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Pain Points Poll:

Summary of Findings and Impact

About

The COVID-19 Military Support Initiative

As the COVID-19 pandemic crisis in the U.S. intensified in early 2020, two organizations — the Association of Defense Communities (ADC) and Blue Star Families — quickly realized that military and veteran communities were uniquely impacted and formed the COVID-19 Military Support Initiative (CMSI) on March 16. CMSI immediately leveraged the expertise and capabilities of ADC members and of the White Oak Collaborative, a cross-sector, voluntary gathering of major nonprofits and other stakeholders. The collaborative grew rapidly as CMSI quickly became the go-to resource for members of the military community as they grappled with the impacts of the pandemic.

The Association of Defense Communities

ADC builds resilient communities that support America's military. We are the connection point for leaders from communities, states, the military, and industry on community-military issues by enhancing knowledge, information sharing, and best practices. With nearly 300 communities, states, regions, and affiliated industry organizations, ADC represents every major defense community/state in the nation.

Blue Star Families

The families of our all-volunteer military are making unprecedented sacrifices to serve our country. Blue Star Families was founded by military spouses in 2009 to empower these families to thrive as they serve. We are committed to strengthening military families by connecting them with their neighbors — individuals and organizations — to create vibrant communities of mutual support. We believe we're all stronger when we take care of one another.

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Acknowledgments

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CMSI's success exemplifies the importance of building strong organizational relationships and networks before a crisis in order to successfully manage an emergency when it arises. There is no doubt that our community benefited from over a decade of relationship-building leading up to the pandemic through the White Oak Collaborative, and there is no doubt that they will be even more resilient after it thanks to CMSI.

Each CMSI partner played a critical role in supporting currently serving and veteran families and their local communities, and much of that work began with the Pain Points Poll. Collectively, CMSI partners shared the poll via social media, checked in to ensure they were interpreting results correctly, and provided insight to help us capture and document emerging trends. Most importantly, they listened to the findings and used the data to fix big problems.

This report is a summary of Pain Points Poll findings, a celebration of the work CMSI partners and the CMSI Policy Committee accomplished, and a call to action for work yet to be done.

CMSI Partners

American Armed Forces Mutual Aid Association

American Association of Retired Persons

American Enterprise Institute

American Red Cross

America's Warrior Partnership

Armed Services YMCA

Association of the United States Army

Booz Allen Hamilton

Bunker Labs

Child Care Aware of America

Cohen Veterans Network*

Easterseals

Elizabeth Dole Foundation*

Enlisted Association of the National Guard of the United States*

Hiring Our Heroes

The Institute for Veterans and Military Families,

Syracuse University

Iraq and Afghanistan Veterans of America

Lumina Foundation

Military Child Education Coalition*

Military Family Research Institute, Purdue

University*

Military Officers Association of America*

Military Support Programs and Networks

The Mission Continues

Modern Military Association of America

National Math + Science Initiative

National Military Family Association*

Operation Family Caregiver

Operation Homefront

Our Military Kids*

Partners in PROMISE*

Penfed Foundation

PsychArmor Institute*

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Robert R. McCormick Foundation

Secure Families Initiative

Sesame Workshop

Team RWB

THANKS USA

The Retired Enlisted Association*

Tragedy Assistance Program for Survivors*

United Through Reading

USO

Wounded Warrior Project

USAA

*CMSI Policy Committee Member

In addition to CMSI partners, Blue Star Families' Department of Applied Research is grateful for topical advice and insight provided by Matt Borron (the Association of Defense Communities), Capt. Abbie Yablonsky (USN) (TriService Military Family Research Interest Group), Jack Ballantyne and Rebecca Porter, Ph.D., (Military Child Education Coalition), and Rajeev Ramchand, Ph.D., (currently with the RAND corporation).

Introduction

We are extremely interested in the data that CMSI is collecting, especially the data on your [Permanent Change of Station (PCS)] and questions on installation communication activities. Your surveys have been a fantastic resource for us. — Senior Department of Defense Official

Blue Star Families began fielding the Pain Points Poll on March 18 to capture emerging concerns and help prioritize responses. Over its 10-week fielding, it garnered 7,421 responses and addressed a wide range of issues, including employment and financial readiness, child care and school closures, military readiness, and health and wellness. While the poll was live, results were released in weekly reports which highlighted acute pain points that arose in that week's data. Once polling closed, the research team published reference materials, including qualitative reports and a series of topical "deep dive" reports, which featured recommendations made on behalf of the CMSI Policy Committee. These resources can be found at bluestarfam.org/covid19-research.

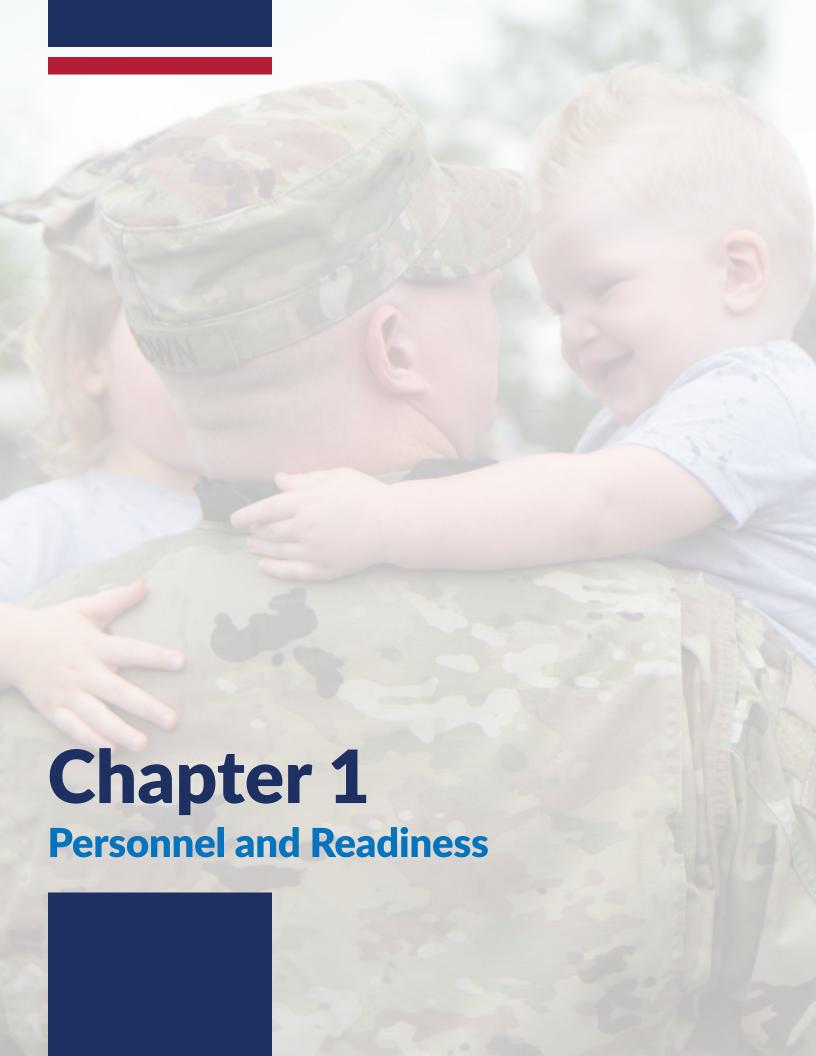
Pain Points Poll data was used to inform at least 44 recommendations to the Office of the Secretary of Defense, Congress, state or local governments, military and veteran serving organizations (MSOs/VSOs), and the private sector. As of this writing, all but 10 had resulted in some forward movement, even if the issue wasn't fully resolved. Data points were also featured in "Dear Colleague" letters, opinion pieces, and major news outlets to substantiate the challenges military families faced.^{1,2,3,4}

This report is not a comprehensive overview of all Pain Points Poll findings. Rather, it is intended to summarize the most prominent themes that emerged over the course of the polling period, shine a spotlight on populations which were disproportionately impacted by the crisis, and provide examples of how data from research like this can be used by key stakeholders in government, the private sector, and by MSOs/VSOs to more effectively support military and veteran families. It is also a call to action to help finish the work CMSI started. We accomplished a lot, but there is still more to be done.

Further Reading

All of the following reports are available through the COVID-19 Military & Veteran Research Library (bluestarfam.org/covid19-research):

- ★ The Impact of COVID-19 on the Military and Veterans: What We Learned, and What We Can Do (CMSI Working Group Final Report)
- ★ In Summary: What We Can Do To Continue Supporting Military Communities (CMSI Working Group Executive Summary)
- ★ Final Pain Points Poll Data, Part 1: Demographics, Employment, Financial Readiness, and Child Care July 2020
- ★ Final Pain Points Poll Data, Part 2: Defense Community Needs, Economic Recovery, and Resource Needs July 2020
- ★ Final Pain Points Poll Data, Part 3: Whole Family Health, Wellness, and Education
- ★ Pain Points Poll Local Report: Norfolk, Va.
- ★ Pain Points Poll Qualitative Report: Child Care May 2020
- ★ Pain Points Poll Qualitative Report: Financial Implications of COVID-19 July 2020
- ★ Pain Points Poll Qualitative Report: Impact of Stop Movement Order on PCS Moves
- ★ Pain Points Poll Qualitative Report: Health, Wellness, and Caregiving
- ★ Pain Points Poll Qualitative Report: K-12 Education
- ★ Pain Points Poll Qualitative Report: Personnel and Readiness
- ★ Pain Points Poll Deep Dive: Nontraditional Food Accessibility Dilemmas May 2020
- ★ 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 Families
- ★ Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Mental Health
- ★ Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Military Spouse Employment
- ★ Resilience Under Stress Study: Comprehensive Report



"My spouse and I are active-duty health care professionals. My spouse is a Navy physician and I am a Navy nurse. While our nation, state, and community were asked to restrict movement and stay in place, my husband and [I were] called to the front lines of the pandemic response. We are thankful to be employed while others are not, however the unprecedented increase in our work hours and responsibilities while our children have been at home and our elderly parents and family members are in need... have taken a significant toll on our family. "?

- Active-Duty Service Member and Spouse, May 24, 2020

The "Stop Movement" order caused an unanticipated financial burden on PCSing families

Our house was already listed and under contract to sell. We are now stuck paying a monthly rental amount for ourselves and storage for our items while still paying the mortgage on the house while waiting to close.... We have already put down money on a home at the new location and will have to pay that mortgage when construction is completed in June. — Military Spouse, April 18, 2020

Financial issues and relocation stress were the top two military lifestyle stressors identified by active-duty families before the pandemic; those challenges were exacerbated during the 2020 PCS season as a result of the "Stop Movement" order. Disruption to relocation plans left many PCSing military families paying for housing at both their leaving and receiving installation. At its peak in week five of polling, 25% of active-duty family respondents under PCS orders indicated they "were (or would within 60 days) be paying two leases/mortgages due to PCS uncertainty."

On average, 18% of respondents under PCS orders also reported paying unanticipated outof-pocket expenses as a result of rescheduling a PCS. In open-ended responses these families indicated a range of expenses not usually incurred during a typical PCS move, such as lost escrow money or replacing seasonal wardrobes due to delays in household goods delivery schedules.

Financial Impacts of "Stop Movement" Order on Families with PCS Orders



^{*}Weeks four and nine were excluded from this analysis due to low response rate; the announcement extending the "Stop Movement" order was made during week five of polling.

Despite "Stop Movement" training reductions, productivity remained high

We are using the slower operational tempo to develop internal training and skills prioritized by our major command [...] to make our airmen more deployable and versatile in response to future threats.

- Air Force Service Member



Active-duty family respondents reporting their service member's "unit continued to train despite exposure concerns" sharply decreased from 42% to 17%. However, respondents from the sea services reported training at higher levels than those representing the Army or Air Force. While decreased training may translate to reduced operational readiness, Department of Defense (DoD) and Pain Points Poll findings suggest that overall productivity remained high.^{7,8,9}

Over half of service member respondents (51%) reported they continued to work remotely and 25% reported increased work hours. Though the quantity of the work was well-preserved, 17% of active-duty service member respondents reported the "quality of [their] work had declined because [they] were caring for children while working." Work changes related to caring for children differed by gender, with female service members reported greater impacts than their male peers.

Behavioral changes needed to contain the spread of the coronavirus were slow to take hold and saw little improvement

We were weeks into this mess and still conducting battalion level formations. — Army Service Member



Active-duty family respondents reporting their/their service member's unit was "following CDC [Centers for Disease Control and Prevention] guidelines to reduce the spread of the COVID infection" increased only 10 percentage points, from 55% to 65% from week four to 10 of polling, despite DoD guidance requiring the use of facial coverings issued on April 5.¹⁰ Respondents from the sea services reported the lowest levels of adherence.

Adaptation Rates Differed by Service Branch

	Service member's unit continues to train despite exposure concerns*	Service member's unit command is following CDC guidelines to reduce the spread of the COVID-19 infection**
Air Force	21%	69%
Army	25%	68%
Coast Guard	30%	65%
Marine Corps	42%	62%
Navy	36%	60%

^{*}Average across weeks 2-10 **Average across weeks 4-10



Female service members are facing greater challenges than their male peers

I am not considered mission essential personnel, but I am still working in an on-call status. I've gone into work a couple of times a week since we went to mission essential only and I have had to bring my daughter with me due to not having access to the military child <u>care centers</u>.

- Female Active-Duty Service Member, April 18, 2020

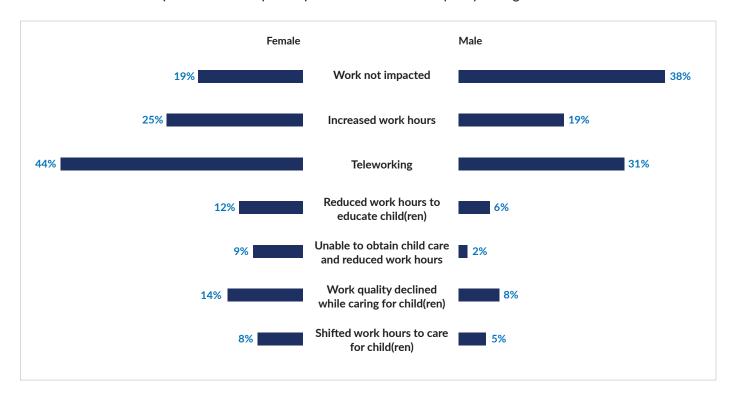


Like their civilian counterparts,¹¹ female service member respondents were disproportionately impacted by the pandemic. A greater proportion of female service member respondents, on average, reported issues such as reduced or shifted work hours and decreased work quality due to child care and school closures. Over half of male service member respondents (55%) with children reported no change to their child care plan, compared to 28% of their female colleagues.

These findings are alarming, given that a recent Government Accountability Office report found women were 28 times more likely to leave military service than their male colleagues. To avoid exacerbating existing retention challenges, senior military leaders should review guidance about upcoming training requirements and consider options relaxing or postponing overnight activities, especially near installations where schools and child care facilities remain closed or operate at a reduced capacity. Daily work flexibilities, such as teleworking and flexible work schedules, were also identified as actions that supported their family during spring school closures.

Female service members are more likely than their male colleagues to report work impacts from COVID-19

% of service member respondents who report impacts to work hours or quality during COVID-19



Translating Data into Action

Amending the Servicemember Civil Relief Act

Problem

Pain Points Poll data showed the "Stop Movement" order was putting undue financial hardship on military families in the middle of or preparing for a PCS move. Many service members had already entered into lease agreements at their new duty station, but were no longer able to move. Legally, they could not terminate the lease because the Servicemember Civil Relief Act (SCRA) did not include "stop movement" orders as a justification for termination.

Data-Informed Solution

CMSI partner, the National Military Families Association (NMFA), was aware of this issue from stories arising within their own network, which were affirmed by Pain Points Poll data. In early April, NMFA worked with members of the House and Senate Veterans' Affairs Committees to develop legislation to amend the SCRA.

Military Family Win

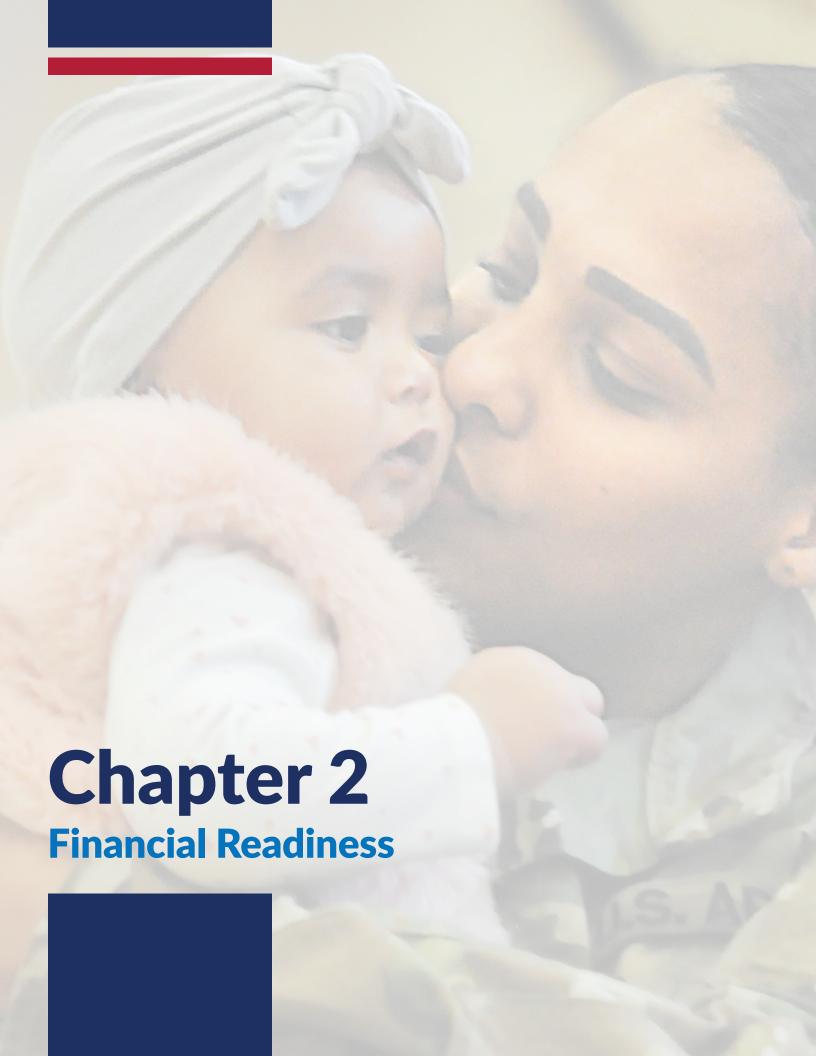
On May 8, Rep. Mike Levin (D-Calif.) introduced a bill¹³ to modify the SCRA to allow service members to cancel a lease on a premises or vehicle if they had PCS orders but were held in place due to a stop movement order of at least 30 days. A similar bill was introduced in the Senate by Senators Jerry Moran (R-Kan.) and Jon Tester (D-Mont.). On July 21, Congress passed (and the president signed) legislation to expand SCRA benefits to families left with two rents/mortgages due to a postponed PCS as a result of stop movement orders.



[CMSI] polling data was very helpful in developing our legislative efforts on this issue. We wrote a letter to DoD last week and are introducing a bill Friday to expand SCRA protections.

- Legislative Assistant, Office of Rep. Mike Levin (D-Calif.)





"Things have been tight, as we would normally rely on school meals to help feed our children, and now we are of course feeding them full time. We are also still required to pay for day care expenses so as to not lose our spot, which is difficult when work has been so sporadic. My husband is gone a lot on underways, and is unable to come home to help as often as he would normally be able to."

- Military Spouse, May 22, 2020

COVID-19 may force many military spouses out of the labor force

Currently, my child's preschool is closed so we don't have any place to take them while both parents work. I'm currently taking care of my child full time while my service member teleworks. Because it's unknown when the preschool will reopen, I'm not able to commit to full-time opportunities like I would have before, so I've been looking and applying to jobs here and there, but I cannot commit myself to any employer at this time unless I can manage the child care deficiency. — Military Spouse, May 6, 2020

The unemployment rate among military spouses prior to the pandemic was 24%,¹⁴ and Pain Points Poll data suggests that without serious action, this could increase to 30% or higher in its wake if military spouses remain in the labor force at all. On average, 17% of military spouse respondents who had been employed prior to the pandemic reported they had lost their job or were unable to work. Among those military spouses who continued to work, 13% reported they were taking paid time off or unpaid leave in order to support child care or education needs. While remote work may have provided employment continuity for some, military spouses who were working prior to the pandemic in our sample reported the lowest rates of telework during the crisis compared to all other subpopulations. Community, state, and federal leaders should act to ensure military spouses are included in pandemic economic recovery efforts, given the many unanticipated employment challenges they experienced as a result of the pandemic.

Fewer Military Spouses Transitioned to Telework Than Any Other Surveyed Group

*Average across weeks 5-10 of polling



COVID-19 presented new food insecurity and accessibility challenges

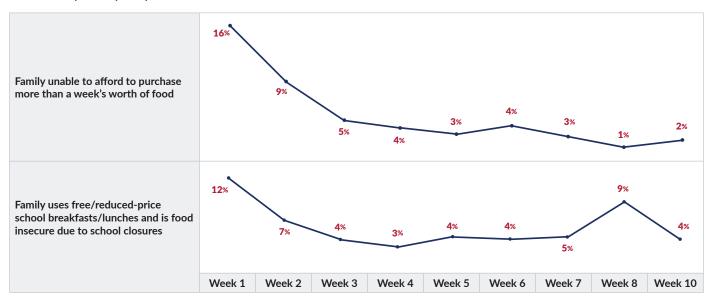
[My] husband is locked down on base for up to 90 days. I have to shop [for food] and do not want to take my two younger children for fear of exposure [...] and it's not like I can call someone into our home to watch them while I go. — Military Spouse, March 28, 2020

Food insecurity among military families pre-dated the pandemic and remained a challenge in light of nationwide grocery supply shortages, school closures and loss of income; however, active-duty and veteran family respondents reported improvements in food access and affordability across the polling period. The number of military and veteran family respondents who reported inability to afford more than one week's worth of food and loss of access to free or reduced-price school meals also declined across polling weeks. The percentage of military and veteran family respondents who reported they had a member of their family with dietary restrictions and were unable to find the food they needed due to food shortages also decreased across the polling period.

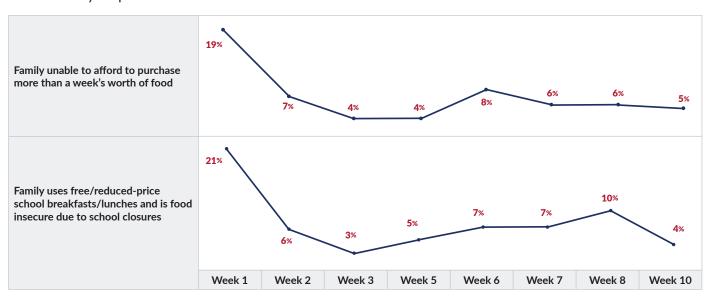
Still, fear of exposure while grocery shopping remained a concern for respondents and will likely continue for some families. The percentage of military (11%) and veteran (14%) family respondents reporting they had a member of their family at high risk and were unable to shop due to fear of exposure did not steadily decrease across the polling period. At their peaks, 32% of military families in week five and 23% of veteran family respondents in week eight identified "grocery delivery or curbside pickup" as an unmet need in their local community. This decreased as polling continued; by the close of the polling period, only 9% of military and 12% of veteran families reported this. Grocery stores and community leaders should continue to look for innovative ways to improve food accessibility for military and veteran families, particularly those with immunocompromised members.

Food Insecurity Challenges Decreased Among Active-Duty and Veteran Family Respondents

Active-Duty Family Respondents



Veteran Family Respondents





Black and Hispanic/Latinx military families faced greater financial needs...

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, etc.... all bills [are] going up to keep the house running.

- Black Military Spouse, May 23, 2020

Black and Hispanic/Latinx Pain Points Poll respondents reported greater financial need during the pandemic; 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. Financial assistance was also identified as an unmet community need by 26% of Black and 17% of Hispanic/Latinx respondents on average.

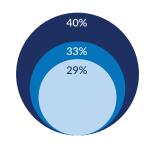
...and felt they were not receiving the information they needed

"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. These findings, along with the current national dialogue about racial equity, underscore a need for military and veteran service providers to assess communication platforms and messaging to ensure equitable and inclusive information dissemination, particularly with regard to available financial assistance resources.

Black and Hispanic Respondents Report More Reliance on Credit Cards or Savings

% of respondents reporting they had or planned to use credit cards or savings to cover expenses during the pandemic





Translating Data into Action

Establishing the Military Family Relief Initiative

Problem

Financial issues were a top stressor for military service members, spouses, and veteran families pre-pandemic, with un/underemployment, out-of-pocket housing costs, and out-of-pocket relocation costs being the top contributors to that stress.¹⁵ The Pain Points Poll found the COVID-19 crisis may have exacerbated underlying financial challenges for some military families by precipitating an increase in spouse un/underemployment, causing families to make two housing payments as a result of the "Stop Movement" order, etc.

Data-Informed Solution

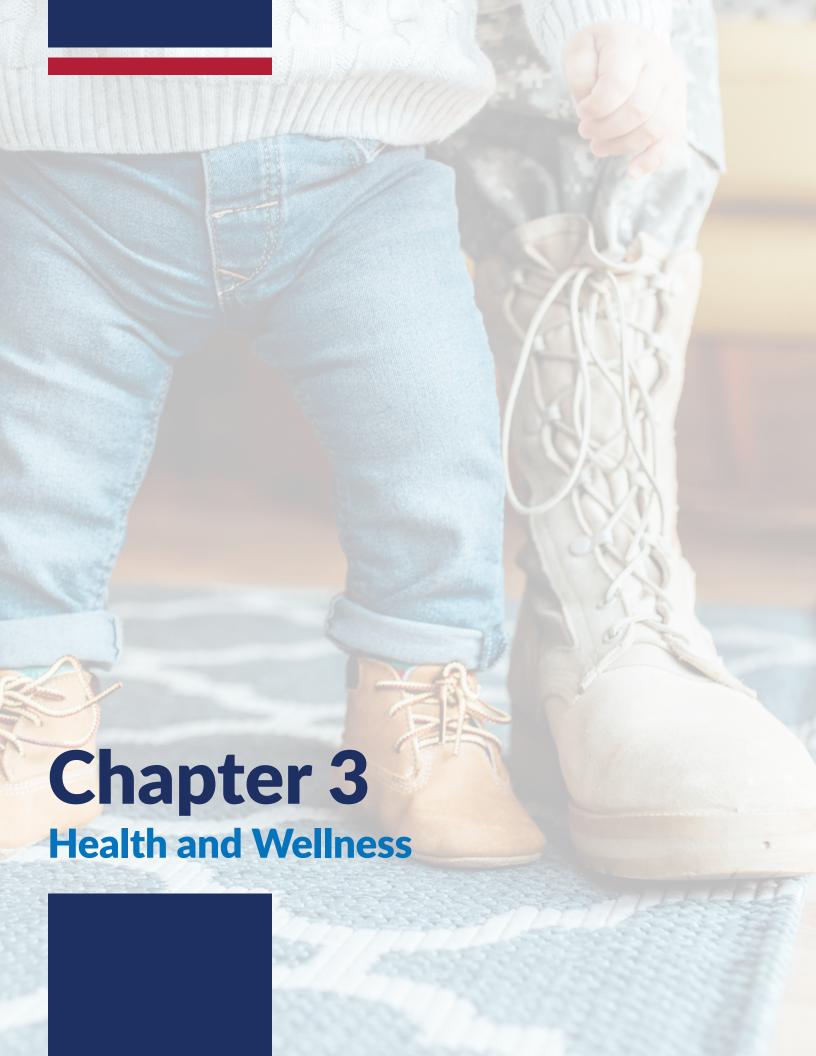
After becoming aware of these financial effects of the pandemic on military families from CMSI partners' calls, USAA sprang into action and used data from the Pain Points Poll to inform the development of their Military Family Relief Initiative.

Military Family Win

As part of this initiative, USAA committed to giving \$30 million dollars — the largest donation in its history — to alleviate financial stress among military families. A majority of the funding will help military aid societies provide zero-interest loans and emergency grants to eligible service members and their families to go towards financial emergencies, virtual schooling costs, and college educational expenses. As interest-free loans are repaid, the funds can help new recipients in the future — providing a lasting benefit to military families. The funding will also support nonprofit organizations that work to improve veteran and military spouse employment outcomes, assist with junior enlisted child care fees, provide emotional support for military children, etc.



The timely and relevant insights that we gleaned from the CMSI Pain Points Poll, partners' calls, and town halls regarding the financial impacts of COVID-19 on our military families helped to shape the development of USAA's Military Family Relief Initiative — which will provide \$30 million in funding to assist military families during these challenging times. — Greg Frey, Corporate Responsibility Director, USAA



"A few friends have helped with dropping off toilet paper and masks or picking up supplies from the school. What hurts the most is not having regular respite care anymore. I don't get a break at all with my children (one has special needs) while my husband is deployed for over a year, yet I can't risk having someone in my house who sees others' families."

- Military Spouse and Caregiver, May 20, 2020

Many families were not able to continue health care services

Accessing non-COVID health care is extremely difficult and getting medications filled requires taking a full day off of work. I fit into the high risk of infection category, but due to my spouse's deployment I do not have other options — I have to get everything myself. Sadly, I had to resort to urgent care because seeing PCM wasn't an option (non-COVID reasons), but still serious enough that I needed to be seen and treated.

- Military Spouse and Veteran, April 17, 2020

Throughout polling, military and veteran family respondents faced difficulties accessing health care for non-COVID related needs. On average, 18% of active-duty and 19% of veteran family respondents reported they could not access health care due to reasons other than COVID-19. When asked in an open-ended question about barriers to supporting their physical and mental health, over one-third of respondents indicated their health care appointments had been canceled or were hard to obtain because of the crisis. Furthermore, 5% of active-duty and 6% of veteran family respondents reported they could not obtain prescription medicines as a result of the crisis. Parents also reported challenges continuing care and/or services for their children with special needs. On average, 51% of active-duty spouse caregivers reported their child with special needs was not able to maintain continuity of care/services for things such as special therapy, occupational therapy, etc.

Active-Duty Spouse Caregivers Who Reported Their Child With Special Needs is NOT Able to Maintain Continuity of Care/Services for Things Such as Speech Therapy, Occupational Therapy, Etc.



*Week nine excluded due to a low response rate

Nearly one-quarter of military family respondents reported new anxiety or depression symptoms

66

The current crisis has affected me mentally. My spouse is still required to go to work (much less than regular), but with a child with special needs, including autism, keeping him socially distanced and fingers away from his face while having a parent who works at a base greatly affected by COVID-19 has been extremely stressful. — Military Spouse, April 30, 2020



Pain Points Poll data indicates there are emerging mental health care needs within military and veteran family communities, but access to support them with these new challenges may be limited. On average, 23% of military family respondents without a pre-existing depressive disorder or anxiety diagnosis reported now having symptoms. More than half of both military (62%) and veteran family respondents (58%) also reported being considerably more stressed than before the crisis. Overall, 23% of military family respondents on average reported their family needed mental health care services during the pandemic. Mental or behavioral health care was perceived as a top three unmet community need among both military (25%) and veteran (30%) family respondents throughout the polling period. On average, 15% of active-duty and 16% of veteran family respondents reported they could not maintain continuity of care for mental health/behavioral health.

Blue Star Families' 2019 Military Family Lifestyle Survey Re	esults (Unpublished) — Pre-CO	VID-19 State of Military and Ve	eteran Family Mental Health	
	Active-duty service member	Spouse of active-duty service member	Veteran	
Reported diagnosis of depression	10%	17%	21%	
Reported diagnosis of anxiety	20%	32%	32%	
Reported sleep disorder diagnosis	23%	9%	38%	
Pain Points Poll Results (Avg. Across Weeks 5-10)				
Reported a pre-existing anxiety or depressive disorder diagnosis; symptoms have worsened	15%	29%	30%	
Reported NO pre-existing anxiety or depressive disorder diagnosis, but is now experiencing symptoms	18%	24%	16%	
Reported a pre-existing sleep disorder diagnosis; symptoms have worsened	10%	7%	15%	
Reported NO pre-existing sleep disorder diagnosis, but is now experiencing symptoms	16%	24%	20%	



Parents increasingly reported negative behavioral changes in their children

66

I have [four children] that are school-aged. [Two] are okay. [One] has had behavior regression and just needs an outlet like school. [One] is angry. Angry at the world. Angry that everything she knows has been taken away. And all [of them] wish that the Navy didn't need dad now because they need dad now too.

- Military Spouse, May 2, 2020



School closures and reduction of extracurricular activities during the pandemic were challenging for military children. On average, 63% of active-duty parent respondents reported their children had not been able to participate in extracurricular activities they deemed important as a result of the crisis. This may partially explain why 58% of active-duty family respondents reported observing a change in their child(ren)'s behavior due to their inability to socialize with peers. The most commonly identified form of behavior change was acting out.

Military parents reported a need for greater support for their children during school closures, including educational support. Nearly 1 in 4 active-duty family respondents, on average, identified "educational services for children" as a need that was currently unmet in their local community. Despite concerns about educational needs, parents also reported some benefit to additional time with their children as a result of school closures; 23% of military family respondents reported growing closer to their school-age children because of their family's social distancing.

Most Common Children's Behavioral Changes*

*among active-duty family respondents



Translating Data into Action

Launching Blue Star Summer Camps

Problem

An increasing number of Pain Points Poll respondents reported that their children's behavior had changed due to their inability to socialize with peers. While the inability to "participate in important extracurricular activities" may have seemed like a trivial complaint towards the beginning of the polling period, it was clear that children's mental health was suffering due to continued school closures and disruption to their ability to spend time with their peers. When asked how Blue Star Families could better support their family in week five, 32% of respondents requested "virtual activities for children;" it was the second most selected option.

Data-Informed Solution

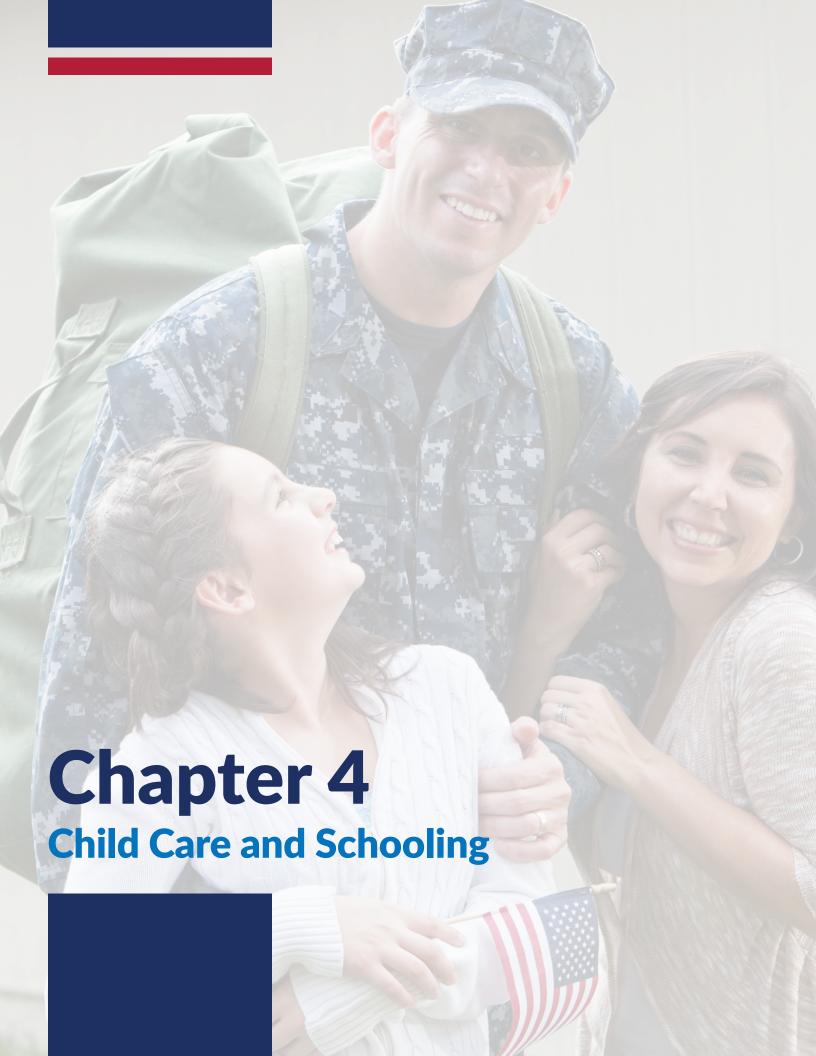
Once Blue Star Families' Community Solutions team became aware of this need, they pulled together a new program — a virtual Blue Star Summer Camp. This four-week camp included daily virtual activities, including two guided field trips per week and a culminating "campfire" event with activities such as songs, special guests, and time for the kids to interact. Although Blue Star Families' program was designed for school-aged children, the team collaborated with another CMSI Partner, Sesame Street Workshop, to offer a curriculum for preschool-aged children to complement each week's camp theme.

Military Family Win

In a summer where traditional summer camps were uncertain, over 3,000 children registered for these virtual sessions, which were offered at no charge. As intended, an evaluation of the program indicated that it helped mitigate some of the behavioral changes children had been exhibiting among participants.



This was a great experience for my child. She had something to do while mom was working at home and while dad is in Japan. She'd been feeling very sad being away from her dad, friends, and family members because of circumstances at hand but this camp really gave her something to look forward to. She got to chat with friends and learn! — Parent of Blue Star Summer Camp Participant



"If our commands want us to get 'back to normal,' summer camps and child care need to fully open back up. If it's still unsafe to do so, our commands need to understand this and work around us having small children home because of the crisis."

- Active-Duty Service Member, May 23, 2020

At its peak, over half of respondents reported they were unable to use their normal child care provider

We will continue with our current plan of reducing my hours, where I work as an essential personnel at a hospital, so that I can come home 1/2 day and my husband (Guard member) can telework from home. This plan will work until my husband is required to return to his civilian job or until our day care requires us to resume payments (which they are currently not doing). — National Guard Spouse, May 22, 2020

At its peak in week five, over half of all respondents (52%) reported they were unable to use their normal child care provider. Despite DoD, state, and national efforts, many essential personnel struggled to find alternative child care options. Eighteen percent, on average (weeks 4-10), of military or civilian essential personnel respondents with child care needs reported they were unable to find or use child care during the polling period. When asked in an open-ended format what barriers were preventing respondents from obtaining additional child care support, 23% reported they were unable to find it, often due to closed child development center facilities, limited occupancy thresholds at off-post child care facilities, and reduced facility hours for sanitation. Furthermore, some active-duty family respondents with family care plans (FCPs) struggled to address child care shortages. On average (weeks 4-10), 6% of active-duty family respondents with child care needs indicated they could not use their command-approved FCP, a situation which disproportionately impacted female service members in our sample.

Considered 'Mission Essential' but Unable to Find or Use Child Care



*Week nine excluded due to a low response rate

Parents' concerns about school transitions and content gaps were exacerbated during the pandemic

We PCS'd during the virus so my children have not had any chance to meet new kids. We left from my kids being off and out of school to trying to figure out an already in place e-learning. The teachers have done their best to try and include my children, but it is hard to do over a computer. — Military Spouse, May 9, 2020

"Dependent children's education" was an important issue of concern for military families before the pandemic; those concerns were exacerbated for families due to COVID-19, particularly those who were transitioning their child(ren) to new schools in the fall of 2020. Seventy percent of military family respondents with children transitioning to new schools indicated they were concerned about addressing content gaps in grade-level standards. At the same time, 46% of families transitioning into a new school in the fall of 2020 reported they were extremely concerned about smoothly integrating into a new school if the school was unable to reopen in the fall. To address these concerns, the CMSI K-12 Education Working Group has recommended that schools have a support plan for displaced military families or those who are attending multiple schools in the same school year due to a delayed PCS. Further, schools need to ensure information regarding available resources is consolidated and efficiently communicated to new families.

Military Families' Top 5 Concerns About Completing the 2019-2020 School Year*

Addressing content gaps in grade-level standards	70%
Individualized education plan (IEP) compliance, including progress and/or completion of goals, skill maintenance, and practice	34%
Collecting school records and belongings from the the school if schools remain inaccessible	25%
Enrolling student(s) into summer learning program at current location	19%
Grade-level promotion after my next PCS (including identifying the required documentation for the receiving school)	14%

^{*}Avg. calculated across the polling period during which the question was asked (weeks 8-10)



Schools were not able to improve access to special educational needs services

I am doing it all on my own. I am not considered essential personnel; however, I am teleworking my full normal hours at home and am not able to utilize day care. I am a single parent household and it is extremely difficult to homeschool my special needs child and telework all day. — Active-Duty Service Member, April 21, 2020

Military families who have children with special needs saw no improvement to the provision of special education services usually provided by their school over the course of the polling period. On average, 20% of respondents with school-aged children reported their special needs child had lost access to their special education and support services that their school provides as a result of school closures. Among military families with children transitioning to a new school in the fall of 2020, 35% identified individualized educational plan (IEP) compliance as a top five concern about completing the 2019-2020 school year; this question was addressed to all parents, not solely to parents who had children with special needs, making this finding particularly alarming.

My Special Needs Child Has Lost Access to the Special Education and Support Services That Their School Provides



*Week nine excluded due to a low response rate

Translating Data into Action

Expanding Fee Assistance Eligibility During Child Development Center Closures

Problem

CMSI learned from qualitative data that subsidized child development centers located on at least one installation had temporarily limited eligibility to dual-military or essential personnel only. In order to acquire fee assistance for temporary off-post care during the crisis, military families with ongoing needs were forced to give up their original enrollment space, sending them back to the bottom of the child development center's wait list once normal operations resumed. Child care affordability is a longstanding concern; as one service member put it, "I had to pay additional day care fees and it seems that people increased their prices, which makes it harder for a single mom with multiple kids to pay for care and [because] I'm active-duty I cannot take time off and I have to drain my savings to pay for added care [...]."

Data-Informed Solution

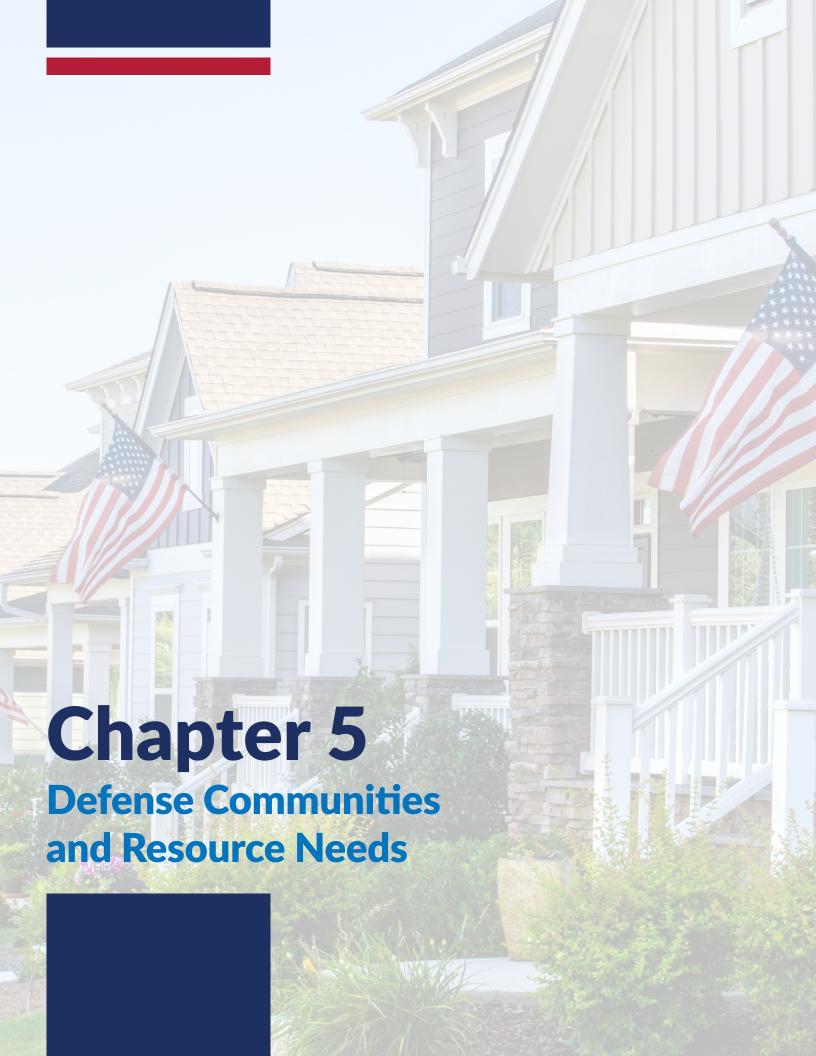
CMSI shared this data with the Department of Defense, recommending that they remove the requirement for a family to disensoll from a child development center in order to become eligible for fee assistance.

Military Family Win

The DoD quickly amended the rule to allow families to enroll with private providers without having to disenroll or lose eligibility form on-installation child development centers. Additionally, Child Care Aware of America temporarily suspended requirements for statements of non-availability to receive financial assistance.

I have half of the Pentagon working to solve this. — Senior DoD Official





"We are at a remote duty station. The nearest base is approximately three hours away. We have limited resources on our installation (commissary is VERY small) and NO child care resources on our installation. We are fortunate to have a community that is very welcoming and supportive of the military community here."

- Military Spouse, March 27, 2020

Defense community professionals became more confident in the availability of community and health resources over time

I work as a contractor for the military and am pleased at the support being provided. In fact, I feel more safe on base than I do off. — Defense Community Professional, May 9, 2020

Defense community professionals reported decreasing levels of concern about the availability of community resources and health information across polling in weeks 5-10. On a scale from 1 "not concerned at all" to 5 "very concerned," defense community professional respondents rated their level of concern about "the adequacy of local family support services" at 3.8 in week five compared to 3.2 in week 10, on average. Similarly, "access to data on infection rates on installations" decreased from 3.4 in week five to 2.9 in week 10.

However, high levels of concern about the impact of "school closures" (4.5) and job losses (3.7) on military families were reported by this population in week 10. Overall, when asked in week 10 about their community economy's ability to recover by April 2021, defense community professional respondents reported an average level of concern of 4.2.

Respondents' perceptions of 'unmet community needs' evolved over time

66 1

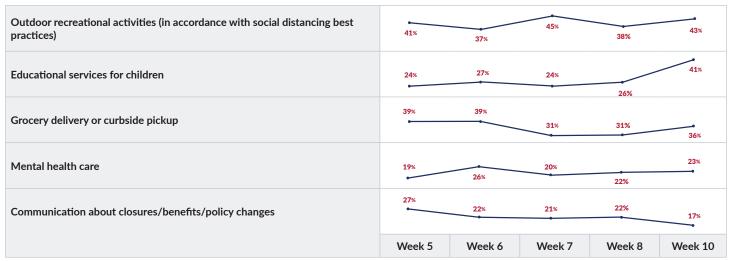
Not being able to be freely outdoors, in parks or at trails and having a very small yard has been hard.

- Military Spouse, April 18, 2020

The top three most commonly cited unmet community needs among all respondents were outdoor recreational activities, grocery delivery/curbside pickup, and educational services for children; however, the rates at which respondents reported these unmet needs changed across the polling period. As summer approached and school closures increased between weeks 5-10, the percent of respondents who reported their community needed "educational services for children" increased by 10 percentage points for military and eight for veteran families. At the same time, defense communities quickly responded to address grocery shortages, and the percent of respondents who identified "grocery delivery/curbside pickup" as an unmet community need in week five decreased by 22 percentage points for military and eight for veteran families in week 10.

Perceived unmet community needs evolved among active-duty families

Services or resources in which perceived need/demand varied at least 5 percentage points over the course of the polling period*



^{*}Week nine excluded due to a low response rate



National Guard families reported increased work hours and financial needs at higher rates

We are a National Guard family that relies on orders for income. Canceled TDYs [temporary duty orders] have left a gap in income. The service member has no additional income from civilian work due to the high optempo of his unit. — National Guard Spouse, March 20, 2020

National Guard families' employment experiences varied during the pandemic, as did their financial challenges. Compared to all sub-groups, National Guard family respondents most commonly reported experiencing increased work hours (19%), particularly those with service members who were activated in response to COVID-19 and civil unrest. However, open-ended responses indicated that while some National Guard families experienced extended mobilizations and increased income, others lost income due to canceled mobilizations or decreased civilian work opportunities. Overall, "financial assistance" was the top cited unmet community need among National Guard family respondents across polling weeks (25%).

Top 3 Unmet Community Needs Among National Guard Family Respondents*

Financial assistance	25%
Outdoor recreational activities (in accordance with social distancing best practices)	23%
Child care	18%

*average across weeks 5-10, excluding week 9 due to low response rate

Translating Data into Action

Extending Programming to National Guard Children

Problem

Pain Points Poll data revealed that, on average, 25% and 23% of National Guard families respectively reported "financial assistance" and "outdoor recreational activities" as unmet needs in their local communities. Moreover, 59% of National Guard family respondents, on average, reported their children were unable to participate in extracurricular activities and 15% reported "educational services for children" was an unmet need in their community.

Data-Informed Solution

A CMSI partner, Our Military Kids, responded to these findings by working with the National Guard Bureau to extend Our Military Kids' activities grant program to the children of National Guard members serving on 120 aggregated day orders outside of the continental U.S. in response to COVID-19, or on the Southwest Border Mission.

Military Family Win

These grants help finance all kinds of activities, including sports, fine arts, camps, tutoring, driver's education, high school band trips, STEM programs, and more.



We worked closely with Mr. Tony Wickham, J1 at the National Guard Bureau, and were able to determine the need for additional support not only for those deployed guardsmen and reservists overseas but also for those activated for the COVID-19 response or the Southwest Border Mission. For service members deployed overseas for 120 days or more, their children are now eligible for two \$300 activity grants and for those activated stateside for an aggregated 120 day, their children may receive a \$300 activity grant for the first time ever. We've had grant recipients in 47 states and two territories for a total of 844 grants since we launched the campaign. The CMSI forum was really critical in determining the need and having the data to support that decision. — Kara Dallman, Executive Director, Our Military Kids

PAIN POINTS POLL SNAPSHOT

NORFOLK, VA: MAY 20-26, 2020

423 active-duty family respondents

76% military spouses 28% service members

In their own words



Carlos Hopkins Secretary of Veterans and Defense Affairs, Commonwealth of Virginia

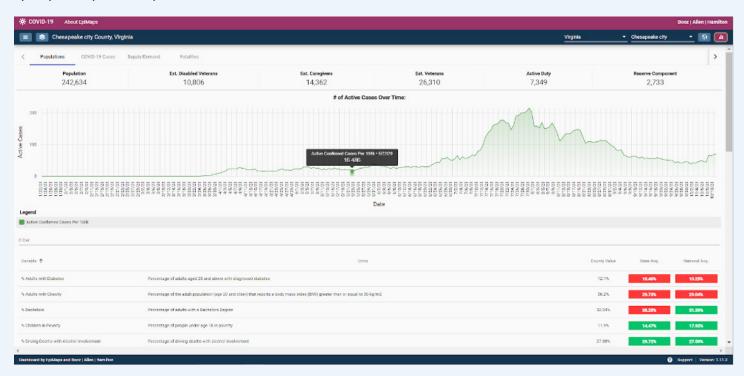


Karly Howell Navy Spouse, Norfolk, Va.

Contextualizing the public health situation and the local community's capacity is helpful in interpreting community-based survey responses. Epimaps, Booz Allen Hamilton's interactive analytics platform, is helpful in this regard. In addition to providing a historical look at COVID-19 cases at the county level, it also provides insight into how equipped those communities were to deal with secondary and tertiary effects of the pandemic. The majority of Norfolk-area respondents in week 10 reside in the city of Chesapeake, which is home to over 7,000 active-duty service members and their families. This case study incorporates Epimaps data for Chesapeake to illustrate the evolution of the public health crisis in that area and to understand the pre-COVID state of certain social determinants of health (such as food insecurity, employment, etc.) which we know to have been impacted by the pandemic.

Historical Data: Active Cases Per 100 Thousand in the City of Chesapeake

Epimaps data provided by Booz Allen Hamilton



On May 22, 2020, Chesapeake residents were experiencing the fewest active confirmed COVID-19 cases per 100,000 in a month (16.486 cases per 100,000) they had since the beginning of April. The following day, however, began a steady acceleration in cases that peaked on July 30 with 215.963 cases per 100,000. As of this writing on Oct. 19, 2020, cases have yet to return to the relatively low levels they were at during week 10 polling.

The relative stability at the time of the poll may have led some respondents to feel optimistic about their community's prospects. The Pain Points Poll data supports this interpretation: 24% of Norfolk active-duty respondents reported their community was doing "much" or "somewhat" better than the week prior, whereas only 19% of active-duty respondents from Virginia said the same.

The Epimaps platform enables rapid assessment of public health determinants in the city of Chesapeake as well as comparison to the state and the nation overall. As seen above, the city of Chesapeake and the commonwealth of Virginia had similar pre-COVID values in measurements of community health and vulnerability. For example, as assessed before the pandemic, 11% of Chesapeake's population and 10% of the general Virginia population were food insecure. Unemployment was also comparable at 3.04% and 3.02% respectively. This overall similarity suggests that effective pandemic mitigation policy measures employed at the state level should be similarly effective on the local level.

The early days of the pandemic presented significant uncertainty for policymakers and military families alike...

Secretary Hopkins: "Although the Office of the Secretary of Veterans and Defense Affairs was able to achieve a strategic understanding of the conditions at DoD and Veterans Health Administration facilities in the commonwealth, policy leaders at all levels were unable to obtain regular qualitative assessments of the direct impacts on targeted populations within active-duty military families living on and off military installations."

...but access to better data and improved communication can help improve decision-making and reduce stress during future crises



of Norfolk respondents reported their local installation was effectively communicating its guidance and activities

Karly: "My husband had been scheduled to come home from a 179-day TDY the first week of April. The 'Stop Movement' caused him to be extended for several weeks [...]. The early days of the pandemic combined with his uncertain return made for some emotional days in our house."



24% of Norfolk military spouse respondents had a deployed service member

Secretary Hopkins: "[My office] maintained communication with military installations and commands to assess how COVID-19 impacted the military's mission readiness and where and how the commonwealth might provide assistance. [Our office also] enabled communication between the governor and the secretary of defense as part of federal outreach to assess states' preparedness and response to COVID-19 and maintain open lines of communication."

Policymakers identified concerns about child care and school closures early in the pandemic...

Secretary Hopkins: "[T]he commonwealth was quick to begin identifying gaps in knowledge of the impacts on all of Virginia's communities and populations. Specifically, the commonwealth knew that there would be a significant impact to all families with young or school-aged children who would now need to find alternative opportunities for child care and learning resources. The commonwealth and its localities began issuing health safety guidelines for child care facilities and began developing guidelines for localities to review prior to re-opening schools in the fall academic semester."



of Norfolk-area respondents with school-aged children reported no impact to their child's education.

... but military families continue to navigate the secondary and tertiary effects of closures

Karly: "My older son has handled the pandemic quite well overall. However, he has started to demonstrate concern over picking a college that he has never been able to visit in person, and whether or not the SATs will actually be waived by a few of the schools he hopes to attend."



of Norfolk-area respondents are considered civilian or military mission essential personnel but are unable to find or use child care.

Secretary Hopkins: "While access to on-base child care was a significant concern for military families prior to the pandemic, the data collected by the Pain Points Poll provides supplemental analysis into how it is impacting military families specifically post-pandemic. This information and analysis will help us continue engaging our federal and state partners on how to enable greater access to child care (both on-base and community-based)."

Military spouses are bearing the burden of caring for children...



of Norfolk-area military spouse respondents* reduced work hours to "homeschool or provide educational support to their child(ren)"

Karly: "There isn't much balance to life right now. I feel that I am managing day-to-day life and work, but not really excelling at either. I resigned from a high-demand position during the pandemic because something had to give. I still wanted to work — but I needed more flexibility. Job searching during a pandemic was a completely new experience. Interviewing virtually with children and pets in the house was a new stressor as well."

...and policymakers are committed to ensuring they are not left behind during the economic recovery



of Norfolk-area military spouse respondents* have lost their job or are unable to work

Secretary Hopkins: "[Pain Points Poll] data provides a clearer picture of the fragility of opportunity for employment of military spouses after the pandemic's onset. This will reinforce Virginia's efforts to identify and advocate for policies and partnerships that address both unemployment and underemployment of military spouses."



"I build assessments in support of the Army COVID campaign plan and I have found the data from your CMSI Pain Points Poll to be incredibly helpful. [...] [W]e remain interested in the general trends. I've also noted your assessment on the importance of communications on available resources and will make sure to share that with my colleagues. I will continue to review your weekly reports, and if you ever have any additional recommendations for how the Army can improve its communications efforts based on your assessments, please don't hesitate to send them my way — I will make sure they're carefully considered. "

- United States Army Officer

Lesson #1: Continuous and adaptable data collection maximized the utility of Pain Points Poll data

I thought CMSI was fantastic — it was so timely, and the amount of information you were able to get out was amazing. We were able to take data from the Pain Points Poll back to our teams and clinicians and share what we were learning about the challenges military families were facing. Being able to participate in the conversations and to hear what our partners were doing was invaluable. I know that we would all be in a different place if it weren't for CMSI.

- Caitlin Thompson, Ph.D., Vice President, Community Partnerships, Cohen Veterans Network

The Pain Points Poll was a living survey for 10 weeks. Results were analyzed and presented on a weekly basis, allowing the research team to consult external subject matter experts and add topical answer choices or questions weekly as the nature of the pandemic evolved. This balance allowed the team to track trends over time while also identifying and tracking emerging new pain points. Most importantly, during a time when every challenge felt like an emergency, it allowed CMSI partners and policymakers to prioritize how to allocate limited time and resources to address acute challenges.

Lesson #2: Translating data into action required the full force of the CMSI partnership network

The Pain Points Poll allowed us to reduce asking questions of our members — thereby recreating work that was already being done. If I ever needed clarifying information, I knew I could turn to CMSI... I believe that kind of coordination helped us to reduce survey fatigue.

- Tina Atherall, Ph.D., CEO, PsychArmor Institute

The success of the collaborative, cross-sectoral nature of CMSI underscored the fact that "working together works." Collectively, CMSI partners supported Pain Points Poll fielding and policy action by:

- ★ Cooperatively disseminating the CMSI Pain Points Poll and RUSS sometimes suspending their own polling efforts in order to avoid duplicating efforts. Thanks to their hard work, the poll garnered over 7,400 responses.
- ★ Volunteering to review survey questions, and providing feedback on products.
- * Sharing findings during events and with the public.
- ★ Jointly developing data-driven recommendations for policymakers in the Office of the Secretary of Defense (OSD) and Congress regarding the challenges and concerns faced by military and veteran families as part of the CMSI Policy Committee.
- ★ Collaborating to formulate lessons learned, promising practices, and recommendations, using Pain Points Poll data, during the CMSI working groups, and peer-reviewing the final white paper products.
- ★ Joining weekly CMSI partners' calls, which were a primary vehicle for information sharing and inter-organizational relationship development. After connecting on CMSI partner calls, many members teamed up to tackle pain points affecting military/veteran communities by establishing new programs, grant opportunities, etc.

Ultimately, the COVID-19 pandemic highlighted the importance of cultivating strong organizational relationships and networks in the military and veteran support space in order to successfully manage emergencies when they arise.



"Beyond the data, I think that the most useful aspect of CMSI has been the professional networking with organizations who share a common purpose.

We all operate in our own specialized lanes, but when we are together, we build a highway of knowledge and support."

Frank Yoakum, Executive Director,
 Enlisted Association of the National Guard of the United States (EANGUS)

COVID-19 exacerbated pre-existing challenges and inequities, underscoring the importance of addressing them in order to preserve long-term military and family readiness

As highlighted throughout this paper, the pandemic exacerbated many military life issues and highlighted inequities, especially with regard to women in uniform, military spouses, families caring for an exceptional member or child with special needs, and Black and Hispanic/Latinx families. From March to September, the CMSI Policy Committee developed nearly 50 recommendations to address these concerns and more. While many recommendations were addressed (or are in the process of being addressed), others remain outstanding.

Military and veteran families and their local communities will be navigating the pandemic and its aftermath for years. However, the relationships built and strengthened through CMSI and the Policy Committee helped ensure our collective "MSO/VSO space" continues to work toward common goals with a common understanding of the nature of these problems.

Formally and informally, CMSI partners will continue to advocate around these issues. We call on all reading this to join us in that effort as we collectively work towards a sustainable and equitable recovery.

Recommendations developed by the CMSI Policy Committee and CMSI research team (which were published in the various PPP deep dives):

Issue	CMSI Data-Informed Recommendation	Stakeholder	Status
	Issue guidance instructing raters to evaluate members serving in rated positions regarding their ability to respond to the COVID-19 crisis	OSD	Resolved
Military Personnel & Readiness	Issue guidance to make service members aware that they must be actively working to mitigate the financial impacts of COVID-19 and creating records of said action in order to protect their security clearances	OSD	Resolved
	Empower service members to temporarily delay their transitions if they so choose, and allow them to use this time to pursue DoD SkillBridge training, move into a different critical skill/military occupational specialty, or affiliate with the National Guard or Reserve	OSD	Resolved
National Guard	Provide transitional health benefits for members of the reserve component activated in response to COVID-19 in the FY21 NDAA	Congress	In Progress
	Extend the Title 32 deployments for these 40,000 Guard members past June 24 so they could pass the 90-day threshold for qualifying for early retirement and education benefits under the Post-9/11 GI bill	White House	Resolved

Issue	CMSI Data-Informed Recommendation	Stakeholder	Status
	Explore continuing flexible work options for service members, such as telework, flexible scheduling, and hybrid work formats, to support military family readiness in the long term	OSD	In Progress
	Review guidance about upcoming training requirements and consider options for relaxing or postponing overnight activities, which are not critical to maintaining essential operational readiness	OSD	In Progress
Child Care	Explore ways to prevent separation from service based on an inability to use command-approved family care plans due to COVID-19	OSD	In Progress
Cima Care	Fund research regarding access to child care for essential personnel	Congress	Unresolved
	Allow families who need subsidized child care, but do not classify as mission essential, to apply for fee assistance to use alternative child care without disenrolling their child from their child development center and losing their child development center slot	OSD	Resolved
	Consider implementing flexible spending accounts to allow service members to pay for child care with pre-tax dollars	OSD	In Progress
Housing	Amend 37 USC §403a to extend housing flexibility to service members affected by the "Stop Movement" order who do not meet existing eligibility criteria	Congress	Unresolved
	Enable servicemembers to cancel leases under the Servicemembers Civil Relief Act (SCRA) if their moves had been interrupted by the "Stop Movement" order/extension	Congress	Resolved

Issue	CMSI Data-Informed Recommendation	Stakeholder	Status
	Expedite the expansion of the Click2Go commissary program, to provide curbside pickup for at-risk military families struggling to obtain groceries as a result of COVID-19	OSD	Resolved
	Amend Section 403(k), Title 37 of the United States Code to exclude the basic allowance for housing from being counted as income when calculating eligibility for the Supplemental Nutrition Assistance Program (SNAP) and other federal nutrition assistance benefits	Congress	Unresolved
	Establish a basic needs allowance for low-income military families who do not qualify for benefits through SNAP	Congress	In Progress
	Continue to expand nationwide grocery delivery, curbside pickup, and other nontraditional shopping options	Business	In Progress
	Allow high-risk individuals, in addition to the elderly, to shop during the early morning hours before other guests	Business	In Progress
	Offer high-risk households priority and/or discounted access to grocery delivery or curbside pickup	Business	In Progress
Food Insecurity & Accessibility	Create a mechanism to identify households with nontraditional circumstances that may also benefit from priority and/or discounted access to grocery delivery or curbside pickup (e.g., military families with a deployed service member, caregivers without access to respite care, and single parents)	Business + OSD	Unresolved
	Remove limitations (such as limited number of children who can accompany a parent when shopping) for households with nontraditional circumstances	Business	In Progress
	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 pickup	MSOs + VSOs	In Progress
	Post signage near foods that are compliant with the most prevalent food allergy diets to request they be reserved for households that need them	Business	In Progress
	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	Business	In Progress
	Explore differential pricing of these items for households where there is a medically documented diet requirement	Business	In Progress
K4051	Provide a one-time supplemental investment to assist federally impacted school districts during the pandemic	Business	Unresolved
K-12 Education	Map "internet deserts" and prioritize funding/fixes for communities where insufficient broadband speeds impede remote learning	State Government	In Progress

Issue	CMSI Data-Informed Recommendation	Stakeholder	Status
	Expand Work Opportunity Tax Credit (WOTC) eligibility to include employers who hire military spouses	Congress	In Progress
	Direct appropriations for increasing broadband speeds at military installations located in internet deserts (to remove a barrier to telework)	Congress	In Progress
	Direct the Bureau of Labor Statistics to start tracking the military spouse unemployment rate	Congress	Unresolved
	Include military spouses as a named population in legislative initiatives aimed at upskilling the workforce in the wake of the pandemic	Congress	Unresolved
	Expand My Career Advancement Account (MyCAA) eligibility to include higher- level degree programs and spouses from additional ranks	Congress	In Progress
	Improve employers' ability to retain military spouses following a permanent change of station (PCS) move	Congress + State Government	In Progress
Spouse Employment	Diversify telework opportunities to attract military spouses across career fields and levels	Community	In Progress
	Close unemployment ineligibility loopholes and take steps to reduce confusion regarding unemployment eligibility and application processes	State Government	In Progress
	Direct funds to implement routine (at least quarterly) interagency monitoring to ensure that efforts to include military spouses in economic recovery are effective	Congress	Unresolved
	Address root causes of chronic military spouse unemployment and underemployment, including service member job demands and child care affordability	Congress + OSD	In Progress
	Extend proposed initiatives seeking to support veterans in the wake of the pandemic to include military spouses	Congress	In Progress
	Use the Department of Labor Workforce Opportunity Grant program to integrate military spouses into strategic economic recovery plans. Priority should be given to those in career fields disproportionately impacted due to COVID-19, facilitating the transition into other high-demand sectors	Business	Unresolved
	Implement targeted information campaigns to raise awareness of available financial resources among underrepresented military families	MSOs + VSOs	In Progress
Diversity, Equity & Inclusion	Ensure Black and Hispanic/Latinx military families are comfortable finding and using available outdoor recreational resources, and improve equitable access to said resources	MSOs + VSOs	In Progress
	Expand reporting and research on the impact of COVID-19 on Black and Hispanic/Latinx families	MSOs + VSOs	In Progress
	Authorize TRICARE coverage for direct applied behavioral analysis therapy for qualifying beneficiaries	Defense Health Agency	Unresolved
Health & Wellness	Include the language of the Brandon Act in the FY21 NDAA – which would allow service members to receive confidential mental health evaluations that would not require their commands to be notified, similar to the restricted reporting procedures for sexual assault victims	Congress	In Progress

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 are 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 was conducted on a weekly basis. Except for week one, when polling was conducted using a different survey platform, the response rate includes the aggregate number of individuals who began the survey. The number of respondents varies by question due to skip logic that removed questions that were not applicable to the respondent (e.g., 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 which 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 overor underrepresentation, particularly 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. Except for 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 indicated they are the service member or veteran are grouped with those who indicated 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.

Endnotes & References

- ¹ On April 20, 2020, Rep. Susan Davis (D-Calif.) and Rep. Don Young (R-Alaska) sent a Dear Colleague letter (co-signed by 41 other members of Congress) to House of Representatives Speaker Nancy Pelosi and House Minority Leader Kevin McCarthy, requesting that a provision excluding the basic allowance for housing as income for determining eligibility for federal nutrition assistance programs be included in the next round of COVID-19 relief legislation.
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