According to a recent study by C+R Research, 60% of U.S. shoppers polled are afraid to go to the grocery store during the COVID-19 pandemic. This fear is likely exacerbated among households with a member who is immunocompromised or has specific dietary restrictions. Since the start of the Pain Points Poll polling period, there has not been a sustained decrease in the percentage of military and veteran family respondents reporting they have a member of their family at high risk and are unable to shop due to fear of exposure.
**RECOMMENDATION:** Continue to expand nationwide grocery delivery, curbside pick-up, and other nontraditional shopping options.

Military and veteran family respondents have reported sustained, nationwide demand for grocery delivery and curbside pick-up options since introducing the question on April 14—a finding that is in line with national reporting. High demand for this service is expected to continue until there is widespread use of a vaccine, and as of Week 8 of polling, one-fifth of military family respondents continue to identify “grocery delivery or curbside pick-up” as an unmet need in their local community. Until there is widespread usage of a vaccine, however, Pain Points Poll data suggests that households with members who are at high risk of infection have an acute need for these services.

There is an opportunity for grocery stores and others who want to alleviate food accessibility for households with immunocompromised individuals to consider the following practices:

- allow high-risk individuals, in addition to the elderly, to shop during the early morning hours before other guests;
- offer high-risk households priority and/or discounted access to grocery delivery or curbside pick-up;
- create a mechanism to identify households with nontraditional circumstances that may also benefit from priority and/or discounted access to grocery delivery or curbside pick-up (e.g., military families with a deployed service member, caregivers without access to respite care, and single parents);
- remove limitations (such as limited number of children who can accompany a parent when shopping) for households with nontraditional circumstances such as those outlined above; and
- foster collaborative partnerships between volunteers and for-profit and not-for-profit food providers to ensure food access for low-income, high-risk populations that cannot afford fees associated with grocery delivery and/or curbside pick-up.
There is market demand and a need for the Defense Commissary Agency to expand the Click2Go commissary program—especially to the San Diego area, Norfolk area, and Fort Campbell area.

Using the CMSI Pain Points Poll data from April 14 to May 12, a geographic gap analysis was conducted among active-duty respondents reporting that grocery delivery or curbside pick-up options were a top-three unmet need for their family, and who also reported it was an unmet need in their local community. Results indicate the greatest need for Click2Go expansion in the San Diego area, Norfolk area, and the Fort Campbell area. The National Capital Region also has a comparable need.

Note: this analysis is constrained by the sample, which includes a large number of respondents from the San Diego, National Capital Region, and Fort Campbell areas due to Blue Star Families’ Chapter presence in those locations and subsequent successful respondent recruitment efforts there. While this constraint validates the need itself in those areas, it also means that ranking criteria may be slightly biased in favor of the identified locations.
INABILITY TO FIND OR AFFORD FOOD FOR THOSE WITH DIETARY RESTRICTIONS

“I have a chronic illness and have a special diet that is already expensive. The government relief helped a lot but will soon run out for a cushion.”
- Military Spouse

According to a study conducted by the National Institute of Health, 19% of U.S. adults surveyed believe they are food-allergic, and an unquantified number have dietary restrictions necessary to support their health or align with a religious preference. COVID-19-related food shortages and food supply chain issues are well-documented, as is the corresponding increase in average food costs. These issues were particularly acute for individuals and households with specific dietary restrictions; however, the percentage of military and veteran family respondents reporting they have a member of their family with dietary restrictions and are unable to find the food they need due to food shortages has decreased since the start of the polling period. While it is likely that this statistic will remain stable as long as experts are correct that redistribution efforts are working, if supply chain issues persist, this trend may reverse. Although the response rate for this population in the Pain Points Poll is too low to determine whether or not rising food costs are disproportionately impacting households with documented dietary restrictions, several respondents with dietary concerns have documented affordability issues in open-ended responses.
**RECOMMENDATION:** Ensure access to special dietary items at affordable prices for those with dietary restrictions.

Although there has been a slight decrease in the percentage of military and veteran respondents reporting the inability to find the food they need to comply with dietary restrictions due to food shortages, this issue pre-dated the COVID-19 pandemic and is not likely to disappear completely.

There is an opportunity for grocery stores and others who want to ensure diet-compliant food accessibility for households and individuals with food allergies or medical dietary requirements to consider the following practices:

- post signage near foods that are compliant with the most prevalent food allergy diets to request they be reserved for households that need them;
- intentionally identify surplus foods that are compliant with the most prevalent food allergy diets and donate them to local food banks and/or discount these items when selling them to food banks; and
- explore differential pricing of these items for households where there is a medically-documented diet requirement.

**PAIN POINTS POLL METHODOLOGY**

This analysis was conducted using Pain Points Poll polling data from March 18 to May 12, 2020. The Pain Points Poll is a program of the COVID-19 Military Support Initiative. It is presented by Booz Allen Hamilton with additional support from USAA. Analysis is conducted by Blue Star Families’ Applied Research Team; analysis and survey instrumentation is informed by extensive input from military family members, advocates, subject matter experts, and policymakers who work with military families.

Polling began on March 18 and analysis is conducted on a weekly basis. With the exception of Week One, when polling was conducted using a different survey platform, the response rate includes the aggregate number of individuals who began the survey. Week One of polling includes only those respondents who completed the entire questionnaire. The number of respondents varies by question based on applicability to the respondent (for example, relationship to the service member or presence of children).

<table>
<thead>
<tr>
<th>POLLING WEEK</th>
<th>POLLING PERIOD</th>
<th>TOTAL RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>March 18 - 24</td>
<td>1,321</td>
</tr>
<tr>
<td>2</td>
<td>March 25 - 31</td>
<td>1,234</td>
</tr>
<tr>
<td>3</td>
<td>April 1 - 7</td>
<td>690</td>
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<td>April 8 - 14</td>
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<tr>
<td>6</td>
<td>April 22 - 28</td>
<td>560</td>
</tr>
<tr>
<td>7</td>
<td>April 29 - May 5</td>
<td>822</td>
</tr>
<tr>
<td>8</td>
<td>May 6 - 12</td>
<td>562</td>
</tr>
</tbody>
</table>
A survey branching technique was introduced in Week Four of polling, whereby the answers to certain questions were a gateway to specific follow-on questions (detailed branching is available upon request). Prior to that, respondents who left the question blank or indicated it was not applicable to their experience were excluded from the analysis for that question.

Possible biases introduced due to the utilization of a non-probability sampling method include over- or under-representation, particularly the case when looking at race/ethnicity among all respondents. Additionally, representativeness by service branch differs weekly. The majority of the sample are consistently spouses of active-duty service members. Unlike previous Blue Star Families research, however, polling allows respondents to select more than one military affiliation, so there is overlap among respondents reporting they are spouses of active-duty service members, that they are themselves service members, or that they are themselves veterans. With the exception of Week One of polling, which utilized the survey functionality in Form Assembly, polling was conducted online using GetFeedback, a product of Survey Monkey, generating a self-selected, convenience sample.

References to “family respondents” indicate that those who selected they are the service member are grouped with those who selected they are the spouse; those who selected both are only counted once based on a unique respondent identifier. Any comparisons that are made from week to week are subject to sample bias, and identified trends are most reliable for active-duty spouses and active-duty families due to the sample size of those populations. This is not a panel data set, and there is no way to distinguish whether the same individuals have taken the poll multiple times over the course of the polling period. This introduces the opportunity for dual-counting when analysis groups polling weeks to increase the response rate on a question for analysis or to look at an average descriptive statistic.