



Military Family Lifestyle Survey

2022 Comprehensive Report

In collaboration with

S Syracuse University

D'Aniello Institute for
Veterans & Military Families

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Blue Star Families (BSF)

Blue Star Families was founded with the mission to strengthen military families by building robust communities of support. Through our research and data, we identify the greatest needs within the military family community and create programs and solutions that will empower military families to thrive, such as career development tools, local community events, and caregiver support. Since its inception in 2009, Blue Star Families has engaged tens of thousands of volunteers and served more than 1.5 million military family members. With Blue Star Families, military families can find answers to their challenges anywhere they are.

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Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) delivers no-cost career training and entrepreneurship programs across the U.S. and globally, while also conducting actionable research, policy analysis, and program evaluations for corporations and a multitude of other veteran service organizations. And we help ease the transition after service back into communities for service members, veterans, and their families as we prepare them for successful careers or business ownership. We've supported over 192,000 to date. It's our mission to support theirs. lvmf.syracuse.edu

Table of Contents

Acknowledgments	4
Introduction	9
Executive Summary	10
Top Military Family Issues	11
Community and Social Context	18
Health Care Access and Quality	45
Education Access and Quality	56
Neighborhood and Built Environment	64
Economic Stability	70
Recommendations	92
Spanish-Language Respondents	104
Respondents and Methodology	109
Endnotes	117

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The widespread distribution of this survey through partner organizations and others in the military community greatly contributed to the sizable response and helped achieve a sample of military personnel across all branches, services, ranks, geographies, ethnicities, and military experiences. The findings, insights, and recommendations within this report would not be possible without the support of the many partner organizations who shared the survey and encouraged participation. Blue Star Families is grateful for their support.

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Introduction

The advent of the All-Volunteer Force 50 years ago ushered in a new era of American defense. The end of the draft resulted in a stronger, more professional U.S. military; however, over time, it has also decreased understanding of military service and sacrifice within the broader American society.

The military community is a small but critical piece of American society; fewer than 1.5 million Americans serve on active duty in the armed forces — one-half of 1% of the U.S. population. While the smaller percentage of Americans in military service alone is not a cause for concern, the resulting decrease in understanding between the military and the broader U.S. society presents significant challenges for the future of American defense. As fewer American families understand the military lifestyle, the gap in civil-military understanding grows.

Military families are, first and foremost, American families. As such, they are very similar to their civilian neighbors. Many need dual incomes to be financially secure, are concerned about their children's education and well-being, and want to establish roots and contribute to their communities. However, the unique demands of military service and the military lifestyle mean families must serve and sacrifice along with their service members, resulting in exceptional issues and challenges for the entire military family that may impact family and individual well-being.

Supporting military families strengthens national security and local communities and is vital to sustaining a healthy All-Volunteer Force. Toward this end, Blue Star Families, with Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) since joining in 2014, and valued partners, conduct this survey and produce a report on the state of military families each year. Blue Star Families' annual Military Family Lifestyle Survey Report provides a comprehensive understanding of the experiences and challenges encountered by military families so that communities, legislators, and policymakers can better serve each of their unique needs.

The 2022 survey was designed and analyzed by a team led by the Department of Applied Research at Blue Star Families with Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF).

Executive Summary

The Blue Star Families' annual Military Family Lifestyle Survey (aMFLS) is an incredibly valuable tool for understanding the experiences and challenges faced by military families. Since 2009, the survey has provided a comprehensive understanding of the unique issues that affect military families and offers crucial data to inform national leaders, local communities, and philanthropic actors as they work to support military and Veteran families.

The aMFLS provides valuable insights into a wide range of issues affecting military families, including health care, education, employment, and housing. The survey results help decision-makers better understand the needs and challenges of military families and to develop policies and programs that can help address those needs.

In addition to informing policy and programmatic decisions, the aMFLS also presents an opportunity to increase dialogue and understanding between the military community and broader American society. By highlighting areas for improvement and offering solutions to bridge the civilian-military divide, the survey helps to strengthen communities and bolster the health and sustainability of the All-Volunteer Force.

Blue Star Families conducted its 13th annual Military Family Lifestyle Survey from May to July 2022. Capturing the experiences of over 9,000 respondents worldwide and generating millions of data points, it remains the largest and most comprehensive survey of active-duty, National Guard, and Reserve service members, Veterans, and their families.

Overview of Top Military Family Issues

- Financial pressures are top-of-mind for military families; three of the top five issues this year focused on family financial well-being: BAH/off-base housing concerns, military pay, and relocation/PCS issues. Military families are weighing the costs and benefits of military service, in the context of increasing out-of-pocket costs for housing and relocation, as well as rising food costs.
- Military spouse employment remains the top concern for active-duty spouse respondents for the sixth consecutive year, and one of the top five concerns for active-duty service member respondents. The increasing pressure on family budgets due to inflation in housing and food costs may intensify the pressure for spouses to obtain and maintain employment.
- The impacts of military service on family life continue to be a top concern for active-duty families, with time away from family as a top five issue for active-duty, National Guard, and Reserve family respondents. Though not in the top five concerns for active-duty spouse respondents, military children's education and child care were common top issues.
- Veteran family respondents continue to report that access to military/VA health care system(s) is their top concern. As our nation's Veteran population continues to age, the health care resources and needs of Veterans and their family members may continue to be a pressing issue in the long term.

Top Military Family Issues

	Active-Duty Spouses (n=3,173)	Active-Duty Service Members (n=466)	Veteran Spouses (n=889)	Veterans (n=2,433)	National Guard Families (n=285)	Reserve Families (n=212)
Spouse employment	50%	33%	30%	12%	19%	26%
Time away from family	45%	42%	29%	32%	48%	42%
BAH/Off-base housing concerns	40%	38%	10%	8%	10%	16%
Military pay	40%	44%	25%	33%	38%	28%
Relocation/PCS issues	37%	34%	14%	14%	7%	15%
Impact of deployment on family	28%	22%	30%	29%	46%	40%
Concerns about transition from military to civilian life	20%	25%	33%	29%	20%	17%
Access to military/VA health care system(s)	19%	26%	46%	45%	31%	32%
Military benefits	12%	21%	27%	26%	24%	27%

Military Families Weigh Financial and Family Costs of Service

Many military families faced financial challenges in 2022, including rising costs associated with relocation and housing, food insecurity, difficulty accessing and affording child care, and spouse unemployment rates that were four to six times the national average. While some of these challenges are not limited to the military community, the unique aspects of military life can amplify them, including frequent moves, time away for the service member, and service members' job demands.

While benefits like Temporary Lodging Expense (TLE) and Basic Allowance for Housing (BAH) intend to cover relocation and housing costs, these benefit amounts have not kept up with rising costs. As a result, many military families have come out of pocket to pay the difference to support their service member's military obligations and maintain the needs of their families. These costs have other impacts on military families' budgets; food insecurity rates among military families in this year's survey are higher than in the U.S. overall.^a

Frequent relocation and unpredictable schedules can make it difficult for military spouses to maintain stable employment and can contribute to high rates of underemployment and unemployment among military spouses. Limited child care availability and affordability can exacerbate these challenges, as military spouses must balance the demands of their careers with the needs of their children and household.

^a U.S. data is based on analysis of the Current Population Survey (2021). For more detail, please see Coleman-Jensen, A., Gregory, C., & Singh, A., *Household Food Security*.



Beyond financial challenges, families must also consider the costs of military service on their families' well-being, including their children's education and mental health. Some active-duty family respondents report their children are experiencing bullying, including racially- or ethnically-motivated bullying. Many parents would like their children to receive mental health care but are unable to access care because of a lack of providers, an issue exacerbated by frequent relocation and the inability to maintain continuity of care. While supports like the Interstate Compact on Educational Opportunity for Military Children can be a useful tool for advocating when a child's education is disrupted due to a military move, knowledge about this resource is uneven among active-duty family respondents and varies by several factors. The increasing costs of military service — both financial costs and costs to family well-being — can have a significant impact on military families and can influence family discussions about whether to remain in service or to recommend military service to a young family member.

When most currently serving service members come from families with a history of military service, we must closely consider how these challenges impact the future of our All-Volunteer Force. Given these challenges, focusing on building resilience among military families is vital. This can involve addressing policies that impact military families' financial stability, including housing, relocation costs, spouse employment, and providing support for service members and their families (e.g., robust access to mental health services, counseling, and other resources). It can also involve creating a culture of inclusion and diversity within the military, where all service members are valued and respected for their contributions. Building resilience among military families can create a stronger, more cohesive military community that is better equipped to meet the needs of its members and the nation as a whole.

The 2022 Military Family Lifestyle Survey (MFLS) Comprehensive Report examines the challenges and opportunities that military families face through the lens of social determinants of health. The report explores the five pillars that set the conditions for individual and family health and well-being, including community and social context, health care access, education access and quality, neighborhood and the built environment, and economic stability.

The community and social context lens focuses on how relationships can impact well-being. This includes looking at how military families support each other through crises, how the challenges of military life can impact relationship satisfaction, and social support specific to the military community, such as PCS sponsors.

The report continues examining access to and a desire for mental health care and access to health care services after a relocation through the health care access and quality lens. Additionally, the report recognizes that access to high-quality education is critical to the health and well-being of military children and families.



Finally, the report acknowledges that housing and neighborhood quality have received increasing attention in recent years and are closely tied to a family's economic condition. Economic stability is also recognized as a crucial social determinant of health, with affordable and available child care and spouse employment opportunities being essential components. By examining these social determinants of health, we aim to provide a comprehensive understanding of the challenges faced by military families and to identify areas where additional support may be necessary.

Top Findings for 2022

Community and Social Context

Social support and mental health services are important to helping military families through common life stressors. Of active-duty family respondents, 1 in 5 (20%) reported having an adult friend or family member who expressed suicidal thoughts, made a suicide attempt, or died by suicide in the year prior to survey fielding, but just 25% of active-duty family respondents report feeling “very confident” in supporting a close friend or loved one experiencing a mental health crisis, such as suicidal thoughts or attempts. When asked what would best help them support a close friend or loved one experiencing a stressful life experience, active-duty respondents’ top three choices were “knowledge of how to have a conversation about the issue” (60%), “rapid access to mental health care for friend or loved one” (53%), and “knowledge of when to intervene” (51%).

While military life experiences such as PCS and family separation may be stressful, everyday life stressors of spouse employment, access to child care, and financial security have significant ties to relationship satisfaction. Active-duty spouse respondents who were employed, who were sometimes or always able to find child care that meets their needs, and those who were “living comfortably” or “doing okay” financially reported significantly higher relationship satisfaction than those who were not employed but want or need paid work, those who could not find child care that meets their needs, and those whose family finances were “just getting by” or “finding it difficult to get by.”

A greater proportion of active-duty family respondents who had used civilian resources in the 12 months prior to survey fielding reported feeling a sense of belonging to their civilian community compared to their peers who had not used any civilian resources. Although a slightly greater proportion of active-duty family respondents reported using military resources, many also feel that their civilian community has sufficient or outstanding resources. However, at least a quarter of active-duty family respondents reported that behavioral health, housing, community support, and medical care resources in their community were inadequate.

Health care needs, perceived health care access and quality, and perceived network resources differ for working-age and aging Veterans. A greater proportion of working-age Veteran respondents reported they would like to receive mental health care but were not currently receiving it (14%) compared to aging Veterans (3%). Among aging Veteran respondents who reported they use the VA to meet all their health care needs, 68% “agree” or “strongly agree” that their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations compared with 51% of their peers who said they do not use the VA for all care. Working-age Veteran respondents showed a similar pattern with 64% of those who use the VA to meet all care needs agreed their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations versus 42% of those who do not use the VA for all their health care needs.

“Good benefits” and “economic stability” are top reasons for recommending military service, but “poor military leadership,” “challenges for families,” and “financial sacrifice” are cited by active-duty family respondents as top reasons they were unlikely to recommend military service. While over one-third (37%) of active-duty family respondents were likely to recommend military service, about a quarter of active-duty family respondents (28%) were unlikely to recommend military service, and one-third were neutral (35%). Active-duty spouse respondents reported the lowest mean of likelihood of recommending military service, while Veterans reported the highest mean.

Health Care Access and Quality

While a valued benefit, TRICARE coverage has limitations that can result in out-of-pocket medical expenses for some military-connected families. More than 1 in 10 National Guard family (16%) and Reserve family (16%) respondents with financial stress reported medical costs as one of their top three financial stressors. Less than one-half (44%) of military-connected family 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 that costs were “too expensive.”

One in three active-duty family respondents (32%) with at least one child enrolled in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on school property in the 12 months prior to survey fielding. Sixteen percent of active-duty family respondents with at least one child in grades K-12 report their child(ren) does not currently receive mental health care but would like them to, most commonly citing difficulty finding an available provider (44%) as a reason they do not receive care. Additionally, 8% of active-duty family respondents with children in K-12 education reported they have a child who identifies as lesbian, gay, or bisexual, while 6% were “unsure;” 2% stated they had a child who identifies as transgender, and 3% were “unsure.”

Education Access and Quality

The majority (74%) of active-duty military families with at least one child enrolled in grades K-12 report they do not know about the Interstate Compact on Educational Opportunity for Military Children. However, those who have used the Interstate Compact to advocate for their child report positive outcomes. Knowledge of the Interstate Compact varied among respondent subgroups. A greater proportion of active-duty family respondents whose oldest child enrolled in K-12 was in grades 9-12 knew about the Interstate Compact than those whose children were younger. Similarly, a larger proportion of those whose oldest child has an IEP and/or 504 Plan (and are enrolled in a public, private, or DoDEA school) reported knowing about the Interstate Compact than those whose child does not have an education plan. Regardless of awareness of the Interstate Compact, most active-duty family respondents reported their child(ren)’s school was adhering to the components of the Compact and that their child was thriving in school.

Neighborhood and Built Environment

Concerns about “BAH/Off-base housing” is a top five military life issue for the first time. Active-duty family respondents continue to pay well over the expected cost-share to secure housing, while satisfaction with their housing situation declines for those who relocated more recently. Most active-duty family respondents prefer to live in civilian housing (55%) rather than military housing. However, the increasing cost and limited availability in the civilian housing market created challenges for many military families in obtaining acceptable housing comparable to military-provided housing within their BAH allotment. Active-duty family respondents who relocated in the past year reported lower levels of satisfaction with the quality of housing than those who did not recently relocate. Additionally, nearly one-quarter of active-duty family respondents (22%) indicated their family had been exposed to environmental toxins in military housing on post/base.

Economic Stability

Military families’ financial well-being lags behind civilian peers. The military lifestyle intensifies financial stressors that may be experienced differently by active-duty family respondents of color. Although a majority of active-duty family respondents (72%) report their financial situation as “doing okay” or “living comfortably,” this is less than the proportion of the U.S. population as a whole who are in a similar financial situation (78%). The disparity is even greater for active-duty family respondents of color (67%). Relocation costs, housing costs, and spouse unemployment are the top three contributors to financial stress for active-duty family respondents who reported financial stress.

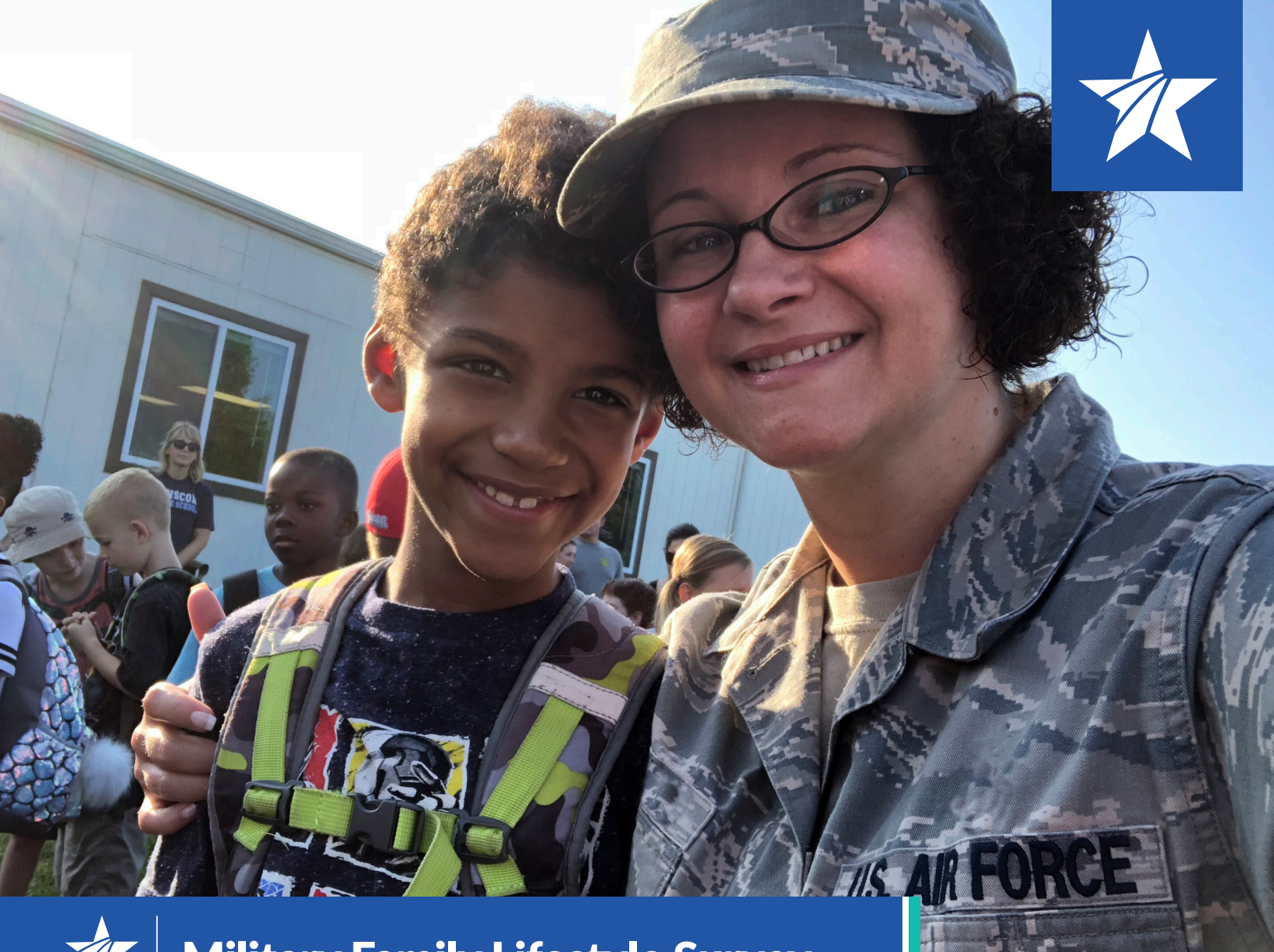
Food insecurity levels greater than the U.S. overall persist amongst active-duty family respondents; a quarter of enlisted families are reporting low/very low food security. Food insecurity is a symptom of financial insecurity, which may impact likelihood to recommend military service. Of active-duty family respondents, 16% reported experiencing low or very low food security levels in the 12 months preceding survey fielding, notably higher than the 10% of civilian families in the United States who experienced food insecurity in 2021.¹ Additionally, a larger proportion of enlisted active-duty family respondents (26%) reported experiencing some level of food insecurity compared to officer active-duty family respondents (4%). Of active-duty family respondents who reported low or very low food security, 40% are unlikely to recommend military service to a young family member, compared to 26% of active-duty family respondents with moderate to high food security who responded similarly on whether they would recommend military service.

Self-employment and remote work address military spouse needs for employment flexibility. Part-time work, despite the potential for underemployment, may have financial benefits for military families. More than half of employed active-duty spouse respondents (61%) completed at least some of their work remotely in the month prior to survey completion. Many employed active-duty spouse respondents report they have a flexible work schedule (62%), and some have access to flexible work locations (50%). One in ten employed active-duty spouse respondents (11%) are primarily self-employed/working for their own business, and 10% are working both as a

paid employee for someone else and working for their own business. A higher proportion of active-duty spouse respondents who are employed, regardless of full- or part-time status, report their family's financial situation to be "doing okay" or "living comfortably" (83% and 74%, respectively) compared to those respondents who are not currently working but want or need to work (55%).

Child care continues to be both a necessity and barrier to military spouse employment. Affordable child care is elusive, particularly for spouses who are employed part time. A gap remains in the availability of child care options that meet the needs of working active-duty spouse respondents — 72% of respondents indicated that they would need some form of child care, but only 38% stated that they were able to find child care that works for their current situation. Furthermore, among active-duty spouse respondents who are working full time and need daily child care, most (85%) would consider spending up to 10%-25% of their personal income on child care in order to work "affordable," yet one-quarter (24%) report paying 26%-50% of their personal income and another one-quarter (25%) report paying 51%-100% of their personal income on child care in order to work.

Most Veteran respondents said their family was "doing okay" financially or "living comfortably," but housing costs, major home repairs, and excessive credit card debt were primary financial stressors. For aging Veteran respondents, however, medical costs were also cited as a top source of financial stress. While 70% of all Veteran respondents reported that their family is "doing okay" or "living comfortably" when it comes to finances, a smaller proportion of aging Veteran respondents (50%) reported financial stress compared to their working-age counterparts (82%). However, for Veteran respondents who have financial stress, one-quarter of aging Veteran respondents and 19% of working-age respondents identified medical costs as a top contributor to financial stress.



Military Family Lifestyle Survey

2022 Comprehensive Report



Community and Social Context

Social support and mental health services are important to helping military families through common life stressors.

Common Life Stressors

Military families encounter stressful life events common to all Americans, such as injury, illness, or loss, in addition to the common stressors of military life, such as relocation and deployment or separation. In the 12 months prior to survey fielding, 81% of active-duty family respondents reported they had a close friend or loved one experience one or more stressful situations (see Table 1). A similar proportion of National Guard (80%) and Reserve (75%) family respondents reported the same. In addition, 1 in 5 active-duty family respondents (20%) reported having an adult friend or family member who expressed suicidal thoughts, made a suicide attempt, or died by suicide in the year prior to survey fielding.

LGBQ+ Active-Duty Families

A higher proportion of lesbian, gay, bisexual, or queer (LGBQ+)-identifying^a active-duty family respondents (n=144) reported having a friend or loved one experience a mental health crisis (40%), substance abuse (23%), and/or an abusive relationship (22%) in the past year than non-LGBQ+ identifying active-duty family respondents (n=2378, 22%, 14%, and 12%, respectively).^b Caution should be used when comparing these two groups due to the disparate sample sizes. However, this does suggest a need for further research on the experiences of LGBQ+ active-duty families.

Table 1: Proportion Who Had a Close Friend or Loved One Experience the Following Life Events Within the 12 Months Prior to Survey Fielding

Active-duty family member respondents (n=2,536)

Deployments/TDY	56%
Death of a family member	54%
Divorce or separation	32%
Miscarriage or stillbirth	25%
Mental health crisis, such as suicidal thoughts or attempts	23%
Substance abuse problem	14%
An abusive relationship/intimate partner violence	12%

Question Text: In the past 12 months, have you had a close friend or loved one experience: (select all that apply)

^a See the Methodology section for more information on respondents included in this population.

^b It is important to note that while the respondent identifies as LGBQ+, it is not possible to determine if the friends or loved ones experiencing the stressful events also identify as LGBQ+.

Military Families Supporting One Another

Military families may first turn to each other during times of stress, such as deployment,^c but not all active-duty family respondents reported they feel or would feel “very confident” helping a friend or loved one through different stressful situations (see Table 2). Overall, only one-quarter (25%) reported they feel “very confident” helping their friend or loved one through a mental health crisis.

Notably, a higher proportion of active-duty family respondents who reported they had a friend or loved one experience a mental health crisis (such as suicidal thoughts or attempts) in the 12 months prior to survey fielding said they feel “very confident” helping a close friend or loved one through a mental health crisis (35% compared with 21% who did not report they had a friend or loved one experience a mental health crisis in the 12 months prior). This suggests that individuals with personal experience, either directly or indirectly, with mental health crises may feel more confident helping another through a mental health crisis.

Table 2: Confidence in Supporting a Friend or Loved One^d
Active-duty family respondents

How confident do you feel helping a close friend or loved one experiencing:	% Very Confident	% Somewhat Confident	% Not At All Confident
Deployment/TDY (n=2,536)	57%	37%	6%
Death of a family member (n=2,515)	35%	52%	13%
Miscarriage or stillbirth (n=2,515)	27%	41%	31%
Mental health crisis, such as suicidal thoughts or attempts (n=2,511)	25%	48%	28%
Divorce or separation (n=2,521)	23%	51%	25%
An abusive relationship/intimate partner violence (n=2,504)	23%	49%	28%
Substance abuse problem (n=2,503)	15%	39%	46%

While personal experiences may build confidence in helping another in crisis, with the disproportionate risk of a mental health crisis or suicide in military and Veteran populations,¹ military and Veteran families need to feel confident supporting one another. When asked “What would best help you support a close friend or loved one with those [stressful life] experiences?”,^e active-duty family respondents’ top three choices were: “Knowledge of how to have a conversation about the issue” (60%), “Rapid access to mental health care for friend or loved one” (53%), and “Knowledge of when to intervene” (51%). In an open-ended follow-up question, respondents discussed being unsure of what to do or what to say to help someone, and a lack of knowledge or access to timely local resources available for that friend or loved one.

^c The 2019 Military Family Life Survey data referenced shows that active-duty families turn first to a friend over formal supports when going through deployments. There is not currently data encompassing who military families turn to for all the life experiences examined in this finding. <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Survey-Comprehensive-Report-Digital-rev200305.pdf>.

^d Percentages in this table were rounded to the nearest whole number, so not all rows will add to 100%.

^e This question was asked of all active-duty family respondents whether or not they had a close friend or loved one experience any of the stressful life experiences previously listed.

Twelve percent of active-duty family responses to the open-ended question stated the importance of “being there” for someone experiencing a mental health crisis. While being there for someone can look different to each

“... I had a phone call from someone [who was] states away and felt ill-equipped to address and assist in the situation because I was so far away ... Veterans feel alone and when they’re left alone, sometimes this situation happens. **We say ‘I’m here for you’ but you’re really not.**”

Active-Duty Army Spouse

person, being physically present for someone in crisis can be a challenge for military families. Military families often live at a distance from their loved ones, and can’t physically be present to support them. In an open-ended

question, respondents shared barriers to being there for their loved one which included “finances for travel,” “time off of work,” and “child care for their children,” so they could be both mentally and physically present with the person in crisis.

Creating a Safe Environment During Crisis

In response to an open-ended question, “What would best help you support a close friend or family member experiencing a mental health crisis?”, some respondents stated that they wanted to physically be with the person in crisis to create a safe space and/or remove potentially dangerous items.

Eighteen percent of active-duty family respondents stated that having “a safe place to store dangerous items (such as medications or firearms) until the crisis has passed” would best help them support a close friend or loved one experiencing stressful life events. In 2019, 69% of Veterans who died by suicide died from gunshot wounds.² Firearms are the most common lethal means for suicides, with 90% of all firearm suicide attempts resulting in death, while only 4% of suicide attempts not involving a gun result in death.^{3,4} Very few people who have their suicide plans delayed or interrupted go on to die by suicide, so being able to safely store firearms and other lethal means in times of crisis can save lives.^{5,6}

“... loved ones should immediately be thinking about **locking up any weapons in a way that the loved one doesn’t have access to ...**”

Active-Duty Navy Spouse

Mental Health Access

Times of crisis can impact not only the mental health of the person directly experiencing the crisis, but also those close to them. Suicide, in particular, has a complex aftermath that impacts surviving loved ones and their communities.⁷ It is estimated that for every person who dies by suicide, approximately 135 people are exposed and may need postvention,^f including mental health support.⁸ It is imperative, then, that mental health resources and psychoeducation are available to military-connected families directly or indirectly experiencing stressful life events.

^f Postvention is an intervention offered after a suicide to provide support for people who have been impacted by the death.

Despite efforts to expand mental health care for military families, military and Veteran families continue to face many barriers to accessing mental health services during these stressful events. Almost 1 in 4 active-duty family respondents to the 2022 MFLS (23%) stated they did not currently receive mental health care but would like to receive it. In the 2019 Military Family Lifestyle Survey Comprehensive Report,⁹ of those military-connected respondents⁸ who said they had either seriously considered suicide or attempted suicide in the prior year, less than half (48%) sought professional help. Stigma and fear of negative career impacts for seeking help still dissuade military families from seeking help, with 9% of active-duty family respondents to this year's survey referencing concerns with the military's culture around mental health in response to an open-ended question.

"In my experience, the most helpful thing is a supportive command that provides the time, space, and understanding necessary to deal with major mental health issues. My wife was diagnosed with bipolar disorder while I was in command ... **My boss and a few peers who knew what was going on are what really pulled us through that time.** Their grace and support made all the difference!"

Active-Duty Army Service Member

There is a clear need for mental health support, and it is critical to increase the capacity of service providers throughout military communities. In addition, given the barriers to accessing mental health resources, and the tendency of military families to turn toward informal support, we should also activate and

encourage engagement with less formal mental health supports such as wellness centers, chaplains, and friends and families. These supports cannot and should not replace mental health care, but they can support and extend mental health if given psychoeducation about the signs and symptoms of mental health challenges and how to talk to someone about their mental health.

Limitations

The survey questions asked if a friend or a loved one experienced any of the stressful life events in the past 12 months. It is not specified whether that friend or loved one is a service member/Veteran, identifies as LGBTQ+, or any other demographic information, so there is no information on the individuals directly experiencing the stressors. It is also unclear if respondents are referencing multiple friends or loved ones. Respondents were asked about their confidence in supporting a friend or loved one through various life situations regardless of whether or not they have had a friend or loved one experience the situation in the 12 months preceding survey fielding. Respondents may have experienced the events themselves, in prior years, etc. Thus, respondents may have answered this set of questions as how confident they *did* feel or *would* feel in a given situation.

⁸ The sample for this statistic in the 2019 MFLS included active-duty, Veteran, National Guard, and Reserve family respondents. Additionally, military affiliation was captured differently in the 2019 MFLS. Comparisons to this year's sample are therefore limited.

Recommendations

For the Federal Government

- Engage in a robust and ongoing public health campaign to address lethal means restrictions and firearm safe storage.
- Continue promoting and encouraging the use of the 988 Suicide and Crisis Lifeline (988 +1).
- Launch an awareness campaign about telehealth and mental health care.
 - TRICARE and VA health care centers (and regional contracts) must clearly share and regularly update information about the process for accessing telehealth.
 - Engage in outreach to civilian providers to encourage them to join the TRICARE and/or VA systems to provide telehealth.
 - Work with states to help make local providers aware of state regulations related to telehealth.

For Congress

- Increase capacity for mental health care by expanding opportunities for scholarships, internships, and other training opportunities for civilians and military personnel in the Veterans Health Administration and the Defense Health Agency.
- Commission a report on increasing the reimbursement rates for mental health care issued by TRICARE and the VA as a means of incentivizing civilian providers to accept these methods of payment/reimbursement.

For the Department of Defense and the U.S. Department of Veterans Affairs

- Gather information about and educate military and Veteran families on local resources for mental health care and suicide prevention, including lethal means restriction and crisis centers.
- Continue educating and encouraging commanders to support service members experiencing mental health crises. Establish and maintain a culture of acceptance echoed at every level of command.

For Federal and Civilian Providers

- Licensing agencies and organizations should require providers in communities with military personnel to take continuing education courses related to military cultural competency and lethal means restrictions for military- and Veteran-connected communities. These same organizations should encourage all providers to take military cultural competency courses to support National Guard and Reserve families who may not live in communities with active-duty personnel.
- Screen all patients for military- and/or Veteran-connected status to ensure proper care and access to benefits.
- Evaluate and improve the “no wrong door” approach to care by increasing providers’ knowledge of resources, ensuring local organizations and providers are aware of the greater risks and concerning behaviors for military- and Veteran-connected communities and self-harm.

For Communities and Individuals

- Create support groups for military family members and other community members that include psychoeducation, mental health first aid, lethal means restriction, gatekeeper training, and other specific and evidence-informed actions to support a person in crisis.*
- Provide training and resources (and self-educate) on recognizing the risk factors associated with self-harm and suicidality, including traumatic brain injuries and family, financial, or legal challenges.

*More information in Recommendations Chapter of Comprehensive Report

While military life experiences such as PCS and family separation may be stressful, everyday life stressors of spouse employment, access to child care, and financial security have significant ties to relationship satisfaction.

There is a common concern that military marriages are at greater risk for divorce and other negative outcomes than civilian marriages.¹ While existing data makes it difficult to compare these two groups' divorce rates, most reports show that across the U.S. military divorce rates have stayed at 3%² since 2014, which is close to the U.S. civilian population when demographic differences are controlled.³ Of this year's married or partnered active-duty spouse respondents, 86% had high satisfaction with their current relationship,^{4,a} further showing the status of military marriages is more stable than perceived.

Relationship satisfaction is a key component in overall well-being and mission readiness. Current research shows that greater relationship satisfaction can decrease PTSD symptoms,⁵ depressive symptoms,⁶ comorbidity with hazardous drinking,⁷ and overall risk for suicide.⁸ However, some life events and circumstances place more stress on relationships. The cycle of deployment and its impact on family well-being is well documented, but there is room for further research on the impact of separations due to military service, relocations, financial stress, spouse employment, and access to child care on relationship satisfaction for military families.

Among active-duty spouse respondents to the 2022 MFLS, there were only statistically significant differences in relationship satisfaction in subgroups related to spouse employment, access to child care, and financial security. There were no statistically significant differences in mean relationship satisfaction scores for married or partnered active-duty spouse respondents who have been separated (due to military service, including deployments, travel, etc.) for six months or more in the year prior to survey fielding compared to those who had been apart five months or fewer, or between those who have PCSed in the 12 months before survey fielding and those who had not PCSed.



^a Relationship satisfaction was measured using the Relationship Assessment Scale (RAS), which asks respondents seven questions about their relationship on a scale from 1 to 5, with varying accompanying written choices (e.g., poorly to extremely well, never to very often). Two items are reverse scored and then all seven items are summed (only for respondents who answered all items). The sum scores can be categorized into low satisfaction (7-14), average satisfaction (15-21), and high satisfaction (22-35).

Table 1: Mean Relationship Satisfaction Score by Life Event

Mean, range 7-35, higher score indicates greater relationship satisfaction^b
Active-duty spouse respondents



■ Statistically significant difference ■ Denotes statistically significant difference, but equal variances are not assumed ■ Not statistically significant

Employment

Military spouse unemployment and underemployment have been consistent challenges faced by military families. In response to this year's question about employment status, 29% of active-duty spouse respondents reported they were not employed, but wanted or needed paid employment^d (see Spouse Employment finding for additional information). Active-duty spouse respondents who are employed (either part time or full time) have statistically significantly higher mean relationship satisfaction scores ($M=28.9$, $SD=5.9$) than those who are not employed but want or need paid work ($M=27.8$, $SD=6.1$).

Child Care

Access to child care has also been an ongoing challenge faced by military families. This year, 69% of active-duty spouse respondents stated that they need child care with varying levels of frequency. Of those respondents who need child care, 33% are not able to find child care that works for their current situation (see Child Care Spotlight for additional information). Active-duty spouse respondents who need child care and are always or sometimes able to find care that meets their needs have statistically significantly^e higher mean relationship satisfaction scores ($M=28.6$, $SD=5.9$) compared to those who cannot find child care that meets their needs ($M=27.2$, $SD=6.5$).

^b Relationship satisfaction was measured using the Relationship Assessment Scale (RAS), which asks respondents seven questions about their relationship on a scale from 1 to 5, with varying accompanying written choices (e.g., poorly to extremely well, never to very often). Two items are reverse scored and then all seven items are summed (only for respondents who answered all items). The sum scores can be categorized into low satisfaction (7-14), average satisfaction (15-21), and high satisfaction (22-35).

^d This excludes active-duty spouse respondents who indicated they were also active-duty service members.

^e Statistically significant difference but equal variances not assumed.

Financial Security

Lastly, some military families are experiencing financial stress. This year, 72% of active-duty spouse respondents stated that they were “living comfortably” or “doing okay” when asked how their family was doing financially (see Financial Security finding for more information). Those spouse respondents who reported their family was “living comfortably” or “doing okay” financially have statistically significantly^f higher mean relationship satisfaction scores ($M=29.5$, $SD=5.6$) than those who selected “we are just getting by” or “we are finding it difficult to get by.” ($M=26.7$, $SD=6.6$).



Relationship satisfaction is an important component of the overall well-being and mission readiness of military families. While military life experiences such as a PCS and family separation are often viewed as potential challenges for a relationship, in this year’s sample of active-duty spouse respondents, it is the everyday stressors of spouse employment, access to child care, and financial security that are significantly connected to relationship satisfaction. In order to better support military families and further mitigate other negative outcomes, it is imperative to provide child care and career support for military spouses as well.

Blended Families Spotlight

Fifteen percent of **active-duty family respondents** with children under age 20 are blended families, here **defined as families where one or both spouses/partners have children from a previous relationship.**

Blended families have unique life experiences that can impact a relationship. When asked, “What are some of the challenges or advantages you’ve experienced as a blended family in the military?” active-duty blended family respondents listed the following top challenges: visitation challenges (19%), ability to create/maintain relationship (16%), and parenting style differences (13%). However, 16% stated there were few or no challenges at all. Similar to other active-duty families, blended active-duty families also face challenges with spouse employment, child care, and financial well-being with 37% of active-duty spouse respondents in a blended family reporting not being employed, but wanting or needing paid employment;^g 42% of active-duty blended family respondents report needing child care and not being able to find care that works for their current situation; 59% of active-duty blended family respondents report their financial situation as “living comfortably or “doing okay.”

^f Statistically significant difference but equal variances not assumed.

^g Who are not also active-duty service members.

Limitations

Literature on the impacts of relationship satisfaction on mental health and other outcomes does not utilize the same tool for measuring relationship satisfaction as this survey. This data can only demonstrate that there are differences in the reported relationship satisfaction of married or partnered active-duty spouse respondents across subgroups defined by employment status, access to child care, or perceived family financial situation. This data does not demonstrate any causation or directionality. The comparison groups for each of the variables of interest were often recalculated into groups defined by the researchers. There could be differences between other potential groupings of the comparison variables than those used here. For example, when looking at relationship satisfaction and separation due to military service there may be a difference between respondents who reported no time apart and those with any time apart from their service member, but for this finding, the response options were grouped into six or more months apart and less than five months apart. Respondents who indicated they needed child care were asked to select one of the following options of “always,” “sometimes,” and “no” for the survey question: “I am able to find child care that works for my current situation.” Since these options were not defined, some respondents living in the same situation may have selected different answers. For example, someone who cannot always find child care may have selected “sometimes” while others may have selected “no.” The Blended Families Spotlight respondent group is a subset of all active-duty family respondents and cannot be compared to the active-duty spouse respondent data referenced throughout the finding.

Recommendations

For Congress

- Set consistent national standards regarding the inclusion/exclusion of benefits as income for the purposes of calculating child support payments to clarify policies for blended families.

For the Department of Defense

- **Encourage service members and their families to use DOD-affiliated programs — including Military Family Life Consultants (MFLCs), Chaplain programs, etc. — that include lessons, tips, and best practices for having difficult conversations, including about finances, spouse employment, child care, and more.***
- Conduct a regular, centralized communications campaign to educate military families on the services available to support strong family relationships, learn more about improving family relationships, and understand how to address unhealthy behaviors. Canada’s “Healthy Relationships” campaign⁹ for Canadian Armed Forces members, Veterans, and their families is a proven program that the DOD can build upon.

For Nonprofits/Communities

- Build military cultural competency training and practices into programming to ensure resources are not only available, but also useful to military- and Veteran-connected families.
- Include family readiness officers/assistants across the DOD in informal military spouse groups to ensure accurate dissemination of information and resources.

*More information in Recommendations Chapter of Comprehensive Report

A greater proportion of active-duty family respondents who had used civilian resources in the 12 months prior to survey fielding reported feeling a sense of belonging to their civilian community compared to their peers who had not used any civilian resources.

For active-duty families, who relocate frequently as part of the military lifestyle and often need to rebuild their resource networks with each relocation, awareness of and access to resources in their community is an important piece of settling into a new community.

As such, resource availability to meet families' needs may impact not only the spouses' stress, but also military retention.¹

Use of Military and Civilian Resources

Most active-duty family respondents use both civilian and military resources to meet their needs. The majority (70%) of active-duty family respondents used at least one **military** resource in the 12 months prior to survey fielding and 65% have used a **civilian** resource. Among the most commonly used resources in both the military and civilian community were health care and social support resources (see Table 1).



However, use of civilian or military resources may also be influenced by proximity to the resource. Military families who live further from the installation may be more likely to use civilian resources than their peers who live on the military installation. Forty-one percent of those active-duty family respondents who live on a military installation reported they had not used any civilian resources in the past 12 months.

Civilian Resources

People build belonging through shared connections with others. Shared commonalities such as parenthood, schools, and community groups and organizations such as sports and recreation or places of worship help to create these shared experiences and possibly foster a sense of belonging even when there is a lack of shared military experience.² In this sample, utilizing civilian resources may help families build a sense of belonging to the community.

Of those active-duty family respondents who reported they had used a civilian resource in the past 12 months, **36%** “somewhat agree,” “agree,” or “strongly agree” with the statement **“I feel a sense of belonging to my local civilian community”** compared with **28%** of their peers who had not used any of the listed civilian resources.

Although a slightly greater proportion of active-duty family respondents reported using military resources (70% had used at least one military resource in the past 12 months and 65% had used at least one civilian resource in the past 12 months), many feel that their civilian community has sufficient or outstanding resources. However at least a quarter of active-duty family respondents note the following resources are inadequate^a in their civilian community:

- 36% behavioral health resources
- 32% housing resources
- 27% community support resources
- 27% medical care resources

Table 1: Use of Military and Civilian Resources
Active-duty family respondents



^a Inadequate is defined as needs improvement to meet basic or minimal level of service.

^b Only asked of respondents who indicated they had used a military resource.

^c Only asked of respondents who indicated they had used a civilian resource.

^d This could refer to a formal command spouse group and/or an informal spouse group.

^e Only asked of respondents who indicated they had not used a military resource.

^f Only asked of respondents who indicated they had not used a civilian resource.

Knowledge of Resources

In the 2020 MFLS, the most commonly mentioned barrier for those who reported they had an unmet need was a lack of knowledge on how to access the resources therefore understanding how families discover resources may help address this barrier.³ In this year's survey, when active-duty family respondents who reported using military or civilian resources were asked how they found out about those resources, the most common answers were social media and people they know (e.g., spouse groups and their own service members for military resources and friends and neighbors for civilian resources).

Military and Civilian Online Social Networks

Nearly all active-duty family respondents (90%) report they are a member of a military-connected online social network compared to about three-quarters (73%) who report they are a member of a civilian online social network community. Of those who belong to a military-connected online social network, 80% access that online network at least once per week compared to nearly 70% who belong to and access the civilian online social network community at least once per week.

The top reasons active-duty family respondents are a member of a civilian-connected online social network are to stay informed about community news and events (47%) and to gather information about resources in the local community (20%). Those who are a member of a military-connected online social network use their network

to gather information about resources in the local community (28%), stay informed about military news and events (27%), and to build a social network (friends, clubs, etc.) (15%). Only 7% of active-duty family respondents who are a part of a civilian local online community report they are a member of a civilian online social network community to build their social network which, along with respondents' reported use of military versus civilian resources, suggests active-duty family respondents may prefer



to seek support among their military-connected peers and networks. Similar to staying connected and informed, as noted above, active-duty family respondents report that social media is one of the top ways they find both civilian and military resources.

Military Sponsors

In addition to social media, active-duty family respondents indicate that spouse groups, friends, and neighbors are all top ways they find both military and civilian resources. Additionally, for many military families who PCS to a new community, one of their first points of contact is with their military sponsor.⁸ Forty-three percent of active-duty

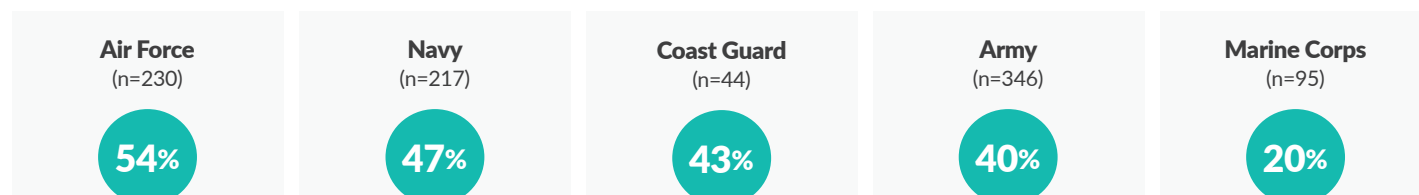
⁸ To learn more about military sponsorship, visit <https://www.militaryonesource.mil/relationships/support-community/military-mentorship-during-a-pcs>.

family respondents who PCSed in the 12 months preceding survey fielding report they did have a military sponsor for their most recent move.

Among active-duty respondents who PCSed in the 12 months preceding survey fielding, the proportion of those who had a sponsor assignment also differed by branch.^h

Figure 1: Proportion Who Had a Military Sponsor for Most Recent PCS

Active-duty family respondents who PCSed in the 12 months prior to survey fielding



Question Text: Did you or your service member have a military sponsor for your most recent PCS?

Of active-duty family respondents who PCSed in the 12 months prior to survey fielding but did not have a sponsor or did not know if they had a sponsor, approximately a third (30%) reported having a sponsor for any of their PCS moves in the past five years. Those respondents who reported a sponsor for any of their moves in the past five years were asked about their satisfaction with their sponsor, considering various introductions, such as the “introduction to your new command” or “introduction to the new duty station/post.” About half (49%) reported they were satisfied or extremely satisfied with their introduction to their new command and 44% were satisfied or extremely satisfied with their introduction to the new duty station/post. However, a smaller proportion was satisfied or extremely satisfied with their introduction to available housing options (32%), to the surrounding civilian community (27%), and connecting spouses to the existing military spouse groups (24%).

National Guard and Reserve Families

Sense of Belonging and Resources

Sixty percent of National Guard family respondents (and 54% of Reserve family respondents) state they “somewhat agree,” “agree,” or “strongly agree” with the statement “I feel a sense of belonging to my local **civilian** community” compared to only 33% of their active-duty peers. About two-thirds of National Guard (67%, n=163) and Reserve (62%, n=125) family respondents have used a civilian resource in the past 12 months; however, National Guard family respondents were the only group where mental health resources rose to the top three civilian resources used. Comparatively, only about half of National Guard and Reserve family respondents noted they had used military resources in the past 12 months compared to 70% of their active-duty peers.

Proximity to base/installation impacted the use of military resources: among currently-serving family respondentsⁱ the proportion of those who have not used any military resources in the last 12 months goes up the

^h Space Force was not included due to small sample size.

ⁱ Currently-serving family respondents include active-duty service member, active-duty spouse, National Guard service member, National Guard spouse, Reserve service member, and Reserve spouse respondents.

further respondents live from a military base/installation. Since National Guard and Reserve families typically live farther from base than their active-duty peers, (63% of National Guard and 56% of Reserve family respondents live more than 30 minutes from an installation, compared to just 22% of active-duty family respondents) this underscores why they are less likely to have used military resources in the past 12 months.

GI Bill Benefit Use^j

Less than half of National Guard family respondents (42%, n=184) and Reserve family respondents (40% n=136) reported they or anyone in their family have **not** used GI Bill benefits. A larger portion of active-duty families (68%, n= 2403) reported they had **not** used their GI Bill benefits. However, for National Guard and Reserve family respondents, more than 1 in 10 stated their children have used GI Bill benefits (11% and 14%, respectively). Reserve family respondents who had used GI Bill benefits^k had a higher recommend service mean score (6.16 versus 5.89)^l than those who did not; however there was no discernable difference in the recommend service mean score for National Guard family respondents on whether or not they would recommend service based on GI Bill usage. National Guard, Reserve, and active-duty family respondents who reported they had not used GI Bill benefits and had not planned to use or transfer those benefits were asked why they had not used or planned to use the benefits. The top reasons for not using GI Bill benefits reported by National Guard family and Reserve family respondents included they did not know how to use the benefits or if they were eligible, and that they had difficulties in transferring benefits to eligible dependents.^m

“Can you please share with us why you do not plan on using your/your spouse’s GI Bill benefits?”

“I do not believe I had enough time to earn it.”

National Guard Service Member

“We did not know that I could [use the GI Bill] when I went back to school.”

Spouse of Reserve Service Member

Implications

Access to and use of resources are important for the well-being of our military families. Active-duty family respondents access both military and civilian resources at similar rates and for similar reasons. However, among respondents, there appears to be a higher rate of usage of military resources and a propensity to seek out others within their military community for information and networking. This has implications for who families turn to when they need help (see Support Circles finding for more information). Those who do use civilian resources typically live within the civilian community and report a higher sense of belonging to their civilian community perhaps due to a sense of shared experience with their civilian neighbors and peers.

^j Eligibility for the GI Bill is based on many factors including discharge status, time and length of service, time since separation from service, etc. GI Bill And Other Education Benefit Eligibility | Veterans Affairs (va.gov).

^k Respondents were asked “Has anyone in your family used GI Bill benefits?” and they could select multiple answers or a single answer for themselves, their spouses, and their children to indicate any GI Bill usage.

^l Respondents were asked to rate “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?” on a scale of 0 to 10 (see Recommending Service finding for more information).

^m Based on the survey question, it is unclear if the benefit was their own or their spouse’s GI Bill benefit.

Limitations

Many of the responses for the National Guard and Reserve portions of this finding include very small sample sizes. In addition, those who access the Blue Star Families annual Military Family Lifestyle Survey may have a greater knowledge and use of resources. Survey respondents may be more likely to use social media to find resources since the survey is made available on social media platforms and websites.

Although questions were asked about the GI Bill, not everyone who serves/has served is eligible to receive those benefits. In addition, survey questions about social networking could have influenced responses and the propensity for using online military resources and military community for networking.

Recommendations

For the Department of Defense

- **Encourage and provide resources for both formal and informal mentorship programs — including PCS Sponsors — during relocation.***
- Consider opportunities for better aligning sponsors with the families they're supporting with factors like family structure (i.e., children or no children), common experiences, and other identifiers.
- Consider expanding affinity-based mentorship programs, particularly for underrepresented and vulnerable groups like women, people of color, and LGBTQ+ family members.

For States/Localities

- Improve information sharing about resources for military families moving to your locality.
- Make off-hour access to resources accessible and prioritize including military families.
- Create a dedicated Military Spouse Liaison position within the state agency that oversees Veterans and military affairs to advocate, conduct outreach, and address key challenges to military spouses by working with federal, state, and local governments, military installations, and the private sector.

*More information in Recommendations Chapter of Comprehensive Report

Health care needs, perceived health care access and quality, and perceived network resources differ for working-age and aging Veterans.

Supporting Veterans in healthful aging requires a holistic approach to health care that includes the delivery of culturally competent care within a formal health care setting, as well as support and network resources from family and friends.

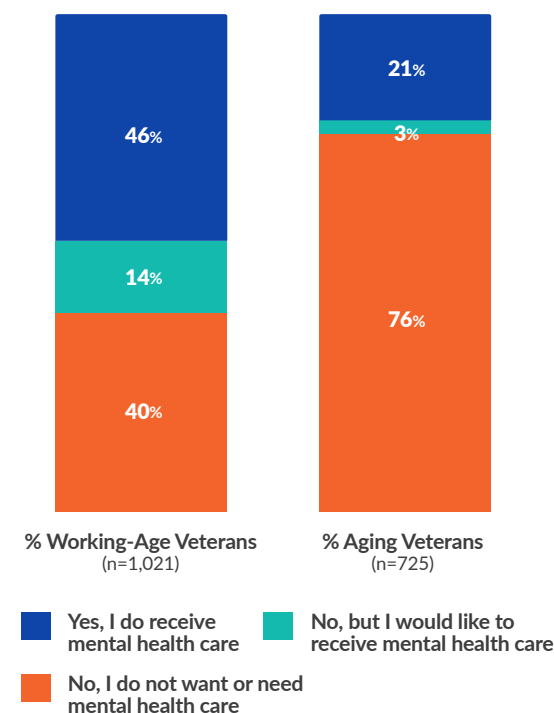
Health Outcomes and Health Care Needs of Veterans

Recent estimates suggest that by 2020, nearly 9 million Veterans, or 46% of the total Veteran population, will be 65 and older, an increase from the 2013 estimates (44%).^{1,2} Given the demographic shifts within the Veteran population and an increase in the number of aging Veterans in the overall Veteran population, it is important to consider how the health needs of Veterans may be changing and how network resources can be used to support Veterans' healthful aging. Veterans have diverse and varying health care needs, which may differ in working-age (ages 21-64) and aging (65 years and older) Veteran respondents. In the present sample, a greater proportion (82%) of working-age Veteran respondents report having a service-connected disability than aging Veteran respondents (60%). Service-connected disabilities may impact both physical and mental health needs and range in severity.³ For all Veterans, strengthening network resources, such as emergency financial support, advice, and assistance with activities of daily living can support their health care needs.

In addition to the myriad of physical health needs of Veterans, both with and without service-connected disabilities, mental and behavioral health remain an important component in discussions of Veteran health, particularly in addressing Veteran suicide risks and in the wake of the COVID-19 pandemic.^a This may be even more critical in younger Veterans: 41% of working-age Veteran respondents reported a current diagnosis of generalized anxiety disorder, and 33% reported major depressive disorder, compared with 14% and 11% of aging Veteran respondents, respectively. Anxiety and depression are known to be associated with increased risk of chronic illnesses which may have long-term impacts on aging.⁴ Regular mental health screenings for working-age Veterans may lead to early intervention and increased support.⁵

Figure 1: Do You Currently Receive Mental Health Care?

Veteran respondents by age group



Question Text: Do you currently receive mental health care?

^a A recent panel recommended that all adults under age 65 should be screened for anxiety, following the sharp increase in anxiety and depressive symptoms since the start of the COVID-19 pandemic.

While the VA and other partners are, and have been, focused on increasing access to mental health care for Veterans,^{6,7,8} a need still remains. Figure 1 shows nearly half (46%) of working-age Veteran respondents reported they were receiving mental health care at the time of survey fielding, however, 14% also said they would like to receive mental health care but were not currently receiving it. For aging Veteran respondents, 21% said they were receiving mental health care at the time of survey fielding and 3% said they would like mental health care but were not receiving those services (see the Veteran Financial Wellness Spotlight for additional information on utilization of medical care for the Veteran respondents).



Need for Continuous Culturally Competent Health Care

Previous research shows that there might be barriers to culturally competent care from civilian health care providers for Veterans.⁹ Therefore, as Veterans continue to seek health care outside the VA,¹⁰ it is important to consider the cultural competency of providers. Veteran respondents were asked to indicate their level of agreement with the statement: “My doctor/provider is knowledgeable of health needs faced by the military/Veteran populations.” Among aging Veteran respondents who reported they use the VA to meet all their health care needs, 68% “agree” or “strongly agree” their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations compared with 51% of their peers who said they do not use the VA for all care. Working-age Veteran respondents showed a similar pattern; 64% of those who use the VA to meet all care needs “agreed” or “strongly agreed” their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations versus 42% of those who do not use the VA for all their health care needs. This is consistent with previous research that found Veterans are more likely to encounter providers who are not prepared to provide military- and Veteran-sensitive, culturally competent care when they use providers outside the DOD and VA health care networks.¹¹

There are additional group disparities in reporting culturally competent care. Only 39% of female aging Veteran respondents “agreed” or “strongly agreed” that their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations — compared with 60% of male aging Veterans, though there was not a gender difference in perceived culturally competent care among working-age Veterans respondents. More than half (53%) of both female and male working-age Veterans agreed their doctor or provider is knowledgeable of military/Veteran health needs.^b

Additionally, a greater proportion of working-age Veteran respondents with a service-connected disability (55%) agreed that their provider was culturally competent regarding military/Veteran population health needs compared to their peers who did not report a service-connected disability (43%). This could be related to a difference in

^b For the purpose of reporting, “female” respondents include those respondents who selected “woman” or “trans woman” and “male” respondents include those who selected “man” or “trans man” in response to the question “What is your gender?”

types of health care providers utilized: 39% of working-age Veterans with a service-connected disability reported receiving routine medical care from civilian providers, compared to 59% of working-age Veterans without service-connected disabilities.^c There is little difference in the aging Veteran subsample, with 58% of those with a service-connected disability reporting they “agree” or “strongly agree,” compared to 55% of those who do not have a service-connected disability.

Leveraging Social Ties and Network Resources as a Component of Veteran Health Care

Social ties, and the network resources they provide, can be leveraged to support the health and caregiving needs of Veterans and their families. Network resources may include financial support, emotional support, and short- and long-term caregiving support. The 2022 MFLS also assessed perceived access to four specific network resources by asking respondents to indicate if they had someone they could rely on for financial, emotional, and short- and long-term caregiving support. Previous research has demonstrated that as people age, it becomes increasingly difficult to access network resources due to smaller networks, declining physical health, and increased isolation.¹² Results from this survey also show that working-age Veteran respondents report lower perceived access to social support (see Table 1). Perceived access to these network resources is higher among married Veteran respondents compared with their divorced or single counterparts (73% of aging Veteran respondents are married and 67% of working-age Veteran respondents are married).

Table 1: Veteran Respondents Perceived Network Resources

% of Veteran respondents who said “yes” to the following items:

	Working-Age Veterans	Aging Veterans
Suppose you had to borrow \$250 for a few weeks because of an emergency. Is there someone you could ask for help?	62% (n=1,077)	74% (n=780)
Suppose you had a personal problem and wanted to talk to someone about it. Is there someone you could ask for help or advice?	70% (n=1,075)	80% (n=775)
Suppose you were sick and unable to take care of yourself for a week or more. Is there someone you could ask for help?	71% (n=1,069)	83% (n=779)
Suppose in the future, you needed help with basic personal care activities like eating or dressing. Is there someone who would be willing and able to help you over a long period of time?	56% (n=1,065)	67% (n=778)

While nearly a third of both working-age (28%) and aging Veteran respondents (28%) report they have someone who helps them with medical, household, and/or other personal needs, more than twice as many working-age Veterans (13%) reported wanting or needing someone to help (compared with 5% of aging Veterans). Also, many provide substantial resources to their spouses, family, and friends. For example, 22% of aging and 20% of working-age Veteran respondents consider themselves unpaid caregivers. This is on par with a national study

^c Among aging-Veterans with (and without) a service-connected disability, 15% (vs. 7%) receive routine medical care from military health providers, 61% (vs. 32%) from VA providers, and 60% (vs. 70%) from civilian providers. For working-age Veterans with (and without) a service-connected disability, 16% (vs. 9%) receive routine medical care from military health providers, 74% (vs. 36%) from VA providers, and 39% (vs. 59%) from civilian providers. Respondents were asked to pick out all applicable medical providers that they receive routine medical care from therefore it is not clear which provider(s) the respondents may be referring to when they were asked about whether their health provider(s) is knowledgeable of health needs faced by the military/veteran populations.

that found approximately 20% of Veterans ages 60 and over are caregivers.¹³ Aging Veteran respondents who considered themselves caregivers reported providing unpaid care to civilian spouses/partners (42%), parents or grandparents (18%), and Veteran spouses (15%). Of working-age Veteran respondents who identified as caregivers, 38% reported providing care to a parent or grandparent, 25% to a child under 18 years old, and 17% to their spouse/partner who is also a Veteran.

This finding suggests that many Veterans may need help developing a long-term plan of care for themselves and those they provide care for as well. Plans of care for long-term support may require family members to take on caregiving roles. The Program of Comprehensive Assistance for Family Caregivers has been expanded to include families from all service periods.¹⁴ Additionally, understanding Veterans' perceived access to various network resources can assist VSOs in mobilizing community resources.

Limitations

Though the 2022 MFLS Veteran sample is comparable in many ways to the national Veteran population, results are not generalizable to the broader Veteran population. Blue Star Families and the VA worked together to share the survey links and provided the valuable opportunity to examine issues facing aging Veteran respondents, but this recruitment methodology limited the capacity to reach younger Veterans, Veterans who recently separated from service, and Veterans who do not use VA health care.

Additionally, culturally competent care is a multifaceted construct that is often defined and measured in multiple different ways in existing literature. However, for the purposes of the present study, a single-item was used to gauge a Veteran's perceptions of cultural competence as it refers to their provider's knowledge of military and Veteran health needs in receiving health care. This definition of culturally competent care does not address the important role of intersectionality, including race, gender, sexual orientation, etc., in understanding a Veteran's perception of the quality of care that they are receiving.

Policy Recommendations

For the VA

- Promote the delivery of culturally competent care that offers sensitivity and an understanding of the diverse health care needs of Veterans. Culturally competent care will consider how an individual's intersectionality may shape their health needs.
- Promote a holistic delivery of care (such as coordination with community-based organizations for social needs) for Veterans and their families.

For Congress

- Advocate for interagency data sharing protocols. Findings from our study suggest that future Veteran health research would benefit from administrative data being made available across agencies to provide a larger and more representative sample of Veterans.

“Good benefits” and “economic stability” are top reasons for recommending military service, but “poor military leadership,” “challenges for families,” and “financial sacrifice” are cited by active-duty family respondents as top reasons they were unlikely to recommend military service.

In view of the current challenges with recruitment in the armed forces,^{1,2,3} respondents to the 2022 MFLS were asked to rate “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?” on a scale of 0 to 10.^a The mean rating for likelihood of recommending service fell between 5.1 to 6.7, based on respondent’s primary military affiliation^b (see Table 1 for a breakdown of responses by respondent primary military affiliation).

Among active-duty service member, active-duty spouse, Veteran, Veteran spouse, National Guard family, and Reserve family respondents, active-duty spouse respondents were the least likely to recommend service to a young family member ($M=5.1$, $SD=3.0$), while Veteran respondents were the most likely to recommend ($M=6.7$, $SD=3.2$). Despite an increase in activation over the past two years,^{4,5} both National Guard family and Reserve family respondents have a higher likelihood of recommendation mean score compared to their active-duty counterparts.

All military-connected^c family respondents who answered the question about their likelihood to recommend service were then asked: “Can you tell us why you would recommend or not recommend service to a young family member?”^d “Challenges to families” were most often cited by military-connected family respondents as a reason to not recommend military service. A common reason to recommend service noted by respondents in all groups was the benefits that come from serving: education, health care, and housing-related benefits.

Table 1: Mean Likelihood to Recommend Military Service to a Young Family Member, by Primary Military Affiliation
Military-connected respondents

Primary Military Affiliation	Likelihood to Recommend Service Mean and Standard Deviation
Active-Duty Service Members (n=471)	5.6 (SD=2.9)
Active-Duty Spouses (n=3,170)	5.1 (SD=3.0)
National Guard Families (n=295)	5.9 (SD=2.9)
Reserve Families (n=218)	6.1 (SD=3.0)
Veterans (n=2,483)	6.7 (SD=3.2)
Veteran Spouses (n=898)	6.2 (SD=3.2)

Question Text: “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?” Range: 0 = very unlikely to recommend, — 10 = very likely to recommend.

^a On a scale of 0 to 10, 0 being “very unlikely to recommend” and 10 being “very likely to recommend.”

^b Respondents were asked to select one “primary military affiliation” (out of one or many) and use that perspective to answer the survey.

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

^d Data was read and coded into emergent themes that were common among multiple respondents.

Active-Duty Family Respondents

While the largest group of active-duty family respondents were likely to recommend military service (37% selected a rating between 7 and 10), over a quarter of active-duty family respondents (28%) were unlikely to recommend (selected a rating between 0 and 3), and one-third were neutral (35% selected a rating between 4 and 6)^e (see Table 2). Both active-duty service member and spouse respondents cited “good benefits” and “economic stability” as a reason for recommending service (see Table 3), but some differences emerged between active-duty service members and active-duty spouse respondents when grouped by the rating they selected. The most common reasons for “unlikely to recommend,” for both service member and spouse respondents were similar, citing “challenges for families” and “poor military leadership.” Further, just over one-third of active-duty service members and spouses provided a mixture of positive and negative reasons for their likelihood to recommend service (neutral rating of 4-6).

Table 2: Proportion Likely to Recommend Military Service to a Young Family Member, by Rating and Primary Military Affiliation
Active-duty service member and spouse respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Active-Duty Service Member Respondents (n=471)	23%	36%	42%
Active-Duty Spouse Respondents (n=3,170)	29%	34%	37%

Question Text: “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?”
Range: 0 = very unlikely to recommend, – 10 = very likely to recommend.

Table 3: Top Codes for Reasons to Recommend or Not Recommend Military Service to a Young Family Member, by Rating Group and Primary Military Affiliation
Active-duty service member and spouse respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Active-Duty Service Member Respondents (n=471)	Poor military leadership Challenges/difficulties for families Changes in the military aren't good	Good benefits Depends on the individual Challenges/difficulties for families	Good benefits Economic stability Job skill building
Active-Duty Spouse Respondents (n=3,170)	Challenges/difficulties for families Poor military leadership Financial sacrifices	Challenges/difficulties for families Depends on the individual Good benefits	Good benefits Economic stability Positive opportunities

Open-ended Question Text: “Can you tell us why you would recommend or not recommend service to a young family member?”

^e Responses were broken down into three categories: 0-3 = unlikely to recommend, 4-6 = neither likely nor unlikely (or neutral) (a mixture of positive and negative comments or a focus on “dependent on individual”), and 7-10 = likely to recommend. Responses to the open-ended question informed the parameters of these categories. See Methodology for a description of how these categories were determined.

“Can you tell us why you would recommend or not recommend service to a young family member?”

Active-Duty Family Respondents

| Good Benefits (education, health care, housing, etc.)

“Education benefits, health care, gives direction to life.”

Active-Duty Army Service Member (rating: 8)

| Challenges to Families

“The military continues to say this is a ‘family business’ but has yet to make any real changes that would support that. Reducing the number of PCSes over time, removing barriers to spouse employment like SOFA and lack of child care, fostering an environment that allows SMs [service member] to feel comfortable asking for time to support their family.”

Active-Duty Army Spouse (rating: 5)

| Depends on the Individual

“Really depends on the person. I think it’s great for the right type of person but wouldn’t recommend it to everyone.”

Active-Duty Air Force Spouse (rating: 6)

| Challenges to Families

“The chain of command is corrupted and very toxic. They don’t care about families or your work ethic, they just care about getting everyone qualified. It’s also very disorganized.”

Active-Duty Navy Spouse (rating: 0)

Active-duty family respondents of color had similar likelihood of recommendation scores when compared to their white counterparts (see Table 4).

Table 4: Mean Likelihood to Recommend Military Service to a Young Family Member, by Race/Ethnicity
Active-duty family respondents

Respondent Subgroup	Likelihood to Recommend Service Mean and Standard Deviation
Active-Duty Family Respondents of Color ^f (n=983)	5.3 (SD=3.0)
Black/African American Active-Duty Family Respondents (n=231)	5.1 (SD=2.9)
American Indian/Alaskan Native Active-Duty Family Respondents (n=109)	4.6 (SD=3.2)
Asian Active-Duty Family Respondents (n=255)	5.3 (SD=3.0)
Hispanic/Latino/a/x Active-duty Family Respondents (n=445)	5.4 (SD=3.0)
White, Non-Hispanic Active-Duty Family Respondents in Multiracial/Multiethnic Families ^g (n=375)	5.0 (SD=2.9)
White, Non-Hispanic Active-Duty Family Respondents Not in Multiracial/Multiethnic Families ^h (n=2,189)	5.1 (SD=2.9)

^f Active-duty family respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option. Respondents could select multiple racial/ethnic identities and their responses may therefore be reflected in multiple comparison groups when racial and ethnic groups are analyzed separately.

^g Those respondents who are categorized as “white, non-Hispanic respondents in a multiracial/multiethnic family” only selected white (and no other answer choices) to the race/ethnicity select-all question and also reported they are a member of a multi-racial/ethnic family (e.g., “Do you have a spouse or child of a different race/ethnicity?”).

^h White, non-Hispanic active-duty family respondents not in multiracial/multiethnic families are defined as respondents who only selected white (and no other answer choices) to the race/ethnicity select-all question and answered they are not a member of a multi-racial/ethnic family.

As a group, both femaleⁱ currently serving respondents and female Veteran respondents are less likely than their male peers to recommend service; however, both male and female Veterans are more likely to recommend service than their currently serving peers (see Table 5).

Table 5: Mean Likelihood to Recommend Military Service to a Young Family Member, by Gender
Active-duty service member and Veteran/retired service member respondents

Respondent Subgroup	Likelihood to Recommend Service Mean and Standard Deviation
Female Active-Duty Service Members ⁱ (n=212)	5.3 (SD=2.8)
Male Active-Duty Service Members (n=257)	5.6 (SD=3.0)
Female Veterans (n=698)	6.3 (SD=3.4)
Male Veterans (n=1,757)	6.9 (SD=3.2)

Female active-duty service member respondents who were likely to recommend service for reasons such as good benefits, positive opportunities, and job skill acquisition, while those who were unlikely to recommend service focused on challenges to families, poor leadership, and both racial and gender discrimination. Male active-duty service member

respondents who were unlikely to recommend service noted a lack of leadership and politics (both past and present), as well as a general need for improvement, while those who were more likely to recommend service mentioned reasons similar to their female counterparts such as good benefits and economic/job stability. However, as a group, male active-duty service member respondents also noted the importance of service and the value of serving the country. For female Veteran respondents, sexual assault, mental health concerns, and the lack of service and quality of service for VA benefits were the most commonly cited reasons for those unlikely to recommend service, compared to their male counterparts, who most often mentioned poor military leadership and politics. Personal development, good benefits, and job skills were the top reasons cited for both male and female Veteran respondents who were likely to recommend service. Further, aging Veteran respondents^j ($M=7.1$, $SD=3.1$) were more likely to recommend service compared to their working-age peers^k ($M=6.4$, $SD=3.3$)



ⁱ For the purpose of reporting, "female" respondents include those respondents who selected "woman" or "trans woman" and "male" respondents include those who selected "man" or "trans man" in response to the question "What is your gender?"

^j Aging Veteran respondents are ages 65-96.

^k Working-age Veteran respondents are ages 21-64.

National Guard/Reserve Family Respondents

Both National Guard and Reserve family respondents were more likely to recommend service than their active-duty peers, with Reserve family respondents slightly more likely to recommend service than their National Guard peers (see Table 1 and Table 6). Similar to their active-duty peers, challenges to families was the most common theme among National Guard and Reserve family respondents who were unlikely to recommend service. Benefits were the most common reason to recommend service by those likely to recommend. However, for both National Guard and Reserve family respondents, unlike their active-duty peers, politics was one of the top reasons cited by those unlikely to recommend service (see Table 7).

Table 6: Proportion Likely to Recommend Military Service to a Young Family Member, by Rating Group and Primary Military Affiliation
National Guard and Reserve family respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
National Guard Family Respondents (n=295)	22%	31%	47%
Reserve Family Respondents (n=218)	19%	29%	52%

Question Text: "How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?"
Range: 0 = very unlikely to recommend, — 10 = very likely to recommend.

Table 7: Top Codes for Reasons to Recommend or Not Recommend Military Service to a Young Family Member, by Rating Group and Primary Military Affiliation
National Guard and Reserve family respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
National Guard Family Respondents (n=295)	Poor military leadership Challenges/difficulties for families Politics	Good benefits Challenges/difficulties for families Poor military leadership	Good benefits Job skill building Positive opportunities
Reserve Family Respondents (n=218)	Challenges/difficulties for families Politics Financial sacrifice	Depends on the individual Good benefits Challenges/difficulties for families	Good benefits Personal development Economic stability

Open-ended Question Text: "Can you tell us why you would recommend or not recommend service to a young family member?"

“Can you tell us why you would recommend or not recommend service to a young family member?”

National Guard and Reserve Family Respondents

“It **provides a good foundation for young people** going forward into their future.”

National Guard Service Member (rating: 8)

“It provides **maturity and leadership opportunities** at a young age.”

Army Reserve Service Member (rating: 10)

“The military has made great strides in the last several years when it comes to social issues, **but they still treat women as second class**. There is too many rules-based leaders, and not enough people willing to do what’s right versus what is ‘supposed to happen.’”

Marine Corps Reserve Service Member (rating: 2)

“Recommendation is dependent on the context of the person’s experience and background. **For example, the guidance I would give a straight white male may be different than a queer Black individual.**”

Navy Reserve Spouse (rating: 6)

While there were various reasons for the likelihood to recommend service ratings among respondent groups, benefits (including education, health care, and housing) were mentioned most often by nearly every respondent group as a reason for likely to recommend service, while challenges for families and poor military leadership were mentioned most often by those unlikely to recommend service. Additionally, discrimination (racial and gender) and politics were also mentioned often by different respondent groups who were unlikely to recommend service. These responses from military-connected respondents suggest that a focus on retaining and/or enhancing benefits, policies to support families, and strengthening the leadership qualities of those who reach the upper enlisted and officer ranks are the best path to increasing the likelihood of recommending service to a young family member.

Limitations

Some of the sample sizes for various respondent subgroups are small (e.g., American Indian/Alaskan Native active-duty family respondents), and some sample sizes were too small to be analyzed (e.g., Native Hawaiian/Pacific Islander active-duty family respondents). Additionally, this is a very complex topic, and there are multiple factors and subgroups that would need to be addressed: families with or without children, recent relocation, specific personal experiences, etc., to form a more comprehensive analysis.

Recommendations

For Congress

- Commission a report on how military family policies affect recruitment, retention, and likelihood to recommend service.*

For the Department of Defense

- Continue to highlight the benefits of military service to maintain and increase recruiting.
- Enhance recruitment and officer commissioning by continuing to expand ROTC scholarship opportunities at Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs).
- Stop automatically merging military children's medical records into the new service member record so as to not put military children at a disadvantage compared to their civilian peers.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2022 Comprehensive Report



Health Care Access and Quality

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.

Even when eligible for TRICARE coverage, National Guard and Reserve families often live outside of military installations or areas with a large military presence, limiting their health care options to civilian providers.⁹ The large majority of both National Guard family (83%, n=198) and Reserve family (81%, n=144) respondents indicated that 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 question 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

One in three (32%) active-duty family respondents with at least one child enrolled in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on school property in the 12 months prior to survey fielding.

While overall rates of bullying have decreased over the last 10 years, in 2019, 22% of youth ages 12-18 in the United States reported being bullied at school in the past year.¹ Previous reports found that military-connected students reported higher rates of bullying than civilian students.^{2,3} In this year's survey, 1 in 3 (32%) active-duty family respondents with at least one child enrolled in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on *school property* in the 12 months prior to survey fielding, and 8% experienced bullying *online* in the preceding 12 months.^a When asked to describe the experiences of bullying in an open-ended question, all incidents described included some degree of verbal bullying (e.g., name-calling, put-downs), 28% involved a physical altercation (e.g., pushing, hitting, unwanted sexual contact), 8% included threats of violence, and 7% involved exclusion of the child.

Bias-Based Bullying

Bullying that is motivated by hate or bias toward one or more of the protected classes, such as race, color, sex, age, national origin, disability, religion, or sexual orientation, is a concern within the school environment. In a 2019 study, 7% of students ages 12-18 reported being called hate-related words at school, and 23% of students reported seeing hate-related graffiti at school.⁴ Of these incidents, 3 out of 4 were directed toward the student's race or ethnicity (75%), and more than one-third were related to their gender or sexual orientation (39%).⁵

Military-connected youth also experience racially-motivated incidents, as was recently highlighted when the Department of Justice partnered with Hill Air Force Base to address systemic racial harassment and discrimination found in a Utah school district.^{6,7} In this survey, nearly one-quarter (24%) of active-duty family

"Moving to a non-diverse area, **my kids have been harassed for being Hispanic** and told 'colored people should suffer.'"

Active-Duty Navy Spouse

respondents with at least one child enrolled in grades K-12 reported that they had a child who experienced racially/ethnically-motivated bullying in their *civilian* community at least once in the

12 months prior to survey fielding, and 14% reported that they had a child who experienced racially/ethnically-motivated bullying in their *military* community at least once in the 12 months prior.^b

^a It is important to note that this survey asked respondents with at least one child enrolled in K-12 "In the past 12 months, has your child or children (20 years or younger) experienced bullying on school property?" and "In the past 12 months, has your child or children (20 years or younger) experienced online bullying?". Therefore, the intent was for respondents to refer to their child or children between the ages of 5 and 20 years. However, the civilian comparison data included self-reports from children ages 12-18.

^b Respondents were asked about both their current civilian and military/Veteran communities, "...how often have you experienced each of the following at your current location: My child experienced racially/ethnically motivated-bullying" on a scale which included the options "Never," "Once or twice a year," "3-4 times a year," "Monthly," "Weekly," "Daily," "I don't know," "Does not apply." Responses were collapsed into a dichotomous variable with having ever experienced (selecting at least 'once or twice a year') or never. Respondents who selected "does not apply" or "I don't know" were excluded from analyses.

High school students who identify as lesbian, gay, or bisexual have reported higher rates of both in-school and online bullying than their straight peers.^{8,9} One study found that military-connected LGBTQ+ youth had an increased risk of both violent and nonviolent victimization.¹⁰ In this survey, 8% of active-duty family respondents with at least one child enrolled in grades K-12 stated they had a child or children (20 years old or younger) who identified as lesbian, gay, or bisexual, and 6% were “unsure” if their child identified as lesbian, gay, or bisexual; in addition, 2% stated they had a child who identifies as transgender, and 3% were “unsure.” Respondents who had a child who experienced bullying on school property and/or online in the 12 months prior to survey fielding were asked to share more in response to an open-ended question, and 6% said their child’s experience related to their perceived gender identity or sexual orientation.

“My daughter was hit, laughed at, tripped, and teased **because she was celebrating Pride month.**”

Active-Duty Air Force Spouse

Bullying and Mental Health

Research has shown that youth with depression, anxiety, or low self-esteem may be at a greater risk for being bullied due to being perceived as vulnerable or weak.¹¹ Nearly one-quarter (23%) of active-duty family respondents with at least one child enrolled in grades K-12 had a child (20 years or younger) receiving mental health care at the time of survey fielding. One in five (20%) active-duty family respondents with at least one child enrolled in grades K-12 indicated

Table 1: Top Reasons for Child(ren) Not Receiving Mental Health Care

Active-duty family respondents with at least one child in grades K-12 who report their child(ren) do not currently receive mental health care, but they would like them to (n=245)

Could not find an available provider who will treat their child	44%
It is difficult to find time for an appointment	35%
They do not believe that telehealth would be effective for their child	26%
It is difficult to find child care for their other child(ren)	22%
Currently on a waitlist for a provider	18%

Question Text: If your child/children does not currently receive mental health care, but you would like them to, what are the reasons they do not receive mental health care? Please select all that apply.

they have a child (20 years or younger) with a current anxiety disorder diagnosis and 8% had a depressive disorder diagnosis at the time of survey fielding. Seven percent of respondents with at least one child in grades K-12 reported they had a child or children (20 years or younger) express thoughts of suicide in the 12 months prior to survey fielding.

In addition, several studies have found that children who are bullied are more likely to experience mental health conditions such as depression, anxiety, and suicidal ideation, among other negative health and academic outcomes.^{12,13,14} Of those active-duty family respondents who reported they had a child experience bullying on school property and/or online, 32% reported at least one of their children was receiving mental health care, compared with 18% of those who did not report bullying.^c Regardless if bullying is the cause or the result of a youth’s mental health concerns, active-duty military children may be at risk of these outcomes.

^c It is not known whether the child who experienced bullying is the same child who is receiving mental health care.

Experiences of bullying may also be related to an individual's sense of belonging. Children who are perceived as less popular than others or socially isolated are at a greater risk of being bullied.¹⁵ This impacts active-duty families in particular, as their frequent relocations and transitions can create challenges for building connections with and adapting to new local communities.¹⁶ This survey did not inquire about the social connectedness of respondents' children, however, a lower proportion (27%) of active-duty family respondents who reported having a child who has experienced bullying in the past year (on school property and/or online) also reported feeling a sense of belonging to their local civilian community compared with active-duty family respondents who did not report their child or children experienced bullying (39%). One study found that youth who experienced bullying also report negative impacts on their friendships,¹⁷ potentially creating a cycle of social isolation and bullying with additional impacts to their mental health and resilience to stress.^{18,19,20}

Of active-duty family respondents with at least one child enrolled in grades K-12 who reported their child (20 years or younger) is receiving mental health care, **1 in 4 rated the quality of their care as “excellent” (25%).**

Addressing Bullying

Given the incidence of bullying experienced by military-connected children, and the potential impacts on their mental health, prevention and intervention efforts are critical. This includes, but is not limited to, access to mental health care. Sixteen percent of active-duty family respondents with at least one child enrolled in grades K-12 reported that their child(ren) did not currently receive, but they would like them to receive mental health care. In a follow-up question, these respondents were asked to select the reasons their child was not currently receiving mental health care, found in Table 1.

In addition, school districts and military families must partner together to learn how to identify and appropriately respond to incidents of bullying, and racial and sexual discrimination. To learn more about bullying and what you can do to intervene visit stopbullying.gov.

Limitations

The data on children experiencing bullying is parent-reported. Studies have indicated that only about one-half of children will report a bullying incident to an adult,^{21,22} suggesting that the rates of bullying may be even higher than reported in this finding. This may be especially true for digital/online bullying. In addition, parents were not given a definition for bullying so these results depended on respondents' interpretation of whether or not their child's experience was bullying. The data presented in this finding are for active-duty family respondents who had at least one child enrolled in grades K-12, and excluded respondents who do not have children or those who have children but none in K-12 education. However, it is possible that respondents who have a child both enrolled in grades K-12

and not in grades K-12 (e.g., a toddler) could have been considering either child when answering the questions which asked them to consider their child(ren) ages 20 or younger. Respondents were asked to report if their child had experienced bullying in the past 12 months, however, children who were bullied prior to this timeframe may still be experiencing long-term impacts of bullying. The civilian data used to compare rates of bullying only included reports from children ages 12-18, while the survey data are from respondents who reported they had at least one child enrolled in grades K-12 and asked respondents (parents) to consider their child or children aged 20 or younger. It is not possible to determine whether the child who experienced bullying is the same child who is receiving mental health care, the same child who is LGBTQ+, etc., in the reported data.

Recommendations

For Congress

- Explore options for continuity of mental health care for children of service members during PCS moves.
- Continue to bring light to anti-bullying programs and policies to ensure public awareness and support for military families.

For the Department of Defense

- Conduct a communications and awareness campaign to educate military families on the availability of mental health resources and available programs that support military teens. Education for families should include warning signs and red flags associated with depression, anxiety, and other mental health concerns in children and young people.
- Encourage military family support programs and positions to include programs on bystander intervention training for military families, helping parents identify when their child(ren) may be bullied, and preparing to have difficult conversations.

For Community Organizations and Providers

- **Actively recruit military families to participate in existing social and community programs to increase their connectedness and sense of belonging to the community.***
- Licensing agencies and organizations should require providers who serve military-connected children to take continuing education courses related to military-cultural competency. See the Support Circles finding for more recommendations regarding mental health care access and resource expansion.
- Incorporate culturally responsive programming and education about having difficult conversations about bias-based bullying.

For Military Families

- Use available anti-bullying resources, including stopbullying.gov, Military OneSource, and Military Kids Connect, to help you identify warning signs and unexpected behaviors associated with bullying.
- Explore resources in preparation for engaging in difficult conversations with your child about bullying.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2022 Comprehensive Report



Education Access and Quality

The majority (74%) of active-duty military families with at least one child enrolled in grades K-12 report they do not know about the Interstate Compact on Educational Opportunity for Military Children. However, those who have used the Interstate Compact to advocate for their child report positive outcomes.

The majority (74%) of active-duty family respondents with children ages 20 years or younger report they have at least one child enrolled in kindergarten through 12th grade (K-12). See Table 1 for a snapshot of K-12 education statistics for active-duty family respondents' oldest child enrolled in K-12 education for the 2021-2022 school year.





Knowledge of the Interstate Compact

Military families' knowledge of the Interstate Compact varies by several factors, including grade level of the oldest child and whether the child had an IEP or 504 Plan, as well as the active-duty family respondent's current state of residence, race, and branch of service.^e

Interstate Compact on Educational Opportunity for Military Children (Interstate Compact) has been adopted by all 50 states and the District of Columbia.

"It provides consistency across states and was drafted with the intent to avoid conflict with

Table 1: Snapshot of K-12 Education for the 2021-2022 School Year
Active-duty family respondents with at least one child enrolled in K-12 education

	Oldest child is enrolled in kindergarten-grade 5	(n=1,587)	51%
	Oldest child is enrolled in grades 6-8		23%
	Oldest child is enrolled in grades 9-12		26%
	Oldest child attends public school	(n=1,579)	70%
	Oldest child attends Department of Defense Education Administration (DoDEA) school		9%
	Oldest child attends private school, including virtual/online private school		8%
	Oldest child attends another type of school (for example, international school, host nation school, enrolled in charter school for homeschool kids)		2%
	Oldest child is homeschooled		12%
	Oldest child attends school in-person ^a	(n=1,357)	93%
	Oldest child has attended four or fewer schools ^b	(n=1,249)	69%
	Oldest child has attended five or more schools		31%
	Oldest child has an IEP and/or 504 Plan ^{a,c}	(n=1,284)	23%
	Oldest child is enrolled in EFMP ^d	(n=1,584)	20%

All statistics refer to the respondent's oldest child enrolled in K-12 education.

^{a,b} Only shown to those whose oldest child was enrolled in a public, private, or DoDEA school.

^c Compared to 15% of all public school students ages 3-21 who receive special education services under the Individuals with Disabilities Education Act (IDEA) in the U.S.

^d This proportion is similar to the proportion of youth with a special health care need in the U.S. population (19%). Children with a special health care need are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-data-brief-children-youth-special-health-care-needs.pdf>.

^e While our data suggest differences among these subgroups, results are not generalizable as our subgroups may represent a skewed sample of respondents. For example, differences in racial/ethnic groups could be explained by differences in rank, age of the child, etc.

existing state codes where possible. It replaces widely varying policies that affect transitioning military students and supports uniform treatment for military-connected students as they transfer between school districts and member states.^f While the Interstate Compact is not exhaustive in its coverage, it addresses the key issues encountered by military families in the areas of eligibility, enrollment, placement and graduation.”¹



Table 2: Proportion Who Do Not Know About the Interstate Compact, by Grade of Oldest Child

Active-duty family respondents with at least one child enrolled in K-12 education

Oldest child in grades K-5 (n=791)	80%
Oldest child is in grades 6-8 (n=354)	72%
Oldest child is in grades 9-12 (n=406)	63%

Question Text: Do you know about the Interstate Compact?

on Educational Opportunity for Military Children (Interstate Compact) nearly three-quarters (74%) of active-duty family respondents with at least one child enrolled in K-12 education said no.

Knowledge of the Interstate Compact was highest among active-duty family respondents whose oldest child enrolled in K-12 was in grades 9-12 in the 2021-2022 school year (37% know about the Interstate Compact, 63% do not know).

Table 3: Proportion who Do Not Know about the Interstate Compact, by Branch^h

Active-duty family respondents with at least one child enrolled in K-12 education

Air Force (n=364)	76%
Army (n=512)	74%
Navy (n=366)	71%
Marine Corps (n=158)	69%

Question Text: Do you know about the Interstate Compact?

Furthermore, 69% of active-duty family respondents whose oldest child is enrolled in K-12 in a public, private, or DoDEA school and has an IEP and/or 504 Plan said they do not know about the Interstate Compact, compared to 73% of active-duty family respondents whose child does not have an IEP or 504 Plan.^g

Knowledge of the Interstate Compact also varied by branch, with a smaller proportion of respondents affiliated with the Marine Corps reporting they did not know about the Interstate Compact, in comparison with their peers

^f The Interstate Compact only applies to military students in public or DoDEA schools. Military children attending private, parochial, homeschool, or international schools are not covered by the Interstate Compact.

^g While our data suggest differences among these subgroups, results are not generalizable as our subgroups may represent a skewed sample of respondents. For example, differences in racial/ethnic groups could be explained by differences in rank, age of the child, etc.

^h Coast Guard and Space Force respondents were excluded from this analysis due to low sample sizes.

affiliated with the Air Force, Army, or Navy. Furthermore, a smaller proportion of respondents who currently reside in Virginia (65%), Hawaii (67%), and those residing outside of the country (61%) report they did not know about the Interstate Compact, compared to respondents currently residing in California (75%) and Texas (78%).ⁱ

Nearly 4 in 5 (79%) active-duty family respondents of color^j reported they did not know about the Interstate Compact compared to 71% of their white peers who were not in a multiracial/multiethnic family,^k which could indicate that families of color may have less access to information or receive less communication than their white peers,^l as found in previous research by Blue Star Families.²

Use of the Interstate Compact

Of those respondents who know about the Interstate Compact (only 26% of active-duty family respondents with at least one child enrolled in K-12), the most common ways they heard about it were via the internet (33%), from a School Liaison (28%), or from another military family (24%). Respondents who knew about the Interstate Compact were asked if they had used the Interstate Compact to advocate for their child(ren). Similar to the pattern seen in knowledge of the Interstate Compact, use of the Interstate Compact was higher among families who reported their oldest child enrolled in K-12 (at a public, private or DoDEA school) and has an IEP and/or 504 Plan compared to their peers who did not. Nearly a third (31%) of those respondents whose oldest child in K-12 has an IEP and/or 504 Plan reported they had used the Interstate Compact to advocate for any of their children compared to 21% whose oldest child did not have an IEP or 504 Plan. When asked to share their experience with using the Interstate Compact and the outcome, the top responses included:

Table 4: Reasons for Using the Interstate Compact: Most Common Themes Reported in Open-Ended Responses

Active-duty family respondents with at least one child enrolled in K-12 education

30%	to ensure course placement	"I am using the interstate compact to force [the school] ^m to provide my child with her appropriate advanced math class. Otherwise they would not allow her to stay on her current advanced math track she started in Virginia. We PCS in a few weeks. When she starts 8th grade, she will be permitted to take her proper math class at the high school." — Active-Duty Navy Spouse
20%	to ensure placement in the gifted and talented program	"In transitioning from another state, I leveraged the compact to submit a body of evidence in support of identification as gifted/talented for placement in special programs prior to arrival. I also used the Compact to ensure transfer of IEP services in a timely and appropriate manner." — Veteran and Active-Duty Air Force Spouse
18%	to ensure transfer of credit/graduation on time	"Used the compact to ensure "Credits in certain subjects to graduate on time."" — Active-Duty Coast Guard Spouse

Question Text: Would you please share your experience with using the Interstate Compact to advocate for your child(ren) and what the outcome was?

ⁱ Only locations with 50 or more respondents were used for this comparison.

^j Active-duty family respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

^k White, non-Hispanic active-duty family respondents not in multiracial/multiethnic families are defined as respondents who only selected white (and no other answer choices) to the race/ethnicity select-all question and answered they are not a member of a multi-racial/ethnic family.

^l The differences could also be attributed to the results of subgroup differences such as age of the oldest child in K-12, distribution of respondents of color across branches, locations, etc.

^m Name of school redacted to protect privacy of the respondent.

Adherence to the Interstate Compact

Most families agree their children's schools are adhering to components of the Interstate Compact, though about half did not feel the school understood the unique challenges and impact of frequent moves on their child.

After asking if respondents knew about the Compact, they were then asked to rate their child's current school on certain elements that are included in the Interstate Compact (see Table 5). Despite the lack of knowledge of the Interstate Compact among respondents, nearly half or more of active-duty family respondents agree the school where their oldest child is/was enrolled in K-12 for 2021-2022 school year adheres to elements of the Interstate Compact requirements as seen in Table 5. However, less than half of active-duty family respondents felt their child was able to participate in extracurricular activities regardless of application deadlines.ⁿ It is important to note, involvement in extracurricular activities is known to positively impact a child's ability to build resilience, connect with their new school, and is positively correlated with cognitive and socioemotional outcomes for children and adolescents.^{3,4}



Table 5: Proportion Who Agreed or Strongly Agreed with the Following Statements Related to the Interstate Compactⁿ

Active-duty family respondents with at least one child enrolled in K-12 education

I was able to enroll my child using either official school records or unofficial (hand-delivered) school records. (n=909)	90%
My child's age did not prevent me from enrolling him/her based on grade level in previous school. (n=816)	87%
My school allowed me at least 30 days to provide immunization records. (n=891)	79%
My child was placed in a course program that was comparable to the program s/he had been placed in at the previous school (e.g., honors program, English as a Second Language program, Individualized Education Program (IEP), etc.) (n=709)	69%
My child was placed in specific courses that were equivalent to the courses s/he had been enrolled in at the previous schools (e.g., vocational learning, technical courses, honors, international baccalaureate, advanced placement, etc.) (n=729)	67%
My child's school was flexible when it came to course placement. (n=718)	59%
My child was able to participate in extracurricular activities regardless of application deadlines. (n=588)	49%

Question Text: Each of the following statements is a rule included in the Interstate Compact on Educational Opportunity for Military Children. Thinking about your oldest child currently enrolled in K-12, please indicate to what extent you disagree or agree with the following statements regarding the transition into his/her current school.

Overall, most active-duty military families felt their oldest child's school was welcoming and felt comfortable advocating for their child, but about half did not feel the school understood the unique challenges and impact of frequent moves on their child.

ⁿ Analysis is based on a five point Likert scale from 1-5 where 1 = Strongly Agree, 3 = Neutral and 5= Strongly disagree. Percentages exclude respondents who did not answer and those who chose "I don't know."

Thriving in School

Knowledge of the Interstate Compact may be associated with a greater proportion reporting their child is “thriving in school,” despite the common military lifestyle challenge of frequent school changes.

Despite the recent reports of a dramatic decrease across the U.S. in national and state assessments due to a loss of learning during the COVID-19 lockdowns,⁵ the majority of active-duty family respondents (68%) reported their oldest child enrolled in K-12 during the 2021-2022 school year was thriving in school, especially for those who reported they knew about the Interstate Compact. A higher

percentage of active-duty family respondents who have knowledge of the Interstate Compact agree their oldest child enrolled in K-12 (in a public, private, or DoDEA school) is thriving compared to those who do not know about the Interstate Compact, regardless of the number of schools attended. It is important to note that children in older grade levels are more likely to have attended more schools and/or moved multiple times, and therefore their families are more likely to learn about the Compact.

Table 6: Proportion Who Agreed or Strongly Agreed with the Following Statements:^P

Active-duty family respondents with at least one child enrolled in K-12 education

My child's school did an excellent job of welcoming my child. (n=1,325)	65%
My child's school was receptive when I advocated for my child. (n=1,235)	63%
My child's school understands the impact of frequent moves on my child. (n=1,293)	51%
My child's school understands the unique challenges of military families. (n=1,337)	52%

Question Text: The following statements are NOT rules included in the Interstate Compact. Thinking about your oldest child in K-12, please indicate to what extent you disagree or agree with the following statements with regards to the transition into that school.

Table 7: Child Thriving in School, by Number of Schools Attended and Knowledge of Interstate Compact

Active-duty family respondents with at least one child enrolled in K-12 education

Number of Schools Attended	Know About Compact	Child is Thriving
4 or fewer	Yes (n=185)	76%
	No (n=660)	69%
5 or more	Yes (n=153)	67%
	No (n=224)	57%

Extended Impacts of COVID-19

Absenteeism due to COVID-19 impacted children's thriving, but COVID-19 lockdowns instigated remote enrollment of relocating military children, an unexpected positive outcome for military families.

Absenteeism due to COVID-19 quarantines and isolations impacted respondent's perspective of their child's thriving. Similar to their civilian counterparts, military children continued to experience absenteeism due to COVID-19 quarantines and isolations during the 2021-2022 school year.⁶ For those attending in-person during the 2021-2022 school year, 71% of respondents who reported their oldest child had zero days of virtual schooling due

^P Analysis is based on a five point Likert scale where Strongly Disagree = 1 and Strongly Agree = 5. Calculations exclude respondents who did not answer and those who selected "Does not apply".

to COVID-19 quarantines indicated that their child was thriving in their school, compared to those who reported that their child had six or more days of virtual schooling due to COVID-19 quarantines (66%).

However, COVID-19 lockdowns created an unexpected positive change for active-duty families. Military family respondents in the 2020 MFLS⁷ noted how convenient it was for them to be able to enroll their children in school remotely before arriving at their new location. In the current survey, active-duty family respondents with at least one child enrolled in K-12 during the 2021-2022 school year were asked if they used remote enrollment to enroll their child in their new school. Nearly half (46%) of active-duty family respondents reported they used remote enrollment for their oldest child who is/was enrolled in K-12 for the 2021-2022 school year and of those who used it, 74% felt it was beneficial to their family.

Although many active-duty family respondents with at least one child enrolled in K-12 during the 2021-2022 school year did not know about the Interstate Compact, most respondents did agree their oldest child enrolled in K-12 was thriving in their school. That said, the responses to the qualitative question about using the Interstate Compact indicates that the results were positive for those who used the Compact to advocate for their child. The data here suggests most schools are adhering to the Interstate Compact, however, for those families in a school/school district that is not adhering to aspects of the Interstate Compact, being aware of the Interstate Compact can be a powerful tool for families to advocate for their children.

Limitations

Knowledge or use of the Interstate Compact may not be related to their current state of residence or their children's current type of school. The Interstate Compact only applies to military students in public or DoDEA schools. Age/grade of the child, different family experiences, number of moves or years of service, region, and special education needs⁹ could impact knowledge of the Interstate Compact and their child's current school's adherence to the elements within the Interstate Compact. Many of the differences among subgroups (branch, race/ethnicity) could be impacted by these variables as well. While parents were asked to provide qualitative data on their use of the Interstate Compact, it was not limited to the school their oldest child in grades K-12 was attending during the 2021-2022 school year.

⁹ The Interstate Compact does not supersede federal law and adheres to the Individuals with Disabilities Education Act.

Recommendations

For States

- **Appoint a Compact Commissioner in a timely fashion and designate a point of contact embedded within the state's Department of Education.***
- Adhere to the Interstate Compact's requirements to ensure all positions are filled and regularly host a State Council.
- Encourage schools, school districts, and military families to participate in the MIC3 online training to improve their understanding of the protections of the Interstate Compact.
- Pass the Advance Enrollment initiative to allow military families to remotely enroll their children on an expanded timeline and without proof of physical residence as 34 states have already done.

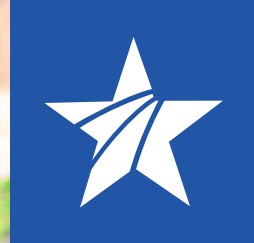
For the Department of Defense

- Encourage key people — Defense State Liaisons (DSLs), School Liaisons (SLs), Ombudsman, Key Spouses, etc. — to be knowledgeable about and ready to speak to the protections afforded by the Interstate Compact.
- Update informational websites and resources to include most recent updates to the Interstate Compact.
- Publish information for parents and young adults/teenagers to help them understand their rights and self-advocate.

For Military Families

- Engage in self-education related to the Interstate Compact, including by taking the MIC3 online training to understand the protections associated with the Interstate Compact.
- Engage in self advocacy and prepare your young adult children to self-advocate.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2022 Comprehensive Report



Neighborhood and Built Environment

Concerns about “BAH/Off-base housing” is a top five military life issue for the first time. Active-duty family respondents continue to pay well over the expected cost-share to secure housing, while satisfaction with their housing situation declines for those who relocated more recently.

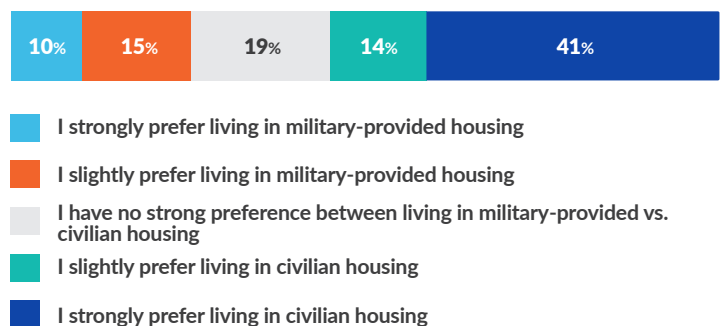
The military contracts military housing units^a for approximately one-third of the overall force¹ and relies on the housing market in the communities around a base/installation to provide options for the remainder. An allotment — Basic Allowance for Housing (BAH) — is intended to equalize a service member’s ability to find suitable housing in the community similar to that provided on military installations or the military privatized housing initiative (MPHI).² Preferences for housing vary, though the majority of active-duty family respondents (55%) slightly or strongly prefer to live in civilian housing. As the service member’s cost-share for housing has increased (following the decision to reduce BAH to 95%),^b coupled with various challenges in rising home prices and limited availability, many military families faced challenges obtaining acceptable housing that is comparable to military-provided housing within their BAH allotment.^{3,4,5}

In the last year, the competitive housing market and rapidly rising rental costs elevated “BAH/Off-base housing” to a top five military life issue for the first time since the inception of the Military Family Lifestyle Survey (MFLS). The vast majority (81%) of active-duty family respondents who reported monthly housing expenses not covered by their BAH also reported paying in excess of \$200 a month, well over the anticipated cost-share of \$74-\$168.⁶ Compounded over the course of a year, military families are paying thousands of dollars over BAH⁷ when BAH is intended to cover 95% of monthly housing costs, including utilities.⁸

The influence of BAH on housing choices is highlighted by the open-ended responses of active-duty family respondents who tried to find rental housing within \$200 of the service members’ BAH but were unable to do so. Some of the most common challenges they faced trying to find private rental housing include “Cost/BAH Insufficient” (76%), “Inventory/Available Homes” (29%) and “Neighborhood/Safety” (16%). Among active-duty family survey respondents, a greater percentage of those who recently relocated^c are living in military housing compared to their counterparts who didn’t relocate recently.

Figure 1: Sentiments Toward Military Versus Civilian Housing

Active-duty family respondents (n=2,470)



Question Text: In general, which of the following best characterizes your sentiments towards living in military housing?

^a Private-sector companies own and operate about 99% of military housing units on military installations in the United States. The remaining units are owned and operated by the U.S. Government.

^b The 2015 NDAA authorized the Department of Defense to reduce BAH coverage of expected housing costs by 1% annually until the 95% threshold was reached in 2019.

^c Recently relocated respondents are those who completed a PCS move in the 12 months before survey fielding.

“What were some challenges in finding private rental housing?”

| Cost/BAH Insufficient

“Everything, and I do mean EVERYTHING, was well over BAH. Because there were so few options, people were bidding up on rentals. **We waited for housing but there was nothing available, we even waited until 5 weeks after school started.** It was a nightmare. We still come out of pocket by about \$500 a month.”

Active-Duty Air Force Service Member and Active-Duty Air Force Spouse

“Finding a rental in the best school district for our son meant that we chose an urban apartment rather than a single-family home and we are **paying more than \$800 over BAH every month.**”

Active-Duty Air Force Spouse

“**This area is way too expensive.** Most houses with 3 or 4 bedroom[s] that are close enough to the base and still have a good school district and safe area are about \$500 over BAH.”

Active-Duty Coast Guard Spouse

| Inventory/Available Homes

“Very little inventory, rent for a home to meet our minimum needs is way higher than our BAH, **many random fees added to rentals** here in Utah (for maintenance plans, paying rent online, etc)”

Active-Duty Air Force Spouse

“Very few rentals. **Cost was over BAH and the houses were too small for our family.** We would have been cramped and had to get a storage unit for our furniture.”

Active-Duty Army Spouse

| Neighborhood/Safety

“**All we could afford were apartments,** would have to trash our major appliances like grill and washer/dryer, too long commute, unsafe areas with bad schools.”

Active-Duty Air Force Spouse

“Finding a house that was of adequate size, in a safe and affordable area, **that was in good living condition for BAH was nearly impossible.**”

Active-Duty Navy Spouse

“Houses are too far away, rent is much too high, not enough bedrooms, unsafe areas, need to have big deposits, needed pet friendly housing, **we have 5 children so some didn’t want to rent to us.**”

Active-Duty Army Spouse

“**Very low BAH compared to actual cost,** poor schools, dangerous areas.”

Active Reserve Army Spouse

Housing Choice Constraints

Most military families have a choice in deciding whether military or civilian housing is a more appropriate fit for their personal needs.⁹ The tough housing market could be a barrier for many military families with children since they often choose their housing based on desirable school districts.¹⁰ For example, children's education is a top five issue for active-duty family respondents about military life concerns and "impacts to children's education" is a top three reason families would leave military service^d (31% of active-duty family respondents).

Influencing factors for some military families choosing to live in civilian housing include poor military housing conditions, a lack of available military housing, and a preference for homeownership.^{11,12} However, fulfilling individual family preferences is not always feasible when considering civilian housing availability and cost. A challenging civilian housing market, a factor that had not previously been a top reason for choosing military housing,¹³ has pushed families toward military housing.

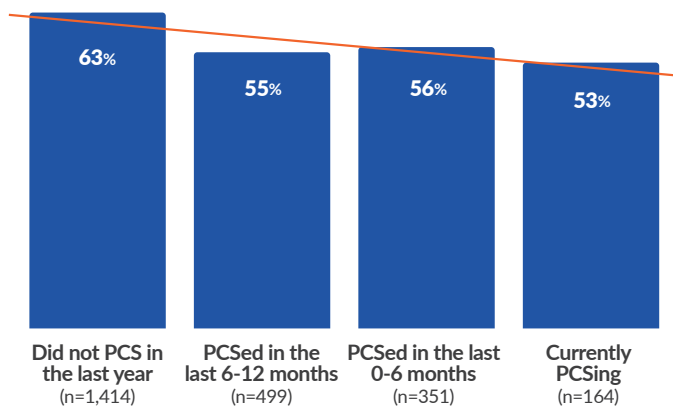
Table 1: Current Housing Situation by Relocation
Active-duty family respondents

	Completed a PCS within the last 12 months (n=1,054)	Did not PCS within the last 12 months (n=1,436)
Military housing on installation	30%	23%
Military housing off installation	7%	7%
Renting civilian housing	28%	22%
Own civilian housing	27%	46%

Question Text: Which of the following best describes where you currently live?

Figure 2: Agreement on Satisfaction with Housing Quality by Recent Relocation

Active-duty family respondents



Question Text: Please indicate your level of agreement with the following statement regarding your current housing: I am satisfied with the overall quality of my housing.

Nearly 1 in 5 active-duty family respondents (17%) who prefer to live in civilian housing^e currently reside in military housing either on or off installation. Additionally, a greater percentage of active-duty family respondents who relocated in the last year reside in military housing and a lower proportion reported owning civilian housing (see Financial Security finding for more on home buying challenges). These changes reflect the greater shifts in housing and other spending across the country as people adjust their choices to align with personal budget constraints.¹⁴

Active-duty family respondents who relocated within the past year reported lower levels of satisfaction in

the quality of housing (55%) compared to their counterparts who did not recently relocate (63%). The 2021 MFLS recorded similar reflections on housing quality by survey respondents.¹⁵

^d Excluding military retirement.

^e Active-duty family respondents who indicated either "I strongly prefer living in military-provided housing" or "I slightly prefer living in military-provided housing" when asked "In general, which of the following best characterizes your sentiments towards living in military house?"

Military Housing Concerns

Reports widely document military families' concerns regarding their assigned military housing.^{16,17,18,19} Investigations into toxic mold, maintenance issues, and safety concerns emerged at military housing sites across the country^{20,21,22,23} over the past several years and reach back decades.^{24,25,26,27} These investigations were the impetus of efforts to reform²⁸ the privatized Military Privatized Housing Initiative (MPHI), resulting in the creation of the Tenant Bill of Rights.²⁹ The enactment of the Tenant Bill of Rights³⁰ has provided some relief and recourse for families who reside in military housing, but only for communities willing to sign on to enforcement. Additionally, knowledge of the Tenant Bill of Rights is still limited, with utilization of the provided protections even less common.³¹ Recent issues including the water contamination crisis in Hawaii³² and the passage of PACT Act legislation³³ providing financial compensation to service members and Veterans exposed to environmental toxins demonstrates that toxic exposure has a longstanding connection to military service.³⁴ Furthermore, given the proportion of families who at any one time reside in military housing is significantly smaller than those living in civilian housing, it is particularly concerning that nearly one-quarter of active-duty family respondents (22%) indicated their family had been exposed to environmental toxins in military housing on post/base and 8% reported exposure in military housing off post/base.

One in five active-duty family respondents (22%) indicated their family had been exposed to environmental toxins in military housing on post/base.

Military housing is not always available for service members and families wishing to receive a housing offer, whether that is due to a preference or economic necessity. Waitlists at many installations are months to even years long.³⁵ This is due at least in part to the Tenant Waterfall Policy in MPHI that allows retirees and civilians to live on base when occupancy reaches a specified level.³⁶ While this benefits the housing providers, military families may find themselves needing to wait out year-long leases of existing on-post housing tenants before they receive an offer for housing. Efforts to keep community occupancy rates high have put relocating military families at a disadvantage as BAH rates lagged behind skyrocketing rental housing prices and families move toward military housing for cost savings.

Many military families are stuck in the unconscionable situation of having to choose between their family's well-being and financial security when deciding where they will live. Efforts to address disparities between BAH and local rental housing costs and continued efforts to remediate and eradicate environmental toxins in military housing should be a top priority for Department of Defense officials. This issue is foremost for the immediate and long-term health and safety of active-duty families in addition to the sustainable force end strength.

Recommendations

For Congress

- **Consider authorizing the Secretary of Defense to renegotiate or amend the contracts associated with the Military Housing Privatization Initiative.***
 - Despite legislative directives from Congress, the Department of Defense (DOD) has been unable to fully implement certain housing-related reforms because the private housing companies must volunteer to do anything not included in the contracts signed in 1996. Renegotiation/amendment of these contracts — especially with input from consumer rights advocates — may allow the Department to better engage in oversight and regulation to the benefit of families living in privatized housing.
 - Establish a Military Housing Readiness Council. Modeled on the Military Family Readiness Council, this body of representatives from across stakeholders — including a military family representative — would review and make recommendations to the DOD regarding policies for privatized military housing.
 - Address environmental toxins in military housing through data gathering/reporting, funding remediation plans, and ongoing oversight.

For the Department of Defense

- Restore the BAH payment to 100% of the calculated rate.
- Improve BAH calculation within existing limits. While delivering a report to Congress on potential changes to BAH calculations, we recommend that DOD improve BAH calculations through several means within existing legal limits:
 - Expand sample size to ensure accurate and reflective BAH calculations.
 - Review temporary BAH increases in the spring or early summer, before the majority of families change stations.

For States/Localities

- **Address housing barriers and align zoning and other land-use policies to increase affordable housing.***
 - Addressing barriers: reduce or eliminate parking requirements for builders; more quickly and predictably approve developments that meet zoning laws.
 - Zoning: more multi-family units within high-income neighborhoods/in school districts where families want to live; legalize accessory dwelling units (ADUs).
 - Evidence suggests that implementing zoning reform without removing other barriers to building affordable housing often prevents affordable units from being built. Aligning these policies to maximize opportunities while eliminating or reducing barriers ensures that builders are not simply allowed to build new homes, but are incentivized to do so.
- Encourage housing construction and protect affordable housing by using tax incentives, for example, Tax Increment Financing (TIF) programs and programs that prioritize areas zoned for multi-family dwellings and accessory dwelling units (ADUs).

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2022 Comprehensive Report



Economic Stability

Military families' financial well-being lags behind civilian peers. The military lifestyle intensifies financial stressors that may be experienced differently by active-duty family respondents of color.

Inflation was a global economic challenge for governments in 2022,¹ and in the U.S., the combination of increasing housing costs, ongoing housing shortages,² and rising interest rates, along with historic rates of inflation added financial pressure on American families. Particularly, active-duty military families, who usually have fixed family income with additional costs related to their military lifestyle (e.g., PCS costs, travel costs, unreimbursed housing costs related to relocation), end up paying greater proportions of their disposable income to basic necessities. In the 2022 Military Family Lifestyle Survey (MFLS),^a a majority of active-duty family respondents (72%) report their financial situation as “doing okay” or “living comfortably,” although this is less than the proportion of the U.S. population who are in a similar financial situation.^{3,b} The disparity is even greater for active-duty family respondents of color (67%).^c

Most respondents report they have some level of financial stress; just 1 in 7 active-duty family respondents (14%) report that their family currently has no financial stress. Those that report financial stress most often report contributing factors that are directly influenced by their military lifestyle.



Table 1: Top Contributors to Financial Stress

Active-duty family respondents who report financial stress
(n=2,134)

Housing costs	48%
Relocation costs	32%
Unemployment or underemployment	28%
Student loans	24%

Question Text: Which of the following contributes to your family's current financial stress?
Please select your top 3 choices.

Relocation Costs and Housing Costs

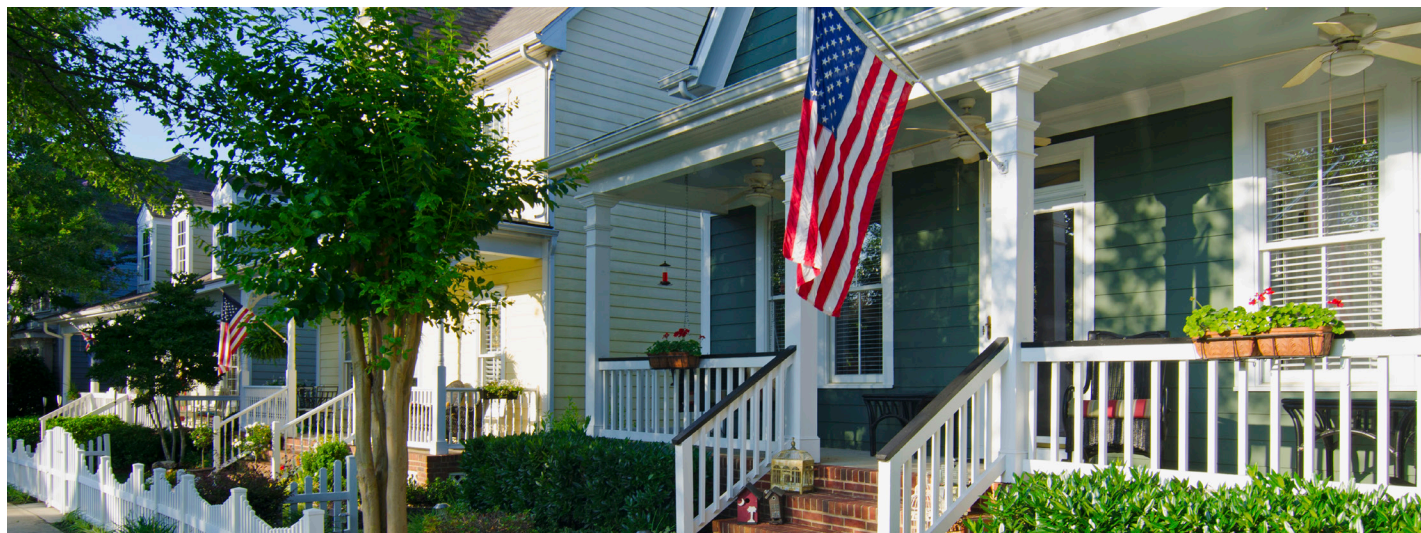
One-third of military families move in a given year,⁴ compared to just 13% of civilian families.⁵ These moves often require temporary lodging stays at one or both ends of the relocation. Service members receive Temporary Lodging Expense (TLE) to cover the cost of 14 days of temporary lodging, an extension issued in September 2022 from the previous maximum of 10 days.⁶ However, the majority of active-duty family respondents with a recent relocation^d and those who used at least a day of temporary housing (55%) spent 15 or more days in temporary housing before moving into permanent housing, leaving them to cover the cost of at least five additional days out

^a The MFLS was fielded from May 23-July 10, 2022.

^b Respondents to the Survey of Household Economics and Decisionmaking were asked: “Overall, which one of the following best describes how well you are managing financially these days?” A total of 78% of adults surveyed reported either “doing okay” financially or “living comfortably.”

^c Active-duty family respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

^d Relocated or were actively in the process of relocating within the 12 months preceding survey fielding.



of pocket. These temporary housing costs, in conjunction with fees to move pets, additional vehicles, firearms, and medical equipment, add up for the military family. In fact, 85% of active-duty family respondents reported unreimbursed out-of-pocket costs during their last PCS. Among those who had out-of-pocket PCS expenses, 63% reported \$1,000 or more in unreimbursed expenses.

Not only do the relocations themselves cost active-duty families thousands out of pocket,⁷ but these moves often come with housing-related challenges, including skyrocketing monthly rates for rental properties,^{8,9} the inability to find suitable housing for their families, and challenges to homebuying due to relocating to a high cost-of-living area and unfavorable interest rates¹⁰ (see Housing and Relocation finding for additional information).

Forty-five percent of active-duty family respondents who attempted to purchase a home during their recent PCS reported that their **“desire to utilize VA loan was perceived as a deterrent to getting offers accepted.”**

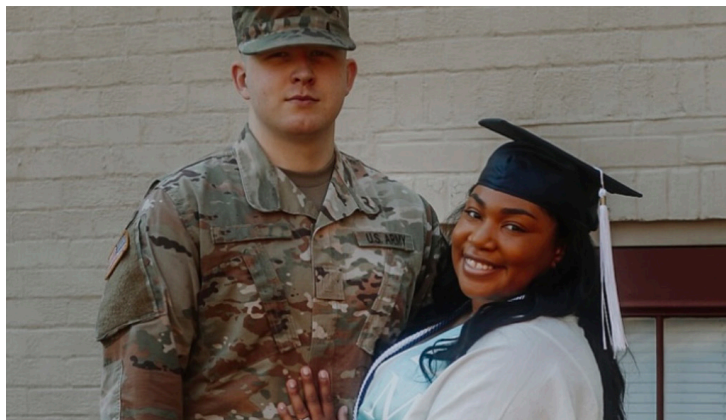
Many military families struggled to find rental housing within their Basic Allowance for Housing (BAH).^{11,12} Among active-duty family respondents who PCSed in the 12 months prior to survey fielding, 73% of those respondents who attempted to find private rental housing were not able to find rentals within \$200 of the service member’s BAH.^e Similar challenges were noted in the Blue Star Families September 2022 Relocation and Housing Pulse Check.¹³ Some military families, whether pushed from the competitive rental market or influenced by other factors, such as the need for safe neighborhoods with quality education opportunities for their children or pet-friendly housing options,¹⁴ decide to purchase a home to meet their housing needs. The 1944 Servicemen’s Readjustment Act (more commonly known as the G.I. Bill) has helped millions of active-duty service members and Veterans become homeowners through affordable mortgages backed by the VA loan guarantee program.¹⁵ This benefit has led to a greater level of homeownership among Veterans and active-duty service members than the civilian population,¹⁶ including strengthening the proportion of homeownership among Veterans in communities

^e Three-quarters of active-duty military families who relocated and searched for private rental housing between September 2021 and September 2022 reported that finding housing within \$200 of the service member’s BAH allotment that met their families needs was “extremely difficult,” most commonly citing that “There were few or no homes available within \$200 of my BAH allotment” as a challenge.

of color.¹⁷ However, VA guaranteed loans come with additional steps beyond traditional mortgages, making them potentially less appealing to sellers in a competitive market,¹⁸ with nearly half (45%) of active-duty family respondents who attempted to purchase a home during their recent PCS^f reported that their “desire to utilize VA loan was perceived as a deterrent to getting offers accepted.”

Spouse Employment

High rates of spouse unemployment have plagued military families for decades,¹⁹ which directly impacts military families’ financial well-being. A greater proportion of active-duty spouses who are employed, regardless of full- or part-time status, report that their families are financially “doing okay” or “living comfortably” (83% and 74% respectively) than those who are not currently working but want or need to work (55%). The military lifestyle also intensifies spouse employment issues as service members’ unpredictable schedules and long work hours make it difficult for spouses to balance work and home demands. For active-duty spouse respondents of color, who have a greater need for two incomes²⁰ and yet experience a 27% unemployment rate according to the 2022 MFLS, the impacts of military spouse employment challenges are even greater (see Spouse Employment finding for more information).



Student Loans

An overwhelming majority of active-duty family respondents have pursued higher education: 88% have one or more years of college credit. To cover the cost of education, military families, like their civilian counterparts, often rely on borrowed funds.²¹ A third of active-duty family respondents (34%) currently hold student loan debt in their family and among those with current debt, 79% owe \$10,000 or more. Families who carry student loan debt may face additional challenges with repayment when plagued by spouse unemployment and underemployment.

Cyber Fraud and Identity Theft

While cyber fraud^g and identity theft,^h with their potential to create a financial burden for military families, were not widespread among active-duty family respondents in this year’s MFLS, previous reports compiled by the U.S. government and others indicate that this may be an area worth further exploration.²² Among active-duty family respondents, 7% said that they or their spouse had been a victim of identity theft while 9% had been a victim of cyber fraud in the previous 12 months. Additionally, among active-duty family respondents who indicated that they have financial stress, less than 1% indicated either cyber fraud or identity theft as one of the contributors to

^f Recently relocated respondents are those who completed a PCS move in the 12 months before survey fielding.

^g Cyber fraud is the crime committed via a computer with the intent to corrupt another individual’s personal and financial information stored online.

^h Identity theft is the fraudulent acquisition and use of a person’s private identifying information, usually for financial gain.

their family's current financial stress in contrast to the financial stressors of housing costs (48%), relocation costs (32%), and spouse employment issues (28%).

Military service provides the tangible benefits of a steady income and job security and can provide families of color with financial advantages over their civilian peers.²³ However, the military lifestyle also introduces circumstances that can intensify the financial challenges that all Americans have — obtaining affordable housing, maintaining steady employment, managing student loan debt, and dealing with the potential financial fallout from cyber fraud or instances of stolen identity. As the civilian employment market strengthens, military recruitment and retention declines,²⁴ and the financial benefits of military service diminish, making military service less attractive and endangering the strength of the All-Volunteer Force.²⁵ As the Department of Defense takes historic steps toward addressing these financial challenges,²⁶ long-term solutions to housing and relocation costs, spouse employment, and student loans remain paramount.

Recommendations

For recommendations about addressing un-/underemployment among military spouses, see the Finding on Spouse Employment.

For Congress

- Permanently extend Temporary Lodging Expense allotment to 30 days to support military families during a PCS.
 - Expand the PCS pet cost reimbursement program for OCONUS moves to include CONUS moves.
 - Explore opportunities to reimburse families for safe firearm storage during a PCS to support families' financial security and enhance suicide prevention efforts.
- Consider adding military spouses who lose a job due to a PCS and are actively seeking employment to a dedicated student loan deferment program.*

For the Federal Government

- Continue clarifying PSLF program requirements and program updates, particularly for qualifying military spouses.
- Expand cross-agency and interdepartmental efforts to address cyber fraud and identity theft for military- and Veteran-connected individuals and families.

For the Department of Defense

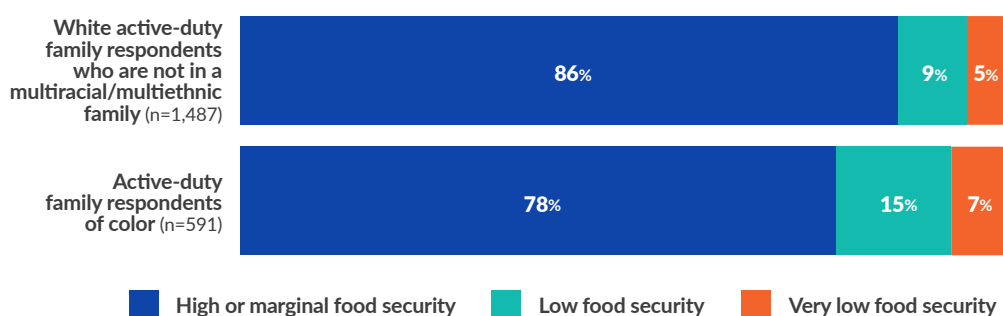
- Restore BAH to 100% of the calculated rate.
- Explore ways to reduce the financial burden of a PCS through temporary and responsive programs like temporarily increasing BAH where appropriate and maintaining longer periods of TLE assistance.
- Expand awareness of financial resources that include education on cyber fraud and identity theft.

*More information in Recommendations Chapter of Comprehensive Report

Food insecurity levels greater than the U.S. overall persist amongst active-duty family respondents; a quarter of enlisted families are reporting low/very low food security. Food insecurity is a symptom of financial insecurity, which may impact the likelihood to recommend military service.

Military service members and their families' need for food assistance is a problem identified more than a decade ago¹ by military- and Veteran-service organizations. Many have since continued to provide support and education in this area of need.^{2,3,4} In 2021, the first Department of Defense (DOD) accounting of food insecurity within its ranks confirmed that one-quarter of active-duty service members have experienced food insecurity.⁵ Furthermore, food insecurity is experienced across the force,⁶ and military lifestyle-specific conditions such as PCS and spouse unemployment are possible contributing factors for food insecurity,⁷ which affects the entire military family.⁸ While 10% of civilian families in the United States experienced food insecurity⁹ in 2021, 16% percent of active-duty family respondents reported experiencing low/very low food security levels in the 12 months preceding survey fielding. While the disparity between respondents and the civilian population is notable, this data is well below the DOD estimated 26% of personnel experiencing food insecurity.^{10,a} Furthermore, while food insecurity occurs across all ranks, proportionally more enlisted families report experiencing low or very low food security: one-quarter (26%) of enlisted active-duty family respondents reported experiencing some level of food insecurity in contrast to 4% of officer active-duty family respondents. Furthermore, previous Blue Star Families' research

Figure 1: Food Insecurity Across Racial/Identity Groups^d



shows that active-duty family respondents of color reported twice the level of food insecurity as their white, non-Hispanic counterparts.^b

In a different breakdown, nearly 1 in 5 (18%) recently relocated^c active-duty family respondents experienced

some level of food insecurity during that same 12 month time period in contrast to 15% of their counterparts who had not recently relocated. Differences among branch affiliation of respondents were also noted. Aligning with recently published reports,¹¹ a greater number of active-duty family respondents affiliated with the Army reported experiencing food insecurity than those in other branches.

^a The Status of Forces Survey-Active Component from which these estimates are derived is generalizable to the entire force while the MFLS oversamples senior enlisted and officer rank affiliated respondents.

^b Data results were reported based on the 2020 MFLS. For more discussion, please see https://bluestarfam.org/wp-content/uploads/2022/02/REI_Finding-6_Finances_Spotlight-6_Food-Insecurity.pdf.

^c Recently relocated is defined as those who had PCSed in the 12 months preceding survey fielding.

^d Active-duty family respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

White, non-Hispanic active-duty family respondents not in multiracial/multiethnic families are defined as respondents who only selected white (and no other answer choices) to the race/ethnicity select-all question and answered they are not a member of a multiracial/ethnic family.

Table 1: Experienced Food Insecurity in the 12 months Preceding Survey Fielding

Active-duty family respondents by branch affiliation

	Air Force (n=588)	Army (n=769)	Navy (n=598)
High or marginal food security	86%	81%	86%
Low food security	10%	13%	8%
Very low food security	4%	7%	6%

*Coast Guard, Marine Corps, and Space Force were not included due to small sample size

Financial stress and unemployment issues for military spouses are key to understanding food insecurity among military families.

These food insecurity numbers, while sobering, only tell a part of the story for some military families. Food insecurity in active-duty military families is also interconnected with larger military family financial challenges such as spouse unemployment, frequent relocations, and housing costs:^{12,e}

21% of active-duty family respondents who **indicated “underemployment or unemployment” is a top contributing factor to family financial stress** also had low or very low food security.^f

16% of active-duty family respondents who **said “relocation costs” is a top contributing factor to family financial stress** had low or very low food security.

18% of active-duty family respondents who **said “housing costs” is a top contributing factor to family financial stress** had low or very low food security.

Approximately 1 in 10 (12%) active-duty spouse respondents^g who are working either full time or part time report experiencing low food security^h in the 12 months prior to survey fielding compared to 1 in 4 (25%) active-duty spouse respondents who are not currently working but want or need employment.

Food Support Program Utilization for Military Families

There are food support programs available to military families. For one, pandemic-related policy changes eliminated the eligibility requirement for the National School Lunch Program and for a time, provided equitable access to meals for all children in participating schools. Three-quarters (74%) of active-duty family respondents with children enrolled in K-12 education were attending schools that *offered* free breakfasts and lunches during the duration of the 2021-2022 school year and the majority (85%) of families who were offered this benefit *received* free meals.

^e Survey respondents were asked “Which of the following contributes to your family’s current financial stress? Please select your top 3 choices.” Respondents can select more than one source of family financial stress so those with relocation costs as a contributing factor may have also chosen housing costs and others.

^f In the 12 months preceding survey fielding.

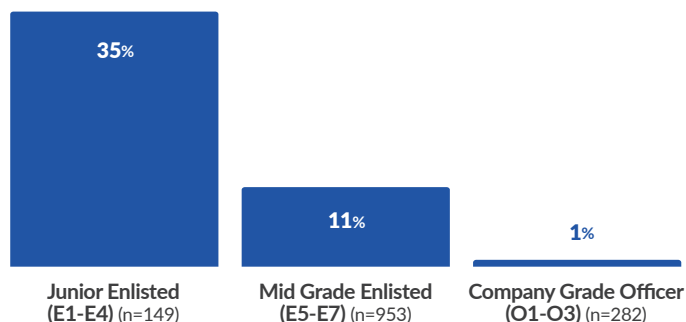
^g Who are not also active-duty service members.

^h Low food security indicates that the respondent has low or very low food security based on survey questions.

In addition, efforts aimed at increasing the knowledge of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program and qualification guidelines have targeted military families in the past few years.^{13,14,15} While many military families are not eligible for the Supplemental Nutrition Assistance Program (SNAP)ⁱ due to the inclusion of the Basic Allowance for Housing (BAH) as income,^{16,17} the WIC program^j offers eligibility for a wider subpopulation of military families though the maximum child age of 8 years old does limit the eligibility for families with older children. WIC is one of the most utilized food assistance programs among active-duty family respondents. However, participation is more common amongst enlisted families with junior enlisted military family respondents utilizing the program at three times the level of their mid-grade enlisted counterparts.

Figure 2: Women, Infants, and Children (WIC) Program Participation in Last 12 Months

Active-duty family respondents



*No respondents from the Senior Enlisted (E8-E9), Field Officer (O4-O6), and General Officer (O7-O10) rank groupings reported WIC participation.

As knowledge of food insecurity issues amongst military families increases, more charitable organizations have stepped in to provide access to traditional food pantry programs, as well as offering additional food outreach through holiday food baskets and other community food distributions. Utilization of these programs is relatively common and a greater proportion of respondents who report financial challenges also report utilizing these resources. Approximately 1 in 10 (9%) active-duty family respondents have utilized a local food pantry/community food distribution resources in the 12 months prior to survey fielding, twice the rate previously reported in a government report focused on active-duty spouses.¹⁸ While this support is invaluable, charitable organizations cannot and should not be expected to solely meet the food needs of military families. Despite official efforts to encourage families to utilize government assistance programs, including the release of a road map to strengthen food security in the overall force¹⁹ and calls from senior leadership encouraging families to utilize available government programs,²⁰ many military families may still be wary of applying for official government assistance programs due to perceived career repercussions.²¹

Commissary Use

In response to increasing inflation and its effects on military family financial security, the Secretary of Defense promised to fully fund commissaries with the goal of cutting prices to provide at least a 25% savings over civilian grocery stores.²² Over two-thirds (68%) of active-duty family respondents state they use the commissary, and only half (50%) agree that the commissary is a valued benefit. The most cited reasons for using the commissary were: “price/value,” “convenience,” and “availability of unique products.” Distance to base was a factor in commissary

ⁱ SNAP has gross and net income limits, based on the number of people in the household. You must meet both requirements to qualify. The gross monthly income is based on 130% of the Department of Health and Human Services (HHS) poverty guideline for those living in the continental U.S. Net income is based on 100% of the poverty line. However, these limits are higher in Alaska and Hawaii.

^j Income eligibility for the WIC program is determined using income standards as prescribed under section 9(b) of the Richard B. Russell National School Lunch Act (42 USC 1758(b)). The income limit is 185% of the federal poverty guidelines, as adjusted. Section 9(b) also requires that these guidelines be revised annually to reflect changes in the Consumer Price Index.

use with 89% of active-duty family respondents who live on base reporting they use the commissary compared to their peers who live less than 30 minutes away off installation (64%). While the most common reason for using the commissary was “price/value,” families who live off the installation may not find the cost savings enough to outweigh the cost of traveling to the commissary.²³

The Hidden Consequences of Food Insecurity

In the immediate term, service members without stable access to food, or who are concerned that their families do not have stable access to food, may be less able to focus on mission readiness.²⁴ Additionally, while the likelihood to recommend service is multifaceted and varies by personal experience, (See Recommending Service Finding for more information), 4 in 10 active-duty family respondents (40%) who reported low or very low food security are unlikely to recommend^k military service to a young family member, compared to just 26% of active-duty family respondents with moderate to high food security who are unlikely to recommend military service.

Recommendations

For Congress

- Exclude the Base Allowance for Housing (BAH) from income calculations for eligibility for all federal nutrition assistance programs, including Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- **Amend the Basic Needs Allowance (BNA) to be a more robust program that can increase food security for thousands of military families.***
 - Update eligibility calculations to exclude BAH from income calculations to allow tens of thousands of military families to qualify for this assistance program and become food secure.²⁵
 - Ensure efficacy through oversight and reporting on the implementation.
- Commission a report on the impact of food insecurity for military families on military readiness.

For the Department of Defense

- Prioritize financial security efforts for military families, including military spouse employment, child care, and other cost burdens. See the other findings in this report for specific, actionable recommendations.
- Create a Military Family Food Insecurity Task Force that includes stakeholders from military service and anti-hunger organizations to address the root causes of food insecurity and make recommendations to the Department.
- Revise the BNA program guidelines to exclude receipt of federal nutrition assistance programs from calculations of income, bringing BNA calculations more in line with other allowances.

*More information in Recommendations Chapter of Comprehensive Report

^k Respondents were asked: “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?” On a scale of 0 to 10, 0 being “very unlikely to recommend” and 10 being “very likely to recommend.” Responses from 0-3 were categorized as “would not recommend service.”

Self-employment and remote work address military spouse needs for employment flexibility. Part-time work, despite the potential for underemployment, may have financial benefits for military families.

Despite continued Department of Defense efforts aimed at addressing military spouse employment challenges,¹ military spouse employment is once again a top five military life issue for both active-duty spouses^a and service members in the 2022 Military Family Lifestyle Survey. While nearly two-thirds of employed^b active-duty spouse respondents (64%) are working full time^c with the remaining third (36%) working part time, the majority of employed active-duty spouse respondents report some levels of underemployment (62%).^d Furthermore, compared to similar civilian counterparts, active-duty spouse respondents are reporting lower participation rates in the labor force and experience unemployment levels three to four times greater.^e The unemployment rate disparity is even greater for active-duty spouse respondents of color (27%).^f

The bidirectional relationships between child care, service member job duties, and military spouse employment are longstanding^{2,3} and efforts to address challenges continue to be made.⁴ As such, remote work and flexible work have both previously been identified as solutions to these spouse employment concerns,^{5,6} and new evidence from this survey supports this as a solution.

Comparing Employment Statistics for Active-Duty Spouse Respondents in the MFLS and Women in the U.S. Population

	Active-Duty Spouse Respondents	Women, age 18-44, in the U.S. Population in 2021 ^g
Labor Force Participation Rate	65%	72%
Unemployment Rate	21%	6%

A Desire for Employment Flexibility

Employment flexibility, often characterized as a flexibility in work schedule and work location, is important to military spouses and possibly crucial for keeping military spouses employed.

For active-duty spouse respondents who are not currently working but want/need to, many cite service member job demands as a top barrier to their employment. Another challenge, the inability to maintain employment through a PCS/relocation, a well-documented employment challenge for military spouses,^{7,8,9} is demonstrated by

^a Unless otherwise noted, active-duty spouse respondents in this finding refers to those who indicated that they were not also an active-duty service member.

^b Working either part time (<35 hours per week) or full time (35+ hours per week).

^c Full-time employment is defined as working 35 or more hours per week.

^d Underemployment is defined as one or more of the following option: I work fewer hours than I would like to, I am overqualified for my current position, My pay level is lower in my current position than in my previous position, My pay level is lower than it should be given my level of education, My pay level is lower than it should be given my work experience.

^e Civilian comparison group data come from statistics reported for women, age 18-44, in the Current Population Survey (CPS) 2021 Annual Average Employment Status (not seasonally adjusted).

^f Active-duty spouse respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

^g Civilian comparison group data come from statistics reported for women, age 18-44, in the Current Population Survey (CPS) 2021 Annual Average Employment Status (not seasonally adjusted).

the two-thirds of active-duty spouse respondents who had been employed prior to their most recent relocation (68%) who also reported that they were not able to maintain their employment through that relocation.

Flexible work arrangements may act as a counterweight in helping military spouses maintain employment through PCS moves while balancing family responsibilities against their service member's job demands and the requirements of their military lifestyle.

Impact of Flexible Work Schedule & Work Locations

More than half of employed active-duty spouse respondents (62%) agree that their work schedule is flexible, though the proportion of those in agreement increases for active-duty spouse respondents who completed all of their work hours remotely in the month preceding survey completion (82%). However, when it comes to flexible work locations, fewer active-duty spouse respondents indicate that this was available to them: only half (50%) agreed their work location was flexible.

As such, limited flexibility in work location may indicate a future lack of job portability that would allow spouses to maintain their employment through a relocation. Half of employed active-duty spouse respondents (50%) indicated they had some degree of portability with their job^h and 78% of those employed active-duty spouse

respondents with job portability agreed that their work location is flexible. Additionally, employed active-duty spouse respondents who indicated they completed all of their work hours remotely in the month preceding survey

completion (69%) reported job portability in contrast to only 18% of employed spouse respondents who completed all of their hours in person.

Limited job portability may contribute to additional family separation, beyond deployments and temporary duties that often separate military families. In fact, maintaining spouse employment is one of the reasons why half of active-duty family respondents who are geobatching (50%, n=109) have chosen to live separately.

Remote Work Among Military Spouses

Roughly two-thirds of employed active-duty spouse respondents (61%) had completed some of their work remotely in the month preceding survey completion. The majority (85%) of active-duty spouse respondents in career fields

Table 1: Why Are You Not Employed Currently?

Active-duty spouse respondents who are not currently working but want or need to work (n=643)

Child care is too expensive	43%
My service member's daily work schedule is too long, making it difficult for me to balance work and home demands	39%
My service member's daily work schedule is too unpredictable	38%
Child care is unavailable or the waitlist is too long	33%

"In order to work, I need full-time child care. **But child care was expensive and it didn't make sense.** Next year both my kids will attend public school."

Active-Duty Navy Spouse

^h Respondents answered "Yes, to any location in the world" or "Yes, but only in the United States" to the statement: I could take my job with me if my family relocated.

that offer remote opportunities but have not had the chance to work fully remote indicatedⁱ they would want to work remotely if given the opportunity.

While the demand for remote work remains high among both military spouses and working Americans,¹⁰ the availability for such positions continues to outpace the opportunity for job seekers and employed individuals. As a result, spouses may be turning to self-employment to attain the employment flexibility they need: a greater proportion of self-employed active-duty spouse respondents (54%) reported completing all of their hours remotely than their counterparts working only as paid employees for someone else (37%).

Turning to Self-Employment

Among employed active-duty spouse respondents, most (79%) are working as a paid employee for someone else while 11% are primarily self-employed/working for their own business. Interestingly, 10% are working both as a paid employee for someone else and working for their own business. The proportion of employed active-duty spouse respondents who are primarily self-employedⁱ is on par with the proportion of employed Americans who also reported to be self-employed according to the Current Population Survey (CPS) February 2022 data.¹¹ Self-employment may come with the benefits¹² of schedule flexibility, work/life balance, and self-fulfillment, in addition to providing opportunities for income. These benefits were also reflected by respondents' qualitative answers to the question "Can you share with us why you are currently self-employed or chose to operate your own business?" The most common responses were: "flexibility/balance" (29%), "extra income" (15%), "portable career" (15%), "personal fulfillment/skills" (13%), and "child care challenges/ability to stay home with kids" (10%).

"Can you share with us why you are currently self-employed or chose to operate your own business?"

"I couldn't find a stable career that allowed me to move around. **I couldn't get a job due to the unpredictability of our military life** and couldn't commit to long-term employment."

Active-Duty Army Spouse

"It's a way to make money while doing what I love and staying involved in my children's education."

Air Force Veteran and Active-Duty Spouse

"I like interacting with my customers on a personal level and when I initially began my business, **I needed employment that I could juggle around our kids' schedules.**"

Active-Duty Army Spouse

Possible Impact of Part-Time Work

A higher proportion of active-duty spouse respondents who work part time reported a sense of underemployment compared to those who are working full time. Nonetheless, an employed spouse, whether working full or part

ⁱ This includes active-duty spouse respondents who are working but have only been able to work in a hybrid or strictly in-person capacity and those who are currently not working but would like/need to.

^j Self-employed MFLS respondents are those who report they are working for their own business. The Bureau of Labor Statistics classifies self-employed workers as either incorporated or unincorporated. Incorporated workers, such as small-business owners, have established a legal corporation and typically employ others. Unincorporated workers, such as freelancers, have not established a corporation and often operate alone. The Current Population Survey (CPS) estimates of self-employment only include the unincorporated self-employed.

time, can provide financial benefits to their military family. The majority of active-duty spouse respondents who are employed full time (83%) report their family financial situation as “we are doing okay” or “we are living comfortably.” This rosy outlook declines slightly for respondents who are employed part time (74%).

Despite these differences, survey results suggest that there might be an overall financial benefit to families with a spouse working part time when compared to those who are not currently working but want or need to work. While the majority of active-duty spouses working part time report that their families are financially “doing okay” or “living comfortably,” fewer than half of active-duty spouse respondents who are not currently working but want or need to work (55%) report the same. Many of the inevitable facets of military life, such as frequent relocation, come with a financial cost for families,¹³ regardless of military spouses’ employment situation (see the Housing and Relocation finding for additional information). Families in stronger financial positions may be better equipped to handle the financial impacts of this military lifestyle without long-term consequences. Furthermore, spouses who are able to secure and sustain employment will also have an opportunity to build long-term wealth through retirement account or pension fund contributions.¹⁴

Overall, active-duty spouse respondents who are caught between glacially slow-moving progress to address the challenges that the military lifestyle poses to their immediate employment and family financial needs, are turning to part-time, remote, and/or self-employment opportunities to meet their needs for flexible employment.

Table 2: Underemployment by Hours Worked

Active-duty spouse respondents who are employed full time or part time

	Employed full time (35+ hours per week) (n=728)	Employed part time (<35 hours per week) (n=402)
I work fewer hours than I would like to	2%	37%
I am overqualified for my current position	24%	38%
My pay level is lower in my current position than in my previous position	18%	33%
My pay level is lower than it should be given my level of education	34%	40%
My pay level is lower than it should be given my work experience	35%	35%
None apply	45%	24%

Question Text: Do any of these circumstances describe your current employment? Please select all that apply.

Limitations

The status of remote work was only asked for “within the month prior” to survey fielding and cannot reflect the long-term remote work status of the respondent. Respondents were asked about their current financial situation, which may have changed in the time between survey fielding and report publication, especially given the complexity of the current economic environment.¹⁵ Even though this finding makes a distinction between those military spouses who work part time versus full time, we are not able to evaluate in the current survey why respondents chose part-time or full-time work. Furthermore, in the survey, we asked respondents about their family financial situation, which may or may not directly relate to a military spouse’s employment status.

Recommendations

For Employers

- Expand part-time employment opportunities, recruit military spouses, and provide flexible benefits to part-time employees.
- Consider programs that allow military spouses to transfer their employment to a new location when they are required to PCS.
- Remove barriers to remote work for military spouses and dependents by implementing the remote-work policies established in 2020-2022.

For Congress

- Expand on the progress of the Military Spouse Retirement provisions that passed as part of the Secure 2.0 Act in 2022 by encouraging employers and small business owners to provide benefits to military spouses working part time and more benefits to military spouses working full time.
- Encourage employers to offer Cafeteria Benefits Plans (IRS 125 plans or Flexible Benefits plans) to military spouses through tax credits and other incentives.
- Remove more barriers to sustaining a business during a PCS, such as more targeted reimbursement opportunities for military spouse entrepreneurs.

For the Department of Defense

- **Remove barriers to remote work for military spouses, especially those actively undergoing PCS moves.***
 - Prioritize pilot programs for flexible child care and funding for existing child care programs. (See also Child Care recommendations.)
 - Coordinate PCS orders and the remote work requests process for military spouses employed by the DOD.
 - Provide flexible hours and leave options to employees.
- Expand high-paying and career part-time employment opportunities for military spouses working for the DOD.
- Educate PCSing military families on the opportunities for military spouses employed by federal agencies to apply for remote work status.

For States/Localities

- Implement and enforce the Military Spouse Licensing Act to best serve military spouses (and personnel) who meet all of the requirements set forth in the provisions. Consider entering into licensing reciprocity compacts.
- Encourage Homeowners Associations (HOAs) to make an exception for military spouses to maintain or run a business from a residence.
- Create exceptions to remote work rules for military spouses based on best practices established during the remote-work era of 2020-2022. For example, military spouses in the state of Washington who work in state government can work remotely when they PCS.

*More information in Recommendations Chapter of Comprehensive Report

Child care continues to be both a necessity and barrier to military spouse employment. Affordable child care is elusive, particularly for spouses who are employed part time.

The need for affordable, quality child care is an ongoing challenge for parents and caregivers in the U.S., regardless of military affiliation.^{1,2} Child care is fundamental to the U.S. economy; many parents cannot work without it.^{3,4} The COVID-19 pandemic placed further pressure on an already failing national child care infrastructure, and rebuilding even to pre-pandemic levels may take years.^{5,6,7}

For military families who face the additional challenges of unpredictable and long service member day-to-day schedules and separations, child care is essential for spouse employment.^{8,9} For active-duty spouse respondents who are working,^a 72% indicated that they would need some form of child care,^b but only 38% said that they are able to find child care that works for their current situation.

Breaking it down to further illustrate the imperative need for child care demonstrated by military families; among **employed active-duty spouse respondents^c who needed daily child care** (n=348), 90% have one or two children in their family that requires child care in order for respondents to work; and only half (50%) of the respondents are able to find child care that works for their current situation. Fifteen percent said they were unable to find a child care situation that worked for them at the time of the survey fielding.

The need for child care eclipses affordability.

According to the U.S. Department of Health and Human Services, child care is considered affordable when it costs families no more than 7% of their household income.¹⁰ Despite this, the majority of U.S. households requiring



^a Spouses who are not also active-duty service members and are working full time (35+ hours per week) or working part time (<35 hours per week).

^b Respondents were asked "which of the following best describes your needs in terms of child care?" And those who need some form of child care are respondents who answered that they "occasionally need hourly child care," "need hourly child care on a pretty regular basis," "need hourly or part-time child care on a daily basis," and "need full-time child care on a daily basis."

^c Spouses who are not also active-duty service members and are working full time (35+ hours per week) or working part time (<35 hours per week).

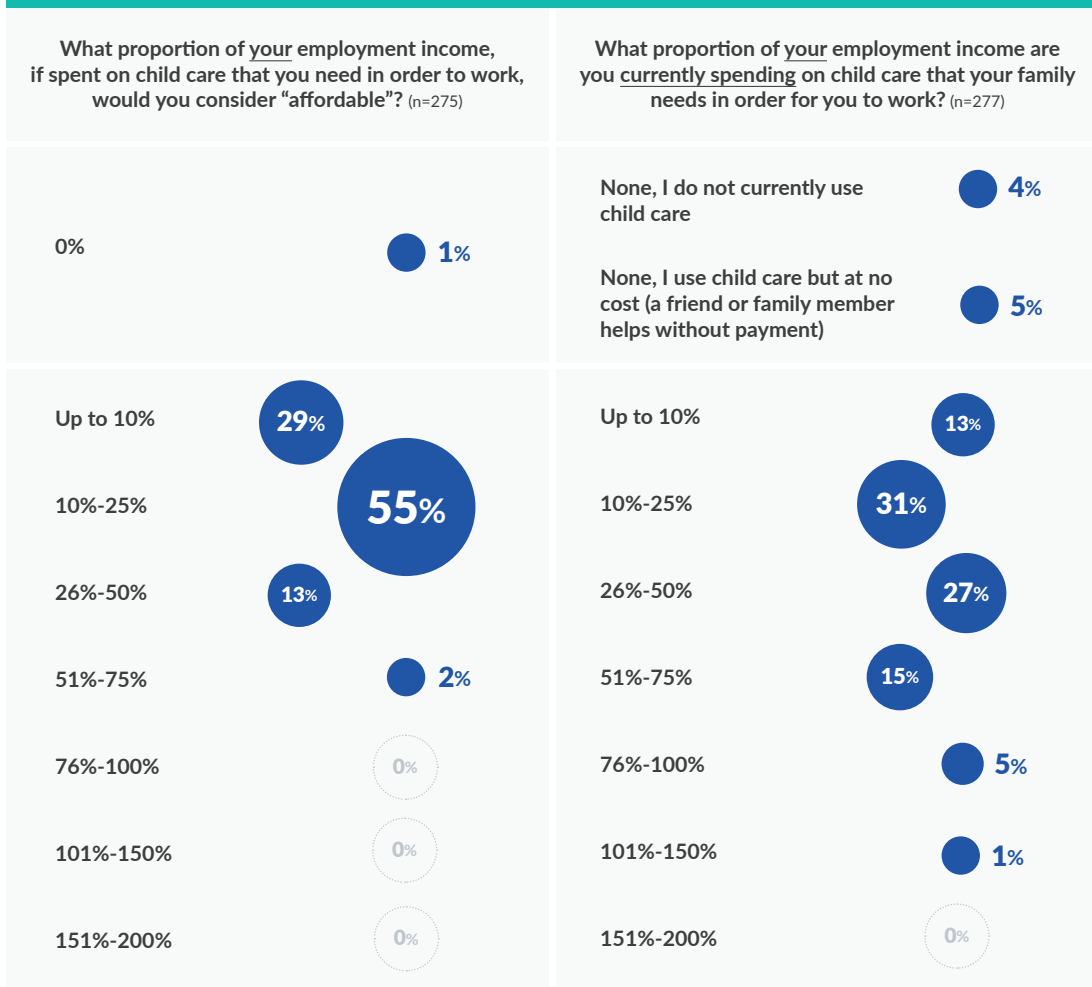
child care report paying more than 20% of their household income on child care.¹¹

The national average cost of child care in 2021 was \$10,861 per child.¹² The cost of child care, for those needing care in order to work, is a key factor in whether or not employment is worth it in the end. For military families, requirements for family care plans¹³ and the ability to react to often unpredictable work and deployment schedules are considerations, in addition to the financial cost of child care. When a

service member is married and has dependent children, it is often assumed that their civilian spouse will be the primary caretaker for the children because the obligations of military service mean the service member is not always available. This assumption about caretaking responsibilities may mean that decisions about whether the spouse's employment is worth the cost of child care are often based heavily on the spouse's potential income. In fact "child care is too expensive" is the top reason given by spouse respondents who are not currently employed but want or need to work as to why they are not working (see Spouse Employment finding for more information), echoing similar findings among parents in civilian polls.¹³ Almost half of U.S. parents would consider leaving the workforce if child care costs were more than 25% of their paycheck,¹⁴ and military families are no different. For active-duty spouse respondents who are working full time and need daily child care (n=275), 85% would consider it "affordable" to spend up to 10%-25% of their personal income on child care in order to work. However, 39% are currently paying 0%-25% percent of their personal income, 24% are paying 26%-50%, and 25% are paying 51%-100% of their personal income on child care in order to work.

Table 1: Child Care Costs as a Proportion of Personal Income

Active-duty spouse respondents working full time with a need for daily child care



Part-Time Employment

Spouses with a need for daily child care who are employed part time have an even greater gap between what they consider affordable and what they are currently paying for child care in order to work. Similar to their counterparts who are working full-time hours, the most commonly reported range of income considered affordable is from 0% up to 10%-25% for spouses who are working part time (60%). However, only 28% of spouses employed part time

Table 2: Child Care Costs as a Proportion of Personal Income
Active-duty spouse respondents working part time with a need for daily child care



and need daily child care are currently paying this percentage of their personal income toward child care.^d Nearly half of part-time employed spouses with the same child care needs (49%) are paying between 51%-100% of their income for child care, and 9% spend more than 100% of their income on child care costs.

The ability to work remotely may have child care advantages.

The ability to work remotely, a top solution for military spouse employment

challenges (see Spouse Employment finding), does not negate the need for appropriate child care,¹⁵ though it may help active-duty spouse respondents find child care that meets their needs. A greater proportion of employed active-duty spouses who need full-time daily child care and completed all of their work remotely^e (57%) were able to find care that works for them in comparison to 56% of respondents who are working in a hybrid format,^f and their counterparts who completed all of their hours in person (50%).

^d There are 10% of respondents in this group who are either not using child care or have a cost free child care option (e.g., a friend or family member that helps without payment).

^e Respondents were asked whether they have worked remotely in the month preceding survey completion.

^f Those respondents who are in “hybrid” are those who indicated that some of their work hours were completed remotely and some were completed in person” in the month prior to survey fielding.

Implications

An employed spouse contributes to the overall military family financial security level (see Financial Stability finding) and may be the difference in food insecurity amongst many active-duty families (see Food Insecurity finding). Additionally, active-duty spouse respondents who are employed have significantly higher mean relationship satisfaction scores than those respondents who are not employed, but want or need paid work (see Relationship Satisfaction finding). While child care costs can be difficult for already tight budgets, stepping out of the workforce due to child care affordability barriers may have long-term financial impacts on the family, including the accumulation of retirement savings.^{16,17}

Limitations

Active-duty spouse respondents were asked about their remote work statuses during the month preceding survey completion. Reported child care costs were asked in proportion to military spouse respondents' personal income instead of proportional to the overall. Furthermore, the distribution of remote opportunities may not be equal by industry, which may have implications on respondent income and child care needs.

Recommendations

*More information in Recommendations Chapter of Comprehensive Report

For Congress

- Continue to explore funding and support for flexible child care options including a nanny-sharing^g pilot program, 24-hour and nontraditional hour child care centers, and subsidies for other flexible options.
- Prioritize funding for child care. Most pandemic-era stimulus funding for child care has already ceased. These programs not only kept many child care centers open, but would also help grow a career field badly in need of well-paid and well-supported employees.

For the Department of Defense

- Continue and expand incentive, apprenticeship, and other workforce development programs for child care providers.
- Consider ways to simplify and incentivize the licensing and opening process for home-based child care programs serving military children.
- Reduce burdensome bureaucratic processes associated with child care where possible while ensuring safety, continuity, and success.

For States/Localities

- **Maintain expanded eligibility and affordability from post-pandemic levels to ensure child care continues to be accessible for low-income families.***
 - Many states expanded eligibility and increased affordability following the pandemic to ensure parents had the opportunity to re-enter the workforce and restart the economy. Continuing these programs will not only support the civilian population, but will also ensure access and affordability for military families.
 - Consider opportunities to reduce licensing burdens on child care centers by aggregating state and federal licensing requirements for military child care providers where possible.
 - Consider adopting or expanding a state Earned Income Tax Credit to support low-income families.

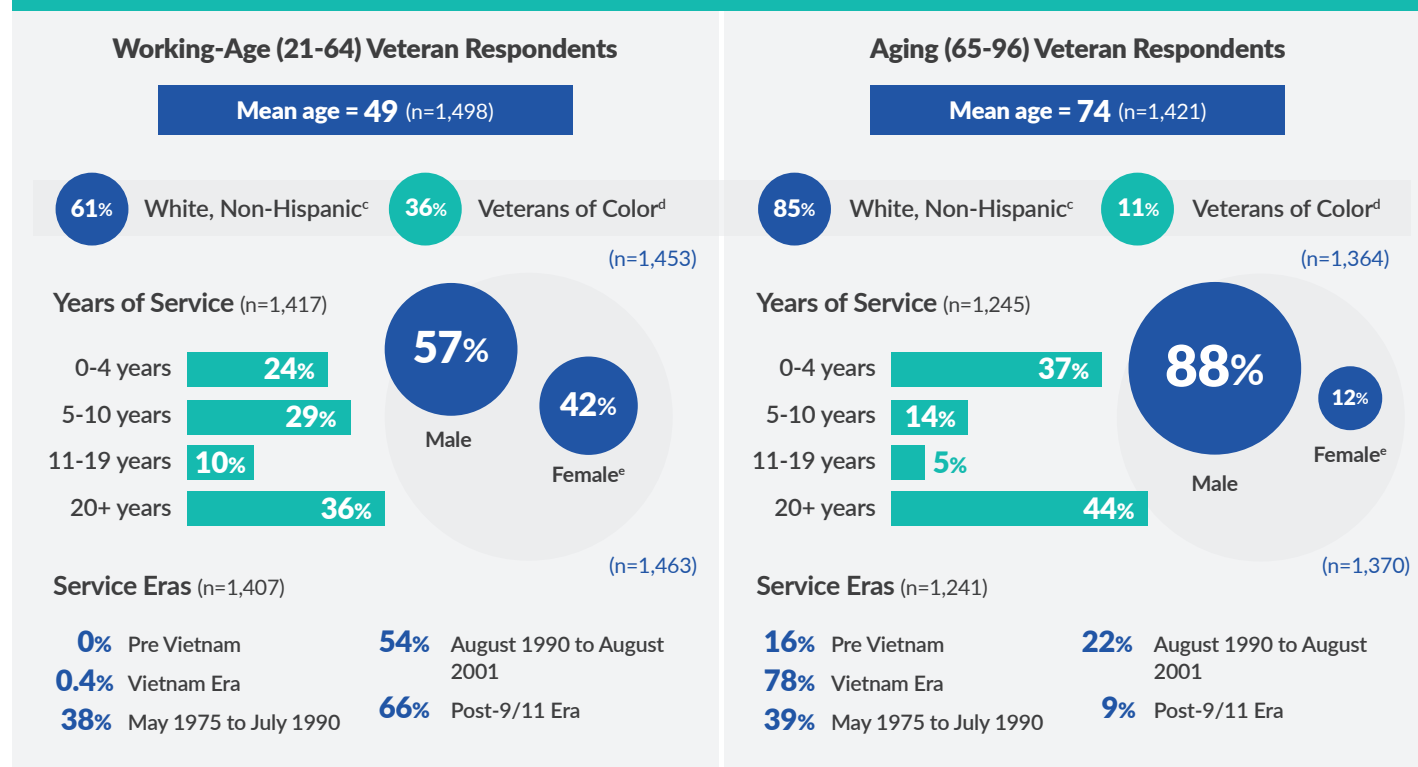
^g Nanny-sharing refers to an arrangement where two or more families share the costs and services of a nanny to reduce costs and increase flexibility.

Most Veteran respondents said their family was “doing okay” financially or “living comfortably,” but housing costs, major home repairs, and excessive credit card debt were primary financial stressors. For aging Veteran respondents, however, medical costs were also cited as a top source of financial stress.

Introduction and Veteran Sample Demographics

U.S. Veterans are an increasingly diverse and aging population; nearly half (47%) of Veterans are ages 65 or older in 2022.^a Similar to the overall Veteran population, nearly half (49%) of this year’s Veteran respondent subsample are 65 years of age and older (aging Veterans).^b Aging Veterans respondents (reported ages 65 to 96) have an average age of 74 years old, whereas the average age for working-age Veterans (reported ages 21 to 64) is 49 years old. Table 1 describes the demographics of the two age groups of Veteran respondents.

Table 1: Veteran Respondents’ Demographics by Age Group



^a The National Center for Veterans Analysis provides population projection tables that estimate the overall population demographics for U.S. Veterans. Please find these tables at Veteran Population - National Center for Veterans Analysis and Statistics (va.gov). While other administrative data and nationally representative surveys offer varying Veteran population projection estimates, we utilized those provided by the NCVA due to their utilization of separation data available through September 2020. For more information on how the NCVA produces their population projections, please see VetPop2020_A_Brief_Description.pdf (va.gov).

^b The term ‘aging Veterans’ refers to Veterans 65 years old and older. ‘Working-age Veterans’ refers to veterans ages 18-64. The terms ‘aging’ and ‘working-age’ are frequently used throughout social science and population health research. Please see the following publications: Wilmoth, J. M., Ph.D, London, A. S., Ph.D, & Heflin, C. M., Ph.D. (2015). The use of VA disability compensation and social security disability insurance among working-aged veterans. Disability and Health Journal, 8(3), 388-396. and Wilmoth, J. M., & London, A. S. (2011). In Angel J. L., eds, Settersten R. A., Jr(Eds.), Aging veterans: Needs and provisions.

^c White, non-Hispanic Veteran respondents are those who only selected white (and no other answer choices) to the race/ethnicity select-all question.

^d Veteran respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

^e For the purpose of reporting, “female” respondents include those respondents who selected “woman” or “trans woman” and “male” respondents include those who selected “man” or “trans man” in response to the question “What is your gender?”

Overall, the working-age Veteran respondent subsample is more racially and ethnically diverse compared to their aging Veteran peers. Additionally, since the adoption of the All-Volunteer Force in 1973, new recruitment strategies, including an expansion of service roles for women, created conditions in which women are increasingly represented in the Veteran population.^f Working-age Veteran respondents also differ from their older peers in their service experience, with proportionally more working-age Veteran respondents serving between 5-19 years (39%) in the Armed Services compared to aging Veterans (19%).

Financial Wellness of Veteran Respondents

This year's survey captured several indicators of financial wellness for Veteran respondents and Table 2 shows the top contributors to financial stress among those Veteran respondents who are financially stressed.

Table 2: Top Contributors to Financial Stress
Veteran respondents who reported financial stress

Working-Age Veterans (n=798)		Aging Veterans (n=339)	
Housing costs	49%	Major home repairs	35%
Major home repairs	33%	Housing costs	34%
Excessive credit card debt	30%	Other (e.g., concerns about retirement accounts during market volatility, living on fixed retirement income)	27%
Getting behind on bills	22%	Medical costs	25%
Underemployment/Unemployment	22%	Excessive credit card debt	21%

Question Text: Which of the following contributes to your family's current financial stress? Please select your top 3 choices.

Financial Stress Differs for Working-Age and Aging Veterans

While most (70%) of all Veteran respondents report their family is “doing okay” or “living comfortably” when asked about finances, other reports indicate mixed results on financial issues related to medical costs/financial inequity for Veterans.¹ Furthermore, this financial wellness differs between working-age and aging Veteran respondents: a smaller proportion of aging Veteran respondents (50%) report financial stress when compared to their working-age counterparts (82%). However, Table 2 shows that Veteran respondents in both age categories have similar financial stressors with major home repairs and housing costs as the top two financial stressors, echoing findings from active-duty family respondents about out-of-pocket housing costs (see Financial Security finding for additional information). However, medical costs were also identified as a top contributor to those with financial stress: 19% of working-age Veteran respondents and one-quarter of aging Veterans respondents.

^f According to the VAS's recent population estimates, women represent roughly 9% of working-age Veterans. For more detail, please see National Center for Veterans Analysis and Statistics. (2020). 1L_VetPop2020_National_NCVAS. Washington D.C.

Medical Costs for Veteran Respondents

Of all Veteran respondents (n=231) who reported experiencing financial stressors due to medical costs, dental care (49%), prescription drug costs (34%), and specialty care copays (30%) were identified as the top three contributing medical costs to their financial stress. Table 3 further disaggregates medical costs as financial stressors, demonstrating differences by Veteran respondent age group.

Table 3: Top Contributors to Medical Costs as a Financial Stressor

Veteran respondents who reported medical financial stress

Working-Age Veterans (n=147)		Aging Veterans (n=81)	
Dental care (including orthodontics)	48%	Dental care (including orthodontics)	49%
Specialty care copays	34%	Prescription drug costs	46%
Other health care costs not covered by insurance	30%	Health insurance premiums	33%

Question Text: Which of the following medical costs contribute to your financial stress? Please choose the top 3.

Health Insurance Utilization Among Veteran Respondents

Despite its costs, access to Medicaid and VA health benefits are associated with lower odds of worry about medical costs for older Americans.² Given the difference in medical costs as a family financial burden for working-age versus aging Veteran respondents, it is worth further exploring the state of health insurance usage.

The majority of aging Veteran respondents are insured by Medicare (80%), and many also indicated using TRICARE for Life (42%), VA (40%), and other private health insurance (23%). In comparison, working-age Veterans, who are not eligible for Medicare unless they have a qualifying disability, primarily use VA insurance (53%), private insurance (31%), or TRICARE Prime (24%). Different types

of health insurance have varying referral, network coverage, and reimbursement policies. Consequently, use of different health insurances may lead to important differences in access to health services and available resources that warrant further exploration.

Use of different types of health insurance may explain the differences between where the two age subsamples receive regular and routine care. Among aging Veteran respondents who may have a combination of medical providers to receive routine medical care, 64% go to a civilian provider, 50% see a VA provider, and 12% use a



military provider.⁸ For working-age Veteran respondents, 15% used a military provider, 67% used a VA provider, and 42% used a civilian provider to receive routine medical care.

One-third (34%) of aging Veteran respondents use the VA to meet all of their health care needs, compared to nearly half (49%) of working-age Veterans using the VA to meet all of their health care needs, which is consistent with other research that has found that while VA users tend to be older than Veterans who do not use the VA, younger Veterans rely on the VA more than their older peers and receive a greater share of their overall care from the VA.³ This same report also found that Veterans with lower income, living in rural areas, have single sources of health insurance coverage, and poorer self-reported health status get a greater portion of their care from the VA than other VA patients do.⁴

Overall, medical costs play a significant role in the financial concerns of many Veterans. As the Veteran population grows older, there remains a need to further understand how insurances are used by Veterans and the impact these types of use may have on individual financial burden and financial wellness.

Recommendations

For the VA

- Further investigate the financial impact of medical and health care costs on the Veteran population, particularly for aging Veterans (65 years and older).

⁸ Respondents were asked to pick out all applicable medical providers that they receive routine medical care from.



Military Family Lifestyle Survey

2022 Comprehensive Report

Recommendations

Department of Defense

Remove barriers to remote work for military spouses, especially those actively undergoing PCS moves.

From Spouse Employment

Employment flexibility is a key solution to military spouse unemployment, especially during relocation to a new duty station. Military spouses must juggle family responsibilities, the demands of their service member's job, and their own employment. The Department of Defense (DOD) can lessen the burden by addressing three key areas for military spouses during the PCS process: child care, coordinated remote work request processes, and flexible hours.

The DOD can decrease some disruption to spouse employment during a PCS by reducing the wait time for child care after a relocation through continued prioritization of accessible, affordable, and flexible child care options for military families. Ensuring Child Development Center (CDC) availability through increased efforts to recruit, retain, and support child care providers can reduce child care waitlists. In particular, the Come Grow With Us initiative¹ to recruit and retain child care professionals incentivizes career child care providers and supports recruiting new talent into the field, which is woefully understaffed.² Additionally, existing pilot programs for flexible child care options — like the Child Care in Your Home Fee Assistance program³ — have burdensome and lengthy application processes.⁴ While it is important to ensure safety and maintain high standards of care, we urge the DOD to explore ways to streamline the application process to help families receive the child care they need more quickly. Lastly, despite changes to the prioritization model for active-duty families on child care waitlists in 2020,⁵ waitlists for child care are still extremely long,^{6,7} especially in places with a large gap between supply and demand. Increasing the supply of providers through attractive career paths, expedited hiring, and streamlined application processes can address this gap and open up more opportunities for spouses seeking employment.

The DOD has an even greater opportunity to model best practices for supporting the military spouses they employ, as the Joining Forces initiative has recommended.⁸ Where possible, the DOD should work with the Office of Personnel Management (OPM) to support requests for federal telework for military spouse employees whose service member has received relocation orders. While not possible for all federally employed military spouses, aligning these processes may reduce disruptions to both the spouse's career and the agency.⁹ The DOD should further work with OPM and consider enhancing PCS leave policies and flexible scheduling for federally employed military spouses retaining their employment through a PCS. Providing the option to take non-vacation leave days or adjust scheduled work hours during a PCS move will help military spouses retain employment and balance responsibilities at home and at work.

Reinforce military families' use of DOD-affiliated programs, including Military Family Life Consultants (MFLCs), chaplain programs, etc., by enhancing support for difficult conversations and reducing barriers to participation.

From Family Relationships

Strong military families are the backbone of the All-Volunteer Force. The DOD already supports the military family through extensive and widespread programs, including the Army's Strong Bonds program¹⁰ and other Military Family

Readiness System programs.¹¹ However, there is opportunity to ensure these programs are accessible to families and address their greatest concerns.

Many of the existing programs already address communication, but supporting strong family relationships through programs that enhance skills in having difficult conversations may address the challenges of negotiating everyday stressors as a military family. Research indicates that good communication skills lead to positive relationship satisfaction, and how individuals communicate difficult conversations impacts their relationships.^{12,13,14} Because everyday stressors such as financial stress, spouse employment struggles, and limited child care availability may contribute to tension in military families, we recommend that the DOD continue to implement and bolster the usage of evidence-based practices to support families who need to engage in difficult conversations. Military OneSource's resource, *How to Successfully Communicate as a Couple*, is a good place to start.¹⁵ Other civilian resources provide additional support, and DOD programs should continue to emphasize these resources and other support for families.^{16,17,18}

The DOD can enhance accessibility to their already robust programs by reducing barriers to participation. For example, aligning programming with work schedules and providing on-site child care will make these programs more accessible for dual-income households and families with young children. Additionally, ensuring that these programs are shared with military spouses early in their time connected to the service will help fill the gap for families that may be struggling to adjust to military life.

Encourage and provide resources for both formal and informal mentorship programs — including PCS Sponsors — during relocation.

From Military Family Resource Access

As reported in Blue Star Families' report, *The Diverse Experiences of Military and Veteran Families of Color*,¹⁹ service members and families of color cite formal and informal mentorship as important for navigating the service and the challenges associated with the military lifestyle. During the relocation process, mentorship and support are key factors in integrating into the new community, accessing needed resources, and enhancing the quality of life for the family.^{20,21} The DOD has an opportunity to strengthen an existing formal mentorship program: PCS Sponsorship. In addition to encouraging the assignment of Sponsors with similar backgrounds to the incoming service member and family,²² we recommend enhancing this program by assigning Sponsorship as an additional or collateral duty, which could then be assessed in evaluations, rewarding excellent Sponsors with advancement toward promotion.

The DOD should expand formal support of grassroots mentorship and multidirectional mentorship programs. For example, the Army now formally supports the Female Mentoring Morale Program (FMMP), a grassroots mentorship program that began in 2019, when Col. Clydea Prichard-Brown attempted to find a way to support the many women who were asking her to be a mentor at Fort Lee. She received formal support from Army Combined Arms Support Command leadership and an executive board that included support from the G1 Deputy Chief of Staff of the Army.²³ Now there are FMMP groups at many other Army bases, including Fort Leonard Wood,²⁴ Fort Detrick,²⁵ and Landstuhl Regional Medical Center in Landstuhl, Germany.²⁶

Rank-blind mentorship has proven effective among both service members and their spouses. The Navy has published a reverse mentoring guide as part of its push for inclusion. This approach not only allows more junior-ranking sailors to share their experience and expertise with higher-ranking sailors, but it also fosters feelings of ownership and enhances readiness for Navy personnel.^{27,28} The U.S. Special Operations Command Spouse Mentorship programs take a different approach to one-on-one reverse mentoring; they facilitate peer-to-peer, rank-blind mentoring.^{29,30,31} Evidence suggests expanding this and other aspects of the Preservation of the Force and Family program enhances retention and increases readiness.³²

Congress

Consider adding military spouses who lose a job due to a PCS and are actively seeking employment to a dedicated student loan deferment program.

From Financial Security

Congress has an opportunity to ensure that military spouses who hold student loans and are unemployed due to PCS orders are not penalized for a job loss that is not their fault. According to the 2021 Survey of Active Duty Spouses, military spouses who are unemployed search for employment for an average of 19 weeks.³³ While the current federal unemployment student loan deferment program³⁴ covers this time period, the program is restrictive for military spouses attempting to find employment that will maintain or advance their career and avoid paying accrued interest during the deferment period.

Borrowers are not eligible for unemployment deferment if they reject a job offer for a position for which they are overqualified.³⁵ Requiring spouses to accept employment for which they are overqualified may keep them consistently underemployed, which is already a challenge for military spouses due to employment changes related to relocations. This is particularly salient for military spouses who have less control over where they move and may relocate to a new duty station with limited employment opportunities in their field. As reported in the Spouse Employment finding, the majority of employed active-duty spouse respondents are underemployed in some way, and in this year's survey, 29% of employed active-duty spouses^a report they are overqualified for their current position. Because chronic underemployment is a consistent issue for military spouses and has long-term impacts on their cumulative earnings over their lifetime,³⁶ and deeply and negatively affects financial, emotional, and social well-being of the individual, and has knock-on effects for the family and community,³⁷ benefit programs to support military spouses must set conditions for long-term career success and avoid incentivizing underemployment.

Moreover, the existing unemployment program does not include a deferment of interest accrual during the deferment. Any unpaid interest that has accrued will be capitalized at the end of the deferment period, resulting in a greater total cost that the borrower must pay.³⁸ Particularly for military spouses, many of whom are already under great financial stress during the PCS period,³⁹ interest accrual and capitalization only harms the borrower. We recommend Congress consider creating an Active-Duty Military Spouse Unemployment Deferment program that improves upon the Unemployment Deferment program and supports military spouses who lose a job through no fault of their own. Spouses who are unemployed following a PCS move should be eligible for a six-month program

^a Who are not also active-duty service members

that allows them to defer student loan payments and does not accrue interest. This program should build on the process for proving active-duty status used in the Military Service Deferment⁴⁰ program to prove military status, by allowing an applying spouse to present their service member's PCS orders and proof of their dependency status. The legislation for the Active Cancer Treatment program is a blueprint for the legislation required to create a new deferment program that prevents interest accrual.^{41,42}

Consider authorizing the Secretary of Defense to renegotiate or amend the contracts associated with the Military Housing Privatization Initiative.

From Housing & Relocation

In 1996, in response to a backlog of construction and repairs, Congress passed the Military Housing Privatization Initiative (MHPI) to transfer ownership and operation of on-base housing to private companies, with the goal of improving housing quality for service members and their families.⁴³ While more than 75,000 new homes have been built and 50,000 additional homes have undergone major renovations,⁴⁴ lawmakers, the DOD, and consumers have remained concerned about the implementation of the initiative, despite legislative directives passed by Congress.⁴⁵ For example, despite inclusion in the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, the Tenant Bill of Rights is not being fully implemented, according to a DOD report from 2022.⁴⁶ Additional provisions — like the Tenant Bill of Rights — passed by Congress after the initial 50-year contracts were signed in 1996 are not enforceable through those agreements because each of the MHPI companies must voluntarily agree to any new provisions.^{47,48} This hinders efforts to implement legislative directives from Congress to improve housing quality and effectively perform oversight of the initiative.⁴⁹

We urge Congress to consider authorizing amendments and renegotiation of the contracts associated with MHPI, a recommendation spearheaded by Armed Forces Housing Advocates.⁵⁰ Amending the contracts to provide better oversight, improved regulation, and stronger consumer protections could not only address concerns about the quality of on-base privatized housing but also alleviate the financial pressure of out-of-pocket housing costs on military families by providing a high-quality alternative to using the Basic Allowance for Housing (BAH) to obtain housing in the civilian market.

Amend the Basic Needs Allowance (BNA) to be a more robust program that can increase food security for thousands of military families.

From Food Insecurity

Congress has the opportunity to ensure that the BNA better serve military families who are experiencing or are at risk of food insecurity. Four specific recommendations would increase efficacy and ensure the BNA helps those who need it.

1. Remove BAH from income calculation: Congress should instruct the services to exclude BAH and other allowances when calculating gross annual income for potentially eligible service members and their families. Currently, many military families are not eligible for the allowance⁵¹ because BAH is considered income.

Military families are at a disadvantage relative to their civilian peers when it comes to using BNA and SNAP (Supplemental Nutrition Assistance Program)⁵² because of the inclusion of BAH as income. For example, housing support received through the Housing Choice Voucher Program is not counted as income when determining eligibility for SNAP benefits.⁵³ We encourage Congress to exclude BAH from eligibility calculations for BNA and all other federal nutrition assistance programs.

2. **Update the eligibility threshold:** The current eligibility threshold — a gross family income of less than 130% of the Federal Poverty Guidelines — and the soon-to-be-implemented threshold of 150% of the Federal Poverty Guidelines do not reach the majority of families experiencing food insecurity. In January 2023, following the first round of considerations for eligibility, the Marine Corps, Navy, Air Force, and Space Force combined found only 85 service members who may have been eligible.⁵⁴ Given that the DOD found 30% of enlisted spouses in ranks E5-E6, 16% of enlisted spouses in ranks E7-E9, and 5% of officer spouses reported experiencing food insecurity in the past year,⁵⁵ it is clear that the problem of food insecurity is not limited to lower-income junior enlisted ranks, though it is highest in that population. We urge Congress to increase the mandatory threshold to at least 200% of the Federal Poverty Guidelines as a first step to ensuring those who need this support can receive it — the services will be legally able to set the threshold to 200% but have not indicated that they will do so.⁵⁶ In the long term, we encourage Congress to consider income and expenses when determining eligibility for nutrition assistance. Expenses, such as out-of-pocket housing costs, relocation costs, and student loans, are among the top contributors to financial stress for active-duty family respondents who report financial stress (see Financial Security finding).
3. **Streamline the application process:** Congress should prescribe a streamlined application process for BNA using insight from the DOD and military families who are/or have been food insecure. Reducing the barriers to access will help ensure that military families who need the program are not prevented from joining due to burdensome requirements. The ease of application to the one-time student debt relief program announced in 2022 may serve as an example for simplifying the application process.⁵⁷
4. **Engage in oversight and ensure efficacy:** Ensuring that our service members and their families have access to the nutrition they need is a national security imperative, and Congress has a key role in providing oversight and reporting on the implementation and efficacy of this program.

Increase readiness and reduce cost for National Guard members by providing year-round no-fee health care coverage.

From Health Care & Disordered Eating

Despite the United States' withdrawal from Afghanistan in August 2021,⁵⁸ the National Guard has maintained a high operational tempo: overseas deployments, long-term domestic missions, emergency activations following national disasters or civil unrest, and more.⁵⁹ Approximately 60,000 National Guardsmen (Army and Air National Guard)⁶⁰ are not covered by an employer, Medicaid, or other private insurance plans when they are not federally activated. The lack of year-round health care leads to reduced readiness: in 2022, Gen. Daniel Hokanson,

Chief of the National Guard Bureau, revealed that about 10% of the National Guard does not meet the health requirements needed to deploy at any given time.⁶¹

We support the recommendation put forward by the National Guard Bureau,⁶² members of Congress,^{63,64} and nonprofit military and National Guard service organizations:^{65,66,67} to provide year-round, no-fee health insurance to National Guardsmen. Until this solution can be achieved, we encourage Congress to extend the TRICARE coverage grace period after deactivation to ensure continuity of care. These solutions will not only reduce health care costs for National Guardsmen but will improve readiness for the National Guard.

Commission a report on how military family policies affect recruitment, retention, and likelihood to recommend service.

From Recommending Military Service

The United States has a vested interest in understanding how military family policy affects the overall strength of the All-Volunteer Force. We urge Congress to commission a report on how the DOD's military family policies affect recruitment and retention, specifically in relation to whether military-connected families will remain in military service or recommend military service to others.

Military family policies, many of which have been addressed in this report, deeply affect the experiences of military families and, therefore, the likelihood of recommending service to younger family members. To date, Congress and the DOD have not systematically investigated how the various military family policies impact readiness, retention, and recruitment, or to an individual's likelihood to recommend service. While the DOD does track whether spouses support their service member remaining in military service,⁶⁸ and that support from a spouse is a key influence in service member retention,⁶⁹ it is not clear how the programs and policies that directly affect families' lives impact that support. We propose Congress commission a report of the myriad military family policies that affect quality of life and address the following areas of concern:

- Financial readiness,^{70,71,72,73,74,75} and its impact on retention and likelihood to recommend service, with particular attention to allowances, spouse employment, and child care.
- Social support services^{76,77,78} and their influence on family and force readiness and likelihood to recommend service, with attention to the gaps filled by civilian support services.
- Children's education⁷⁹ and the Exceptional Family Member Program (EFMP)⁸⁰ and their effects on retention, likelihood of recommending service, and recruitment.
- Education (e.g., the GI Bill⁸¹) and health care (e.g., TRICARE^{82,83} and VA health care⁸⁴) benefit programs and how they influence retention, recruitment, and likelihood to recommend service.
- Recent changes to the retirement benefits system^{85,86} and their impact on retention of recent recruits and long-term service.
- Experiences of discrimination, harassment,⁸⁷ and military sexual trauma (MST)⁸⁸ on retention and likelihood to recommend service, and on perceptions of potential recruits.

- Explore retention through the lens of how families determine when the benefits (fiscal and otherwise) are outweighed by costs (fiscal and otherwise).

The services have long recognized and continuously acknowledged the importance of the family for our service members.^{89,90,91} The ability to sustain the All-Volunteer Force through the current recruiting crisis relies on having good data on where the services can improve to ensure readiness, resilience, and lethality.

States and Localities

Appoint a Compact Commissioner in a timely fashion and designate a point of contact embedded within each state's Department of Education.

From Military Children's Education

The Interstate Compact on Educational Opportunity for Military Children is a key tool for ensuring that military children in public schools are not treated differently from their peers simply due to their military-connected status. All 50 states and the District of Columbia have committed to supporting military children by implementing the Interstate Compact's provisions.

One of the primary commitments is that member states, through their appointing authority, designate a Compact Commissioner who represents their state and coordinates efforts with the Military Interstate Children's Compact Commission (MIC3).⁹² When state Commissioners are not appointed, states may find it more difficult to fulfill the statutory requirements associated with the Compact, including submitting annual reports to the state legislature, timeliness in engaging with military families, and leading the statutorily required state council.⁹³ In the 15 years since the statute was first passed, 19 states have, at some point, failed to have an appointed Commissioner. While several states have had a designee to fill in and perform the Commissioner's responsibilities, many have not.⁹⁴ For example, in 2019, the most recent year for which MIC3 has published data, eight Commissioner positions were vacant.⁹⁵ Timely appointment of the Compact Commissioner is essential to supporting military families and educators in the states.⁹⁶

Compact Commissioners also benefit from the assistance and support of a subject matter expert in children's education. A designated point of contact embedded within each state's Department of Education lends institutional support and demonstrates a commitment to serving military children and families. Such an addition to a state's Compact structure would benefit the state Commissioners who are not part of their states' Department of Education; they made up more than 60% of the Commissioners in 2019.⁹⁷

Address housing barriers and align zoning and other land-use policies to increase affordable housing.

From Housing & Relocation

While Congress and the DOD can oversee on-base military housing, 70% or more of military families live in civilian communities,^{98,99} which means that states and localities have a role to play in addressing the housing affordability and accessibility crisis for our military families. Implementing proven policies incentivizing affordable housing in

neighborhoods and areas where military families want to live is key to alleviating the financial stress that out-of-pocket housing costs have put on military families in recent years.^{100,101,102} We encourage states and localities to consider two policies that have seen success when implemented:¹⁰³

1. **Reduced or eliminated parking requirements:** Many zoning laws require a minimum number of off-street parking spaces for new residential buildings.¹⁰⁴ Most of these requirements overestimate the number of spaces required: a 2005 study of six New England towns found that zoning laws overestimated parking spaces required by more than 2 1/2 times peak use.¹⁰⁵ Moreover, adding a single parking space for a unit can cost \$50,000 for builders — with higher costs in more expensive cities.^{106,107,108} Dozens of cities have reduced or eliminated parking requirements, and research suggests that this has lowered barriers to building new affordable homes and revitalizing existing neighborhoods through renovations.¹⁰⁹ In 2017, Buffalo became the first major city in the United States to completely remove parking requirements, which has helped trigger a boom in construction and city growth.¹¹⁰
2. **Improved approval processes to enhance speed and predictability:** Zoning laws emerged to support public health and improve public safety.¹¹¹ Unfortunately, these laws have become unwieldy and deter speedy construction by increasing unnecessary bureaucracy, artificially inflating home prices, and reinforcing housing inequality.^{112,113} We recommend localities consider implementing by-right development policies, which removes discretionary decision-making from the approval process by implementing “uniform, codified, and consistent zoning and development regulation.”¹¹⁴

In addition to improving the zoning process, we encourage states and localities to reform zoning laws allowing for more multifamily units. Although there are many and varied reasons why residents push back against widespread zoning reform — including displacement concerns, lowered property values, increased rents, and lower quality of life¹¹⁵ — such reforms will help address the at least 3.8 million housing unit gap¹¹⁶ many experts estimate. Military families are affected by this gap because of the extreme lack of housing in some high-population areas around military bases. For example, Joint Base Lewis-McChord near Tacoma, Washington, is facing a worsening housing crisis because of the predicted increase in military personnel who will be stationed there in the coming decades¹¹⁷ and a gap in civilian housing across the Puget Sound region.¹¹⁸ Military families need states to consider reforming zoning laws to allow for more multifamily units in areas where they are looking for housing, particularly in neighborhoods with quality school districts and access to community resources.

Most importantly, we encourage state and local lawmakers to enact zoning reform and remove other barriers simultaneously. This alignment maximizes opportunities for building while eliminating or reducing barriers, which combine to incentivize new construction and renovations. Minneapolis, Minnesota, offers an example of how aligned reform and barrier removal can result in a housing boom that increases affordable housing. In 2018, Minneapolis introduced Minneapolis 2040,¹¹⁹ a comprehensive city plan with many goals, including affordable and accessible housing. Following the plan’s implementation in 2020 and the introduction of 22 policies related to their housing goal — including removing parking requirements, increasing the number of multifamily units, and pursuing innovative housing types and strategies¹²⁰ — the city is producing six times more “deeply affordable”^b housing

^b “Deeply affordable housing” refers to housing that costs less than 30% of the annual median income for a given community.

units¹²¹ than during the period 2011 to 2018.¹²² Although the city saw setbacks following the economic impacts of the COVID-19 pandemic,¹²³ city officials remain optimistic about the increased growth of affordable housing units.¹²⁴

Maintain expanded eligibility and affordability from post-pandemic levels to ensure child care continues to be accessible for low-income families.

From Child Care Spotlight

During the COVID-19 pandemic, many states acknowledged the deep impact that the crisis had on the child care industry for both families and providers. Maintaining state solutions to the child care crisis introduced during and after the COVID-19 pandemic — including greater funding, pilot programs, and child care credits — will be an important step to ensuring access to quality and affordable child care moving forward. In addition to the social benefits of quality child care for children, families, and communities, women from marginalized communities — particularly low-income women, women without college degrees, and Black and Latina women — see a disproportionate improvement in their economic outcomes throughout their lifetimes when they have access to affordable child care.¹²⁵ States have an opportunity to step in to support all families with affordable child care, which would go far in making them military friendly.

For example, in April 2022, New Mexico became the first state to make child care free for nearly every family in the state.¹²⁶ Families making up to 400%¹²⁷ of the Federal Poverty Guideline (nearly double the state's median income) do not have to pay copays as part of the Child Care Assistance program.¹²⁸ New Mexico is a model for states across the nation due to this program as well as a state constitutional provision that made New Mexico the first state in the nation to enshrine child care as a protected right.¹²⁹

Louisiana stepped up to fill a gap for its families following the end of an expanded federal program. In 2021, the federal government temporarily expanded the Child and Dependent Care Tax Credit (CDCTC) to better serve low-income families by making the credit fully refundable. This expansion expired at the end of 2021, meaning that Americans with the lowest incomes were back to paying more than four times the benchmark rate of 7% of income issued by the Department of Health and Human Services.¹³⁰ Louisiana implemented a fully refundable child care credit to households eligible for the federal law. This child care credit helps low-income families afford child care and encourages high-quality child care by increasing the benefits to more than \$5,000 per year at providers with the highest ratings.¹³¹ Research shows that a 10% increase in CDCTC increases annual child care participation by 4-5% among eligible households.¹³² This combined with the fact that only 0.2% of the lowest-income American families used the CDCTC in 2018¹³³ suggests that making low-income families eligible through full tax refundability would have a large impact on child care use. Such an increase could result in long-term positive economic outcomes for low-income households,¹³⁴ improved child care across the state,¹³⁵ and more positive impacts associated with affordable child care.

These and other state programs are examples of how states can step into this crisis and help support children, families, and providers. Ensuring the funding and resources that emerged and expanded during the COVID-19

pandemic remain accessible to families will be a huge step in rebuilding our nation's child care industry, which can, in turn, improve military families' well-being by reducing barriers to spouse employment, relieving financial stressors, and supporting healthy childhood development.

Communities and Providers

Create support groups for military family members and other community members that include psychoeducation, mental health first aid, lethal means restriction, gatekeeper training, and other specific and evidence-informed actions to support a person in crisis.

From Support Circles

Informal support for military family members and other community members is key for supporting community mental health and helping to prevent service member, Veteran, and military family suicide. Communities are deeply affected by suicides: research indicates that the interwoven complexities of grief, emotional devastation,¹³⁶ and other impacts are widespread.¹³⁷ Peer prevention is a promising evidence-based approach to suicide prevention that can be expanded to better serve communities around service members, Veterans, and family members.¹³⁸

While professional, accessible clinical support is central to suicide prevention, preparing individual community members — including fellow service members, Veterans, family, friends, and neighbors — to support those struggling with suicidal thoughts will help fill a gap in care for those who need it most. The 2022 report from the Suicide Prevention and Response

Independent Review Committee has an extensive list of social and community-based recommendations to help prevent suicide.¹³⁹ Building from these recommendations and others, we urge communities to develop coordinating programming to providing basic education and training on mental health, suicide risks, and specific interventions, prevention, and crisis response. Specifically, we recommend these programs include the following:

- Basic education on mental health and suicide risk
- Mental Health First Aid¹⁴⁰
- Training on safe storage of lethal means during crises
- Gatekeeper training, which includes asking directly about suicidal thoughts or plans
- Crisis response plans¹⁴¹
- Other evidence-informed practices that reduce the likelihood of an attempted suicide

Engaging and empowering trusted loved ones — who are closest to those at risk and already have the desire but lack the knowledge to support — is an upstream solution to the mental health crisis gripping our nation's Veteran and military communities. Blue Star Families' Support Circles is the first federally funded program that puts this recommendation into action and offers a blueprint for expanding this type of program to communities across the country.¹⁴²

Actively recruit military families to participate in existing social and community programs to increase their connectedness and sense of belonging to the community.

From Children's Mental Health

Social connections, including connections with others in the community, are critical factors in supporting children's resilience.¹⁴³ In this year's sample, a greater proportion of active-duty military families who used civilian resources during the year prior report feeling a sense of belonging to the civilian community (see Military Family Resource Access finding). Previous Blue Star Families' research has also shown that a sense of belonging to the civilian community is associated with greater resilience.¹⁴⁴

To support military children's mental health, we encourage civilian communities and providers to create environments that support military children by actively recruiting military families and reducing the barriers to their participation in community resources, such as sports and recreation programs. Communities can do that by enacting changes that will help all residents — reducing costs, recruiting trained coaches, investing in public recreational spaces, enhancing options for casual play, and addressing disparities faced by children with disabilities and children of color¹⁴⁵ — and changes that will specifically benefit military families, like working with installations to recruit military children and exploring options to provide transportation.

Communities can also help the whole family feel welcome by modeling best practices for military family inclusion. For example, holding parent-teacher organization and other volunteer opportunities after traditional work hours and providing on-site child care will help address barriers. Community leaders can also continue to work closely with the support organizations and programs that already exist on base to be a force multiplier and align efforts.

Moreover, we encourage communities to explore formally coordinating with installation recreational programs — like youth sports leagues — to integrate them and build strong civil-military connections for families and children. In this year's survey, more than a quarter (26%) of active-duty family respondents reported they used civilian resources for sports/recreation for children and/or family members in the past 12 months. Engaging with installation support offices, military service nonprofit organizations, and other community partners will help strengthen bonds across the fence line and build communities of mutual support.



Military Family Lifestyle Survey

2022 Comprehensive Report

Spanish-Language Respondents

Spanish-Language Respondents Spotlight

In 2021, nearly 1 in 5 (18%) active-duty service members self-identified their ethnicity as Hispanic or Latino,¹ making up one of the largest racial/ethnic groups in the military.² Additionally, data compiled by the U.S. Department of Health and Human Services show that 71% of Hispanic individuals speak a language other than English at home, and 28% report they are not fluent in English.³ Given these demographics in the U.S. population as well as in the military, Blue Star Families set out to determine if military-connected individuals who are interested in the annual Military Family Lifestyle Survey may prefer to answer in Spanish. Indeed, 15% of military-connected respondents to the 2021 MFLS⁴ used a language other than English in their home, with the most common being Spanish. However, most research on military families is conducted in English, which may not fully address the experiences of military family members who primarily use Spanish. Building on 2021 MFLS efforts, this year's survey was

“As a Spanish-speaking wife who is always looking for resources for professional and/or personal growth, **I have noticed the scarcity of resources for learning the English language** and thus having a better adaptation to the community.”

“Como esposa hispano hablante y que siempre está en busca de recursos para el crecimiento profesional y/o personal he notado la escasez de recursos para el aprendizaje del idioma inglés y así tener una mayor adaptación a la comunidad.”

Active-Duty Army Service Member

fully translated to Spanish. This spotlight highlights the results from those who answered the survey in Spanish. Disparate overall sample sizes between English-

and Spanish-language respondents and the small size of the Spanish-language sample mean that caution should be taken when comparing these groups.

This year, Spanish-language respondents were asked all the reasons they chose to take the survey in Spanish and the majority selected “Español es mi lengua materna” (“Spanish is my first language”) (68%), nearly half (44%) selected “Me siento más cómodo tomando la encuesta en Español” (“I feel more comfortable taking the survey in Spanish”), and more than a third of respondents (38%) selected “Quería mostrar mi apoyo a la inclusión de Blue Star Families de familias militares de habla hispana” (“I wanted to show support for the inclusion of Spanish-language military families in the survey research”).

A total of 79 respondents started the survey in Spanish. Over half (51%) of these respondents reported their primary military affiliation was the spouse of an active-duty service member, 23% active-duty service members, 13% spouses of Veterans or retired service members, 5% Veterans, and the remaining respondents selected other options (e.g., parent of an active-duty service member, spouse of a Reserve service member, etc.).

Recommending Service

When asked how likely respondents were to recommend military service to a young family member on a scale of 0 to 10 (see Recommending Service Finding for additional information), Spanish-language respondents were relatively evenly divided: 28% selected a rating of 0 to 3 (unlikely to recommend), 39% selected a rating of 4 to 6 (neutral), and 32% selected a rating of 7 to 10 (likely to recommend).^a In addition to the likelihood to recommend service ratings, respondents who answered the question about the likelihood to recommend service were then asked, “¿Puede decirnos por qué recomendaría, o no recomendaría, el servicio militar a un miembro de su familia joven?” (Can you tell us why you would recommend or not recommend service to a young family member?). The most common themes that emerged were “challenges/difficulties for families,” “good benefits,” and “it depends on the individual.” Similar to their English-language peers, respondents cited both challenges and benefits of military service in their responses and also recognized the decision to serve in the military is a personal one.

“Can you tell us why you would recommend or not recommend service to a young family member?”

All Spanish-Language Respondents

Likely to Recommend

“It increases job stability and the possibility of retiring with a pension after the time in service. Today there are almost no companies that offer these benefits.”

“Ofrece estabilidad laboral y la posibilidad de retirarse con una pensión después del tiempo de servicio. Hoy en día casi no hay empresas que ofrecen estos beneficios.”

Active-Duty Marine Corps Service Member

Neutral

“Being part of the military service has many benefits, but at the same time it has its own risks.”

“Ser parte del servicio militar tiene muchos beneficios, pero a la vez tiene algunas cosas que sus propios riesgos.”

Active-Duty Air Force Service Member

Unlikely to Recommend

“PCS is fatal for families, not having stability. What a military man does can be earned in the civilian [world], there are really not many benefits being within the military, it is better to go to a university and look for work.”

“PCS es fatal para las familias, no tener estabilidad. Lo que haga un militar lo puede ganar en lo civil, realmente no hay muchos beneficios estando adentro de lo militar, es mejor estudiar la universidad y buscar trabajo.”

Active-Duty Navy Service Member

^a These results are for all Spanish-language respondents and are not limited to active-duty family respondents only. The results in Recommend Service finding are presented by various respondent subgroups, including active-duty family, National Guard family, Reserve family respondents, among other subgroups.

Profile of Spanish-Language Active-Duty Family Respondents

Military Characteristics

Primary Military Affiliation (n=58)

- 69% Spouses of Active-Duty Service Members
- 31% Active-Duty Service Members

Branch (n= 53)

- 45% Army
- 17% Coast Guard
- 15% Air Force
- 11% Navy
- 8% Marine Corps

Rank (n=53)

- 13% Junior Enlisted (E1-E4)
- 49% Mid-Grade Enlisted (E5-E7)
- 11% Senior Enlisted (E8-E9)
- 9% Company Grade Officers (O1-O3)
- 11% Field Grade Officers (O4-O6)
- 0% General Grade Officers (O7-O10)
- 2% Warrant Officers (W1-W5)
- 4% Unsure

Individual Characteristics

Gender^b (n=57)

- 86% female
- 14% male

Race/Ethnicity^c (n=57)

- 96% Hispanic or Latino/a/x or of Spanish origin
- 2% White
- 2% Selected the write-in option
- 2% Asian
- 0% Black/African American
- 0% Native Hawaiian or other Pacific Islander
- 0% American Indian/Alaska Native

Citizenship Status (n=54)

- 54% of Spanish-language respondents are U.S. citizens born in the U.S., Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas, or abroad to U.S. citizen parents
- 37% are citizens by naturalization
- 6% are not U.S. citizens but are permanent residents
- 2% are not U.S. citizens

Family Characteristics

Multiracial/multiethnic family (n=57)

- 25% identify as a member of a multiracial/multiethnic family

Children (n=33)

- 79% have children ages 20 or younger

K-12 Enrollment (n=25)

- Of those with children, 76% have at least one child enrolled in K-12 education

^b For the purpose of reporting, "female" respondents include those respondents who selected "woman" or "trans woman" and "male" respondents include those who selected "man" or "trans man" in response to the question "What is your gender?" No Spanish-language respondents selected "Hombre trans" (trans man) or "Mujer trans" (trans woman).

^c The survey utilized a select-all, combination race/ethnicity question as recommended by the U.S. Census Bureau. Respondents could select multiple options from the following: American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Native Hawaiian or other Pacific Islander, white, and/or a write-in option. In the English-language survey there was also an option for Middle Eastern or North African, however that was not included in the Spanish-language survey in error.

Top Issues

Spanish-language active-duty family respondents report some of the same key challenges as the English-language respondents, including spouse employment, time away from family, and military pay. However, these respondents also reported concerns about the transition from military to civilian life and access to health care systems, as well as concerns about the impact of deployment on the family and children's education.

Table 1: Top Issues

Spanish-language active-duty family respondents (n=48)

Military spouse employment / Empleo de pareja del/la miembro del servicio militar	54%
Amount of time away from family as a result of military service / Cantidad de tiempo separado de la familia a resultado del servicio militar	42%
Concerns about the transition from military to civilian life / Preocupaciones sobre la transición de la vida militar a la civil	40%
Military pay / Pago militar	35%
Impact of deployment on family / Impacto del despliegue en la familia	33%
Dependent child(ren)'s education / Educación de los hijos	33%
Access to military/VA health care system(s) / Acceso a sistema de salud militar / VA	33%

Question Text: Please select up to 5 military life issues that most concern you. / Seleccione hasta 5 asuntos de la vida militar que más le preocupan.

Financial Security

When asked “¿Cómo le está yendo a su familia financieramente?” (How is your family doing financially?); 62% of Spanish-language active-duty family respondents report their family is “estamos bien” (doing okay) or “vivimos cómodamente” (living comfortably). Of those who reported financial stress, the top financial stressors are: “Subempleo o desempleo” (underemployment or unemployment) (48%), “Costos de vivienda” (housing costs) (43%), and “Deuda excesiva de tarjetas de crédito” (excessive credit card debt) (33%). Perhaps due to the greater proportion of Spanish-language respondents in enlisted ranks in this sample, a greater proportion (46%), of Spanish-language active-duty family respondents reported living in military housing, on or off the installation. However, similar to English-speaking respondents, the most common military resources used were “Health care” (Atención médica) (42%), “Recursos para la preparación para el trabajo” (Resources for job preparedness) (16%), and “Recursos de salud mental” (Mental health resources) (16%).



Military Family Lifestyle Survey

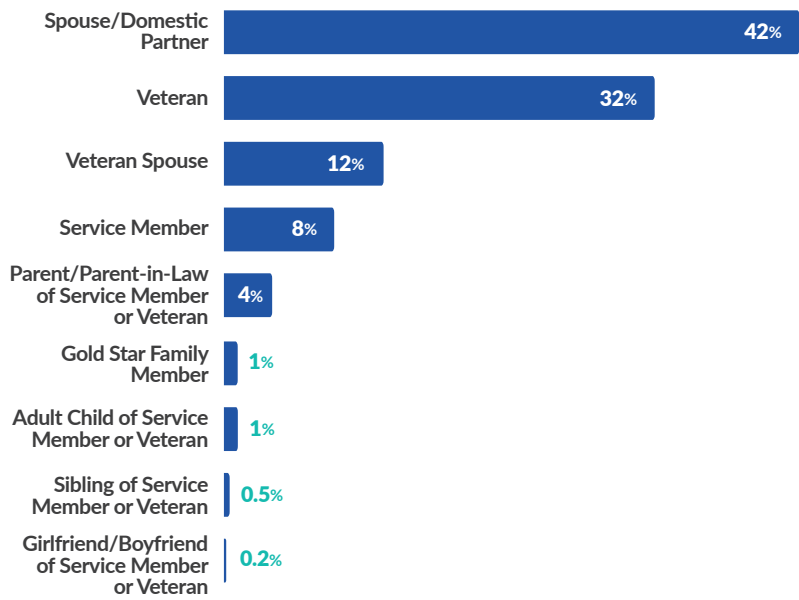
2022 Comprehensive Report

Respondents and Methodology

Respondents

The widespread distribution of the 2022 survey through Blue Star Families’ networks and partners in the military community has allowed it to remain the largest and most comprehensive survey of active-duty service members, Veterans, and their families since its inception in 2009. After cleaning the data to remove duplicates and invalid responses (see Methodology for full details), 9,363 responses remained. Of the 9,363 respondents who started the survey, 57% (5,214) completed the entire questionnaire. The respondents represent a cross-section of active-duty service members, National Guard and Reserve service members, Veterans, and their immediate family members from all branches of service, ranks, and regions — both within the United States and on overseas military installations. While recruitment efforts focused on obtaining a diverse and representative sample, the survey samples of active-duty, National Guard, Reserve, and Veteran families differ from those populations in several important ways, and cannot be considered representative of the entire population.

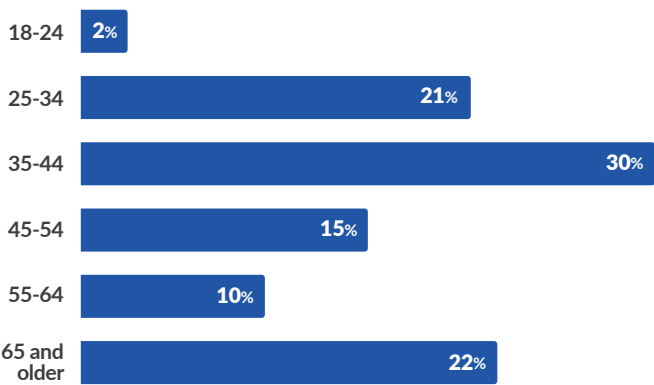
Figure 1: Primary Relationship to Service
All respondents (n=9,363)



Definitions

Many members of the military community have multiple military affiliations, such as a Veteran who is a current spouse of an active-duty service member. To account for this, survey respondents were asked **first** to identify *all* their current affiliations with the military. For example, respondents could identify themselves as a “spouse/

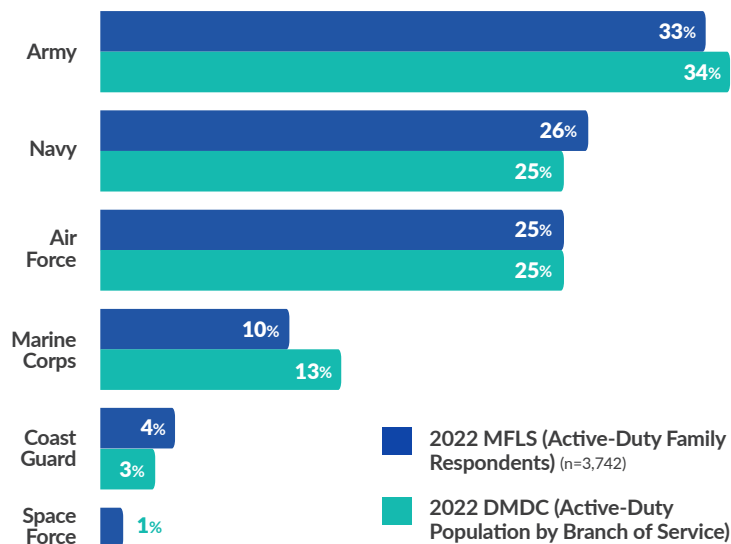
Figure 2: Age
All respondents (n=9,243)



domestic partner of an active-duty service member,” “National Guard service member,” and/or “Veteran/retired service member.” A **second** question then asked participants to select their *primary military affiliation* with the instructions that respondents would use this perspective to answer the survey. For the purpose of this report, “primary military affiliation” is defined as the affiliation a respondent chose as their primary identity. “Active-duty family” respondents include those respondents who selected “active-duty service member” or “active-duty spouse” as their primary military affiliation

and do not refer to a service member-spouse dyad. Due to the nature of the survey and recruitment methods, there is a robust sample of active-duty spouse respondents, which impacts the presented active-duty family responses. Military-connected family respondents refer to active-duty, National Guard, and Reserve service members, spouses

Figure 3: Branch of Service



of active-duty, National Guard, and Reserve service members, and Veterans and spouses of Veterans. Currently-serving family respondents refer to active-duty, National Guard, and Reserve service members, and spouses of active-duty, National Guard, and Reserve service members.

Gender and Sexual Orientation

In this report, gender and sexual orientation identification are asked in two separate questions, consistent with recommendations from the National Academies of Science, Engineering and Medicine.¹ For this reason, “lesbian, gay, bisexual, or queer (LGBQ+)” refers to the reported sexual orientation and does not include gender identity.

To collect statistics on gender identity, respondents were asked “What is your gender?” and for the purpose of reporting, “female” respondents include those respondents who selected “woman” or “trans woman” and “male” respondents include those who selected “man” or “trans man.”

Race/Ethnicity

The survey utilized a select-all, combination race/ethnicity question recommended by the U.S. Census Bureau.² “Respondents of color” include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option. As a result, respondents of color in this report could select multiple racial/ethnic identities, and their responses may therefore be reflected in multiple comparison groups when racial and ethnic groups are analyzed separately. For example, respondents identifying both as “Black” and “Asian” are counted in both analyses, but only once when aggregated “respondents of color” are reported.

In addition to the reported race and ethnicity of the survey respondent, for some analyses, the race and ethnicity of the respondents’ immediate family members was also salient. More than a quarter of all active-duty family respondents (26%) reported they were part of a multiracial/ethnic family, larger than the 10%³ of the married U.S. adult population who are in interracial or interethnic marriages.^a These respondents’ perceptions and experiences may differ from their peers who do not have immediate family members of a different race or ethnicity, as

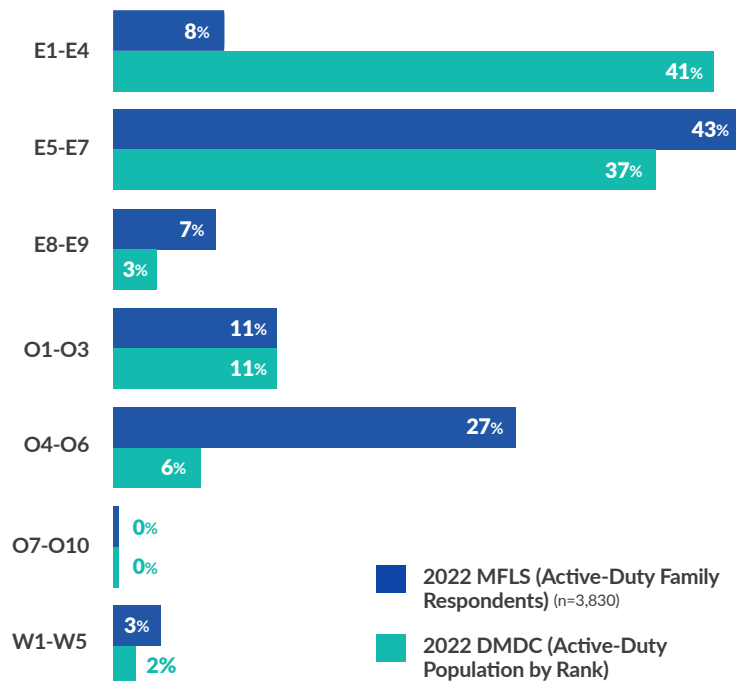
^a Respondents were asked “Are you a member of a multiracial/multiethnic family (e.g., do you have a spouse or child of a different race/ethnicity)?” Respondents may have identified as any race/ethnicity, and it is important to note that families who identify as multiethnic may have different experiences than families who identify as multiracial. Census data refers only to adults married to a spouse of a different race or ethnicity.

demonstrated in previous Blue Star Families' research.⁴ For these analyses, "white, non-Hispanic respondents not in multiracial/multiethnic families" are defined in this report as respondents who only selected white (and no other answer choices) to the race/ethnicity select-all question and answered they are not a member of a

multiracial/ethnic family (e.g., "Do you have a spouse or child of a different race/ethnicity?").

"White, non-Hispanic respondents in multiracial/multiethnic families" only selected white (and no other answer choices) to the race/ethnicity select-all question and also reported they are a member of a multiracial/ethnic family.

Figure 4: Service Member Rank



Respondent Demographics

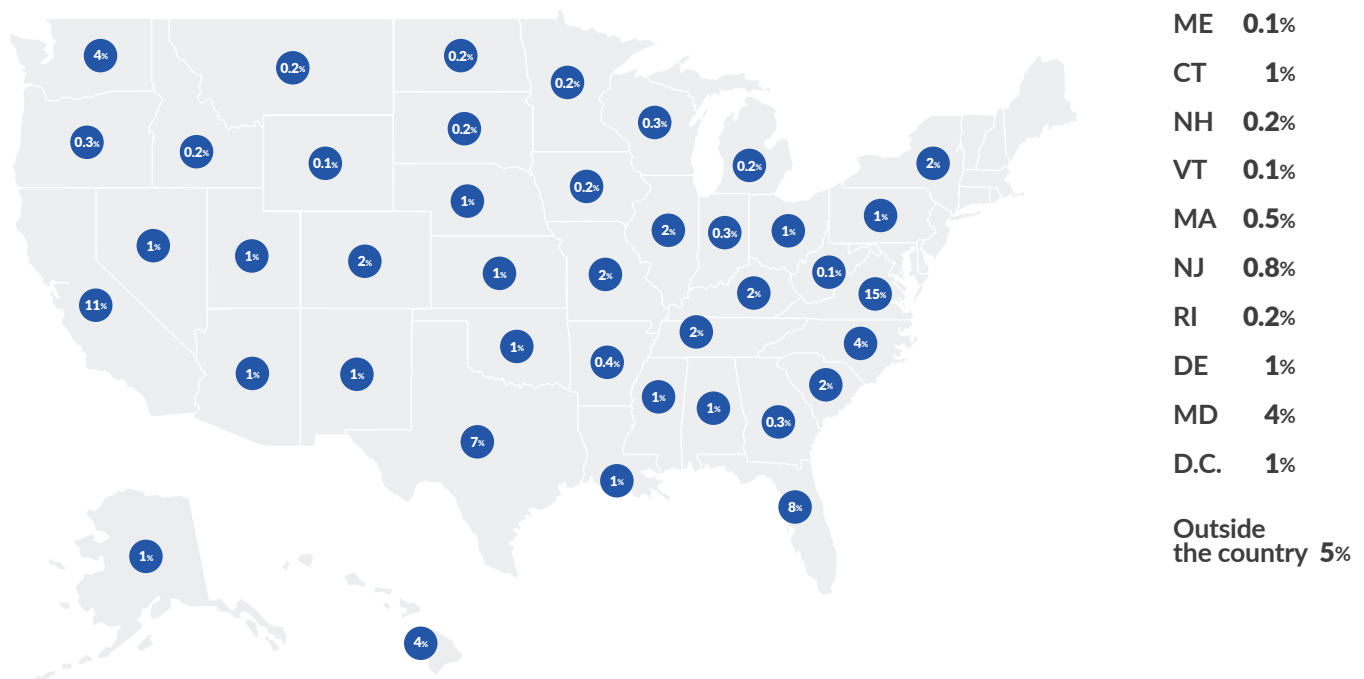
Of all survey respondents, the most commonly selected primary identity is spouse/domestic partner of a service member including National Guard and Reserve (42%), followed by Veteran/retired service member (32%), spouse/domestic partner of Veteran/retired service member (12%), service member including National Guard and Reserve (8%), parent/parent-in-law of a service member/Veteran (4%), Gold Star family member

(1%), adult child of a service member/Veteran (1%), sibling of a service member/Veteran (0.5%), and girlfriend/boyfriend of a service member/Veteran (0.2%).

Of all respondents, the single largest age group was ages 35-44 (30%), followed by those who are 65 and older (22%), 25-34 (21%), 45-54 (15%), 55-64 (10%), and 18-24 (2%).

Approximately 94% of all respondents lived within the continental U.S., and 6% lived outside the continental U.S. Within the U.S., the largest groups of respondents lived in Virginia (10%), Florida (9%), California (8%), and Texas (8%).

Figure 5: Geographic Location of Active-Duty Family Respondents (n=3,884)



Active-Duty Family Respondents

“Active-duty family respondents” in this report include active-duty service members and active-duty spouse respondents. This sample of active-duty family respondents represents a greater percentage of married, older, and senior-ranking respondents than in the active-duty population as a whole. The sample also obtained a larger proportion of female service members (45%) than present in the active-duty population (18%).⁵

In response to the select-all question for race/ethnicity, 78% of active-duty family respondents selected white, followed by Hispanic or Latino/a/x or of Spanish origin (12%), Asian (7%), Black/African-American (7%), American Indian/Alaska Native (3%), Native Hawaiian or other Pacific Islander (2%), and 2% selected a write-in option. Eleven percent of active-duty family respondents selected more than one option.

Most services were represented at rates within a few percentage points of the active-duty force, except for the Marine Corps, which was slightly undersampled. Army respondents were sampled at 33% compared to 34% of the total active-duty force; Navy respondents were sampled at 26% compared to 25% of the total active-duty force; Air Force respondents were sampled at 25% compared to 25% of the total active-duty force; Marine Corps respondents were sampled at 10% compared to 13% of the total active-duty force; Coast Guard respondents were sampled at 4% compared to 3% of the total active-duty military force; and Space Force represented 1%.⁶

The active-duty family respondent sample included a greater proportion of mid-grade enlisted (E5-E7) and field/mid-grade officer (O4-O6) family respondents than is reflected in the military population.⁷ The largest

group of active-duty family respondents represented were mid-grade enlisted (E5-E7, 43%) followed by field/mid-grade officer ranks (O4-O6, 28%). Company/junior grade officers (O1-O3) represented 11%, junior enlisted (E1-E4) family respondents represented 8%, senior enlisted (E8-E9) represented 7%, warrant officers (W1-W5) represented 3%, and general/flag grade officers (O7-O10) were the smallest group at 0.3% of the overall active-duty respondents.

Military Service

Among currently serving service member respondents, 72% were serving on active duty, 15% were serving with the Reserve, and 13% were serving with the National Guard. Of Veteran respondents 39% reported that they served September 2001 or later.

Spanish-Language Survey Respondents

In 2022, for the first time, the full survey instrument was translated into Spanish, and respondents were offered the choice of taking the survey in either English or Spanish. Seventy-nine respondents elected to answer the Spanish-language survey, although they were not asked whether they use more than one language. There are certainly respondents who selected the English-language survey who identify as Hispanic or Latino/a/x, and/or use Spanish, as some respondents to the Spanish-language survey do not identify as Hispanic/Latino/a/x and/or also use English. See Spanish Spotlight for more information on this sample.



Methodology

The 2022 Military Family Lifestyle Survey instrument was designed by Blue Star Families in collaboration with Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) with extensive input from military family members and advocates, subject matter experts, and policymakers who work with military families. The survey was conducted online in English and Spanish with approval from Syracuse University's Institutional Review Board (IRB) and administered using Qualtrics' survey system (Qualtrics, Inc., Provo, Utah) from May 23 to July 10, 2022. The survey uses a convenience sampling method.

Respondent recruitment and outreach channels included awareness-building with a focus on military families via email distribution from the Blue Star Families mailing lists and social media dissemination (e.g., Facebook, Twitter, blog posts, and partner websites) in both English and Spanish and outreach from a myriad of military family, military, and Veteran service nonprofits, supportive service and professional organizations, as well as individual volunteers, for both the English and Spanish language versions of the aMFLS.

Recruitment and outreach were designed to enhance representation from historically underrepresented groups, such as Black and Hispanic/Latino/a/x respondents, junior enlisted families, and National Guard and Reserve families. For 2022, additional recruitment and outreach efforts were explored to reach potential respondents for the Spanish-language version of the aMFLS. Sampling was not stratified, nor were results weighted to be representative. Possible biases were introduced through the utilization of a nonprobability sampling method, particularly dealing with gender, marital status, age, rank, and/or race/ethnicity representation among service member and family member respondents. For example, approximately 10% of Veterans are female compared to the 27% of Veteran respondents in this survey.⁸ Without reweighting, this overrepresentation or underrepresentation means this sample cannot be generalized to the entire military and Veteran-affiliated community. Nevertheless, this sample provides both directions for research and exploration and perspectives of subpopulations such as female service members that would be marginalized in more representative samples.

Respondents could access the survey from a computer or mobile device through several links shared via email, websites, social media pages, etc. The survey began with a consent form which explains the study's objective, risks, and benefits. Consent was required to participate. All questions except for the consent and primary military identity were voluntary, and respondents could skip any questions they did not feel comfortable answering. Survey branching and skip logic techniques were used to allow survey respondents to avoid questions that were not pertinent to them. For example, sections related to the needs of military children were only shown to those who reported they had children. Therefore, including missing data considerations, the actual number of respondents per question varied throughout the survey.

After survey closing, researchers conducted a rigorous, multistep data cleaning protocol, including removing invalid responses. For removal, responses had to meet several criteria agreed upon by researchers, including, but not limited to, completion of the survey in less than five minutes, nonsensical phrases repeated across respondents or across multiple answers for the same response, and duplicate responses. For additional

information regarding this protocol, please contact survey@bluestarfam.org. After cleaning the data, the total sample was 9,363 English-language respondents and 79 Spanish-language respondents.

The survey questions were a combination of multiple-choice and open-ended questions to allow for diverse responses from participants. Responses of “Does not apply” were usually excluded from analyses. In addition to original questions, this survey also includes measures aimed at providing standardized and scientifically validated instruments, such as the Relationship Assessment Scale.⁹ Analyses primarily included frequencies and cross-tabulations. Additional tests were conducted and statistical significance was assessed for specific analyses, and is indicated where appropriate in this report.

For this report, 15 open-ended questions were chosen for qualitative analysis from the English-language survey. These questions are related to key focus areas of the survey, such as recommending military service to a young family member, children’s education, bullying, access to health care, and relocation challenges. The analysts used a content analysis methodology to identify key themes from the data. First, the data was reviewed for emergent themes; second, each response was categorized by relevant theme(s); third, a final tabulation of responses by theme was created. After each question was analyzed, quotes were identified to illustrate each theme. The survey team used these themes and quotations to complement and illustrate the findings. Quotations are used throughout this report to bring depth and context to understanding the numbers behind this survey.

Qualitative data was also used to inform categorization of the ratings for the item “How likely are you to recommend that a young family member (child, niece, nephew, etc.) join the military?” on a scale of 0-10. Ratings of 0-3 were categorized as “Unlikely to recommend” because qualitative responses to the subsequent question “Can you tell us why you would recommend or not recommend service to a young family member?” were overwhelmingly negative, with codes such as “toxic,” “woke,” “discrimination,” “very hard life,” “takes a toll,” and “hard on families.” Ratings of 4-6 were categorized as “Neutral” because the qualitative responses provided with those ratings were mixed and included positive and negative qualities in similar proportions and included conditions, with codes such as “depends on the person,” “only if officer,” “only if not married,” and “not for long-term/only a few years.” Ratings of 7-10 were categorized as “Likely to recommend” because responses with these ratings were predominantly positive, with codes such as “good experience,” “great benefits,” “builds job skills,” and “a good foundation for starting off.”

Spanish-language translation of the 2022 aMFLS involved multiple steps. After creation of the English language survey instrument, the full survey was translated into Spanish. The Spanish-language version of the survey was entered into Qualtrics and then beta-tested by volunteers fluent in Spanish. Feedback from beta testing was incorporated into the final Spanish-language survey instrument.

Any comparisons made between the 2022 data and previous years’ data are intended only as comparisons of absolute percentages, and changes were not tested for statistical significance. It is important to note that question and answer option wording may shift from year to year to better reflect changing military family experiences, and this, in addition to the shifting sample each year, limits the comparability of the survey results from year to year.

Endnotes

Support Circles: Social support and mental health services are important to helping military families through common life stressors.

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- 2 Ibid.
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- 6 Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm. *British Journal of Psychiatry*, 181(3), 193–199. <https://doi.org/10.1192/bjp.181.3.193>
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- 8 Cerel, J., Brown, M. M., Maple, M., Singleton, M., Venne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? not Six. *Suicide and Life-Threatening Behavior*, 49(2), 529–534. <https://doi.org/10.1111/sltb.12450>
- 9 Blue Star Families. (2020). 2019 Military Family Lifestyle Survey Comprehensive Report. <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Survey-Comprehensive-Report-Digital-rev200305.pdf>

Family Relationships: While military life experiences such as PCS and family separation may be stressful, everyday life stressors of spouse employment, access to child care, and financial security have significant ties to relationship satisfaction.

- 1 Karney, B. R., Loughran, D. S., & Pollard, M. S. (2012). Comparing Marital Status and Divorce Status in Civilian and Military Populations. *Journal of Family Issues*, 33(12), 1572–1594. <https://doi.org/10.1177/0192513X12439690>
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Children’s Mental Health: One in three (32%) active-duty family respondents with at least one child in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on school property in the 12 months prior to survey fielding.

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Military Children's Education: The majority (74%) of active-duty military families with at least one child enrolled in grades K-12 report they do not know about the Interstate Compact on Educational Opportunity for Military Children. However, those who have used the Interstate Compact to advocate for their child report positive outcomes.

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Housing: Concerns about "BAH/Off-base housing" is a top five military life issue for the first time. Active-duty family respondents continue to pay well over the expected cost-share to secure housing, while satisfaction with their housing situation declines for those who relocated more recently.

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