

COVID-19

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Pain Points Poll Deep Dive: UNDERSTANDING THE IMPACT OF COVID-19 ON BLACK AND HISPANIC/LATINX FAMILIES

National COVID-19 [mortality rates](#) clearly demonstrate that the pandemic has disproportionately impacted Black and Hispanic/Latinx communities. When [age is taken into account](#), Black Americans are 3.7 times more likely than white Americans to have died from the virus; Hispanics/Latinxs are 2.8 times more likely. In addition to a greater proportion of deaths, Black and Hispanic/Latinx professionals have experienced [greater unemployment](#) and [greater risk of exposure](#) during the crisis. Researchers argue that these differential impacts are the result of [long-standing systemic inequities](#) in access to education, wealth, and housing, which have been exacerbated by COVID-19. Data from the COVID-19 Military Support Initiative's (CMSI) Pain Points Poll, featuring 201 Black (6% of sample) and 341 (10% of sample) Hispanic/Latinx respondents, echoes many of these inequities within the military and veteran communities. However, future research drawing from a more robust, representative sample is needed to substantiate these findings.

Note: Polling was conducted from March 18 - May 26, 2020, closing one day after George Floyd was killed, and before nationwide conversations regarding racial justice and inequity began in earnest. All racial groups with over 200 respondents over the course of the polling period were analyzed.

PERCEIVED UNMET COMMUNITY NEEDS DIFFERED BY RACE/ETHNICITY

Black respondents to the Pain Points Poll most commonly identified financial assistance as an unmet need in their community, while both Black and Hispanic/Latinx respondents highlighted the need for better communication about available resources/services. The need for outdoor recreational activities was commonly cited by all three racial/ethnic groups analyzed.

PERCEIVED UNMET LOCAL COMMUNITY NEEDS AMONG ALL RESPONDENTS TO THE PAIN POINTS POLL

(Avg. across weeks 5-10)

Shaded areas indicate a top-three commonly cited response

	BLACK RESPONDENTS	HISPANIC/LATINX RESPONDENTS	WHITE RESPONDENTS
Financial assistance	26%	17%	20%
Communication about resources/services available	25%	20%	16%
Outdoor recreational activities	24%	22%	26%
Educational services for children	20%	14%	23%
Grocery delivery or curbside pick-up	18%	19%	19%

Different Financial Needs and Impacts

“I have [taken on] a loan to fly home to bury my mother-in-law in New Orleans. I’m using credit cards to stock up the house with food, paper goods and etc.... all bills going up to keep the house running.”

- Black Military Spouse

In line with previous civilian [research](#), which finds that Black families have fewer financial resources to navigate uncertain financial times than white families, Pain Points Poll data suggests that **Black and Hispanic/Latinx military families may be in need of greater financial assistance than their white peers**. On average, 40% of Black and 33% of Hispanic/Latinx active-duty family respondents reported relying on savings or credit cards during the pandemic, compared to 29% of white active-duty family respondents. According to [civilian research](#) conducted in April 2020, 73% of Black and 70% of Hispanic/Latinx Americans reported they did not have enough savings to cover them for three months of financial hardship. Around the same period, **26% of Black and 17% of Hispanic/Latinx respondents of the Pain Points Poll, on average, identified financial assistance as an unmet community need**. Without financial relief for Black and Hispanic/Latinx communities, more severe health and financial security effects are likely imminent.

Different Awareness of Available Resources and Services

There is some evidence that surveyed **Black and Hispanic/Latinx respondents may not be receiving effective communication about available community resources**, even in the midst of a national crisis. “Communication about resources/services available” was the second most commonly cited “unmet local community need” reported by both Black (25%) and Hispanic/Latinx (20%) respondents, and both groups reported this at higher rates than white (16%) respondents. Yet, when asked whether the installation in their community was effectively communicating its activities and guidance, only 10% of Black and 15% of Hispanic/Latinx respondents disagreed, compared to 19% of white respondents.

While more research is needed to understand nuanced differences in information dissemination, resource awareness, etcetera, this may be indicative of an information-sharing disconnect between these populations and the resource providers and/or referring organizations who seek to serve them. For example, despite many Veteran Service Organizations offering free financial counseling and resources, a survey of veteran entrepreneurs found that 25% of minority respondents were [unsure about their eligibility](#) for the Paycheck Protection Program (PPP) during the pandemic. If Black and Hispanic/Latinx communities are not as tied in to local Veteran and Military Service Organizations as white communities, they may be missing key opportunities for support.

Black, Hispanic/Latinx, and white respondents agree: Outdoor recreational activities are an unmet need, but they differ in how often they use them

“Not being able to freely be outdoors, in parks or at trails and having a very small yard has been hard.”

- Hispanic Military Spouse

While “outdoor recreational activities” was a top-three most commonly cited unmet community need during the pandemic for Black, Hispanic/Latinx, and white respondents, a much greater proportion of white respondents reported engaging in daily outdoor activity. On average, 45% of white respondents reported spending time outside each day during the crisis, compared to 35% of Hispanic/Latinx and 24% of Black respondents. [Less access to green space](#) among Black and Hispanic/Latinx communities may contribute to lower reported outdoor activity. As the pandemic continues and during recovery efforts, community and installation leaders should ensure outdoor recreation space and resources are allocated equitably, particularly in predominantly Black and Hispanic/Latinx neighborhoods.

A GREATER PROPORTION OF BLACK RESPONDENTS REPORTED NO MENTAL HEALTH IMPACTS FROM THE CRISIS, COMPARED TO HISPANIC/LATINX OR WHITE RESPONDENTS, BUT MORE RESEARCH IS NEEDED

There is conflicting data emerging regarding whether or not the mental health of Black and Hispanic/Latinx communities’ mental health suffered more than white communities during the COVID-19 pandemic. The [Centers for Disease Control and Prevention reports](#) that 44.2% of Black and 52.1% of Hispanic respondents experienced one or more adverse mental or behavioral health symptoms in June, compared to 37.8% of white respondents. However, [research from Brookings](#) found that Blacks and Hispanics/Latinxs reported

“As far as emotional health, I utilize Military OneSource for counseling in various struggle areas of my life that affect me emotionally.”

- Black Active-Duty Service Member

greater resilience during COVID-19, compared to whites. Similarly, Pain Points Poll data echoes some civilian research and contradicts other studies. For this reason, Pain Points Poll data should not be used in isolation to inform decision-making, but should instead be considered alongside a growing body of research.

In line with Brookings research, but directly contradicting CDC reports, 34% of Black respondents to the Pain Points Poll reported no impact to their mental health during the pandemic, while 27% of Hispanic/Latinx and white respondents reported the same. Blacks and Hispanics/Latinxs have also been found to [possess protective factors](#) that help them better overcome mental health challenges than whites. While **67% of Black respondents in our sample reported taking active measures to support their mental health during the crisis, only 60% of Hispanic/Latinx respondents reported the same.** Future research with a larger sample size and the ability to control for socioeconomic variables is needed to contextualize these findings and further explore true differential effects.

IMPACT OF COVID-19 ON MENTAL HEALTH AMONG ALL RESPONDENTS TO THE PAIN POINTS POLL

(Avg. across weeks 5-10)

	BLACK RESPONDENTS	HISPANIC/LATINX RESPONDENTS	WHITE RESPONDENTS
My mental health has not been impacted by the current crisis	34%	27%	27%
I am taking active measures to support my mental health during the crisis	67%	60%	64%

THE MOST COMMONLY CITED STRATEGIES RESPONDENTS USED TO SUPPORT THEIR OWN MENTAL HEALTH WERE THE SAME, REGARDLESS OF RACE; HOWEVER, THE RATES AT WHICH THEY USED CERTAIN STRATEGIES DIFFERED

“My family and friends use Zoom, FaceTime, and WhatsApp to set up gatherings, connect time, and for sharing events. We also use apps for working out or trying new things, then talking to each other about our experiences.”

- Black Veteran and Military Spouse

Meditation or prayer, hobbies, and talking with friends and/or family were the most commonly identified mental health support strategies for all three racial/ethnic groups analyzed. However, the proportion of respondents who identified these strategies varied within each racial/ethnic group analyzed.

On average, 66% of Black respondents reported meditation/prayer as a strategy for supporting their mental health during the crisis, compared to 51% of Hispanic/Latinx and 49% of white respondents. This finding is consistent with previous civilian literature that indicates [religious coping is more prevalent in Black than white communities.](#)

Conversely, a greater proportion of Hispanic/Latinx and white respondents than Black respondents reported talking with friends and/or family and maintaining a well-balanced nutritious diet as mental health support strategies during the crisis. Given their [overrepresentation in essential jobs](#) and greater reliance on savings during the pandemic, Blacks may have less time and financial resources to engage in these support strategies.

SELF-REPORTED STRATEGIES FOR SUPPORTING PERSONAL MENTAL HEALTH, AMONG ALL RESPONDENTS TO THE PAIN POINTS POLL WHO REPORTED THEY WERE TAKING SOME ACTION (Avg. across weeks 5-10) Shaded areas indicate a top-three commonly cited response			
	BLACK RESPONDENTS	HISPANIC/LATINX RESPONDENTS	WHITE RESPONDENTS
Meditation or prayer	66%	51%	49%
Doing hobbies and other things I enjoy	51%	58%	58%
Talking with friends and/or family via video or phone	51%	58%	56%
Ensuring I get enough good quality sleep to function effectively	46%	39%	45%
Maintaining a well-balanced nutritious diet	37%	46%	48%

THE PERCEIVED IMPACT OF COVID-19 ON CHILDREN'S BEHAVIOR DIFFERED AMONG BLACK, HISPANIC/LATINX, AND WHITE RESPONDENTS

“My children are staying connected with their peers through kids messenger, FaceTime, and via phone. We have a book of science experiments that they have been testing out and weekly paint sessions.”

- Black Veteran and Military Spouse

Among families with school-age children, only 11% of white respondents reported no impact on their child’s education, compared to nearly one-fifth of Black and Hispanic/Latinx respondents (18% each) who said the same. This may be why white respondents (62%) also more

commonly reported a change in their child(ren)’s behavior, which they believe is due to their inability to socialize with peers, compared to Black (52%) and Hispanic/Latinx (56%) respondents.

Although all three of the analyzed populations most commonly reported the same primary manifestations of behavioral changes in their children, there is variation regarding the extent to which individual behaviors were an issue within each group. Among those who reported a behavioral change, **white respondents more commonly reported their child(ren) experiencing anger, acting out, and appearing withdrawn during the crisis** (at least a five percentage point differential).

Collectively, these findings may provide some evidence that Black and Hispanic/Latinx respondents view their children as having a slightly more resilient response to the crisis than white, non-Hispanic respondents. Due to small sample sizes, however, more research is needed to further examine the effects of the pandemic on children.

PERCEIVED BEHAVIORAL CHANGES IN CHILDREN, AMONG ALL RESPONDENTS TO THE PAIN POINTS POLL WHO REPORTED THEIR CHILD'S BEHAVIOR HAD CHANGED

(Avg. across weeks 5-10)

Shaded areas indicate a top-three commonly cited response

	BLACK RESPONDENTS	HISPANIC/LATINX RESPONDENTS	WHITE RESPONDENTS
My child is acting out more than usual	54%	56%	61%
My child seems sadder than usual	46%	48%	51%
My child seems more anxious than usual	50%	51%	50%
My child seems angrier than usual	29%	28%	45%
My child is more withdrawn than usual	21%	16%	31%

Recommendations to Mitigate the Impact of COVID-19 on Black and Hispanic/Latinx Families

Implement targeted information campaigns to raise awareness of available financial resources among minority military families

There is some evidence that surveyed Black and Hispanic/Latinx respondents may not be receiving effective communication about available resources, even in the midst of a national crisis. “Communication about resources/services available” was the second most commonly cited “unmet local community need” reported by both Black and Hispanic/Latinx respondents, and both groups reported this at higher rates than white respondents. Military and Veteran Service Organizations, as well as other service providers, can assess communication platforms and messaging to ensure equitable and inclusive information dissemination.

Strategies for improving information access for Black and Hispanic/Latinx military families include:

- **Increasing outreach to enlisted military families:** Black and Hispanic/Latinx service members are more heavily [concentrated](#) in the enlisted ranks within all service branches.
- **Partnering with religious organizations and the Chaplain Corps:** Black family respondents in our sample reported greater rates of spiritual activity than white respondents.
- **Providing information about resources and services in Spanish:** According to a [2017 report](#), 31% of Hispanic service members reported speaking Spanish at home. Providing information to families in their native language not only makes resources more accessible, but is also an important signal of inclusion and cultural competence on the part of the service provider.

As part of this broader effort to better communicate with Black and Hispanic/Latinx members and clients, organizations can also take steps to better understand racial/ethnic composition of organizational membership and clients. Pain Points Poll findings (and the consistent underrepresentation of racial minority groups in surveys, including this one) suggest that Black and Hispanic/Latinx communities may not be as connected to organizations that share information about available resources and advocate on military families’ behalf. In order to ensure organizations are meeting the needs of all members, they can actively evaluate programming to mitigate the risk of differential resource/service usage and effectiveness of services across racial/ethnic groups.

Ensure Black and Hispanic/Latinx military families are comfortable finding and using available outdoor recreational resources

Prior to the pandemic, researchers found that [access and affordability are barriers to Black and Hispanic/Latinx communities' participation in outdoor recreation](#). Now, with [greater financial strain](#) and [decreased child care resources](#), it is critical that Black and Hispanic/Latinx communities have opportunities for safe, nearby outdoor recreation. As the pandemic continues, community leaders should ensure equitable allocation of funding for outdoor recreation, particularly in predominantly Black and Hispanic/Latinx communities.

Beyond availability of green space, one survey by the [National Recreation and Park Association](#) found that awareness of resources is the second most commonly cited reason people do not take advantage of park resources. Civilian and military parks and recreation administrators should work to improve awareness of outdoor activities among Black and Hispanic/Latinx residents and consider what can be done to make them [more inclusive, welcoming environments](#).

Expand reporting and research on the impact of COVID-19 on Black and Hispanic/Latinx families

Health care and community leaders need better information about how the pandemic is impacting minority populations to improve health equity. In April, the [American Medical Association](#) called for federal, state, and local health care agencies to collect and share data on the COVID-19 mortality and infection rate trends for minority populations. States and localities can use this [data for funding campaigns, community outreach, and public health initiatives](#) to strategically reduce disparities.

Further research drawing from representative, robust samples is also needed to better understand the impact of these disparities on racial/ethnic minorities in both the civilian and military sectors. In particular, researchers can focus on questions around child care, K-12 education, caregiving, military transition, and PCS, for which responses to the Pain Points Poll were too low to analyze differential impacts by race. Researchers should also consider that the experiences of racial/ethnic minority groups during the pandemic may not be homogeneous and analyze the unique challenges and needs of Black and Hispanic/Latinx families independently. Multivariate analysis would be particularly useful to capture a more comprehensive picture of these complex equity issues.

Methodology

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 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, and the completion rate represents those who completed the entire questionnaire. Week one of polling includes only those respondents who completed the entire questionnaire. The number of respondents varies by question due to skip logic that removed questions that were not applicable to the respondent (i.e., questions about child care and children's education were removed for respondents who indicated they did not have children). Participants were able to skip questions that they preferred not to answer.

POLLING WEEK	POLLING PERIOD	TOTAL RESPONSES
1	March 18 - 24	1,321
2	March 25 - 31	1,234
3	April 1 - 7	690
4	April 8 - 14	668
5	April 15 - 21	749
6	April 22 - 28	560
7	April 29 - May 5	822
8	May 6 - 12	562
9	May 13 - 19	160
10	May 20 - 26	655
11*	May 27 - June 2	

**Week 11 yielded an abnormally low response rate and is excluded from the quantitative dataset. Qualitative responses were, however, included in qualitative reports and analysis.*

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.

Polling also included several open-ended questions; new qualitative questions were introduced at several time points. The responses to these open-ended questions were analyzed daily and coded into themes. These responses provided context for the quantitative findings and guided the development of new polling questions and policy initiatives.

Sampling

It should be noted that the sample population for this poll is not representative of the military or veteran community as a whole, due to a non-probability sampling method. The sample demographics varied from week to week, and therefore the representativeness of the sample also varied. These findings guide inquiry and can highlight trends, but are not intended to be generalized to the entire military and veteran-affiliated community. 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, in all weeks, is spouses of active-duty service members. This polling does allow 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.

Recruitment

Polling participation was voluntary, and information provided was kept confidential unless respondents provided permission to share their information. Participants were recruited through multiple efforts, including social media outreach, announcements at virtual town halls, and meetings held by the CMSI.

References to “family respondents” indicate that those who selected they are the service member or veteran are grouped with those who selected they are the spouse of a service member or veteran; 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.

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- Military Officer Association of America
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