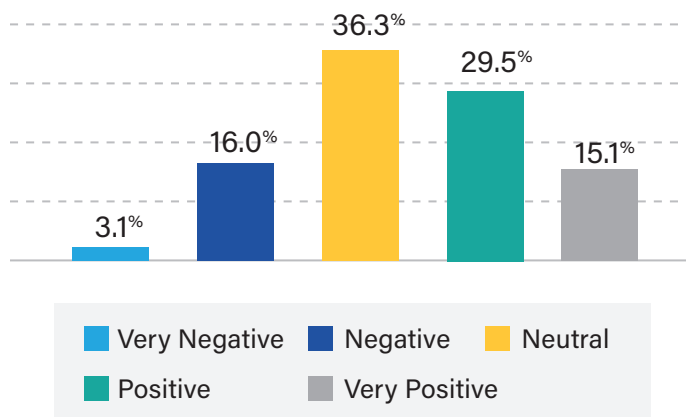
Finally, caregivers specified specific examples of the kind of care or care programs they need. They mentioned

everything from improved support from family and friends to additional information about existing programs and support from caseworkers. Although the specifics vary, one thing is clear: caregivers need programs tailored to their situation, knowledge level, and access. One response from the spouse of an Army retiree captured the essence of the responses saying,

"Actual caregiver support on a standalone basis... without being tied to or based on our veteran status."

Respondents who identify as caregivers or who receive care and had children or stepchildren under the age of 18 living in the home, were asked to describe the impact that caregiving had on the children's lives. This was asked in two parts. First, respondents were asked to rank the influence of caregiving on children's life from very negative to very positive. Nearly half (44.6%) of respondents felt that caregiving had a positive or very positive influence on their children's lives. Only 19.1% felt that the influence was negative or very negative.

Influence of Caregiving on Children



Second, respondents were asked to expand on their quantitative response in an open-ended question. Two main themes emerged in the responses. The larger of the two described the positive impacts that caregiving has on children in the home. Respondents describe the emotional growth and awareness that their children gain from the experience. A divorced spouse affiliated with the Marine Corps described the positive outcomes she had noticed in her children, explaining,

"Caregiving teaches them selfless acts. To take care, always, and respect family and elders. To be able to adhere to responsibilities and obligations."

A smaller, but still prevalent theme in the data describes the negative influences of caregiving on children. An active duty Marine Corps spouse describes,

"It has put a much higher workload on them, especially the first year and a half after his injuries. They, in many ways, grew up much faster than their peers. Definitely more stressed than they were before he was injured. I see some anger issues with them and also with the military for how things happened. It affected their schoolwork, eating habits, and sleep."

In 2019, a similar question asked for parents to describe the influence of caregiving on their children. The key finding from 2021, the overarching positive influence that caregiving has on children's emotional growth and awareness, did not stand out as a cohesive theme. Instead, the positive traits mentioned throughout 2021 were broken apart into themes regarding positive personality traits and general positive outcomes, both of which were smaller themes.

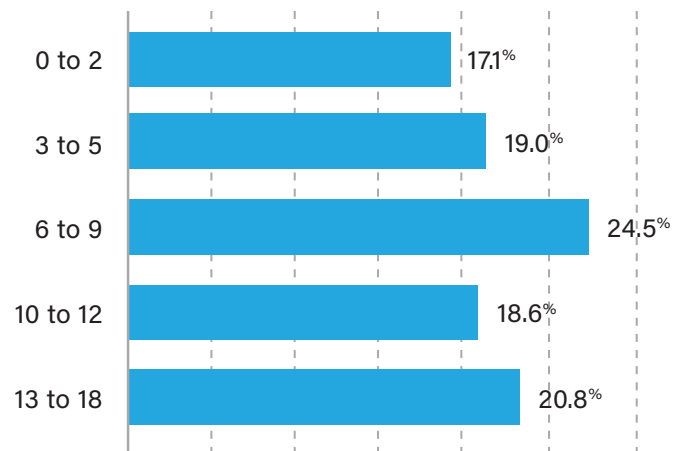
CHILDREN

As seen time and time again throughout the previous section, military life often presents unique challenges. The impacts of this lifestyle are experienced and felt by military children. This section explores the support needs of military families with children.

QUANTITATIVE FINDINGS

In the 2021 survey, 68.8% of the total respondent population reported having children younger than 18 years old living in the home. The chart below illustrates the age breakdown for the children of military and veteran family respondents. The ages of the children are fairly evenly distributed, with elementary school-aged children (six to nine years old) at a slight majority.

Ages of Children of Military and Veteran Families



Of the respondents who had children under the age of 18 in the home, a little less than half (48.8%) currently need or needed child care within the past two years.

When asked about the type of child care needed, 18.4% of respondents sought after-school care, 18.2% of respondents sought occasional hourly, outside the home (drop-in care), 17.5% of respondents sought hourly in-home care, and 15.0% of respondents sought full-time child care outside the home.

Respondents were asked to describe their experiences finding childcare in the past two years and more than three quarters (78.3%) reported finding child care as very difficult or difficult. Only 6.5% of respondents reported finding child care as very easy or easy.

Nearly half of respondents (44.8%) indicated that their children attend public school off-installation. This number is slightly higher than the 2019 finding (42.1%). The next highest group, at 12.1%, were children attending public school on-installation, followed by children who were not currently attending school because they were not yet of school age (10.9%).



Most respondents (67.3%) rated their most recent educational experiences as very positive or positive. This number is lower than the 2019 finding (73.2%). About ten percent (9.9%) felt that their children's recent educational experiences were very negative or negative.

New to the 2021 survey, respondents were asked about bullying and peer-to-peer violence. Over half of respondents (54.3%) said their child had not experienced bullying in the past two years, 32.1% said that their child had experienced bullying in the past two years, and 13.6% did not know or preferred not to answer. When asked about peer-to-peer violence in the past two years, 39.0% of respondents said that their child had not experienced this, 33.7% said that their child had experienced this, and 27.3% did not know or preferred not to answer.

QUALITATIVE EXPERIENCES

To better understand the needs of military and veteran families with children, MFAN posed questions about the support respondents wish they had.

ACCESSIBLE AND AFFORDABLE CHILD CARE

Difficulty accessing child care has been a perennial finding in every MFAN support programming survey. In the 2021 survey, this was far and above the most pressing issue impacting military and veteran families with children. More than three quarters (80.9%) of active duty family respondents reported difficulty finding child care in the past two years. For comparison, this number is slightly higher than the 2019 finding (77.4%), and in 2017, 69.0% of respondents said they had a difficult time accessing child care.

Respondents voiced an array of responses regarding the types of child care they wished to have. The most common request was drop-in child care (occasional hourly child care outside the home). Families indicated that this type of care would be most helpful to attend medical appointments, for date nights to connect with their spouse, for mental health and self-care, for part-time work/school, and in preparation for PCS moves – a nod to the importance of family well-being. An active duty Army spouse said,

"My spouse is currently deployed. I would love to have a 'mom's day out' type of childcare available on a Saturday for even a few hours to just get some things done or have some 'me time.' People preach self-care to spouses, especially mothers, but don't provide the outlet to allow it to happen."

In alignment with respondents' top priority for the child care they seek, 46.5% of actively serving family respondents said they had to forgo a medical appointment due to the lack of child care, according to MFAN's child care matrix which was introduced in the 2021 survey. This number is lower than the 2019 finding (64.1%), with the rise of telehealth services cited as helpful to lessening this burden. An active duty service member in the Army said that they want,

"Accessible child care, especially drop-in/hourly care. It's almost impossible to get child care for my spouse to attend things or take my other child to a medical appointment where other children aren't allowed to attend."

Drop-in care was followed by babysitting/nannying (hourly in-home care), full-time child care, after-school child care, after-hours/alternative schedule care, and respite care.



POINT TO PONDER

Support for specific needs, including respite care, developmental assistance, speech therapy, and autism spectrum disorders continued to be mentioned in the 2021 survey. While the Exceptional Family Member Program (EFMP) and Special Needs Program (SNP) are designed to be mandatory to ensure special needs within military families are considered during the assignments process and services can be provided at potential duty locations, some service members and their families do not enroll even though they are eligible. In this case, nearly 41% chose not to enroll – unchanged from 2019.

In the 2021 survey, respondents said the most common obstacle they faced was finding affordable child care. The request for financial assistance to help secure child care support was frequently mentioned by respondents. However, 84.2% of actively serving respondents said they had not used a child care subsidy offered by the military in the past two years, according to MFAN's child care matrix. This number is higher than the 2019 finding (78.4%). An active duty service member in the Air Force suggested,

"Change to the Childcare Aware. Subsidy rates should be maxed out regardless of rank/income. My childcare cost for my 3-5-year-old is \$3,300 a month. In total, between two kids, I spend \$70,000 a year in child care for both my children. This is the average cost for a reputable non-CDC facility."

An active duty Navy spouse added,

"Some sort of location appropriate stipend to supplement child care expenses due to my career/pay being adversely impacted by my spouse's employment."

Logistics continued to be a challenge in the 2021 survey. Respondents reported extremely long waitlists (on average one to two years), overloaded facilities, and the lack of quality, safe, certified, clean, and trustworthy child care available in the geographic vicinity. An active duty Navy spouse said,

“The Child Care Development Center on base at the last two installations have had very long wait list and feels nearly impossible to get a childcare spot. These installations were also in areas where there were not many other childcare options on the economy.”

Another spouse of an active duty service member added,

“This influenced my decision to not work. I waited four months to two years as a full-time working spouse to get space at a childcare facility for my school aged kids. It’s crazy and disheartening.”

An active duty Navy spouse called for,

“More availability at the local CDC facilities. We currently utilize a civilian provider and am not satisfied with their level of care. Based on previous experiences with the local CDC facilities, I would feel much more at ease with their professional care.”

ADDITIONAL FINANCIAL SUPPORT

Military and veteran families also feel the impact of the rising cost of living, nationally. In addition to subsidies to assist with the ability to afford child care, respondents also discussed funding, generally, that was tied to federal impact aid. Several respondents indicated that they wished active duty military families qualified and were eligible to receive SNAP benefits. Many respondents also asked for food support and/or an additional food allowance for those with dependents. These qualitative responses aligned with military and veteran family food insecurity, which will be discussed later in this report.

When asked about the support they wished they had with regards to children, respondents wished they had stipends for basic necessities such as diapers, baby wipes, and infant formula. Respondents also wished for free or reduced cost preschool. Respondents with school-aged children mentioned that the free or reduced meals during the pandemic were particularly helpful and hoped they would continue.

The spouse of an active duty service member said,

“We homeschool. All of our public school neighbors received pandemic EBT as well as free meals provided at the public school throughout the pandemic. It would have been nice if we were also eligible to pick up meals.”

Another respondent shared that they “chose not to have children while in the military,” citing expense and logistical reasons.

BUILT-IN SUPPORT SYSTEMS AND IMPROVED AMENITIES

In this theme, respondents shared the importance of having strong, built-in support systems to bolster them throughout the challenges of the military lifestyle. Respondents also shared the importance of having improved amenities to enhance their quality of life. Respondents requested support, such as more children-friendly activities, affordable or free events, improved playgrounds, and military command leadership that is more understanding and supportive of family issues and commitments.

Given the impacts of the COVID-19 pandemic, respondents discussed the importance and necessity of child development through social interactions. Respondents expressed concern for their children’s mental health due to the social isolation of the pandemic. Since many programs and initiatives were paused for the last two years, military and veteran families are hopeful that these types of critically important socialization and support programs will return.

Respondents also suggested more organized playgroups, more access to affordable sports, music, and arts programs, and more access to affordable summer camps. Respondents shared how important the continuity of programs and activities between duty locations are to their children’s development, happiness and mental health, and overall well-being.

Across all age groups, respondents requested more organized ways to meet other military families with children, such as peer-groups or school clubs specific to military children or meet-and-greet activities organized by military housing communities.

An active duty Army spouse shared that they wished they had,

“Support groups for kids to be able to attend, ability to share and understand that they are not the only ones that have to move so much.”

Respondents wished they could have their extended family and friends nearby to assist with child care and other basic life frustrations that require support. Due to frequent PCS moves, military families know that this is often not reality. However, many respondents wished for less frequent moves to allow for stabilization. One veteran shared,

“We often have no friends or family support. I also would have stayed active duty if I felt the military was more supportive and understanding of the needs of mothers serving. The lack of care and support is the main reason I left the service.”

EASIER ACCESS TO CONSISTENT INFORMATION & RESOURCES

Respondents expressed a common theme of difficulty accessing consistent information and resources needed for their children to thrive. Again, many respondents cited frequent PCS moves as a culprit to this issue. Respondents indicated that constant transition between communities is difficult and makes it hard to navigate information and resources, such as schools, sports, activities, and even food support. An active duty service member in the Air Force stated,

“I wish we could stay in one place longer. Moving every two years does not provide the consistency my children need, and because of this, I frequently think about getting out of the military.”

When considering the aforementioned concerns about child care support, respondents would appreciate easier access to information, specifically lists of child care facilities and providers that are available in and around the duty location. Amongst the parents of school-aged children, respondents are seeking easier-to-access information and resources surrounding tutoring. Due to frequent PCS moves, respondents voiced concerns about learning gaps due to moves and would like additional, more personalized support for their children to help catch them up if necessary.

Aligned with the theme of personalized support, many respondents felt that an improved school liaison program that included easier access to the school liaison officer (SLO), easier-to-access information on schools and school districts, assistance for finding schools, and transition support for social adjustment would be helpful as their children experience various communities throughout their military childhood. The spouse of an active duty service member requested,

“More support from civilian schools - they don't understand military lifestyle and challenges children may face.”

Due to the challenges and stress of PCS moves, deployment, and the pandemic, respondents also requested more information and resources surrounding mental health services. An active duty Army spouse requested,

“Information about and easier to access to mental health care - this is not an easy lifestyle and they [children] would truly benefit.”

Several respondents requested that these specific resources be private resources outside of TRICARE. An active duty Navy spouse said,

“Easier access to mental health counseling when needed without jumping through hoops.”

Another active duty Navy spouse said it would be helpful to have,

“Programs in-person locally to help children with their mental health when their parent is gone a lot.”

An active duty Marine Corps spouse contributed,

“More mental health services and support for kids going through their parent being absent.”

Several respondents of older children requested information and resources surrounding PTSD and traumatic brain injury (TBI), stating that they, “wanted to be able to explain what is going on in our household.”

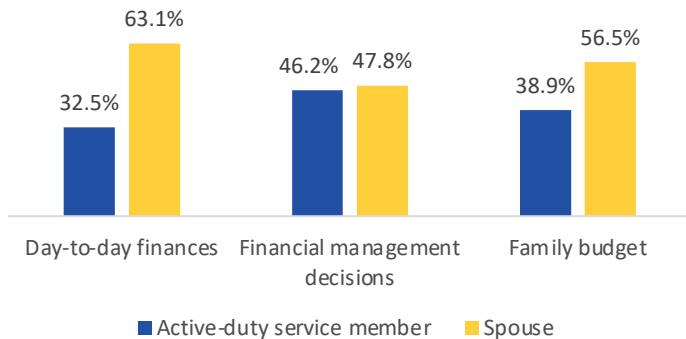
Financial Readiness

MFAN's Military Family Support Programming survey asked respondents about their families' financial readiness. For the first time in 2021, respondents were asked to share their income, including Basic Allowance for Housing (BAH). **40.6% of respondents reported making between \$25,000-\$75,000 before tax.**

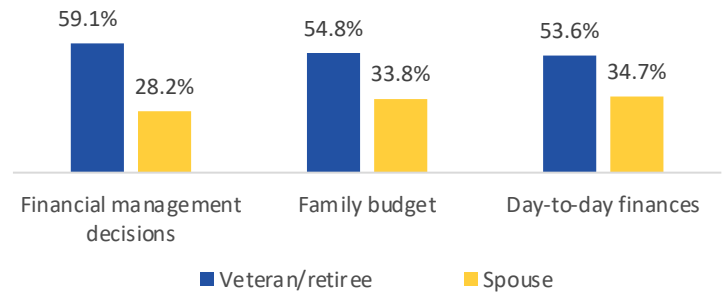
Spouses of active duty service members are primarily responsible for managing their family's finances

Across active duty families, **the spouse of the active duty service member was primarily responsible for the family's day-to-day finances, budget and overall financial management.** However, data also shows that there is a shift following military service, and **military retirees and veterans tend to become more responsible** for household financial management.

Responsibility for active duty family finances



Responsibility for veteran & military retiree family finances



More than half of respondents have experienced barriers to saving money over the past two years

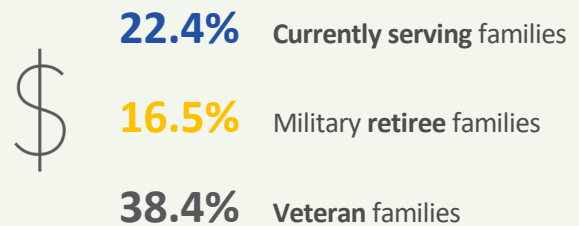
Slightly more than half (51.2%) of respondents stated they had experienced barriers to saving money over the past two years. Key themes include:

- Insufficient **military pay** for family support
- Increased **cost of living/inflation**
- Rising costs of **housing**
- Difficulty paying **recurring bills, loans**
- Trouble understanding/implementing **financial planning**

"By the time we pay for bills and groceries, there is little to none left, and when we manage to save some [money], it never fails that something comes up and we have to use the savings to avoid going into debt."

Spouse of an active duty Army member

Military and veteran families still **struggle to save the 3-6-month reserve for a comfortable emergency savings fund.** Many respondents reported that they have **<\$500** in an emergency savings fund, or no fund at all, including:



In the event of a financial emergency, **most respondents turned to close family members**, while the rest took out personal loans, used military-specific resources, or refused to use outside help and **"handled it on their own."**

Over three quarters of respondents carry debt, leading to significant stress levels

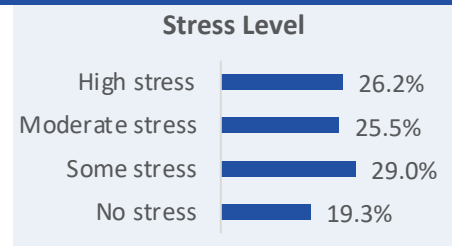
Over three-quarters (75.8%) of respondents indicated they carry debt, and reported the highest stress around:

- Mortgage debt**
- Credit card debt**
- Auto loans**
- Student loans**

Most respondents (61.1%) have not used any non-bank borrowing loans. Of those that had, the most sizeable proportion had *borrowed from a friend/relative (14.5%)*, followed by those that had an auto title loan (7.8%).

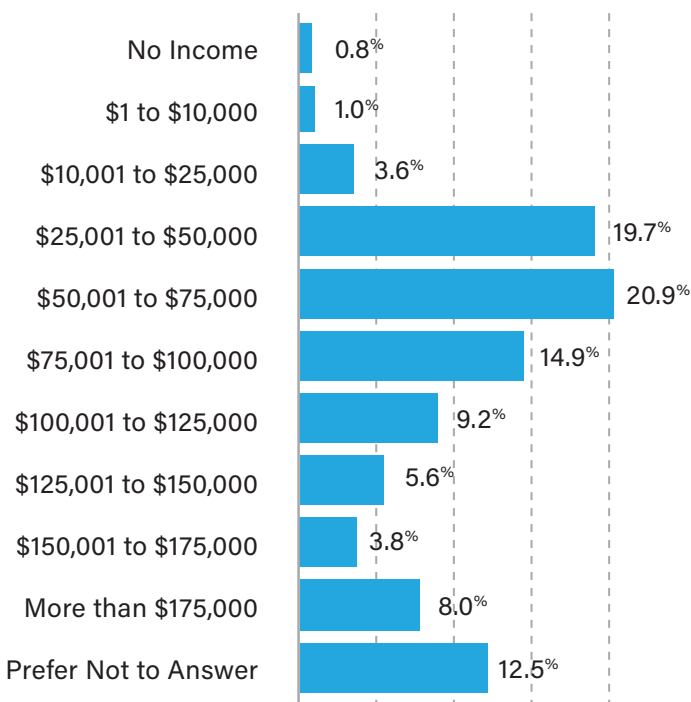
80.7% of respondents indicated that their finances caused them at least some stress over the past 12 months, notably across the following areas:

- **Most common: Mental health (sleeping, anxiety, depression)**
- Trouble affording basic bills, inability to save money
- Relationship issues, arguments over finances
- Unable to support children financially



FINANCIAL READINESS

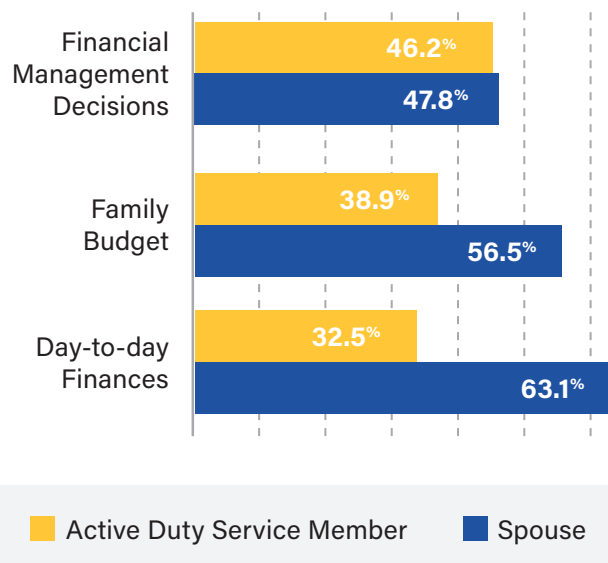
The support programming survey asked military and veteran family respondents to answer a series of quantitative and qualitative questions about their families' financial readiness. For the first time in 2021, respondents were asked to share their household income, including Basic Allowance for Housing (BAH) if they receive it. Of the full population, 40.6% of respondents reported making between \$25,000 and \$75,000 before taxes. When broken down to currently serving families and veteran and retiree families, 44.0% of currently serving families make between \$25,000 and \$75,000 while 33.6% of veteran and retiree families make the same. Forty percent (40.6%) of respondents reported making between \$25,000 and \$75,000 before taxes.



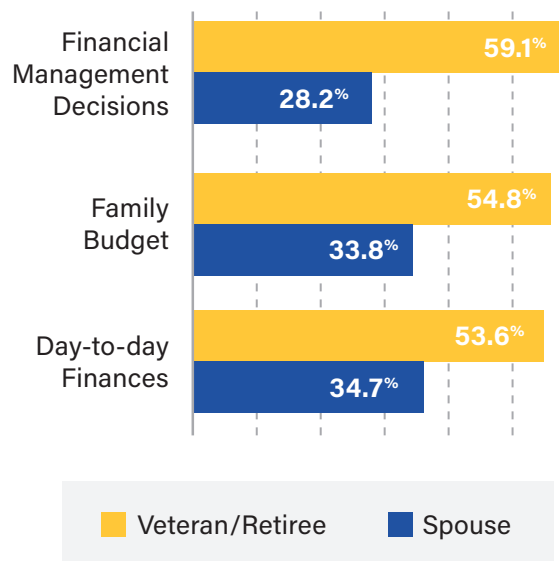
FINANCIAL MANAGEMENT

From there, respondents were asked who took on the primary responsibility for financial management in their household. Most commonly across active duty families, the spouse of the active duty service member was primarily responsible for the family's day-to-day finances, the family budget, and overall financial management. The data also show that there is a shift following military service, and military retirees and veterans tend to become responsible for household financial management at all levels. In both instances, these themes aligned with the findings in 2019.

Responsibility for Active Duty Family Finances

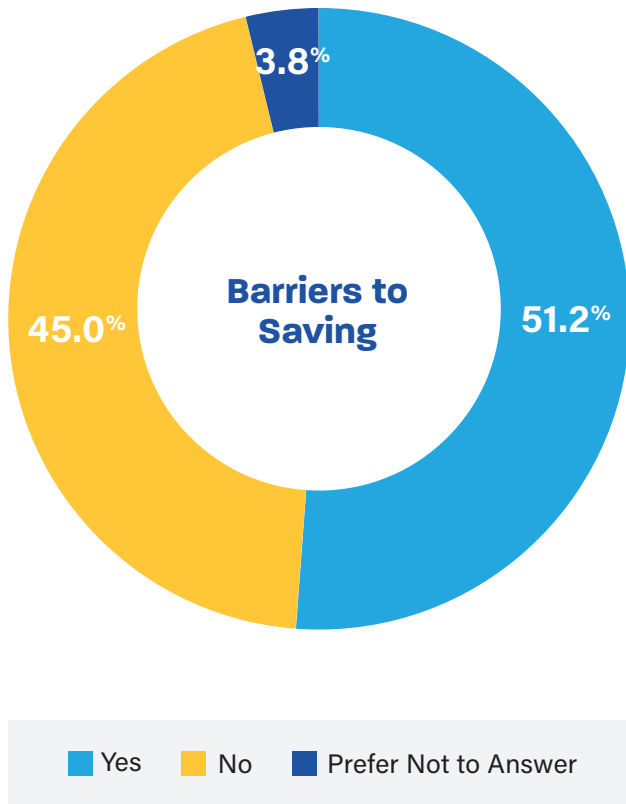


Responsibility for Veteran and Military Retiree Family Finances



BARRIERS TO SAVING MONEY

Families were also asked if they had experienced barriers to saving money in the past two years. Slightly more than half (51.2%) of respondents stated that they had.



In an open-ended question, respondents were asked to share the barriers to savings they had experienced in the previous two years. From the responses, the top five themes emerged. The respondents felt that the military does not pay enough to support a family, respondents are experiencing an increased cost of living in the area and/or inflation, respondents are experiencing rising costs of housing (such as rent and mortgage payments), respondents have recurring bills (such as rent and loan payments) that they have trouble paying, and respondents admitted that they have trouble in understanding or implementing financial planning. The spouse of an active duty Navy member elaborated on the barriers they experience to saving money explaining,

“Living in a high cost of living area and prices keep rising but pay stays the same.”

The primary takeaway from the story respondents share, like the one quoted above, was that the most significant barrier to saving money was income. Most participants either directly stated that they did not believe the military paid enough or were struggling with auxiliary problems such as rising cost of living, housing costs, and inflation.

The spouse of an active duty Air Force member said,

“The pay for active duty, along with BAH, does not match the work they put in or the area we have to live. Pay is extremely low.”

As a result, respondents often live paycheck to paycheck and use money that would have been otherwise earmarked for savings or pay off recurring, larger bills like loan payments. The spouse of an active duty Army member said,

“By the time we pay for bills and groceries, there is little to none left, and when we manage to save some [money], it never fails that something comes up and we have to use the savings to avoid going into debt.”

Another issue raised by respondents was their lack of education regarding financial planning. Some respondents mentioned a desire to learn more about budgeting and managing payments.

EMERGENCY SAVINGS

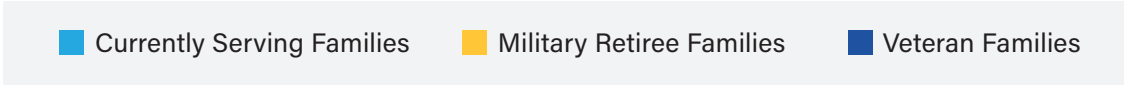
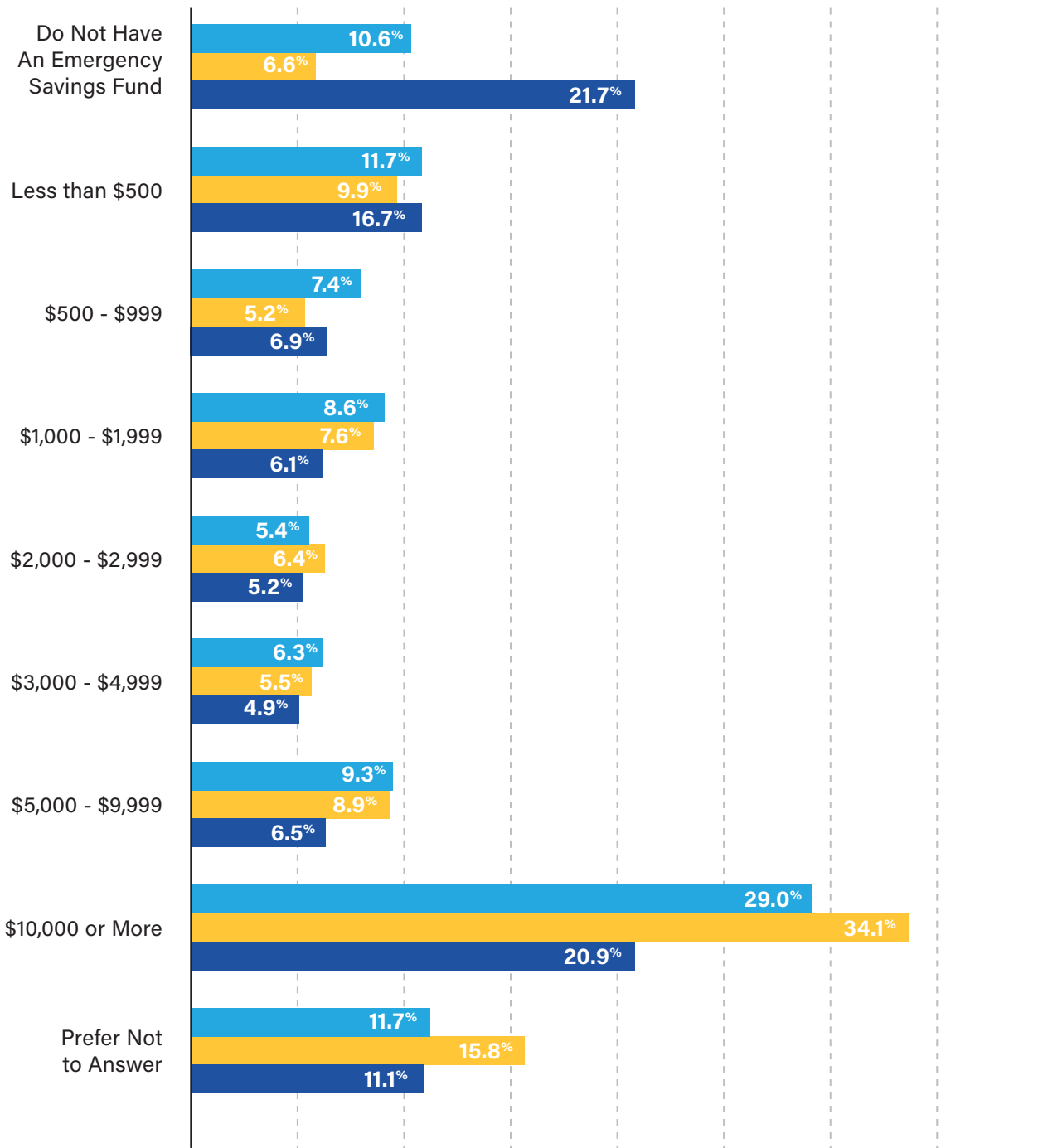
In light of the struggles respondents experience saving money, the survey proceeded to ask respondents how much they (and their spouse, if applicable) had in an emergency savings fund. Although disheartening, the results largely reflected the barriers they experience throughout their saving journeys.

About a fifth (22.4%) of currently serving families (including active duty, activated Reserve and National Guard, and Reserve and National Guard families) had less than \$500 in an emergency savings fund or no fund at all. The same was true for 16.5% of military retiree families. Unfortunately, this number reached nearly 40% in the case of veteran families (38.4%).

When looking at emergency savings by rank for the currently serving sample, enlisted families were statistically more likely to have no emergency savings fund, have less than \$500 saved, or have between \$500 and \$999 saved.

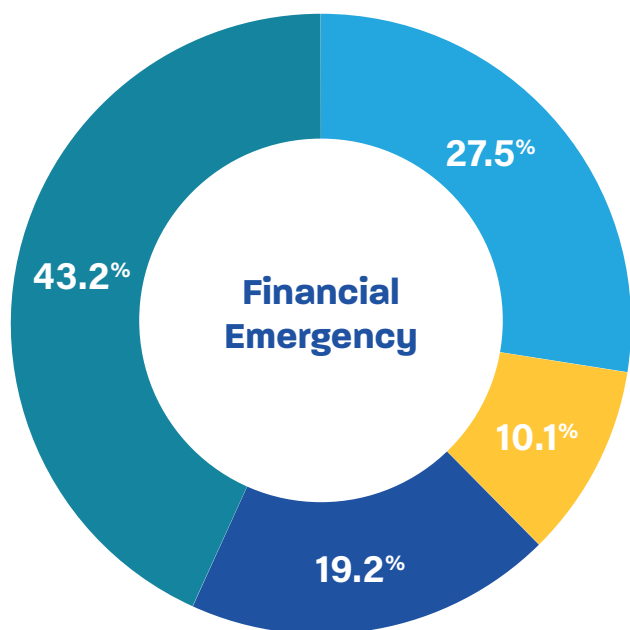
Across the board, these numbers have dropped since 2019, indicating that military and veteran families are saving into emergency funds more with more frequency now than they were two years ago. Despite this modest increase, the data suggest that military and veteran families struggle to save the three-to-six-month reserve that financial experts suggest as a comfortable emergency savings fund.

Emergency Savings Funds



FINANCIAL EMERGENCY PREPAREDNESS

Similar to 2019, respondents to the 2021 support programming survey were asked whether or not they had experienced a financial emergency. Fortunately, nearly half (43.2%) of the respondents had never experienced a financial emergency. Of those who did report experiencing a financial emergency, most experienced their financial emergency more than three years ago.



- Yes, in the past 2 years
- Yes, but it was 3-5 years ago
- Yes, but it was more than 5 years ago
- No, I have never experienced a financial emergency

In a qualitative question, respondents were also asked where they turn in the event of a financial emergency. From the responses, the top themes emerged. Respondents most often borrowed money or other resources from close family members, took out a personal loan, used military-specific resources (such as relief society loans), or refused to use any outside help and “handled it on their own.”

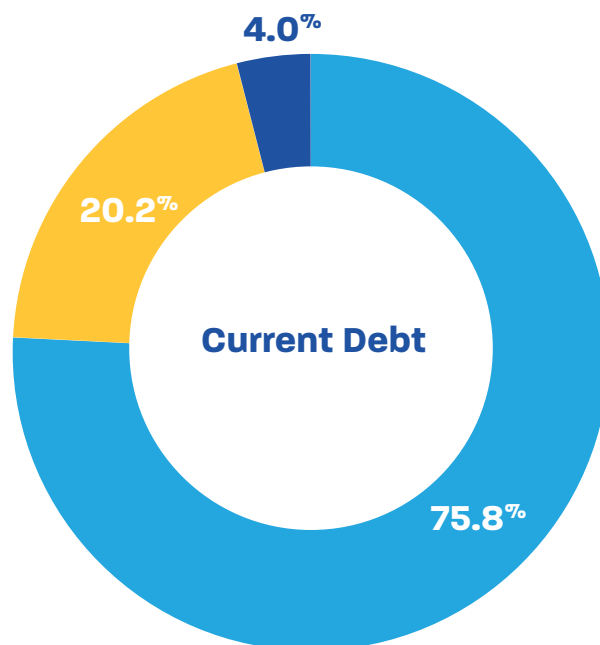
Overwhelmingly, respondents preferred asking immediate family members for help over any other source. This help often took the form of financial loans or gifts but also included other assistance such as covering child care to

reduce daycare costs, gifting food, allowing the couple to move in, or providing transportation. Other respondents did not elaborate on what sources they used, besides stating that they “handled it on their own,” sans help from any outside group.

Those that did rely on financial assistance programs tended to favor military-specific relief loans or personal loans from civilian banks.

DEBT

Slightly over three quarters (75.8%) of respondents indicated that they currently carry debt.



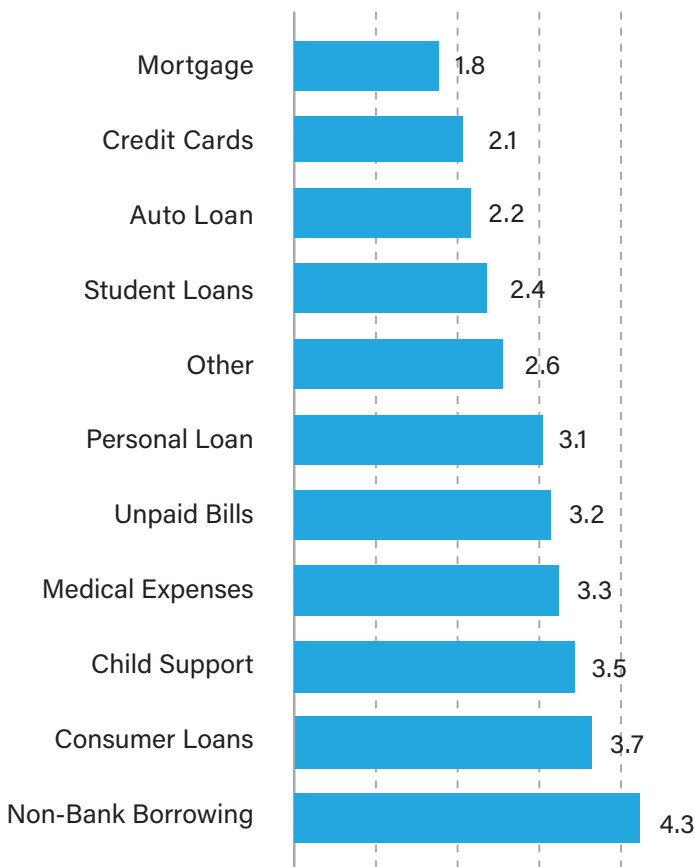
- Yes
- No
- Prefer Not to Answer

Three quarters (76.0%) of respondents stated that they do not provide financial support for their extended family members.

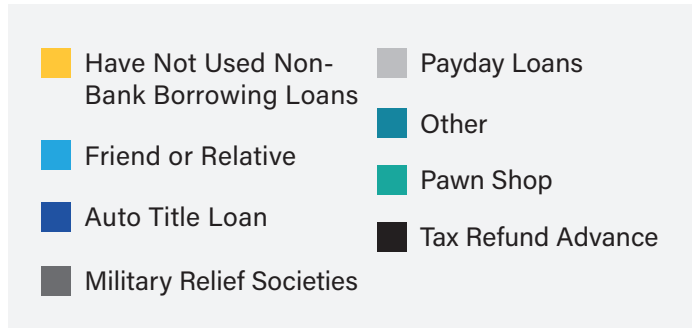
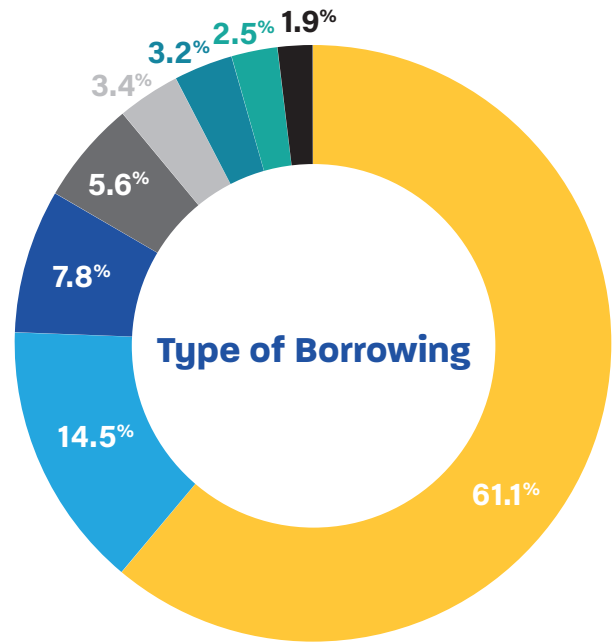


- Yes
- No
- Prefer Not to Answer

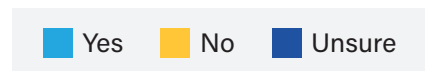
The respondents who reported carrying debt were asked to rank forms of debt from most to least stressful. Ranking a type of debt "1" indicated that it caused the most stress, while a ranking of "10" indicated that that form of debt caused the least stress. Military and veteran family respondents report the highest stress around mortgage debt, credit card debt, auto loans, and student loans.



Respondents were asked if they had used any forms of loans or borrowing outside of traditional bank loans in the past two years. Below are the types of borrowing respondents used, with most respondents (61.1%) indicating that they had not used any non-bank borrowing loans. Of those that had, the most sizeable proportion had borrowed from a friend or relative (14.5%), followed by those that had an auto title loan (7.8%).

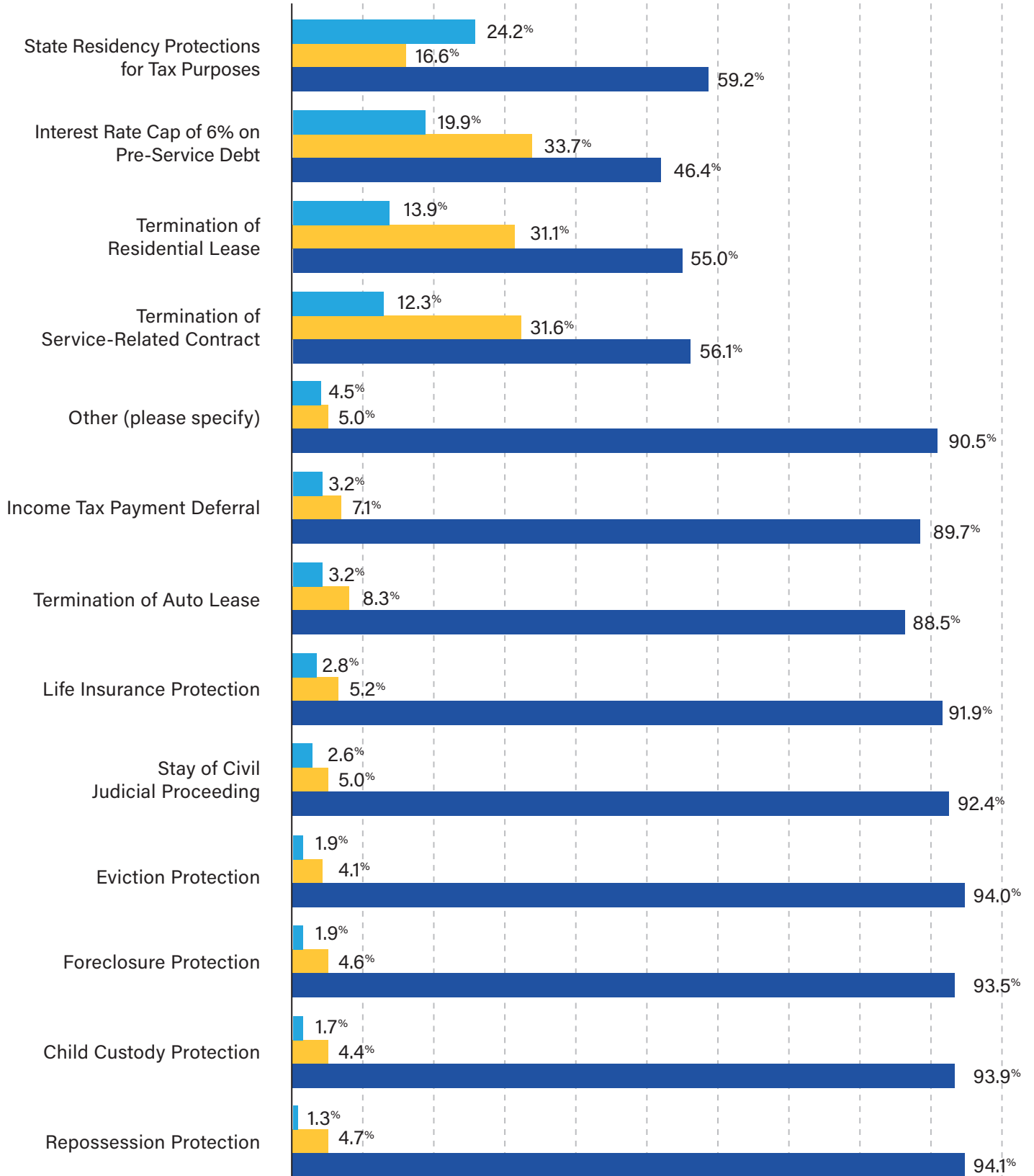


Most respondents (66.7%) indicated that they had not used any of the Servicemembers Civil Relief Act (SCRA) protections during military service.



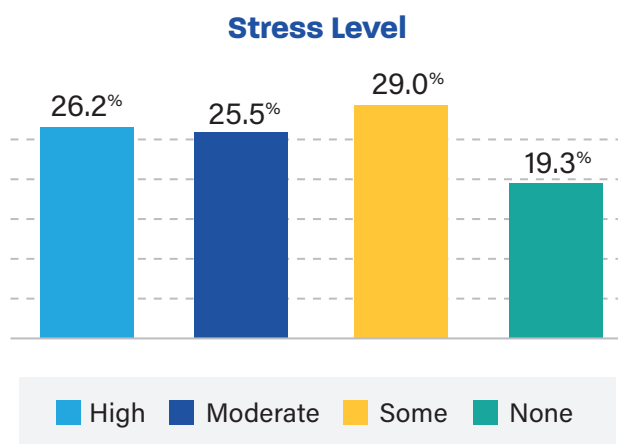
Of the SCRA protections service members used, the protection most used during the past two years was the state residency protections for tax purposes. Overall, the protection most used during military service, in general, was the protection on the interest rate cap of 6.0% on pre-service debt.

SCRA Protections Use



■ Used in the Past 2 Years
 ■ Used During Military Service
 ■ Have Not Used this Protection

Eighty percent (80.7%) of respondents indicated that their finances caused them at least some stress over the past 12 months.



The relationship between these levels of stress and family well-being are to be expected. Families who experience high or moderate stress due to finances are significantly more likely to have moderate or poor family health and less likely to have excellent family health. The opposite is true for families who experience some stress or no stress. Families are significantly more likely to have excellent family health if they experience only some stress or no stress due to finances.

To contextualize these findings, respondents were asked about the stress that their finances have on their lives in an open-ended question. From the responses, the top themes emerged. Respondents shared that their finances cause high stress, constant worry, and anxiety, that they have trouble affording basics like bills, food, and gas, that they have the inability to save money, that finances cause relationship issues with arguments over finances, and that they were unable to support their children financially or provide for educational costs. An active duty Army spouse shared,

"My husband's stress levels the most since we all rely on his income for our family. When my husband is stressed, it causes a stressful atmosphere at home. It makes me second guess buying anything, including things we need, such as food, clothes for our growing kids, and medical care for our pet."

Respondents indicated that the primary impact of financial stress is on their mental health. Respondents reported trouble sleeping, symptoms of anxiety or depression, feeling constantly preoccupied with financial worries, and even physical symptoms like headaches or ulcers. The spouse of an Army National Guard member said,

"Financial stress caused my anxiety to be worse and caused more issues with my mental health. It causes me to worry more than I should."

Unsurprisingly, these negative mental and emotional issues strained romantic and familial relationships. The spouse of an Army veteran said,

"It [financial stress] puts a strain on family relationships and causes poor mental health worrying about the future."

Financial stress manifested in families living paycheck to paycheck, unable to add to savings or cover emergency costs. Some respondents even reported trouble affording basics like food or utility bills.

This finding instigated a final analysis of food insecurity in relationship with financial stress. The findings suggest that hunger and food insecurity are more common in families that experience high stress due to finances. Meanwhile, families who experience some stress or no stress due to finances are more likely to be food secure.

Housing

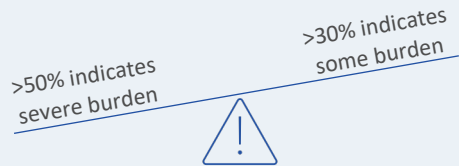
MFAN's Military Family Support Programming survey aims to illuminate the experiences of military families, specifically those living in privatized military housing. The survey does this by describing military and veteran family experiences with housing and the changes families have experienced in the last two years.

More than 60% of military and veteran families are paying more than they can comfortably afford for housing

Housing burden scale



In 2021, **60.9% of military and veteran family respondents were carrying the burden of paying more than they could comfortably afford** for housing.



Spending of household income



Housing and Family Well-Being are related

There is a relationship between family well-being and housing burden. **Families who were not housing burdened were significantly more likely to have excellent family well-being and than those who were housing burdened.**

39%

of those surveyed live in military housing



Reasons for living in military housing:

- Location/commute
- Affordability
- Security
- Move convenience
- Influence of housing market (*new in top 5 compared to previous years*)

Of those living in military housing, **73% currently live in privatized military housing.**



Reasons for not living in military housing

Poor conditions in military housing have been the most cited reason for choosing to live off base since 2019.

Other reasons include lack of military housing available, prefer home ownership, more privacy, and not the kind of home desired.

Almost 40% of respondents were unaware of the Military Housing Privatization Initiative Tenant Bill of Rights



60.1% of respondents were aware of the Tenant Bill of Rights, but **only 10.6% of these individuals have used it.**



39.9% of respondents were unaware of the Tenant Bill of Rights.

Over half of families in private military housing were satisfied with companies' responsiveness to repair issues

In 2021, residents' highest satisfaction ratings were around **privatized housing companies' responsiveness to repair issues** (although not all respondents agreed), a drastic change in satisfaction levels since 2019. Respondents were least satisfied with **military command responsiveness** to privatized military housing issues.

Better: "Almost immediately after the articles regarding privatized housing problems were released, there was a dramatic change in the time it took for housing issues to be resolved."



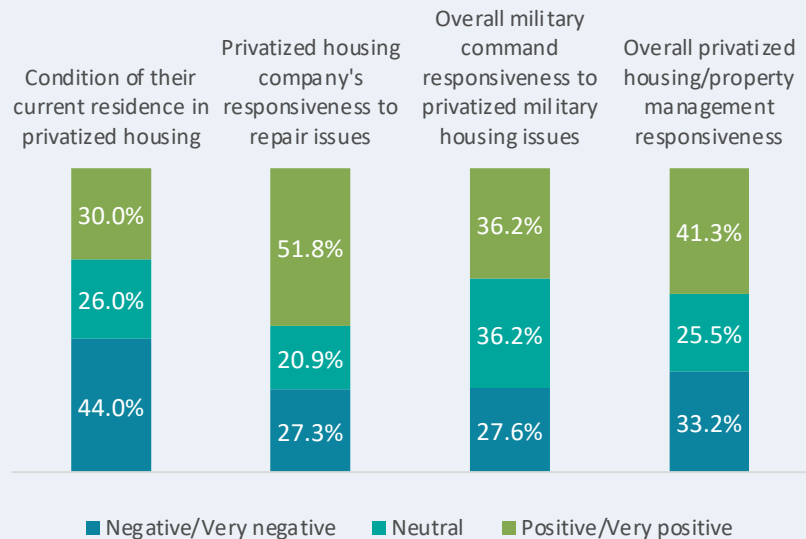
Active duty service member in the Air Force

Worse: "It is almost as if the privatized housing office feels as though there will not be another large-scale inspection, so they just turn their blind eye to service members' complaints of black mold growing in their homes. Then, when they finally show up, the maintenance personnel claim that the mold is really rust and just paints over it. Terrible customer service at the front help desk."



Active duty service member in the Army

Resident satisfaction levels with privatized housing



HOUSING

In 2019, the support programming survey took a qualitative approach to understand housing, hoping to illuminate the experiences of military families, specifically those living in privatized military housing. The data in 2019 were exceptionally rich, and this year, the survey sought to understand how circumstances had changed. This section will describe the quantitative analysis of military and veteran family experiences with housing and qualitative descriptions of the changes families have experienced in the last two years.



POINT TO PONDER

In each Military Family Support Programming Survey, frequent Permanent Change of Station (PCS) moves create significant burdens for military families in multiple areas of life. In 2021, respondents who had recently experienced a move reported very negative/negative experiences surrounding the reimbursement of moving costs (40.2%), change in spousal employment (37.7%), and the change in cost of living (55.8%). Looking ahead, MFAN will seek to understand these negative experiences in greater depth and their impact on family well-being.

QUANTITATIVE FINDINGS

In 2021, MFAN introduced the Housing Burden Scale. This scale asks respondents what percentage of their household income is spent on rent or mortgage and utilities. The scale specifies that families experience a housing burden when housing expenses comprise 30% or more of their household income. For the military and veteran family population, the support programming survey asked respondents to include the Basic Allowance for Housing (BAH) in their calculation, if applicable.

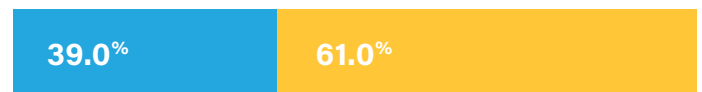
Spending more than 30% of household income on mortgage or rent and utilities indicates a housing burden. Spending more than 50% of household income on housing

indicates a severe housing burden. Spending more than 50% of household income on housing indicates a severe housing burden. The 2021 findings suggest that 60.9% of military and veteran family respondents are carrying the burden of paying more than they can comfortably afford for housing. Unfortunately, families are nearly equally likely to carry a housing burden as they are not to carry a housing burden. Interestingly, veteran and retiree families experience housing burden, especially severe housing burden, at lower rates than currently serving families. Nearly half (44.9%) of currently serving families experienced severe housing burden whereas only 20.2% of veteran and retiree families were severely housing burdened.

Yet again, there was a statistically significant relationship between family well-being and housing burden. Families who were not housing burdened were significantly more likely to have excellent family health. Families who were experiencing severe housing burden were significantly more likely to experience moderate and poor family health.

Fortunately, these key findings are accompanied by a wealth of quantitative and qualitative data to contextualize the burden military families are experiencing.

Military Housing Resident



■ Yes ■ No

Respondents were asked whether they currently live in military housing, and nearly 40% indicated that they were.

The respondents who did live in military housing were asked why they chose to live on base, as they were in every previous iteration of the support programming survey. Many of the same reasons appear year after year. Interestingly, the influence of the housing market ranked in the top five in 2021 and was not in previous years.



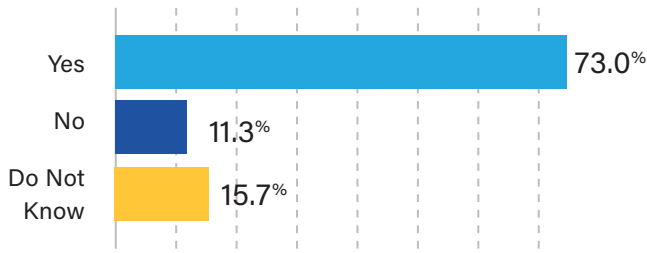
REASONS FOR LIVING ON BASE			
2014	2017	2019	2021
<ul style="list-style-type: none"> ▪ Base Amenities ▪ Affordability ▪ Security ▪ Camaraderie ▪ Mandated 	<ul style="list-style-type: none"> ▪ Affordability ▪ Base Amenities ▪ Location, Commute ▪ Move Convenience ▪ Mandated 	<ul style="list-style-type: none"> ▪ Affordability ▪ Base Amenities ▪ Location, Commute ▪ Security ▪ Mandated 	<ul style="list-style-type: none"> ▪ Location, Commute ▪ Affordability ▪ Security ▪ Move Convenience ▪ Housing Market

The same question was asked of respondents who chose not to live in military housing. Poor conditions in military housing have been the most commonly cited reason for choosing to live off base since 2019.

REASONS FOR LIVING OFF BASE			
2014	2017	2019	2021
<ul style="list-style-type: none"> ▪ Lack of Base Housing Availability ▪ Affordability ▪ Poor Conditions in Base Housing ▪ More Privacy ▪ Convenience 	<ul style="list-style-type: none"> ▪ Lack of Base Housing Availability ▪ Not Right for Family ▪ Affordability ▪ Prefer Home Ownership ▪ Poor Conditions in Base Housing 	<ul style="list-style-type: none"> ▪ Poor Conditions in Base Housing ▪ Affordability ▪ Lack of Base Housing Availability ▪ Not the Kind of Home Desired ▪ Privacy, Distance from Military 	<ul style="list-style-type: none"> ▪ Poor Military Housing Conditions ▪ Lack of Military Housing Availability ▪ Prefer Home Ownership ▪ More Privacy ▪ Not the Kind of Home Desired

Those families that indicated their choice to live in military housing were asked whether or not they currently live in privatized military housing. More than 70% indicated that they did.

Privatized Military Housing Resident



The families that reported living in privatized housing were asked which company managed their privatized housing. The most common responses were Hunt Companies (57.9%), Lincoln Property Company (12.6%), and Balfour Beatty (7.4%).

Respondents were asked to describe their level of satisfaction with four aspects of their privatized housing. Overall, residents noted their highest satisfaction ratings around privatized housing companies' responsiveness to repair issues. This data marks a drastic change in satisfaction levels since 2019. In the last iteration of the support programming survey, respondents were most dissatisfied with housing company responsiveness to repair requests.

In 2021, respondents were least satisfied with military command responsiveness to privatized military housing issues.

Resident Satisfaction

Overall Privatized Housing/Property Management Responsiveness



Overall Military Command Responsiveness to Privatized Military Housing Issues



Privatized Housing Company's Responsiveness to Repair Issues



Condition of Their Current Residence in Privatized Housing



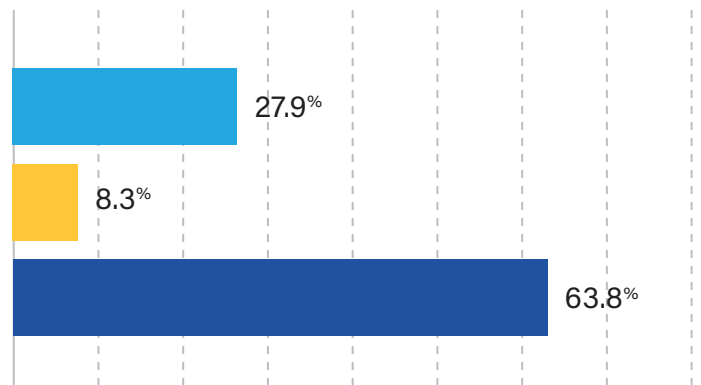
Very Positive/Positive Neutral Very Negative/Negative

Respondents who lived in privatized military housing were asked if they had noticed a change in their housing experiences since the privatized housing conditions gained national attention over the last two years. For the majority of active duty respondents (63.8%), conditions were unchanged. Most of the respondents who did notice a change in conditions, experienced a change for the better (27.9%), with less than 10% noticing a decline in conditions (8.3%). These rates largely align with the perceived changes to privatized housing found in 2019.

Respondents who did notice a change in privatized housing conditions were asked to elaborate on their answer.

Respondents who noted improvement most mentioned a change in the response time for maintenance requests in their privatized military housing communities.

Privatized Military Housing Conditions



Better Worse Unchanged

These changes took place quickly after housing conditions made the news. An active duty service member in the Air Force recalled,

"Almost immediately after the articles regarding privatized housing problems were released, there was a dramatic change in the time it took for housing issues to be resolved."

Others noticed that there were improvement times for specific forms of maintenance. An active duty Navy spouse explained,

"Response to mold reports are handled much faster."

Regardless, the responses speak to improved timeframes for maintenance requests and generalized responsiveness. An Air Force retiree summarized,

"Privatized housing offices are much more responsive to inquiries as well as maintenance requests."

Interestingly, respondents who experienced worsening privatized military housing conditions in the last two years most noted the negative aspects of privatized military housing maintenance. An active duty service member in the Army provided an example from their time in privatized housing explaining,

"It is almost as if the privatized housing office feels as though there will not be another large-scale inspection, so they just turn their blind eye to service members' complaints of black mold growing in their homes."

"Then, when they finally show up, the maintenance personnel claim that the mold is really rust and just paints over it. Terrible customer service at the front help desk."

Their complaints do not necessarily speak to the speed of maintenance solutions but the lack of quality. An active duty Army spouse explained that their privatized housing company relies on,

"Shady quick fixes in house issues. Houses are old and always have something needing repair."

Finally, respondents were asked if they were aware of and had used the Military Housing Privatization Initiative Tenant Bill of Rights. Overall, 60.1% of respondents were aware of the Tenant Bill of Rights, but only 10.6% of those individuals had experience using the bill of rights. Thirty-nine percent (39.9%) of respondents were unaware of the Tenant Bill of Rights.

Food Insecurity

MFAN has been studying food insecurity in the military population since 2017. MFAN's Military Family Support Programming survey aims to assess military food insecurity using the USDA Six-Item Short Form Food Security Scale.

In 2021, one in six military and veteran families experienced food insecurity or hunger

Of the **16.6% of military and veteran families that experienced food insecurity or hunger**, 9.0% were "hungry" or had very low food security, and 7.6% were "food insecure" or had low food security. There is a significant relationship between food insecurity and enlisted rank, geography, race, and ethnicity.

Enlisted ranks

23.3% of military and veteran families were experiencing food insecurity or hunger. This is striking in comparison to the 4.4% of food insecure or hungry families at the officer ranks.



Geography

Military and veteran families in the following states reported the highest frequencies of food insecurity: **TX, VA, WA, NC, CA, FL, HI, IL, GA, AZ.**



Race

American Indian or Alaskan native respondents experience hunger at higher levels than any other demographic, with >20% identifying as hungry. An additional 16.5% were food insecure, and 8.3% experienced marginal food security.



Ethnicity

Of the 1,249 respondents identifying as **Hispanic or Latinx in 2021, 13.2% of this population were experiencing hunger**, and an additional 12% were experiencing food insecurity.



White, non-Hispanic respondents were statistically less likely to be hungry or food insecure than non-white, Hispanic respondents.

More than 95% of food insecure families used support resources including federal benefits and community resources

Respondents who did not utilize support resources did so for three main reasons:



Did not need support (45.7%)



Support access struggles (34.6%)



Stigma (16.4%)

Support access struggles: "Options are not available here. My spouse's income is too much to qualify for any assistance as well as his rank. When we are used to having more than double the income, finances become difficult."



Spouse of an active duty Army member

Those that did use food support resources used the following resources:

- WIC
- Pandemic Electronic Benefit Transfer (P-EBT)
- Free or reduced school meals
- Family and community foodbanks

Supports used: "[The food drive] provided so much help, and the food really could last quite a while. The kids' free lunches really help, so we don't have to worry about what to pack the kids for lunch every day and know they are eating a good lunch. The P-EBT was the most helpful because we could grocery shop quite a few times without worrying."



Spouse of an active duty Navy member

Food insecurity fluctuated over time and was worsened by worldwide events such as the COVID-19 pandemic

Data was collected using the USDA Six-Item Short Form Food Security Scale in 2019, 2020, and 2021.



2019

One in eight military and veteran families were experiencing food insecurity.



2020

During COVID-19, one in five military and veteran families were food insecure.



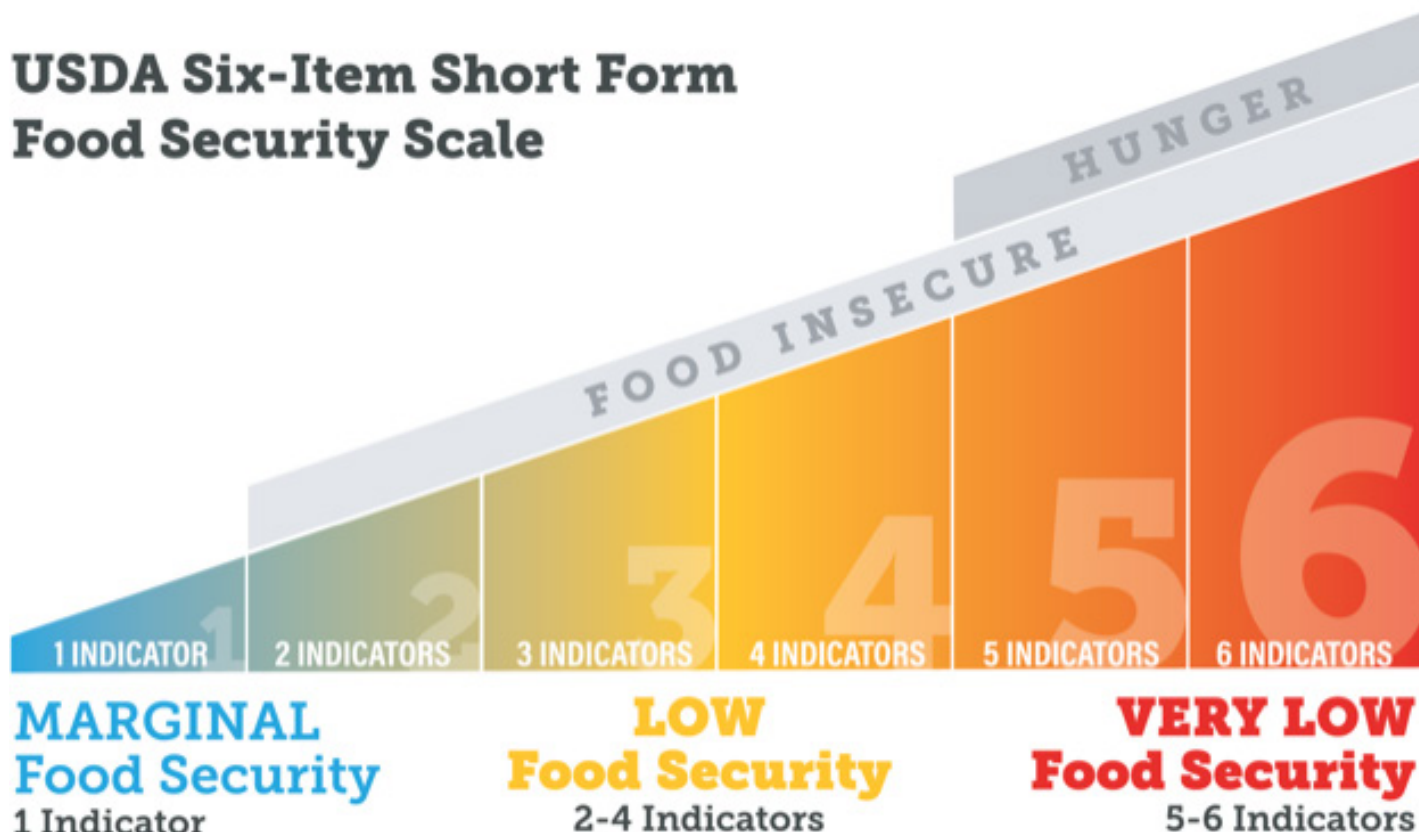
2021

One in six military and veteran families are food insecure.

FOOD INSECURITY

MFAN has been studying food insecurity in the military population since 2017. Initial findings were startling, indicating that about 15% of military and veteran families were food insecure. In 2019, MFAN implemented the USDA Six-Item Short Form Food Security Scale to measure food insecurity more accurately. This scale presents respondents with a series of six statements people make about their food situation. Even one affirmative answer means that the respondent is struggling with food insecurity in some way. Two to four affirmative answers indicate food insecurity, and five or six affirmative answers indicate hunger.

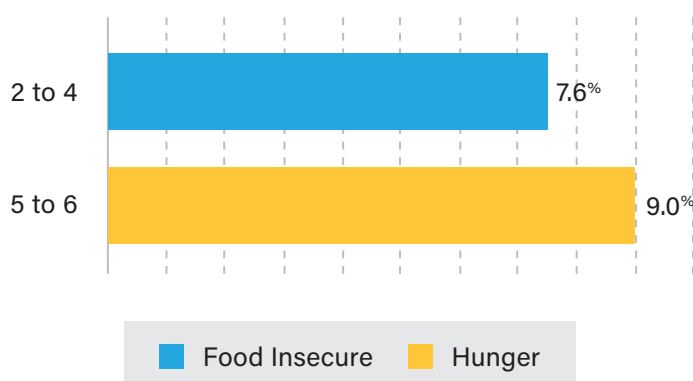
USDA Six-Item Short Form Food Security Scale



Alternatively, these levels can be thought of as very low food security, low food security, or high or marginal. These alternative labels are often used when discussing findings from the USDA Six-Item Short Form Food Security Scale.

High or Marginal Food Security	Food Security
Low Food Security	Food Insecurity
Very Low Food Security	Hunger

In 2021, one in six (16.6%) military and veteran families were experiencing food insecurity or hunger.



Experiences of food insecurity and hunger are statistically related to varying levels of family well-being. Families who experience hunger and food insecurity are less likely to have excellent family health.

These results become even more concerning when broken down by demographic characteristics. Amongst the enlisted ranks, 23.3% of military and veteran families were experiencing food insecurity or hunger. This is striking in comparison to the 4.4% of food insecure or hungry families at the officer ranks. At large, currently serving families experience food insecurity at similar rates as veteran and retiree families. Less than seven percent (6.7%) of veteran and retiree families experience food insecurity and 10% experience hunger. Meanwhile, 8.8% of currently serving families experience food insecurity and 9.6% experience hunger.

For the first time in 2021, MFAN collected data about race and ethnicity to better understand the lived experiences of marginalized populations. Unfortunately, the data show a statistically significant relationship between food insecurity and respondent race. White respondents were statistically less likely to be hungry or food insecure than non-white respondents.

American Indian or Alaskan native respondents experienced hunger at higher levels than any other demographic group, with more than twenty percent of respondents identifying as hungry. An additional 16.5% were food insecure, and 8.3% experienced marginal food security. Only a little more than half of American Indian or Alaskan Native respondents were food secure.

There is also a statistically significant relationship between food insecurity and respondent ethnicity. Of the 1,249 respondents identifying as Hispanic or Latinx in 2021, 13.2% of this population was experiencing hunger, and an additional 12% were experiencing food insecurity.

Respondents in the following states reported the highest frequencies of food insecurity:

- | | |
|-------------------|--------------|
| 1. Texas | 6. Florida |
| 2. Virginia | 7. Hawaii |
| 3. Washington | 8. Illinois |
| 4. North Carolina | 9. Georgia |
| 5. California | 10. Arkansas |

Respondents who indicated food insecurity were asked what kind of food resources they had used in the past 12 months. Just over 4% of food insecure respondents had not utilized food resources in the past 12 months (4.5%).

These respondents were asked why they did not use food resources, and their responses fell into four common themes.

TOP THEMES Reasons for Not Using Food Support	Manifest Effects
Did Not Need Support	45.7%
Support Access Struggles	34.6%
Stigma	16.4%

1 Did Not Need Support (45.7%)

For a large proportion of respondents, there simply was not a need for food support. Whether this was because they did not deem their situation severe enough, they found other means of support, or they had enough food but not the right kind, these respondents did not go out of their way to find support services in the face of food insecurity. An active duty Army spouse explained,

"It was not needed. We receive COLA, and I work part-time to help support our family's financial needs."

2 Support Access Struggles (34.6%)

Unfortunately, some respondents needed support but faced barriers to access. These respondents noted that support was either inconvenient or difficult to access in their area, generally lacking, or had high qualification requirements. An active duty Army spouse whose family recently lost part of their income explained,

"Options are not available here. My spouse's income is too much to qualify for any assistance as well as his rank. When we are used to having more than double the income, finances become difficult."

3 Stigma (16.4%)

Finally, some respondents chose not to access food support simply because of stigma. Previous research has shown that military and veteran families face a stigma around asking for support, and these respondents are no different. Some describe it as embarrassment or shame. A surviving Air Force spouse provided additional context saying,

"I eat two meals a day. This is plenty for me. I think I would be embarrassed to use an EBT card."

Often, comparison lies at the heart of the complexities surrounding stigma. The spouse of an Air Force Reservist added,

"That is embarrassing. There are people that are way worse off than us that need it."

The remaining 95.5% of food insecure respondents who did use food support resources in the last 12 months used many resources including WIC, Pandemic Electronic Benefit Transfer (P-EBT), free or reduced school meals, family, and community foodbanks.

MFAN asked these respondents to describe their experience using food support resources in an open-ended question. By far, the most common responses noted positive experiences with support programs and resources. The other categories of response include the following.

TOP THEMES Experience with Food Support	Manifest Effects
Positive Experiences	69.9%
Types of Support Used	19.4%
Outcomes	19.9%
Negative Experiences	13.7%

1 Positive Experiences (69.9%)

Most responses told stories of positive experiences with food support resources. Most responses were generalized and brief. An active duty Navy spouse elaborated on their experiences using many forms of support saying,

"[The food drive] provided so much help, and the food really could last quite a while. The kids' free lunches really help, so we don't have to worry about what to pack the kids for lunch every day and know they are eating a good lunch. The pandemic EBT was the most helpful because we could grocery shop quite a few times without worrying."

Additional responses shed light on the impacts of such positive experiences. An active duty Army spouse stated,

"It is a blessing and great support to have all these kinds of support. As a mom and a spouse, I feel relaxed to have enough healthy food for all my family."

2 Types of Support Used (19.4%)

The second most common theme in response to this question elaborated on the types of support respondents relied on. Most commonly, respondents cited their use of WIC, food banks, and Pandemic-EBT. Unfortunately, these were not all positive experiences. An active duty service member in the Air Force reflected on their experience using WIC saying,

"It has been helpful, but the stigma attached to it is unpleasant. Especially when checking out and the store attendant starts taking stuff out of your cart because they are not WIC approved even though it states otherwise on the shelf."

Despite utilizing the resources available to them, service members and their families are still experiencing some of the stigma attached to relying on food support resources.

3 Outcomes (19.9%)

The most commonly cited outcome of utilizing food support resources was its impact on nutrition for children. One example, from an active duty Navy spouse, generally refers to the outcomes her family experienced.

"It helped us be able to give more fresh fruits and vegetables. The children were getting much better meals with more nutrients."

In addition to the benefit of children's nutrition, families realized the financial benefits of support. An active duty Marine Corps spouse said,

"[Utilizing food support] saved us money during the insane price increase at the grocery store."

4 Negative Experiences (13.7%)

Unfortunately, the negative experiences military and veteran family respondents encountered with food support resources stood out as a theme.

Negative experiences could fit into two categories: negative experiences due to feelings of shame or guilt and negative experiences due to inadequate or limited support. An active duty Navy spouse who felt ashamed of her family's need for food resources explained,

"I feel like a failure having to rely on others to help use feed our family. I know we are a large family, but I am good with planning meals, the problem is trying to get enough food for everyone to get full."

A Marine Corps veteran had a negative experience due to the limitations of support. He recalled,

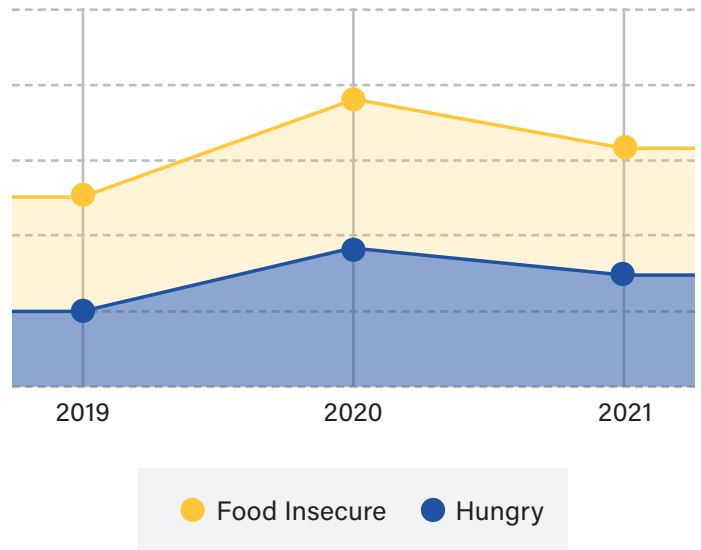
"I am grateful to have some food though sometimes it is not enough for everyone. I let the kids eat first so that they do not have to be hungry."

FOOD INSECURITY OVER TIME

By consistently utilizing the USDA Six-Item Short Form Food Security Scale, MFAN has been able to track trends in food insecurity over time. Data was collected using this scale in 2019, 2020, and 2021.

In 2019, one in eight military and veteran families were experiencing food insecurity. In 2020, at the height of the COVID-19 pandemic, one in five military and veteran families were food insecure. New data from 2021 suggests that one in six military and veteran families are food insecure.

Food Insecurity Over Time

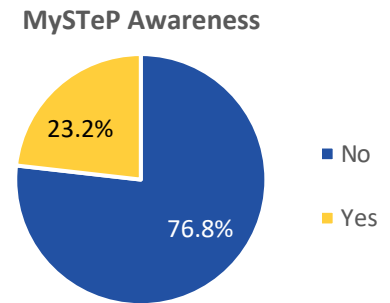
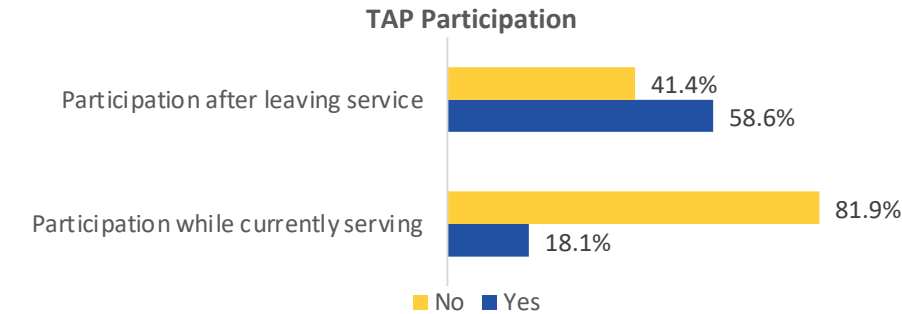


Military Community & Transition

MFAN's Military Family Support Programming survey asked about respondents' use of transition support programs, such as the Transition Assistance Program (TAP) and the Military Spouse Transition Program (MySTeP), and what supports they wished they had as they transitioned out of the military.

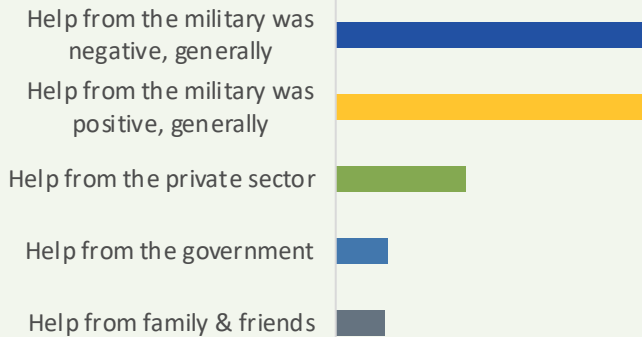
Most respondents have not participated in TAP while enlisted, and do not know spouses can access MySTeP

Most respondents (81.9%) said they had not participated in the TAP while they were currently enlisted, while a little over half (58.6%) had participated in the program once they had left service. With regards to the MySTeP, over three quarters of respondents (76.8%) did not know that spouses could access the program.



Transition support impressions

Respondents were asked to describe *how helpful the transition support was upon leaving the service*. Five themes emerged:



Desired transition support







Respondents were asked to *describe the transition support they wished they had*. The most common robust themes were:

- More **hands-on preparation** to enter civilian workforce
- **"Anything!"** Improve overall separation process
- A **one-on-one transition advisor**/tailored support
- **Improve the TAP** program
- Transition support dedicated to **spouses and family members**






Fewer respondents said they would recommend military life in 2021 than in 2019

Findings from the survey suggest that most military and veteran family respondents (62.9%) would recommend military life to someone considering it, however, this number is lower than in 2019 (74.5%). Findings from the civilian population indicated that less than half (46.1%) of respondents would recommend military life, no change since 2019.


WOULD Recommend

-  Element of public service, protecting the country, pride & respect
-  Job security and financial stability
-  General and retirement benefits
-  Healthcare and housing support
-  Travel and work in different countries
-  Friendships and lifelong camaraderie

WOULD NOT Recommend

-  Military life is not family-friendly
-  Military pay is too low, especially considering the difficulty and stress of the job
-  Some military leadership is bad, corrupt, abusive, and controlling
-  Benefits, such as military-funded healthcare are not worth the challenges of the military
-  Frequent PCS moves and deployments

"It is a difficult job and life, and the 'benefits' simply are not worth it. Especially since said benefits just keep dwindling and decreasing in quality the longer we are in. Military life not only affects the mental health of the service member but also that of their family."

 Spouse of an active duty Navy member

MILITARY COMMUNITY AND RECOMMENDING MILITARY LIFE

In the 2021 survey, respondents were given various quantitative and qualitative questions surrounding their community and civilian interaction experiences, experiences transitioning from military service, and sentiments on recommending military life.

Given that the questions posed in this section are specific to military life, the idea of military community and recommending military life are not underlying components of the family health scale, used to measure family well-being. Nevertheless, analysis found that these topics are still statistically related. Two instances of statistical relationships between recommending military life and family well-being are described below.

COMMUNITY EXPERIENCES

In this section, respondents shared their preferred mode of participating in programs within their communities, the distance they live from military installations, the frequency they visit military installations, and their overall experiences with civilians in their communities.

Quantitative Responses

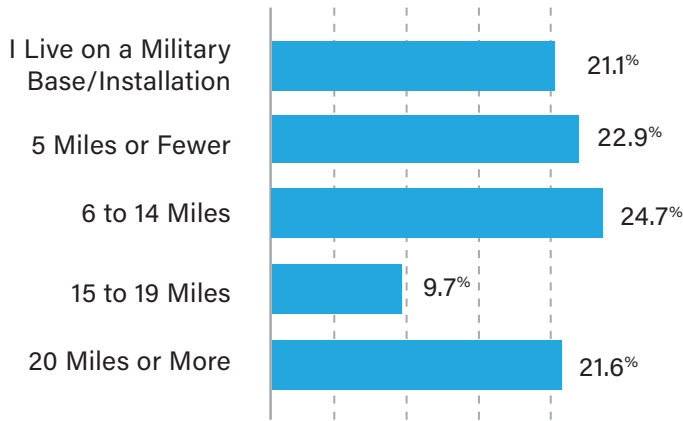
Respondents were asked about their preferred mode of participating in programs within their communities – in-person, online, mobile, or a combination of modes. The program options were as follows: general health care, mental health care, children’s educational resources, self-care programs, military transition resources, financial counseling, personal relationship information and resources, moving/PCS information, financial education, and employment resources. The table below indicates the top five types of resources that military and veteran families want to receive in each mode: in-person, online, mobile, and combination.

Families are most likely to want their general and mental healthcare in person. Meanwhile, they are interested in accessing financial education, moving/PCS information, and employment resources online. Of course, there are those resources that are delivered best in a hybrid format. Military and veteran family respondents indicated that they want to be able to access self-care programs, personal relationship information and resources, and employment resources both online and in person.

In-Person	Online	Mobile	Combination
<ul style="list-style-type: none"> General Health Care Mental Health Care Children’s Educational Resources Self-Care Programs Transition from Military Resources 	<ul style="list-style-type: none"> Financial Education Moving/PCS Information Employment Resources Financial Counseling Self-Care Programs 	<ul style="list-style-type: none"> Financial Education Self-Care Programs Financial Counseling Moving/PCS information Personal Relationship Information and Resources 	<ul style="list-style-type: none"> Self-Care Programs Personal Relationship Information and Resources Employment Resources Transition from Military Resources General Health Care

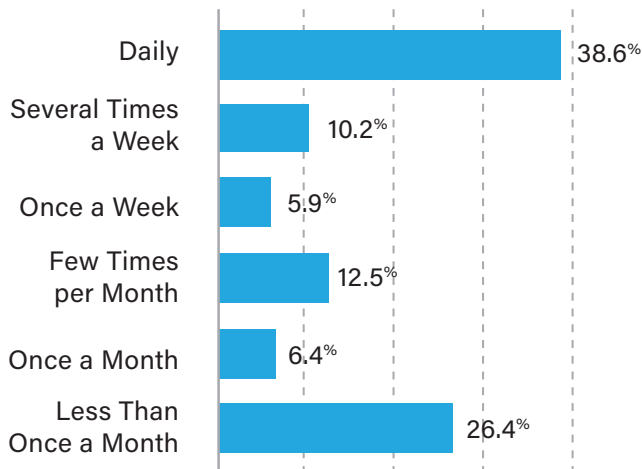
Respondents were asked the number of miles they live from military installations. More than a fifth live on a military base/installation, 22.9% live five miles or fewer, while the majority (24.7%) of the respondents live 6 to 14 miles from a military installation.

Distance from Installation



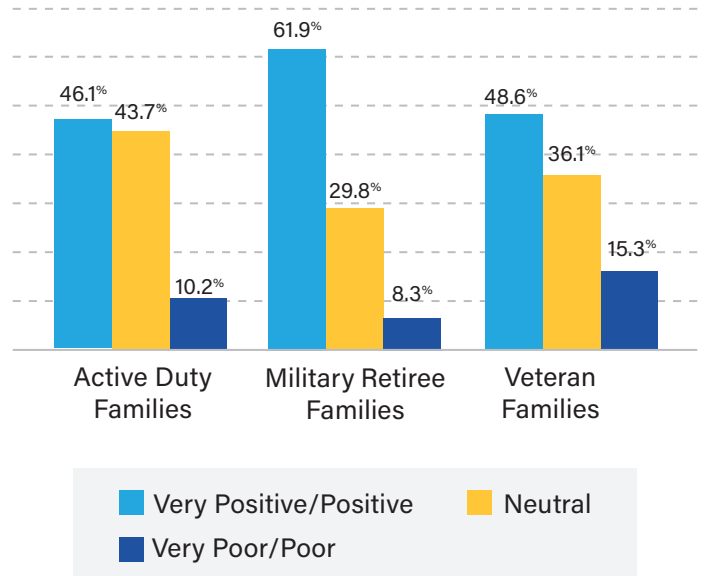
Respondents were asked about their frequency of visiting a military installation. Thirty-eight percent (38.6%) of respondents visit a military installation daily, while 26.4% visit a military installation less than once a month.

Visits to the Installation



Finally, respondents were asked to rate their experiences with civilians over the past two years. In the 2021 survey, interactions with civilians were more likely to be neutral or positive (75.6%), rather than poor or very poor (10.5%) for the full sample. The same trend rings true when the sample is broken down by active duty, military retiree, and veteran families. Military retirees were most likely to have a positive or very positive experiences with the civilian community.

Civilian Community Experiences



Yet again, the analysis captured a statistically significant relationship between military and veteran family interactions with the civilian community in the last two years and their rating of family well-being. Families in excellent health were more likely to have had positive or very positive interactions with the civilian community. Unfortunately, poor or very poor interactions with the civilian community were significantly related with moderate or poor family health.





QUALITATIVE RESPONSES

Respondents were also asked to share their stories about their experiences with the civilian community over the past two years. The top five themes emerged. First, respondents have positive experiences with civilians and enjoy their communities. Second, civilians are generally friendly to service members and their families. Third, civilians and civilian communities are supportive and helpful. Fourth, respondents indicated that they did not interact with civilians very much due to the COVID-19 pandemic. Fifth, respondents felt that civilians do not understand the military lifestyle and values.

Overall, the respondents reported that their interactions with civilians have been positive for the most part.

Service members and military spouses noted that they found their communities to be friendly, respectful, supportive of the challenges of military life, and helpful when in crisis. This supportiveness is seen in the resources offered to military families in their communities, such as military discounts in stores and personal interactions with individuals. Those who did not have any overtly positive comments stated that they have had limited interactions with civilians in their neighborhoods due to pandemic-related lockdowns. However, there were some negative comments. Some respondents stated that they find civilians do not understand military service's unique lifestyle, which can be isolating. Military families and civilian families may also often have clashes of value sets, opinions, and politics that make friendships difficult.

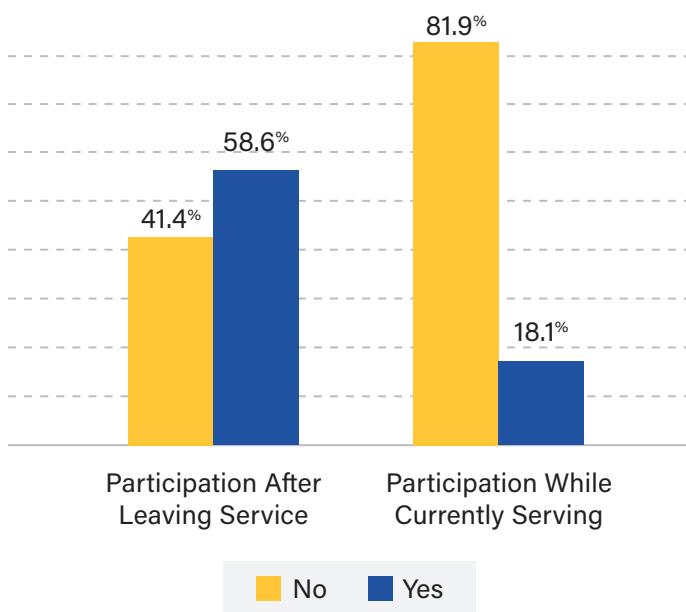
COMMUNITY, TRANSITION, AND MILITARY LIFE

Military and veteran family respondents were also asked questions about their separation from the military specifically focused on their use of transition support programs. First, respondents were asked if they have participated in the Transition Assistance Program (TAP), if they were aware of the Military Spouse Transition Program (MySTeP), and what support they wished they had as they transitioned out of the military.

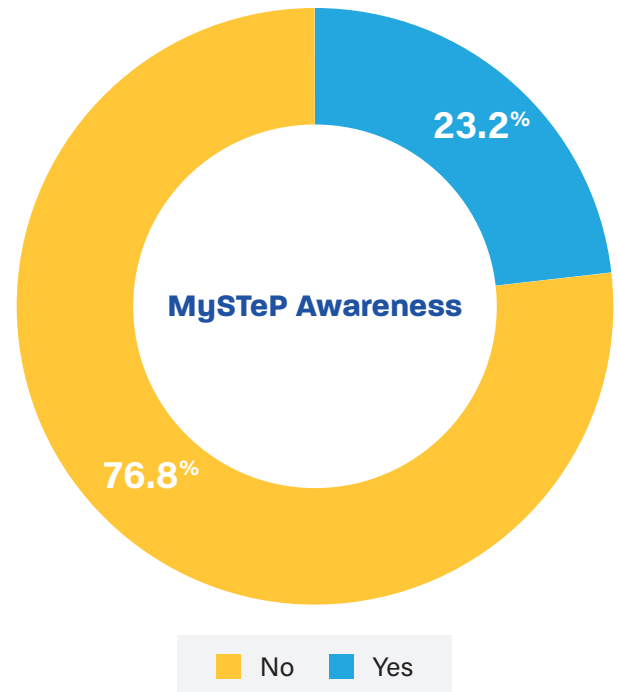
QUANTITATIVE RESPONSES

Most respondents (81.9%) said they had not participated in the Transition Assistance Program (TAP) while they were currently enlisted, while 18.1% said they had. Respondents were also asked if they participated in TAP once they had left service. Slightly over half (58.6%) of the respondents said they had participated in TAP once they had left service, while 41.4% said they had not.

TAP Participation



Respondents were asked if they were aware that spouses could access MySTeP. Three quarters (76.81%) of the respondents did not know that spouses could access the Military Spouse Transition Program (MySTeP).



QUALITATIVE RESPONSES

Respondents were asked to describe how helpful the transition support was upon leaving the service. The top five themes emerged.

TOP THEMES Transition Support Impressions	Manifest Effect
Help From the Military Was Negative, Generally	34.2%
Help From the Military Was Positive, Generally	34.0%
Help From the Private Sector	14.4%
Help From the Government	5.7%
Help From Family and Friends	5.4%

1 Help From the Military Was Negative, Generally (34.2%)

Respondents in this group commented negatively about their experiences with transition support. Specifically, they responded that they received no or not much help and that the support provided was insufficient and lacking for both service members and their spouses. A spouse of a Navy veteran said,

"Our transition out of the military was the worst. We had no help at all. We had to figure it out on our own. The command didn't even recognize his retirement, and yes, he served 20 years."

A military retiree of the Marine Corps said,

"I didn't have any support."

2 Help From the Military Was Positive, Generally (34.0%)

Respondents mentioned various types of transition support from the military, such as the Transition Assistance Program (TAP) and Soldier for Life. A military retiree from the Air Force said,

"Transition Assistance Program was fantastic for me! Especially the briefing from the Department of Labor."

3 Help From the Private Sector (14.4%)

A broad group of military and veteran service organizations provide transition support that respondents report is helpful. They include, but are not limited to the USO, Hire Heroes, Wounded Warrior Project, American Corporate Partners, and Four Block. An Army veteran said,

"Work for Warriors, a California based program, is 100% responsible for getting me employed with my current company, where I have had considerable success. SFL-TAP was moderately helpful on base but too generic to help everyone completely. Orion company helped immensely with interview prep and resume review."

4 Help From the Government (5.7%)

The government, both federal and state, provided additional transition support. Respondents mentioned the GI Bill, assistance from the Department of Veterans Affairs, and city, county, and state offices.

5 Help From Family and Friends (5.4%)

Respondents said their family and friends helped with their transition. A spouse of an Army veteran said,

"Previously retired/separated military friends were more helpful than the actual services provided by the military."

Respondents were asked to describe the transition support they wished they had. In this section, multiple robust themes emerged. The respondents' stories revealed creative, relevant, and valuable suggestions for improving transitional support.

TOP THEMES Desired Transition Support	Manifest Effect
More hands-on preparation to enter the civilian workforce	25.0%
Anything! Improve overall separation process	21.0%
A one-on-one transition advisor/tailored support over a period of time	17.2%
Improve the TAP program	16.4%
Transition support dedicated to spouses and family members	10.2%
Improved information and guidance pertaining to the VA	10.0%
Financial support services	10.0%
Improved information/guidance pertaining to healthcare and disability	9.0%
Improved support for housing, moving, and travel	6.0%
Mental health assistance regarding the overall transition to civilian life	5.0%

1 More hands-on preparation to enter the civilian workforce (25.0%)

While general information about employment is included in some TAP classes, a quarter of respondents call for increased hands-on preparation that will connect them more directly to the civilian workforce. Suggestions include but are not limited to internships, mentoring, certification courses (e.g., project management and 6-Sigma), as well as on-the-job training while still in the service.

Respondents also seek actual job placement, even if arrangements are not permanent. Additionally, respondents indicated that the provision of personalized, one-on-one assistance would be useful, particularly with resumes, interviewing, job search tools (e.g., USA Jobs, LinkedIn), social media, networking, options for the disabled, and entrepreneurial endeavors; all of which will help respondents translate their service experience for the current labor market. A Navy veteran said,

"Opportunities like they have now for internships with military friendly companies."

2 Anything! Improve overall separation process (21.0%)

Nearly a quarter of respondents reported receiving insufficient transition support. In their view, the overall process related to separation, including discharge and decommissioning, needs to be improved. Specifically, they call for greater compassion from commanders, streamlined administrative tasks, and increased time for planning and preparation. An Army veteran said,

"Any transition support would have been beneficial. I didn't even get a link for a resource to use. Literally just got, 'Goodbye, thank you for your service.'"

3 A one-on-one transition advisor/tailored support over a period of time (17.2%)

While the overall intention of TAP or similar programs are apparent to respondents in this group, nearly a fifth think that the TAP misses the mark because it is too 'one size fits all'. They strongly suggest establishing personalized assistance, ideally provided by a trained advisor who is assigned to a service member and checks in with them periodically for perhaps a year.

In-person, one-to-one appointments would enable respondents to better understand what they can expect before, during, and after transition, as well as resources, relevant and perhaps local, that could aid the process. A military retiree of the Army suggested *"more tailored transition support."*

A Marine Corps veteran added,

"Longer, more personalized transition support. Better access or knowledge before separation to gain certification or access unknown benefits that members often learn about once it's too late."

4 Improve the TAP program (16.4%)

Respondents in this group offer multiple suggestions to improve the current TAP program. They include but are not limited to lengthening the program, offering an in-residence program, offering a "refresher TAP;" tailoring the curriculum (e.g., for Reservists, for enlisted, for junior officers, for senior officers), providing more checklists, better-trained presenters, as well as allotting more time to VA and financial matters. A Navy veteran said,

"A better transition program for level of expertise and work. I got out as an O-4 and had to sit in TAP classes with E-3s. I was "not qualified" for the ones O-5+ go to. It was a waste of my time."

5 Transition support dedicated to spouses and family members (10.2%)

More than a tenth of respondents reported that military spouses would benefit from increased transition support. Specifically, they suggest that a TAP program, designed specifically for spouses and family members, be established or broadened to include more participants. A useful curriculum would include information and guidance on VA matters, financial support services, health care, disability, and resources on mental health. Spouses attending these programs may form cohorts that could offer additional support sources related to transition. A spouse of a Marine Corps military retiree said,

"Spouse TAP. Most spouses deal with the details in military life so the service member can concentrate on the mission. Why would transition from military service be any different?"

6 Improved information and guidance pertaining to VA (10.0%)

A tenth of respondents seek improved information and guidance related to VA matters, including the disability application process, claims, benefits, and women's services for VA care.

7 Financial support services (10.0%)

A tenth of respondents seek improved information and guidance related to financial matters including budgeting, insurance, sources of financial support, and debt management services.

8 Improved information/guidance pertaining to healthcare and disability (9.0%)

Nearly a tenth of respondents seek improved information and guidance related to health care and disability, including civilian health care options, dental coverage, and resources for caregivers.

9 Improved support for housing, moving, and travel (6.0%)

A select few seek improved support related to housing, moving, and travel. While most respondents in this group want information and guidance, some seek transitional housing that they report would benefit them and their families.

10 Mental health assistance regarding the overall transition to civilian life (5.0%)

A select few seek personal counseling that will help them reintegrate into civilian life without the support system of the military. The spouse of an Army military retiree said,

"I was happy with financial and employment support, but I was completely unprepared for the emotional and mental health challenges triggered by transition. I feel like this is not addressed enough in preparation for transition."



RECOMMENDING MILITARY LIFE

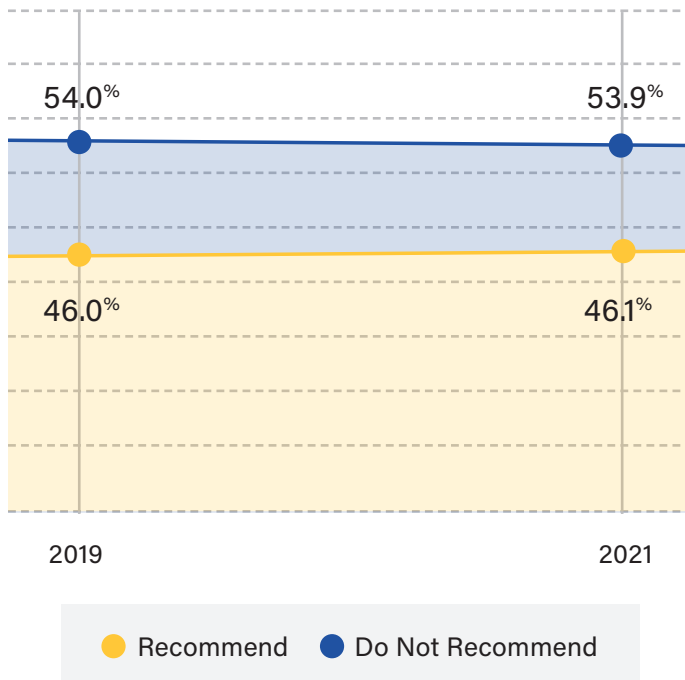
Through the challenges and joys, frustration and pride, most respondents said they would recommend military life. This section describes in detail the reasons why the sentiment continues to carry forward in the 2021 survey results, and why some families would not recommend military life.

QUANTITATIVE FINDINGS

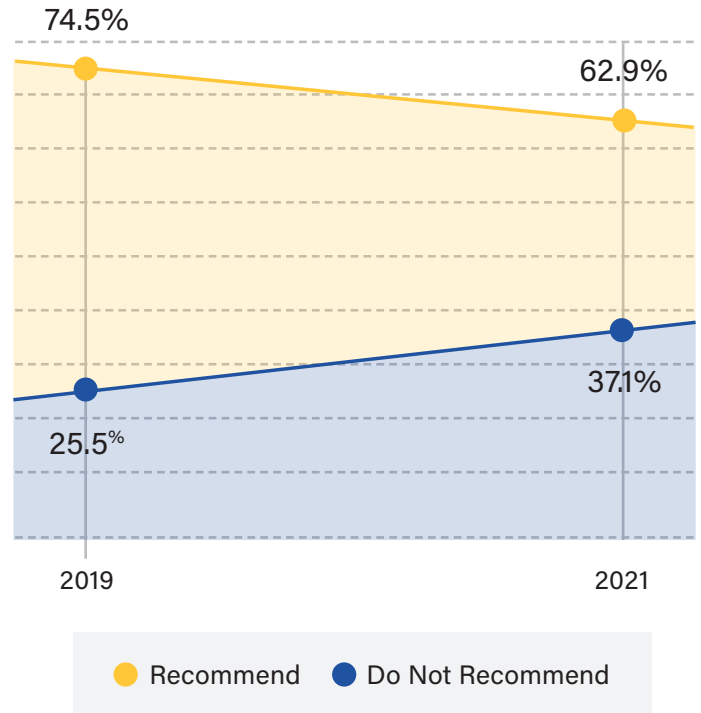
Each year, MFAN asks military and veteran family respondents if they would recommend military life to someone who was considering it. As in previous years, MFAN asked the same question of representative sample of civilian respondents. In 2021, Fors Marsh fielded this poll at the same time as Military Family Support Programming Survey, allowing MFAN to draw important comparisons between military-connected family and civilian perceptions.

Findings from MFAN's survey suggest that most military and veteran family respondents (62.9%) would recommend military life to someone who was considering it. This number is lower than the 2019 finding (74.5%). Findings from the civilian population indicated that 46.1% of civilian respondents would recommend military life to someone they care about. The civilian response to this question has not changed since 2019.

Civilians Recommending Military Life



Military and Veteran Families Recommending Military Life



Unsurprisingly, military families who demonstrated excellent family health in 2021 were significantly more likely to suggest marriage to a service member to someone considering it. Meanwhile, if their family demonstrated moderate or poor family health they were significantly more likely not to recommend marriage to a service member.

Given the considerable change in the percentage of military and veteran family respondents who would recommend military life to someone considering it, analysis was taken one step further to break this down by rank. The results show that enlisted families were significantly less likely to recommend military life to someone who was considering it and officer families were significantly more likely to recommend military life.

The downturn in the propensity to recommend military life amongst military and veteran family respondents is striking. Given the nature of an all-volunteer force and new-found insight into the well-being of military and veteran families, further exploration of this trend is key.

QUALITATIVE FINDINGS

Respondents were asked why they would not recommend military life. The top five themes emerged and provided insight into the quantitative finding above. First, respondents felt that the military is not family-friendly – it is hard on marriages, family relationships, and relationships with children. Second, respondents felt that the military pay is too low, especially considering the difficulty and stress of the job. Third, respondents felt that some military leadership is bad, corrupt, abusive, and controlling. Fourth, respondents felt that benefits, such as military-funded health care, are not worth the challenges of the military. Fifth, respondents would not recommend military life due to the frequent PCS moves and deployments.

The number one complaint raised by respondents who stated that they would not recommend military life involves the conflict between military service and maintaining a family. The needs of the military come first. As a result, service members spend much time away from their loved ones, require sacrifices from their spouses, and are often stationed far from family. An active duty Marine Corps spouse said,

“It is not easy. It will wreak havoc in your relationship. I would recommend it if you plan on staying single and/or not having children.”

Some respondents specifically mentioned the frequent PCS moves and deployments as a significant downside of service. Other complaints centered around the general challenges of military life and whether the benefits offered are ‘worth it.’ Respondents often stated that their pay is not high enough to compensate for their physical and emotional hardships and have similar sentiments about the additional benefits offered like healthcare. An active duty Navy spouse said,

“It is a difficult job and life, and the ‘benefits’ simply are not worth it. Especially since said benefits just keep dwindling and decreasing in quality the longer we are in. Military life not only affects the mental health of the service member but also that of their family. Additionally, I would not want anyone I care about, or even people I don’t care about, to be subjected to toxic work environments.”

Finally, participants were unhappy with military leadership. Complaints included accusations of corruption, frequent abuses by command, and the perception that service members are ‘less than human’ or ‘just a number’.

Respondents were also asked if they would recommend a career in the military to someone they care about. Overall, there was overwhelming support for military life. The top six themes emerged from the respondents. First, respondents indicated that they appreciate the job security and financial stability because of their military careers. Second, respondents appreciated the general benefits and, more specifically, retirement benefits due to military service. Third, respondents appreciated the healthcare and housing support. Fourth, respondents enjoyed the aspect of travel and experiences of working in different countries and interacting with people of different cultures. The fifth and strongest theme that respondents suggest is an element of public service, meaningful profession, protecting the country, and pride and respect from military service. In the sixth and final theme, respondents cherished the friendships and lifelong camaraderie among military service members after leaving the service or retiring.



POINT TO PONDER

Most survey respondents have only geobached once. Looking ahead, MFAN will cross-tabulate findings to understand more about those respondents to see what information can be gleaned and if any statistically significant relationships exist between geobatching and other foundational elements of overarching family well-being.

CONCLUSION AND RECOMMENDATIONS

These findings paint a clear picture; military and veteran family well-being is related to health care satisfaction, family relationships, financial well-being, housing, food insecurity, and military community. Such striking findings are the most impactful when they are used to create actionable solutions. In this vein, **MFAN recommends the following:**

1 Conduct additional research on military family well-being

The 2021 Military Family Support Programming Survey adopts the Family Health Scale, which illuminates the interconnectedness of previous topics of interest and overall family unit well-being. But this research is just the beginning. In order to truly understand the components of military and veteran family well-being, further research into the relationships between topics like health care, housing, and food insecurity are necessary. Investing in research of this nature will help to improve the livelihood of military and veteran families at large and pave a clear path towards programming that would make an impact for military and veteran families.

2 Increase the availability of health care and mental health appointments

Military and veteran family health care would be greatly improved by increasing the availability of health care appointments. The research suggests that this would, in turn, improve both provider accessibility and possibly reduce wait times. Addressing this issue requires a close look at the reimbursement rates to ensure that community-based providers are appropriately compensated for their time, in a way that is commensurate with the civilian community. This will be critical, especially as Military Treatment Facilities evaluate where and how they provide care for the full family.

3 Increase the availability of child care

The findings reviewed above suggest that the struggles that military families experience with child care sit at the intersection of many other topic areas in this survey. Unfortunately, improvement in child care without intervention would require substantive improvements on many fronts including income levels and financial readiness and health care accessibility and telehealth. Until programs are put in place to alleviate the burden

that families experience in their health care and financial status, programs that improve the availability of child care would help military and veteran families navigate life. This includes standard child care availability as well as drop-in opportunities. Military life requires families to be nimble; the child care systems must follow suit.

4 Right-size BAH to decrease the housing burden experienced by military families

The findings show that military and veteran families are feeling the burden of a rising cost of living. Right-sizing the Basic Allowance for Housing would alleviate some of the strain on their finances as they cope with an increasingly expensive world. By correcting the BAH calculation, families would be in a better position to save, provide balanced meals for their families, overcome unexpected expenses, and ultimately reach long-term financial goals. In addition, MFAN recommends an assessment of the structure of BAH as it relates to the sustainment of privatized military housing and expanding availability to meet demand, especially in markets with fewer community-based options.

5 Reduce the barriers to saving for military families

In 2021, military and veteran families report barriers to saving money including insufficient pay, increased costs of living, soaring housing costs, high recurring bills, and limited understanding of financial planning. By supporting pay and allowance increases in alignment with the rising cost of living, families would be in a better position to save money, feed their families, find appropriate housing, face financial emergencies, and reach long-term financial goals. Overall, the pay structure must be reviewed and compared against the reality of modern-day Americans. With military spouse employment as a consistent barrier, child care shortages, and frequent moves, many military families are forced to make ends meet on the service member's pay alone. These data show that relying on a single income to sustain the household is problematic for many.



Military Family
Advisory Network

Learn more at mfan.org