

# COVID-19

## MILITARY SUPPORT INITIATIVE

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# Pain Points Poll Local Report: NORFOLK, VA

## INTRODUCTION

Together, in light of the COVID-19 pandemic, the Association of Defense Communities (ADC), Blue Star Families, and participants of the White Oak Collaborative formed the COVID-19 Military Support Initiative (CMSI) to provide resources and expertise to support communities, states, and military families, including:

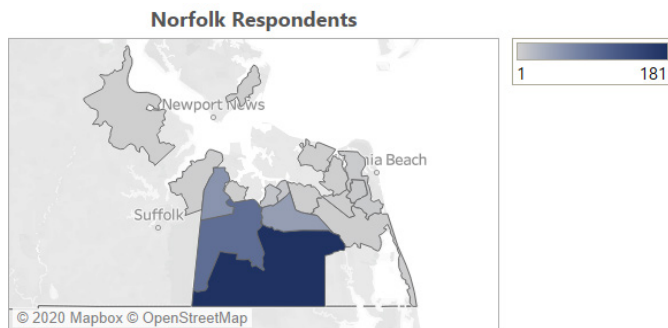
- Comprehensive coverage of the COVID-19 crisis through a new daily publication, building on ADC's widely read On Base daily newsletter; the newsletter featured updates on substantial national stories and local coverage of how our military was responding
- Virtual town halls on critical issues impacting our military, defense communities, and their families during this time
- Military Community and Family Organizations and experts convening to identify and advance promising practices and policy solutions, and pinpoint and track ongoing issues
- An ever-evolving platform for sharing information and resources, and a repository to capture and document promising practices and lessons learned
- Live polling and feedback of military family pain points; this rolling data will inform our efforts to provide and organize immediate direct services and policy recommendations
- Policy recommendations developed and shared at the local, state, and federal level

Over the course of its ten-week fielding, the Pain Points Poll garnered 7,421 responses. It addressed issues ranging from financial readiness and employment to child care and school closures, military readiness, and health and wellness. While the poll was live, results were released in weekly "roll-ups," which highlighted acute pain points that arose in that week's data. Once polling closed, the Blue Star Families Applied Research team published reference materials for posterity (including qualitative data reports) and a series of topical "Deep Dives," which featured recommendations made on behalf of the CMSI policy committee.

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## Why Norfolk?

In a single week of fielding (May 20-26), the Norfolk area garnered over 600 respondents, 423 of whom were active-duty military family members. This presented the Applied Research team with the unique opportunity to analyze a one-week snapshot of data specific to active-duty families in Norfolk and make it available to decision-makers in the area.



## Interpretation Notes

When reading this report, please note that “Norfolk respondents” refers to active-duty military family respondents<sup>1</sup>.

### Respondent Characteristics:<sup>2</sup>

- 76% are military spouses
  - 24% say their service member is currently deployed
  - 22% are civilian Mission Essential
- 28% are active-duty military members
  - 69% are Mission Essential
  - 20% are dual military
  - 13% are single parents
- 80% are white, non-Hispanic
- 11% are Black/African-American
- 11% are Hispanic/Latinx

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## PART 1: PERSONNEL AND READINESS

*Compared to the national sample of Navy respondents, active-duty respondents in Norfolk reported room to improve with regard to installation communication and offering work flexibilities such as telework; however, they reported behavioral changes, such as mask-wearing, social distancing, and following the Centers for Disease Control (CDC) guidelines at similar or better rates than the rest of the Navy, on average.*

### Installation Communication

Among Norfolk respondents who were familiar with their local installation’s communication during the pandemic, 61% agreed the installation had “effectively communicated its activities and guidance during the crisis”; another 12% were neutral, and 27% disagreed with this statement. These figures are similar to responses from all Navy personnel (59%), although the national sample (67% agreed) was slightly better, on average.

While those who received communication generally felt it was useful, 15% of active-duty family respondents in the Norfolk region reported they were unsure whether or not their installation had “effectively communicated its activities and guidance during the crisis.” Only 11% of the Navy and 9% of the national active-duty samples said the same. This may indicate that not all Norfolk respondents received essential communication during the crisis, but additional research is needed to validate this.

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<sup>1</sup>In the event that a respondent selected both “service member” and “spouse,” they are counted only once in the grouped “military family” statistic

<sup>2</sup>The national active-duty family sample had a lower percentage of active-duty (15%), civilian Mission Essential spouses (18%), currently deployed (18%) and Black/African-American (6%) respondents than the Norfolk sample; military spouses (84%) had a greater representation in the national active-duty family sample. All other respondent characteristics were similar between the national and Norfolk active-duty family samples.

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## Following CDC Guidance

Among Norfolk respondents who were familiar with their/their service member's unit's response to the pandemic, 64% reported their service member's command was following CDC guidelines. This is a slight improvement compared to the average responses of Navy respondents (60% over the ten-week polling period) and is similar to the national sample (63%). Seventy-two percent of Norfolk respondents reported "their family was practicing social distancing or in quarantine," and 22% reported "everyone they [saw was] wearing a mask."<sup>3</sup> These figures are also similar to responses from the national sample (79% social distancing and 21% wearing masks), but social distancing is more common among the broader Navy sample (84% social distancing and 23% wearing masks), on average.

Based on statistics provided by the CDC, there is some evidence that Norfolk area respondents had not adopted behavioral changes that prevent or slow the spread of coronavirus, particularly with regard to mask wearing, at the same rates as their civilian counterparts polled around the same time; 77% of U.S. respondents reported they are in self-isolation, and 60% reported they "always" wear a mask.<sup>4</sup>

## Unit and Individual Productivity

Polling results indicated the COVID-19 response did not critically impede individual productivity. Nineteen percent of Norfolk respondents reported their/their service member's unit "continued to train" in week 10 of polling, however there were indications that the overall impact on Norfolk area service members' productivity was not as great as Navy respondents, on average. While 17% of Norfolk area service members reported they had "reduced working hours in order to homeschool

or provide educational support to children," 26% of all Navy service member respondents said the same. Meanwhile, there was no notable difference between Norfolk service member respondents and their national peers regarding changes to work quality; 18% of Norfolk area service members and 17% of active-duty service members in the national sample reported the "quality of [their] work ha[d] declined because they are caring for children while working."<sup>5</sup> Furthermore, 28% of Norfolk area service members reported increased work hours due to the pandemic; this is similar to the national sample (27%).<sup>6</sup>

Effective strategies for Pain Points Poll respondents navigating school and child care closures included the ability to telework and shift their working hours to earlier or later in the day to care for children. Both of these strategies were employed by units in the Norfolk area; 27% of Norfolk area service members reported teleworking, and 17% reported they were shifting work hours to care for children.

## Individual and Family Readiness

As previously mentioned, 28% of Norfolk service members reported increased work hours. This increased workload in and of itself places service members at a greater risk of burnout; this risk is compounded further during the pandemic when many are also trying to manage increased home demands related to caring for children. Proactive measures preventing burnout among these groups is necessary to maintain long-term personnel well-being and readiness.

The current environment is also presenting new challenges for military families, which some fear could harm their careers. For example, although only a handful of respondents answered the question (n=47), nearly half (49%) of Norfolk area service

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<sup>3</sup> Note: Very few respondents answered this question (n=60) and the question was only offered during this week of polling.

<sup>4</sup> Czeisler MÉ, Tynan MA, Howard ME, et al. Public Attitudes, Behaviors, and Beliefs Related to COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance — United States, New York City, and Los Angeles, May 5–12, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:751–758. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e1> . Retrieved from [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e1.htm#T2\\_down](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e1.htm#T2_down)

<sup>5</sup> The number of Navy respondents who provided an answer to this question who were outside of the Norfolk area was too low to provide a comparison data point.

<sup>6</sup> The number of Navy respondents who provided an answer to this question who were outside of the Norfolk area was too low to provide a comparison data point.

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members in rated positions are at least somewhat concerned about the impact the pandemic (and resulting decreased training) will have on their ability to receive a fair performance evaluation. Messaging and actions to alleviate these concerns could benefit morale in Norfolk units.

Furthermore, child care concerns are complicating service members' ability to work. Lack of child care was a concern for military families prior to the pandemic<sup>7</sup>, but may be exacerbated after child care and school closures during COVID-19.<sup>8</sup> Six percent of Norfolk area respondents reported their family is unable to use their command-approved Family Care Plan (FCP) due to the pandemic, and 17% are considered civilian or military Mission Essential personnel, but are unable to find or use child care. Working with these families to find alternative care and/or work arrangements (to include the ability to transition into a less demanding role

and/or postpone transitioning into a high-demand position) until the pandemic subsides could instill trust in unit leaders, improve morale, and prevent members from being separated from service due to conditions beyond their control.

Finally, 46% of Norfolk area respondents reported restrictions on service member's travel had or would prevent them from taking a previously-planned family vacation. While Department of Defense policies, at large, have been put in place to protect leave accumulated this year<sup>9</sup>, it is important to remember these inconveniences, especially if they bookend a deployment, can compound stress during an already stressful time. Messaging that is sensitive to this reality can help military families feel small sacrifices are understood and appreciated by leadership, even when the situation cannot be changed.

## Further Reading

For additional information about the impact of COVID-19 on military personnel and readiness, please explore the following publications, which are available at [bluestarfam.org/covid19-research](https://bluestarfam.org/covid19-research).

- Pain Points Poll Deep Dive: The Impact of Child Care and School Closure Challenges on Military Personnel and Readiness
- Pain Points Poll Deep Dive: Understanding Unit and Installation Responses to COVID-19\*
- Pain Points Poll Qualitative Report: Financial Implications of the Stop Movement Order
- Final Pain Points Poll Data, Part 1: Demographics, Employment, Financial Readiness, and Child Care
- Resilience Under Stress Study\*

\*Pending publication

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<sup>7</sup> Blue Star Families. (2019). 2019 Blue Star Families annual Military Family Lifestyle Survey Comprehensive Report. Retrieved from [bluestarfam.org/survey](https://bluestarfam.org/survey)

<sup>8</sup> COVID-19 Military Support Initiative (2020). Pain Points Poll Deep Dive: Understanding the Impact of Childcare and School Closures on Military Readiness. Retrieved from <https://bluestarfam.org/covid19-research/>

<sup>9</sup> Military Times (April 16, 2020). Canceled spring break? Troops can now carry over up to 120 days leave this year, thanks to COVID-19 travel ban. <https://www.militarytimes.com/news/your-military/2020/04/16/canceled-spring-break-troops-can-now-carry-over-up-to-120-days-leave-this-year-thanks-to-covid-19-travel-ban/>

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## PART 2: FINANCIAL READINESS

*Military families experienced a wide range of financial impacts from the pandemic. While 58% of Norfolk area active-duty respondents reported no impact to their financial situation, others reported greater impacts stemming from the stop movement order, school closures, and military spouse's employment instability.*

### Stop Movement

Thirteen percent of Norfolk area active-duty families with Permanent Change of Station (PCS) orders reported they were or would within 60 days be making two house payments due to PCS uncertainty. It is important to note that this poll was fielded prior to the enactment of the amendment of the Servicemembers Civil Relief Act, which enables military families to break a lease agreement at their gaining duty location in the event of a stop movement order and is retroactive to March 2020. While this may solve the problem for some military families, open-ended responses to the Pain Points Poll indicate that the inability to break a new lease is only one of many situations covered under this statistic, and it is unclear the extent to which other situations—such as purchasing a home or moving ahead of a service member—impacted families in the Norfolk area or nationally.

### Incurring Pandemic-Related Expenses

Nearly one-fifth (19%) of Norfolk area respondents had already used (or planned to use) savings or a credit card to cover expenses during the crisis. Six percent reported incurring additional child care expenses due to child care closures, and 4% reported they continued to pay for child care to hold their slot, even though the facility was closed. Five percent of Norfolk family respondents reported they “usually use a free or reduced lunch program at school and [were] now food insecure,” and 3% reported their family was “unable to afford a week’s worth of food” (to adhere to social distancing guidelines).

### Military Spouse Employment

Military spouse employment has been a long-standing national problem, with 24% of military spouses unemployed before the pandemic.<sup>10</sup> Pain Points Poll findings suggest that figure is likely to increase to 30% or greater in the wake of the pandemic. Sixteen percent of Norfolk area military spouses who were working before the pandemic reported they have “lost their job” or are now “unable

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<sup>10</sup> Defense Manpower Data Center Office of People Analytics. (2018). *The 2017 Survey of Active Duty Spouses*. (DMDC Report No. 2018-006). Office of People Analytics

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to work as a result of the current crisis.” This figure is not notably different from the average among active-duty respondents in the national sample (17%) or the Navy (18%). Nine percent of Norfolk area military spouses reported they are “unable to seek or begin employment.”

The majority of military spouses are women<sup>11</sup>, who are disproportionately bearing the burden of caring for children, both nationwide and within our polling sample. If nontraditional schooling and

childcare closures persist, military spouses’ labor force participation will likely decrease, and their underemployment will increase.<sup>12</sup> During week 10 of polling, 21% of Norfolk area military spouses reported they had reduced their work hours to “homeschool or provide educational support to their child.” Fourteen percent reported they had or would use paid or unpaid leave to care for children; however, only 8% said the same of their service member spouse.

### Further Reading

For additional information about the impact of COVID-19 on financial readiness, please explore the following publications, which are available at [bluestarfam.org/covid19-research](https://bluestarfam.org/covid19-research).

- Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Military Spouse Employment
- Pain Points Poll Deep Dive: The Impact of Child Care and School Closure Challenges on Military Personnel and Readiness
- Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Black and Hispanic/Latinx Military Families
- Pain Points Poll Deep Dive: Nontraditional Food Accessibility Dilemmas
- Final Pain Points Poll Data, Part 1: Demographics, Employment, Financial Readiness, and Child Care
- Final Pain Points Poll Data, Part 2: Defense Community Needs, Economic Recovery, and Resource Needs
- Resilience Under Stress Study\*

\*Pending publication

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## PART 3: HEALTH AND WELLNESS

*With regard to health, wellness, and the ability to maintain continuity of care, Norfolk area respondents are similar to the full sample of active-duty respondents and Navy respondents.*

### Families Who Have Members with Elevated Needs

COVID-19 impacted the entire country, but some families were more impacted or were at greater risk of impact than others. Families with members who have special needs reported unique impacts of the pandemic, quarantine or social distancing precautions, and resulting closures. Six percent of Norfolk area respondents reported having a member

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<sup>11</sup> Defense Manpower Data Center Office of People Analytics. (2018). *The 2017 Survey of Active Duty Spouses*. (DMDC Report No. 2018-006). Office of People Analytics <https://download.militaryonesource.mil/12038/MOS/Surveys/Survey-Active-Duty-Spouses-2017-Overview-Briefing-MSO.pdf>

<sup>12</sup> Ibid

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of their household who is “at high risk of infection and [the family] is unable to shop for key essentials due to fear of exposure.” This figure aligns with the national active-duty family sample (6%).<sup>13</sup>

Forty-six percent of Norfolk area caregiver respondents reported “[their] special needs child [was] not able to maintain continuity of care for services” during the pandemic. There are no notable differences when compared to the full sample of active-duty respondents or Navy respondents. Military families with special needs children are already challenged when relocating to obtain and maintain services. The pandemic exacerbated these existing concerns. Therefore, it is critical that military and civilian leadership, school administrators and staff, School Liaison Officers, and other key stakeholders maintain awareness of military families who have a member with special needs, and provide support to maintain or regain access to services.

### **Mental Health and Behavioral Health**

The majority of Norfolk area service members (54%)<sup>14</sup> and military spouses (64%) reported they were taking active measures to care for their own mental health. The most popular means of doing so among Norfolk area military spouse respondents were spending time outside each day (78%), regular exercise and walks (78%), and talking to friends and family on the phone (73%).<sup>15</sup> When asked “How are you doing now?” there was no statistically-significant difference in the mean scores between Norfolk area military spouses and service members, or between Norfolk respondents and the active-duty national or Navy samples. On a scale of 1 (“having a really hard time”) to 5 (“excellent”), military spouses had a mean score of 3.2, and service members had a mean score of 3.0.

While these self-care practices and generally “okay” self-reported well-being are promising and indicate families are coping with the pandemic’s additional stressors, only 24% of Norfolk area military spouse respondents reported they had “no impact” to their mental health due to the pandemic.<sup>16</sup> Fifty-eight percent of local military spouses reported they were “considerably more stressed than before the crisis.”<sup>17</sup> About one-fourth (26%) of Norfolk area military spouse respondents without a pre-existing depressive disorder or anxiety diagnosis had begun experiencing symptoms, and 24% percent reported they did not have a pre-existing sleep disorder diagnosis, but had begun to have difficulty sleeping. These statistics are similar to those reported by the full samples of active-duty military spouse respondents and Navy military spouse respondents. Although the response rate for Norfolk area service member respondents reporting the impact of the pandemic on their own mental health



**say “mental health care” is an unmet local community need**

was too low to analyze for this report, 18% of Norfolk area service members and 9% of military spouses could not maintain continuity of care for mental health or behavioral health services.

### **Children’s Mental Health and Behavioral Health**

Similar to the full active-duty sample and their Navy colleagues, 64% of Norfolk area respondents

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<sup>13</sup> To few Navy respondents provided a response to this question to provide a point of comparison

<sup>14</sup> Only 65 active-duty service members responded to this question

<sup>15</sup> The number of service member respondents who provided a response to this question was too low to analyze, however, in the national sample of active-duty service members, “maintaining a well-balanced diet” (62%), “doing hobbies and other things I enjoy” (60%), and “meditation or prayer” (51%) are the most commonly-cited self care practices.

<sup>16</sup> The number of service members who reported a response to this question was too low to analyze, however, in the national sample of active-duty service members, 38% reported “no impact” to their mental health

<sup>17</sup> The number of service members who reported a response to this question was too low to analyze, however, in the national sample of active-duty service members, 38% reported they were “considerably more stressed than they were before the crisis”

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reported their children’s behavior had changed “due to their [child’s] inability to socialize with peers.” The manifestations of these changes were also similar to the comparison groups, with the most commonly-selected behavioral changes being “sadder than usual” (62%), “acting out more than usual” (59%), and “more anxious than usual” (51%).

The impacts that Norfolk area active-duty family respondents reported on their children’s ability to maintain services, their own mental health, and regarding their children’s behavioral changes underscore the need for service providers and leadership to be sensitive to the increased demands on all family members, and work to support or alleviate those demands where possible. Emphasizing the need for preventative mental health care, offering supportive services, and limiting additional demands are some examples of practices that can help.

### Further Reading

For additional information about the impact of COVID-19 on health and wellness, please explore the following publications, which are available at <https://bluestarfam.org/covid19-research/>.

- Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Military and Veteran Families’ Mental Health
- Final Pain Points Poll Data, Part 3: Whole Family Health, Wellness, and Education
- Pain Points Poll Qualitative Report: Health, Wellness, and Caregiving
- Resilience Under Stress Study\*

\*Pending publication

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## PART 4: CHILD CARE AND SCHOOLING

*Note: Most data points related to how child care and school closures are impacting service members and military spouses are integrated into preceding sections.*

### Family Cohesion

“Time away from family” has been the top military life issue in Blue Star Families’ annual Military Family Lifestyle Survey since the answer choice was introduced three years ago. In 2019, 50% of service members ranked this as one of their top-five issues.<sup>18</sup> Although the pandemic placed new stresses on many families, service members and their families were well-positioned to benefit from one of the rare silver linings of the pandemic and social distancing practices: increased time to spend with their families. Thirty-one percent of Norfolk area service members reported they had “grown closer to [their] children as a result of their family’s social distancing.” This rare opportunity for the service member to spend time with their family was noted with appreciation both in the poll and open-ended responses.

Similar to the full sample of active-duty family respondents and other Navy families, 48% of Norfolk area respondents reported they were “unable to use their normal child care provider” during week 10 of fielding. The closures have been particularly hard for families who have children with special needs. Twenty percent of Norfolk area families reported their special needs child “lost access to special education services”, similar to national and Navy peers.<sup>19</sup>

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<sup>18</sup> Blue Star Families. (2019). 2019 Blue Star Families annual Military Family Lifestyle Survey Comprehensive Report. Retrieved from [bluestarfam.org/survey](https://bluestarfam.org/survey)

<sup>19</sup> Due to a limitation of the survey instrument, this question was provided to all respondents with children, not only those who had children with special needs. For this reason, this statistic was primarily used to gauge improvement over the course of the polling period; it did not improve over ten weeks of polling.



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As local installation commanders assess the child care challenges military families are facing, it will be important to ensure families are aware of housing restrictions on the amount of time children are permitted to be home unsupervised. Thirteen percent of Norfolk area service member respondents reported they are “unable to provide supervision for their older children while schools are closed.” To mitigate risks posed by this situation, local unit leaders can work with service members to permit work flexibility in situations where leaving a child at home violates installation or local policies.

**30%** say “educational services for children” are an unmet local community need

### Further Reading

For additional information about the impact of COVID-19 on child care and schooling, please explore the following publications, which are available at [bluestarfam.org/covid19-research](https://bluestarfam.org/covid19-research).

- Pain Points Poll Deep Dive: The Impact of Child Care and School Closure Challenges on Military Personnel and Readiness (June 2020)
- CMSI K-12 Education Working Group Final Report
- Pain Points Poll Qualitative Report: Child Care (May 2020)
- Pain Points Poll Qualitative Report: K-12 Education
- Final Pain Points Poll Data, Part 1: Demographics, Employment, Financial Readiness, and Child Care (July 2020)
- Final Pain Points Poll Data, Part 3: Whole Family Health, Wellness, and Education
- Resilience Under Stress Study\*

\*Pending publication

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