



Military Family Lifestyle Survey



Health Care Access and Quality

2022 Comprehensive Report

Health Care and Disordered Eating

In collaboration with

S Syracuse University

D'Aniello Institute for
Veterans & Military Families

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While a valued benefit, TRICARE coverage has limitations that can result in out-of-pocket medical expenses for some military-connected families.

There is a popular belief that health care is free and fully covered for those serving in the military and their families.¹ Health care benefits are often used as an incentive when recruiting new service members,² and are a top reason active-duty family respondents recommend service³ (see the Recommending Military Service finding for more information). However, while it is a valued benefit, not all health care for military families is free or fully covered by the government. For example, 5% of active-duty family respondents who reported experiencing some financial stress report medical costs as one of their top three financial stressors.



Active-duty service members are automatically enrolled in military health insurance (TRICARE),⁴ but this insurance has some limitations. Depending on what plan a family is eligible for, they may pay for a portion of services or prescriptions out-of-pocket.⁵ Among this year's active-duty family respondents who reported medical costs as a financial stressor (n=96) the top three medical expenses that contributed to their financial stress were dental care including orthodontic work (51%), other health care costs not covered by insurance (45%), and prescription drugs (36%).^a And some of the costs that respondents (n=41) stated were not covered by insurance and contributed to their financial stress included alternative and complementary medicine (e.g. chiropractic, biofeedback, special diets, or supplements) (54%), therapies (e.g. speech therapy, occupational or physical therapy) (34%), and marital or mental health counseling (20%).

Challenges associated with health care costs also exist for National Guard and Reserve families, and young adult children of service members (ages 21-26).

National Guard and Reserve Spotlight

Access to military/VA health care systems was a top military life issue of concern for National Guard family (31%) and Reserve family (32%) respondents.

More than 1 in 10 National Guard family (16%, n=158) and Reserve family (16%, n=114) respondents with financial stress reported medical costs as one of their top three financial stressors. TRICARE coverage can be limited for National Guard and Reserve families, who are only eligible for TRICARE Prime and TRICARE Select when federally activated.^{6,b} This means that National Guard and Reserve families must identify other insurance options when not federally activated, and often cycle between TRICARE Prime/Select and other health insurance

^a It is important to note that the survey questions on financial stress from medical expenses were only presented to respondents who indicated that medical expenses were one of their top three financial stresses. This resulted in a small sample size that does not represent all respondents who may be experiencing medical debt or out-of-pocket medical expenses.

^b This is when the federal government mobilizes Guard or Reserve members to active-duty in order to provide additional support during times of war, national emergency, etc. Federal activation may make service members eligible for additional benefits.



(e.g., private insurance, Medicaid) being their primary coverage depending on their active-duty status.⁷ For approximately 60,000 National Guard members and some of their families, they have no health insurance coverage except when federally activated.⁸ Table 1 provides details on health insurance utilization for National Guard and Reserve family respondents.

Table 1: Health Insurance Utilization National Guard and Reserve family respondents			
National Guard Family Respondents (n=197)		Reserve Family Respondents (n=141)	
TRICARE Select	39%	TRICARE Select ^c	51%
Other private health insurance	39%	Other private health insurance	39%
TRICARE Prime	24%	TRICARE Prime	14%

Question Text: What type of health insurance do you/your dependent(s) use? Please select all that apply.

they regularly receive routine medical care from a civilian provider. Due to cycling between TRICARE and private insurance with military activation status, civilian medical providers may bill the incorrect insurance or the patient directly, causing erroneous medical bills or medical debt for families.¹⁰ Another consequence of switching insurance due to activation status is gaps in insurance coverage, which can also result in out-of-pocket medical costs for National Guard and Reserve families.

TRICARE Young Adult Spotlight

Less than one-half (44%) of military-connected family^d respondents with eligible adult children have a child enrolled in TRICARE Young Adult; the most common reason respondents with eligible adult children did not enroll was because costs were “too expensive.”

A group that faces unique challenges in health care insurance coverage under the TRICARE system are unmarried adult children, ages 21-25, of eligible sponsors.^e Civilian private health insurance companies are required to cover dependents until the age of 26.¹¹ TRICARE, however, only covers dependents until they are 21 years old, or 23 if enrolled in college.¹² In order to fill this gap, TRICARE Young Adult was created. Aside from age, marital status, and sponsor eligibility requirements, those who are covered under this plan must also not be eligible for an employer-sponsored health plan, or be enrolled full time in college.^f Despite this program being available to address insurance availability and equity issues between TRICARE and private civilian health care, respondents have reflected on challenges that made them hesitant to subscribe.

^c Reserve service members are eligible for TRICARE Select and/or TRICARE Reserve Select, depending on their activation status. Respondents may have chosen the “TRICARE Select” option for either.

^d Military-connected family respondents include active-duty, Veteran, National Guard, and Reserve family respondents.

^e Eligible sponsors for TRICARE Young Adult include active duty service members, retired service members, activated Guard and Reserve members, non-activated Guard and Reserve members using TRICARE Reserve Select, retired Guard and Reserve members using TRICARE Retired Reserves, and Unmarried former spouses registered in DEERS under their own Social Security number. Please see <https://www.tricare.mil/TYA> for more detail.

^f This applies to those who are enrolled in a full course of study at an approved institution of higher learning and whose sponsor provides more than 50 percent of their financial support: “TRICARE Young Adult.” [Tricare.mil](https://www.tricare.mil/Plans/HealthPlans/TYA), Defense Health Agency, <https://www.tricare.mil/Plans/HealthPlans/TYA>.



“The cost of Tricare Young Adult is extremely high. We had one daughter for whom we paid for several months before she was able to get a job with benefits, but that was before the cost nearly doubled. We will have another daughter eligible soon. She is currently going to get her master’s degree which will keep her on our plan for another year. **It is cheaper to pay for her to go to school than pay for insurance.** She is also looking for employment with benefits.”

Spouse of a Veteran/Retired Navy Service Member

Only 5% of military-connected respondents reported that they had a dependent who was enrolled in TRICARE Young Adult, even though 9% indicated they had an adult child who was eligible. In an open-ended question, military-connected respondents with eligible dependents who were not enrolled in TRICARE Young Adult stated cost as the top reason for not enrolling in TRICARE Young Adult. This becomes a cyclical problem, because of the unsubsidized nature of TRICARE Young Adult and that it must remain cost neutral, the fewer people who enroll in TRICARE Young Adult, the more expensive the monthly premium becomes, leaving military-connected families who have no other options for health care coverage increasingly burdened.

Table 2: Top Reasons for Eligible Families Not Enrolling in TRICARE Young Adult[§]

Military-connected respondents (n=217)

Reason for not enrolling	Percentage
It is too expensive	37%
They are covered by a different insurance (employer-sponsored, or they are in the military or college)	28%
They didn't know about it	16%
The process was too confusing	13%
Not enough network providers	5%

Question Text: If you have an eligible child and did not enroll them into TYA, why did you choose not to enroll your young adult in Tricare Young Adult?



[§] Note that this was an open ended questions and percentages will not add up to 100 percent.

Disordered Eating Spotlight

One-third of active-duty service members (30%) and active-duty spouse respondents (38%) screened positive for disordered eating, which, unless treated early, can develop into diagnosable eating disorders.^h

Active-duty service members have a higher prevalence of eating disorders than civilians,^{13,14} and in this survey, nearly 1 in 3 active-duty service member respondents (30%) screened positive for disordered eating. Eating disorders are clinically diagnosable mental health conditions, whereas disordered eating behaviors are unhealthy attitudes and practices around eating that do not meet the criteria for clinical diagnosis, but often share many of the same negative outcomes of eating disorders.¹⁵

Disordered eating is linked to a number of risk factors including a history of trauma or toxic stress, cultural expectations of thinness, and genetic predisposition.^{16,17,18,19} These are all risk factors common among military families who may face cultural emphasis on maintaining a military appearance,²⁰ stress throughout deployments and relocations,^{21,22} and family histories of eating disorders. In addition, respondents who screened positiveⁱ for disordered eating in this survey, may also have an increased risk of developing a diagnosable eating disorder.²³

Disordered eating can also be associated with food insecurity,^{24,25} which military families may experience at greater rates than their civilian peers (see Food Insecurity Finding for more information). Food insecurity by definition is associated with irregular eating patterns and food resource scarcity.²⁶ A greater proportion of active-duty family respondents who provided an affirmative response to at least one of four items on the disordered eating scale^j also reported experiencing low or very low food security (21%) in comparison to those who did not provide any affirmative responses (13%).

Existing literature suggests that active-duty spouses may have higher rates of disordered eating and eating disorders than their civilian counterparts.^{27,28,29,30} In this year's survey, more than one-third (38%) of active-duty spouse respondents screened positive for disordered eating, and 17% reported they currently suffer or had ever suffered in the past with an eating disorder. The proportion of active-duty spouse respondents who reported disordered eating behaviors is indicative of a need for further research and intervention.

Recent policy changes have addressed gaps in health care coverage for military families, including the treatment of eating disorders. The passage of the Supporting Eating Disorders Recovery through Vital Expansion Act (SERVE) in the 2021 National Defense Authorization Act extended TRICARE coverage of diagnosed eating disorder treatment options and made treatment accessible for active-duty dependents

^{h,i,j} In this survey, respondents who selected 'yes' to any of the following questions: 'Do you worry that you have lost control over how much you eat? Do you make yourself sick when you feel uncomfortably full? Do you currently suffer with or have you ever suffered in the past with an eating disorder? Do you eat in secret?' screened positive for disordered eating. This screening was derived from the following research: Cotton MA, Ball C, Robinson P. Four simple questions can help screen for eating disorders. *J Gen Intern Med.* 2003 Jan;18(1):53-6. doi: 10.1046/j.1525-1497.2003.20374.x. PMID: 12534764; PMCID: PMC1494802.

over age 20.³¹ While expanded treatment options can help military family members with a diagnosed eating disorder to recover, screening is needed to identify and treat those with disordered eating behaviors, who may be at greater risk of developing an eating disorder.

Eating disorders can have grave consequences and long-lasting health effects,^{32,33,34,35,36,37} making early intervention of disordered eating behaviors essential. Screening service members and spouses for disordered eating, including binge eating, fasting, and other unhealthy weight control behaviors, may help prevent the development of a diagnosable eating disorder, as those who present with disordered eating behaviors are significantly more likely to develop a diagnosable eating disorder.³⁸ Currently, service members are screened upon entering the military, with no regular screenings required for them or their family members after entry.³⁹ Without regular screenings and treatment for disordered eating behaviors, at-risk individuals may go unobserved and opportunities for early intervention and prevention are missed, leaving active-duty service members and their families at a continued risk to develop a diagnosable eating disorder.

Limitations

Survey questions on financial stress from medical expenses were only presented to respondents who indicated that medical expenses were one of their top three financial stresses. This resulted in a small sample size that does not represent all respondents who may be experiencing medical debt or out-of-pocket medical expenses. In this survey, screening for disordered eating was defined as at least one affirmative response to any of the following items screened positive for disordered eating:⁴⁰ 1) *“Do you worry that you have lost control over how much you eat?”* 2) *Do you make yourself sick when you feel uncomfortably full?* 3) *Do you currently suffer with or have you ever suffered in the past with an eating disorder?* 4) *Do you eat in secret?”*. An affirmative response to any of the single items does not indicate a diagnosis, but may indicate that respondents are at risk for eating disorders. Respondents who answer yes to multiple items are at higher risk. There are other measures and screening tools for disordered eating and diagnoses of eating disorders, which may be more or less conservative than the items used in this survey.

Recommendations

For All Stakeholders

- Reduce future health care costs by employing a public health approach and encouraging patients to embrace preventative behaviors and habits, including healthy eating, food insecurity, and malnutrition. See the Food Insecurity finding as well as the White House's Strategic Plan on Hunger, Nutrition, and Health for more detailed recommendations.

For the Department of Defense

- Include resources and education about health insurance, including Medicaid and State Children's Health Insurance Program (SCHIP), for transitioning service members and deactivating National Guard and Reserve members to ensure they are able to maintain their and their dependents' health care after separation.
- Continue efforts to ease and simplify transfers and referral transfers between TRICARE regions to ensure continuity of care.

For Congress

- Increase readiness and reduce cost for National Guard members by extending year-round TRICARE Reserve Select coverage to the approximately 60,000 airmen and soldiers⁴¹ who are not covered by an employer, Medicaid, or other private insurance plan.*
- Expand TRICARE Young Adult eligibility to mirror the standards in the private and other federal health insurance fields to cover dependents up to age 26, with no caveats or requirements related to student status or other factors.
- Commission a report on the barriers to recruitment and retention of TRICARE network providers that includes
 - A review of the certification process to identify and address any steps that discourage providers in good standing from joining the network
 - A review of the reimbursement process to understand pain points for providers
 - An exploration of increasing reimbursement rates to attract and retain high-quality providers.

For Federal and Civilian Providers

- Perform disordered eating screenings for military family members who are being treated for other common comorbid conditions including depression, anxiety, and others.
- Following the recommendation from the American Medical Association, we urge civilian providers to screen patients for Veteran status as well as other military-connected relationships, including active duty, National Guard, Reserve, and family members/dependents to ensure robust care as well as greater access to benefits and resources. The Center for Deployment Psychology has resources and training for providers to better serve military populations.

*More information in Recommendations Chapter of Comprehensive Report

Endnotes

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