



Military Family Lifestyle Survey

2023 Comprehensive Report

Funding for the 2023 Military Family Lifestyle Survey is provided through the generosity of our sponsors, The USAA Foundation, Lockheed Martin, Macy's Inc., Northrop Grumman, and CSX. With the additional support of Blue Star Families from craig newmark philanthropies and the Patrick McGovern Foundation.

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.

D'Aniello Institute for Veterans and Military Families (IVMF)

Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) was founded in 2011, as a partnership between Syracuse University and JPMorgan Chase & Co. Headquartered on the campus of Syracuse University and located in the Daniel and Gayle D'Aniello Building at the Syracuse University National Veterans Resource Center, the IVMF was founded as higher-education's first interdisciplinary academic institute singularly focused on advancing the lives of the nation's military, veterans, and their families. The IVMF team designs and delivers class-leading training programs and services to the military-connected community, in support of the transition from military to civilian life and beyond. Each year, more than 20,000 service members, veterans, and family members engage IVMF programs and services, which are provided at largely no cost to participants. The IVMF's programs are informed by the Institute's sustained and robust data collection, research, and policy analysis team and infrastructure. The D'Aniello Institute's work on behalf of the military-connected community is made possible by gifts and grants from individuals and corporations committed to those who served in America's armed forces and their families. For more information, please visit ivmf.syracuse.edu.

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This list is not exhaustive. Blue Star Families is deeply appreciative of the help of so many others who have provided insight, guidance, feedback, and direction over the development, execution, analysis, and writing of this survey report throughout the year.

Partners

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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Executive Summary

Blue Star Families’ annual Military Family Lifestyle Survey (MFLS) has been the preeminent way to understand the experiences and challenges faced by military families since its inception in 2009. Gathering over 100,000 cumulative responses, the MFLS provides valuable insights into a wide range of issues affecting military families, including health care access, food insecurity, employment, and housing. These insights are used by decision-makers to better understand the needs and challenges of military families and thereby to develop policies and programs that can help address those needs.

Blue Star Families conducted its 14th annual Military Family Lifestyle Survey from May to July 2023. Capturing the experiences of over 7,400 respondents worldwide and generating millions of data points, the MFLS remains the largest and most comprehensive survey of active-duty, National Guard, and Reserve service members, Veterans, and their families.

Active-Duty Service Member and Spouse Respondents’ Top Issues

- Quality-of-life issues — spouse employment, family separation, pay, housing, and children’s education — remain the top issues for active-duty families. Though not in the top five concerns, relocation, child care, and access to health care were also common issues. Military spouse employment remains the top concern

Active-Duty Spouses (n=2,148)	
Military spouse employment	53%
Military pay	38%
Amount of time away from family as a result of military service	36%
BAH/Off-base housing concerns	36%
Dependent child(ren)'s education	35%
Relocation/PCS issues	32%
Child care challenges (affordability, accessibility, quality)	31%
Access to military/VA health care system(s)	28%
Concerns about the transition from military to civilian life	25%
Military housing concerns	23%

Question text: Please select up to five military life issues that most concern you right now.

Active-Duty Service Members (n=614)	
Amount of time away from family as a result of military service	46%
Military pay	40%
BAH/Off-base housing concerns	34%
Relocation/PCS issues	32%
Military spouse employment	31%
Lack of control over military career	31%
Access to military/VA health care system(s)	29%
Concerns about the transition from military to civilian life	28%
Child care challenges (affordability, accessibility, quality)	27%
Dependent child(ren)'s education	24%

Question text: Please select up to five military life issues that most concern you right now.

for active-duty spouse respondents for the seventh consecutive year and one of the top five concerns for active-duty service member respondents.

- The amount of time separated from family continues to be a top concern for military families, particularly for active-duty service member respondents, demonstrating that even without prolonged conflicts, military families continue to make significant sacrifices regarding family togetherness.



National Guard and Reserve Family Respondents' Top Issues

- The amount of time separated from family was also a top concern for National Guard and Reserve family respondents, as it has been since 2020. While National Guard and Reserve activations have decreased since a peak in 2020, family separation and the impact of deployments on families remain central concerns.

National Guard Families (n=206)	
Amount of time away from family as a result of military service	50%
Impact of deployment on family	43%
Military pay	32%
Access to military/VA health care system(s)	30%
Military benefits	29%

Question text: Please select up to five military life issues that most concern you right now.

Reserve Families (n=181)	
Amount of time away from family as a result of military service	41%
Impact of deployment on family	33%
Military pay	32%
Access to military/VA health care system(s)	30%
Military benefits	29%

Question text: Please select up to five military life issues that most concern you right now.

Veteran and Veteran Spouse Respondents' Top Issues

- Both Veteran and Veteran spouse respondents continue to report that access to military/VA health care system(s) is their top concern, and “military benefits” is also among the top five issues. Provider shortages across the country, from primary care to specialty care, may be further exacerbating these concerns.

Veteran Spouses (n=681)	
Access to military/VA health care system(s)	55%
Understanding of military/Veteran issues among civilians	35%
Military spouse employment	34%
Military benefits	34%
Concerns about the transition from military to civilian life	30%

Question text: Please select up to five military life issues that most concern you right now.

Veterans (n=2,104)	
Access to military/VA health care system(s)	60%
Understanding of military/Veteran issues among civilians	44%
Veteran employment	38%
Military benefits	34%
Financial issues	28%

Question text: Please select up to five military life issues that most concern you right now.

- Understanding of military/Veteran issues among civilians also remains a top concern for both Veteran and Veteran spouse respondents, evidence of concern of the growing military-civil gap.
- Military spouse employment remains a top issue for Veteran spouse respondents, indicating that career challenges during military life may extend even after the family transitions out of military service.

Addressing Quality-of-Life Concerns is Critical to the Sustainability of the All-Volunteer Force

2023 was a year of incremental progress for military family quality of life. Increases to service member base pay, Basic Allowance for Housing (BAH), and extended Temporary Lodging Expense (TLE) benefits may have provided some military families better financial stability this year, though the rising cost of living in most areas remains a threat to families' financial security. Fewer families are reporting out-of-



pocket housing costs that exceed their anticipated cost-share. Spouses are increasingly able to work remotely, providing the flexibility needed to balance the service member's job demands and household and child care obligations. Many are able to transfer their professional licenses to a new state and begin working immediately upon arrival. Spouses who are able to maintain their employment through a relocation also report greater financial stability than spouses who left their last position due to a relocation.

While this is welcome progress, there is still a long way to go before all of the quality-of-life challenges related to military life are addressed. Housing costs still remain the top financial stressor, food insecurity

rates remain higher than civilian counterparts, spouse unemployment remains stubbornly above 20%, and families still report feeling a lack of belonging to their civilian communities — an increasing gap in understanding between military families and their civilian peers that leads to loneliness and social isolation.¹ The DOD's recently published Strategy for Resilient and Healthy Defense Communities² clearly outlines the need for installations to be integrated into their surrounding communities to build the readiness and resiliency of the Total Force.

As echoed in that strategy, addressing military families' quality-of-life concerns is a matter of national security, as the country faces a pivotal decision on the continuation of the All-Volunteer Force. As recruiting numbers remain low, and impact the end-strength of our armed forces, military families remain a key source of recruits — both those with a family tradition



of military service and recruits that have no military affiliation. More than one-third of active-duty family respondents had encouraged an acquaintance to join the military in the last five years, and of those who did subsequently join, almost half were not previously connected to the military.

Military families are the best ambassadors of the military lifestyle, but to maintain the supply of volunteers to serve, the nation must address the quality-of-life challenges that make the military lifestyle less appealing. Military families can prepare for the unique and meaningful challenges that come with military service, such as a deployment to support our nation's freedom, but the day-to-day difficulties — accessing child care, navigating health care, maintaining or rebuilding a career despite relocations, finding safe and affordable housing — can overwhelm the purpose and patriotism of the military lifestyle.

This year's survey shows that these quality-of-life issues impact families' likelihood to recommend military service. Families who feel a sense of belonging to the community report a greater likelihood to recommend military service, but families who report spending more in out-of-pocket housing costs also report less likelihood to recommend service. Spouses who are unemployed are also less likely to recommend service than their employed peers. These findings illustrate how critical it is to address the quality-of-life issues so that families have the support they need to thrive during the unique and meaningful sacrifice of the military lifestyle.

Top Findings for 2023

Community and Social Context

Frequent relocation and separation from friends and family make in-person connection a challenge. Most active-duty family respondents report they engage with their closest friends virtually rather than in person, but those that do report lower mean well-being scores ($M=43.3$, range 0-70 vs. 46.9). Engaging virtually may allow military families to interact with others more frequently, but active-duty family respondents who engaged entirely or mostly in person with their closest relationship had a higher mean well-being score than those who engaged entirely or mostly virtually, regardless of how often they interacted. Child(ren)'s activities (22%), neighbors (21%), work (16%), and religious communities (14%) are the most commonly reported sources for making connections after a relocation. Providing opportunities for military families to connect in person can support their well-being, even if they maintain most connections virtually.

Veteran experiences in the transition from military to civilian life have implications for whether they recommend military service, regardless of retirement status. Overall, Veteran respondents find the transition from military to civilian life “difficult,” especially if the respondent was unable to prepare for the transition. While proportionally more retired Veteran respondents were able to prepare “1-2 years before separating,” a substantial portion of all Veteran respondents, regardless of retirement status, reported they began preparing “less than a year before separating.” Veteran respondents who retired and also reported a smooth transition process were the most likely to recommend service ($M=7.18$) compared to those who had not retired and had a difficult transition ($M=5.99$).

Health Care Access and Quality

Access to timely specialty health care can be a challenge for military families, often exceeding average wait times in the overall U.S. Four in 10 active-duty family respondents reported that their family member needing specialty care waited more than two months from the time they sought an appointment to the date of the appointment. For those who waited more than two months for a specialty care appointment, just 19% considered that wait time to be “reasonable.” This difficulty in obtaining care includes mental health care; 16% of active-duty family respondents report they would like their child, 20 years of age or younger, to receive mental health care, but they currently do not. Furthermore, 23% of active-duty spouses and 26% of active-duty service member respondents report they are not currently receiving mental health care but would like to receive care.

Education Access and Quality

A greater proportion of active-duty family respondents who relocated since their child(ren)'s education plan was created reported their child received the same services/accommodations as their previous school system within six months if they were enrolled in the Exceptional Family Member Program (EFMP). Most (71%) respondents enrolled in EFMP are enrolled for their child(ren), but not all who have children who may qualify are enrolled. Among families with children who have a special education plan, only half (51%) report they are enrolled in EFMP for their oldest child with a special education plan. However, EFMP-enrolled families reported slightly higher rates of receiving a similar special education plan and similar accommodations and services after a relocation (71%) in comparison to 68% of those not enrolled in EFMP.

Neighborhood and Built Environment

Higher out-of-pocket housing costs may influence military families' likelihood to recommend military service. Housing costs remain the top contributing factor to financial stress for active-duty family respondents, despite slight gains in overall financial well-being. Housing costs continue to be a top five issue of concern for active-duty families, though Department of Defense efforts to address these concerns appear to be making a positive impact. The majority of active-duty family respondents (73%) who live in civilian housing, continue to pay well over \$200 out-of-pocket each month, though this is the lowest proportion since 2020. However, as out-of-pocket housing costs increase, the likelihood of active-duty family respondents to recommend military service dips.

Despite the extension of the Temporary Lodging Expense (TLE) from 10 to 15 days, 36% of active-duty family respondents who completed a recent PCS indicated they utilized temporary housing for 15 or more days. Nearly three-quarters of active-duty respondents (71%) who have completed a PCS within the 12 months preceding survey fielding said their family is “doing okay” or “living comfortably” when asked about their financial situation compared to 68% of those who did not PCS in the last 12 months.

Economic Stability

Knowledge and utilization of the Basic Needs Allowance (BNA) is low; the new program may not yet be effectively targeting food-insecure families. More than half (54%) of active-duty family respondents did not know what the Basic Needs Allowance (BNA) was and only a small proportion (3%) indicated that they had applied. Of active-duty family respondents, 1 in 6 reported experiencing food insecurity; this increases to 1 in 4 enlisted family respondents. While food insecurity levels are lower for families with an employed spouse, an employed spouse does not completely eliminate the experience of food insecurity, further demonstrating the interconnected nature of food insecurity and other financial challenges in military families. Among families who report experiencing food insecurity, 14% of active-duty family respondents report food banks or charities as a major food source.

Job portability shows positive gains for those active-duty spouses who recently relocated, though overall spouse employment rates continue to be hampered by child care challenges and service member schedules. Spouse respondents estimate thousands of dollars in income lost while waiting to obtain a new or have a current professional license honored after relocation.

The ability to find and pay for child care continues to be a top barrier to employment for spouses, in addition to service member schedules. Just 20% of spouses with a need for child care for work use Child Development Centers and 5% use Family Care Centers. While 31% report using an off-base, private child care center, only 11% of active-duty spouse respondents report they receive fee assistance. Employed spouses are increasingly able to take their jobs with them when they relocate, due in part to flexible work policies such as remote work; 1 in 4 (24%) active-duty spouse respondents who relocated within the last year reported they worked 100% remotely, compared to just 14% of those whose most recent relocation was between one and four years ago. License portability protections are working for most spouses: 81% of active-duty spouses whose license/certification was honored at their new duty station report that they were able to start working as soon as they arrived. However, for those active-duty spouse respondents who needed a new license/certification, nearly two-thirds (61%) report it took two or more months for them to obtain their new license/certification and start working, estimated income losses during this time were most commonly \$5,001-\$10,000.

Military Families are a Key Solution to the Recruiting Crisis

The military is in the midst of a well-publicized recruiting crisis,¹ with a diminishing military end-strength² as a result of missed recruiting targets, all while maintaining a consistently high operations tempo.³ With an increasing civil-military gap,^{4,5} most new recruits are from families that have a tradition of military service,⁶ resulting in an ever-shrinking pool of potential recruits.⁷

Of all respondents to the 2023 Military Family Lifestyle Survey (MFLS), 7% reported they had a parent who served in the military. When asked if they also considered military service, the majority (70%) reported they had also considered military service in an open-ended question, most commonly due to family legacy or encouragement (11%), a duty to serve or patriotism (5%), or money or benefits (4%).

You indicated you have a parent who served in the military. Did you consider military service? Why or why not?

“For the longest time I did not because my father was always gone with the Air Force or working Reserve weekends as part of the active Reserves. Then he encouraged me to take JROTC in high school and the [camaraderie] made me want to try and apply for any ROTC scholarship. Navy happened to choose me, and I am thankful for the opportunities it gave me.”

Active-Duty Navy Service Member

“No. The struggles I saw both of my parents go through while serving their country had me realize I did not want that for my children. I, as a dependent, did not have support.”

Adult Child of a Service Member

Ambassadors of the Military Lifestyle

Military and Veteran families are critical influencers for young adults’ decisions to join the military. Among new recruits, the most common sources of information about military service — outside of a recruiter — is from a friend or family member who served or is serving.⁸ Military and Veteran families have the ability to expand the pool of potential recruits by exposing civilian acquaintances to military life, promoting their positive experiences, and countering negative narratives about the military lifestyle. Conversely, they

also can deter potential recruits from service. Many are already having these conversations; two-thirds of active-duty family respondents (65%) had shared their military experiences with a civilian at least once in the past month.

2 in 3 active-duty family respondents had shared their military experiences with a civilian at least once in the past month.

More than one-third of active-duty family respondents (38%) had encouraged an acquaintance to join the military in the past five years. Of those who did encourage an acquaintance to join, one-third (34%) report that person did enter military service, 40% reported the person they encouraged did not enter military service, and one-quarter (25%) did not know the result.

In an open-ended question, respondents were asked to share more about the person they encouraged to join. Almost half of these open-ended responses (46%) indicated that the person was not connected to the military before being encouraged to join.

Figure 1: Did You Encourage an Acquaintance to Enter Military Service? (n=3,009)

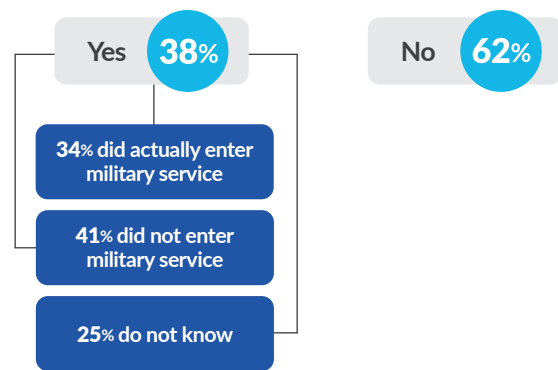
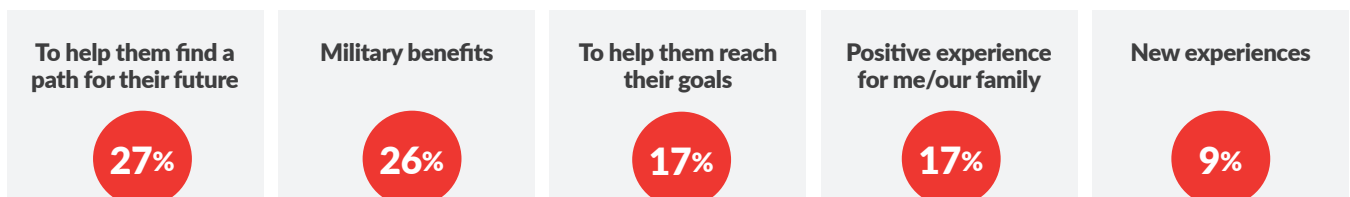


Figure 2: Top Reasons Respondents Encouraged an Acquaintance to Enter Military Service (n=525)



Please tell us more about the person who joined most recently. Why did you encourage them to enter military service? Was this person connected to the military before you encouraged them to join?

“It’s a great opportunity to learn skills and develop as a person, whether you stay four years or 20 plus. They wanted a change in their life so I suggested the Navy, they joined, did six years and decided to move on. They were not connected to the military prior.”

Active-Duty Navy Service Member

“The military is a great way to start a career. They weren’t connected to the military but I helped them understand it and destigmatize it (elite college undergrad).”

Active-Duty Army Service Member

“The person was not connected to the military prior to me. They did not know it was an option or the real benefits. I encouraged them to enter military service because they were not enthused with their job market choices and wanted to gain real experience doing something rather than going back to school.”

Active-Duty Army Service Member

“A friend’s child who didn’t have any motivation to go to school or leave a job working at fast food establishments. Once we discussed what the military has to offer and the variety of training available for a career they wanted without tons of schooling they were excited to join. No connection to the military besides being friends with us.”

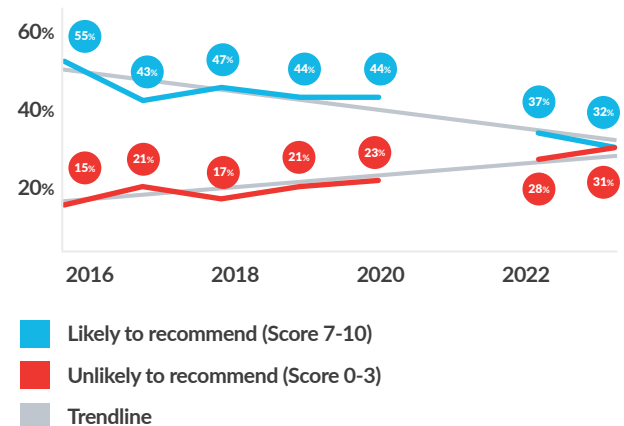
Active-Duty Army Spouse

Likelihood to Recommend Military Service Continues to Decline

To maintain and expand military families as an asset for the sustainment of the All-Volunteer Force, it is critical to address declining likelihood to recommend military service. The proportion of active-duty family respondents who were likely to recommend military service^a has dropped by nearly half from 2016, when it was 55% to just 32% in 2023. Furthermore, the proportion who were unlikely to recommend service^b has more than doubled from 15% in 2016 to 31% in 2023.

Figure 3: Likelihood to Recommend Military Service (2016-2023)^c

Active-duty family respondents



^a Provided a response of 7-10 on a scale of 0-10.

^b Provided a response of 0-3 on a scale of 0-10.

^c In 2016-2020, the question was worded “How likely are you to recommend a young person close to you to join the military?” In 2021 the question was separated into two questions: “How likely are you to recommend a young woman close to you join the military?” and “How likely are you to recommend a young man close to you join the military?” so data from this year was not included in the analysis. In 2022-2023, the question was worded “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 where 0 = “very unlikely” and 10 = “very likely”?”

Sustaining the All-Volunteer Force will Require all Sectors – Communities, Business, Government, and Military – to Do Your Part.

To reverse the declining trend of recommending military service, it is critical to ensure military families have what they need to thrive. Sustaining the All-Volunteer Force requires support from all sectors – communities and individuals, businesses, government, and military.

Communities and Individuals: Support Military Families' Sense of Belonging

Military recruitment, performance, readiness, and retention are tied to families' well-being – and all military families need informal support to sustain their duties.⁹ Organic, informal support – family and friends who step in to help, from a neighbor who mows the lawn during a deployment or friends who connect through FaceTime across multiple time zones – is the most common resource that families rely on¹⁰ and can never be fully replaced by formal systems.

Military families' sense of belonging to the civilian community is tied to recommending military service, well-being.

This year's research found that active-duty family respondents who agree that they feel a sense of belonging to their local civilian community also report greater well-being than those who disagree (48 versus 39),

and are more likely to recommend military service to a young family member (4.36 versus 5.34). Individuals, communities, and military- and Veteran-serving organizations all have the opportunity to support this key component of resilience

Table 1: Average Well-Being and Likelihood to Recommend Military Service Scores, by Sense of Belonging to Civilian Community

Active-duty family respondents (n=2,691)

I feel a sense of belonging to my local civilian community.	Mental Health Continuum Score (Range: 0-70) ^d	Likelihood to Recommend Military Service (Range: 0-10)
Disagree*	39	4.36
Neutral	44	5.07
Agree*	48	5.34

*Includes response options "Strongly Disagree," "Disagree," and "Somewhat Disagree"

*Includes response options "Strongly Agree," "Agree," and "Somewhat Agree"

by creating opportunities for military families to connect with others and develop new relationships that build a sense of belonging to the community.

Businesses and Employers: Address Military Spouse Employment

Military spouse unemployment remains five to six times the national unemployment rate and a top issue for military families for over a decade. This year, "military spouse employment" is the top issue for active-

^d A higher score indicates more positive well-being.

duty family respondents for the fourth year in a row; 49% of active-duty family respondents report it is one of their top issues. Critically, employed military spouses are more likely to recommend military service than their unemployed peers.

Businesses and employers have a key opportunity to solve this intransigent problem in ways military and community-based supportive

programming cannot, by hiring and retaining military spouses. Efforts like the *4+1 Commitment* encourage employers to take simple but powerful steps to retain military spouses.

Government and Military: Address Quality-of-Life Issues

Military families cite quality-of-life issues as their reasons for not recommending military service.^{12,13} Sustaining the All-Volunteer Force requires immediate attention to military family quality-of-life issues, such as health care access, spouse employment and child care, and food insecurity. The rest of this report explores the key quality-of-life issues that impact military families’ belonging to their communities, well-being, and consequently impact their likelihood to recommend military service, and provides recommendations on how stakeholders at every level can **Do Their Part to support the All-Volunteer Force.**

Table 2: Likelihood to Recommend Military Service Scores, by Spouse Employment Status Active-duty spouse respondents (n=1,386)	
Employment Status	Likelihood to Recommend Military Service (Range: 0-10)
Employed Full Time (n=706)	4.8
Employed Part Time (n=376)	4.8
Unemployed* (n=304)	4.2

*Not working but want/need paid employment AND have actively sought work in the last four weeks



Military Family Lifestyle Survey

2023 Comprehensive Report

Social Ties

Frequent relocation and separation from friends and family makes in-person connection a challenge. Most active-duty family respondents report they engage with their closest friends virtually rather than in-person, but those that do report lower mean well-being scores.

Military families’ frequent relocations¹ create challenges to build and maintain strong support networks. However, strong support networks are a critical component of military family resilience, and social connectedness and support are correlated with positive mental health outcomes.²⁻⁹

60% of active-duty family respondents stated they had moved four or more times due to their service member’s orders, and 36% had a permanent change of station move in the 12 months prior to survey fielding.

Military families must re-establish these support networks with each relocation. When asked, “Considering your most recent relocation, how did you meet and connect with new friends after relocating?” the top four methods reported by active-duty family respondents were through 1) Their child(ren)’s activities (22%), 2) Their neighbors/neighborhood (21%), 3) Their work (16%), and 4) Their religious community (14%).

However, not all active-duty family respondents established new relationships after moving, with 18% indicating that they had not made new friends since their most recent relocation, and 7% reporting they reconnected with old friends.

Figure 1: How Active-Duty Family Respondents Meet and Connect with New Friends After Relocating

Active-duty family respondents (n=1,650)



“I didn’t really. After 10 moves, with the eleventh coming up this month, I’ve given up making anything more than acquaintances.”

Active-Duty Army Spouse

With the availability of online communities and virtual means of communications, individuals often choose to maintain existing social networks virtually instead of establishing new in-person connections upon relocating. Three-quarters of active-duty family respondents (76%) reported engaging entirely or mostly virtually when considering their three closest relationships outside of their spouse or children.

“Ugh, I still don’t feel like I have connected and found “my people” yet after living here for nearly two years. Still searching for those relationships unfortunately.”

Active-Duty Air Force Spouse

Studies have found benefits to online (versus in-person) social interactions, including: anonymity, accessibility, and opportunities to find people with uncommon shared experiences.^{10,11} The accessibility of established networks may be a key benefit for military families who relocate frequently. When asked an open-ended follow up question about why they engaged more virtually or in-person with their closest relationships, most active-duty family respondents mentioned geographic distance, whether they engaged virtually due to the distance from their friends or in person because their friends lived close by. Active-duty family respondents also reported time/schedule challenges (11%), family commitments (7%), and work commitments (6%) as reasons they engaged entirely or mostly virtually.

“Most of my close relationships live nowhere near us, we move too often to have an actual support system where we live. By the time we find and make maybe a handful of close friends we are moving again.”

Active-Duty Air Force Spouse

While a large number of military families are turning toward virtual options for staying connected to others, there is no clear understanding of whether virtual relationships provide the same benefits as in-person social support.¹²⁻¹⁶ In our sample, active-duty family respondents who engaged entirely or mostly virtually had a lower mean well-being score^{17,a} ($M=43.3$, range 0-70, $n=1602$) than those who engaged entirely or mostly in person ($M=46.9$, $n=487$).

The frequency of respondents' interactions with their closest relationships is an important factor to consider. Over two-thirds of active-duty family respondents (69%) engaged one or more times a week with at least one of their three closest relationships in the month prior to survey fielding. Active-duty family respondents who engaged one or more times a week with one of their closest relationships had a higher mean well-being score ($M=45.29$, $n=1532$) than those who engaged less than once a week ($M=40.95$, $n=545$) with one of their closest relationships.

Engaging virtually may allow military families to interact with others more frequently, but active-duty family respondents who engaged entirely or mostly in person with their closest relationship had a higher

^a Well-being was measured using the Mental Health Continuum-Short Form (MHC-SF), capturing three dimensions of mental health: emotional, social, and psychological well-being.

Table 1: Mean Well-Being Score by Type & Frequency of Interactions with One’s Closest Relationships
Active-duty family respondents

	Total (virtual or in person)	Entirely or mostly virtually	Entirely or mostly in person
Frequency	MHC Score (Range: 0-70)		
One or more times a week	45.3 (n=1,525)	44.6 (n=1,166)	47.5 (n=359)
Less than once a week	40.9 (n=544)	39.9 (n=436)	45.2 (n=108)

Well-being was measured using the Mental Health Continuum-Short Form (MHC-SF), capturing three dimensions of mental health: emotional, social, and psychological well-being.

mean well-being score than those who engaged entirely or mostly virtually, regardless of how often they interacted (see Table 1).

Three-quarters of active-duty family respondents (77%) reported being separated from their family or service member due to military service for at least one month, in the 12 months prior to survey fielding. On average, active-duty family respondents estimated being separated from their service member for a total of three months in the past year. Service

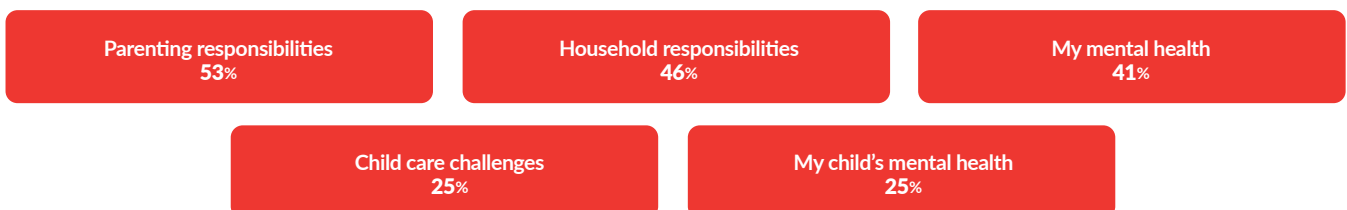
members’ frequent separations from their family can create a variety of challenges for military families, and “time away from family” was reported as one of the top five military family lifestyle concerns by active-duty family respondents for more than a decade.

In-person social networks are even more important for families who are frequently separated from their service members due to military service.

Military families report many areas of their lives are impacted when they are separated from their service member. When asked “What are the three areas of your family’s life that are most impacted when you or your service member is away (for longer than two weeks)?” the top five areas identified by active-duty family respondents were: 1) Parenting responsibilities (53%), 2) Household responsibilities (46%), 3) My mental health (41%), 4) child care challenges (25%), and 5) my child’s mental health (25%). These concerns are well supported in the literature on impact of deployment on military family members, which highlight disruptions in family routines, and mental and behavioral health changes in children and spouses of deployed soldiers.¹⁸⁻²⁴

Figure 2: Top Five Areas of Family Life Impacted When You or Your Service Member is Away for Longer Than Two Weeks

Active-duty family respondents (n=2,777)



“The last time my spouse was deployed, my mother came to live with us to help with our son. It was such a lifesaver. I don’t know how that deployment would have gone without her being here.”

Active-Duty Army Spouse

Military families find many different ways to cope with these challenges, including relying on their in-person social network, if they have an established in-person support system. When asked “What does your family do differently when you or your service member is away to address [the above] challenges?” active-duty family respondents reported these common themes: 1) Communication/phone calls (17%), 2) Obtain help from their social network (13%), 3) Stay busy/distracted (12%), 4) Spouse picks up the slack (12%), 5) Relocate to be with family (10%), and 6) Pay for additional services (10%).



While further research is needed on the benefits of virtual versus in-person interactions, this data suggests that having close relationships with people in person has the most positive relationship to one’s well-being and is a critical form of support during separations due to military service. However, active-duty

“We try to lean on support but it’s hard when we’re always moving and don’t have local support systems that we’re integrated into yet, as a dual military family. We try our best to make it work but it takes a big toll on our family. Our kids and our marriage.”

Active-Duty Air Force Service Member

families may need help connecting and engaging in person upon relocating to a new community. There are opportunities for schools, community-based organizations, religious organizations, and employers to perform outreach and engage newcomers to assist them in making new social connections.

“I had to relocate my family away from the installation during my deployment due to a severe lack of quality of life resources to ensure that my dependents are taken care of.”

Active-Duty Air Force Service Member

Limitations

There are disparate sample sizes between those who engaged entirely/mostly virtually versus those who engaged entirely/mostly in-person, which may exaggerate differences between these two groups. Furthermore, the survey question focused on the “three closest relationships,” so it is possible that individuals who have regular in person interactions – with others outside of their three closest relationships – could achieve the positive impacts of social connectedness in person.

Recommendations



Department
of Defense

- Maintain and expand the Defense Health Administration funding to promote the health and well-being of our nation’s service members and their families through inclusive outdoor activities on public lands and waterways.*



Schools

- Create a new buddy program that connects new students with existing students to make them feel welcome, such as the Military Child Education Coalition’s Student 2 Student program.²⁵
- Ensure that military children have an opportunity to meet within the school to socialize with other military children with the assistance and guidance of the School Liaison Officer or school counselor.



Community
Organizations

- Military- and Veteran-serving organizations should utilize both in-person and virtual formats for helping military families build social connections, such as Blue Star Chapters. Understanding that virtual spaces – such as the [Blue Star Neighborhood](#) – are still helpful and necessary, prioritizing in-person meeting opportunities may provide greater benefit for participants.
- Community-Based Organizations (CBOs) should include messaging around welcoming military families and how they can engage online, with specific guidance for kids transferring into activities like sports, music, etc., midyear. Creating low-bar entry, commitment-free, family-oriented activities with limited requirements can provide opportunities for families to rebuild critical social support networks.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

Transition and Veteran Experiences

Written for the 2023 MFLS by



JPMorgan Chase & Co., Founding Partner

Funding for the 2023 Military Family Lifestyle Survey is provided through the generosity of our sponsors, The USAA Foundation, Lockheed Martin, Macy's Inc., Northrop Grumman, and CSX. With the additional support of Blue Star Families from craig newmark philanthropies and the Patrick McGovern Foundation.

Veteran experiences in the transition from military to civilian life have implications for whether they recommend military service, regardless of retirement status. Furthermore, preparedness may ease the transition process and improve recruitment and retention outcomes.

For 10 years, the D'Aniello Institute for Veterans and Military Families (IVMF) has collaborated with Blue Star Families to understand the experiences of military and Veteran families. The IVMF has utilized the annual Military Family Lifestyle Survey (MFLS) as a means to learn more about the processes, needs, and challenges of transition and post-service life for Veterans and their families. Although the respondent sample varies, one constant from year to year is that roughly half of the Veteran respondents described their overall transition as “difficult” or “very difficult.” Data from across the years indicate that many demographic and service-related variables can be considered as risk and protective factors in transition. IVMF findings in recent MFLS reports have explored many of these factors, such as age and types of social support,¹ period of service and disability status,² gender and access to resources,^{3,4} time since separation,⁵ and spouse and Veteran employment,⁶ all in relation to transition experiences.

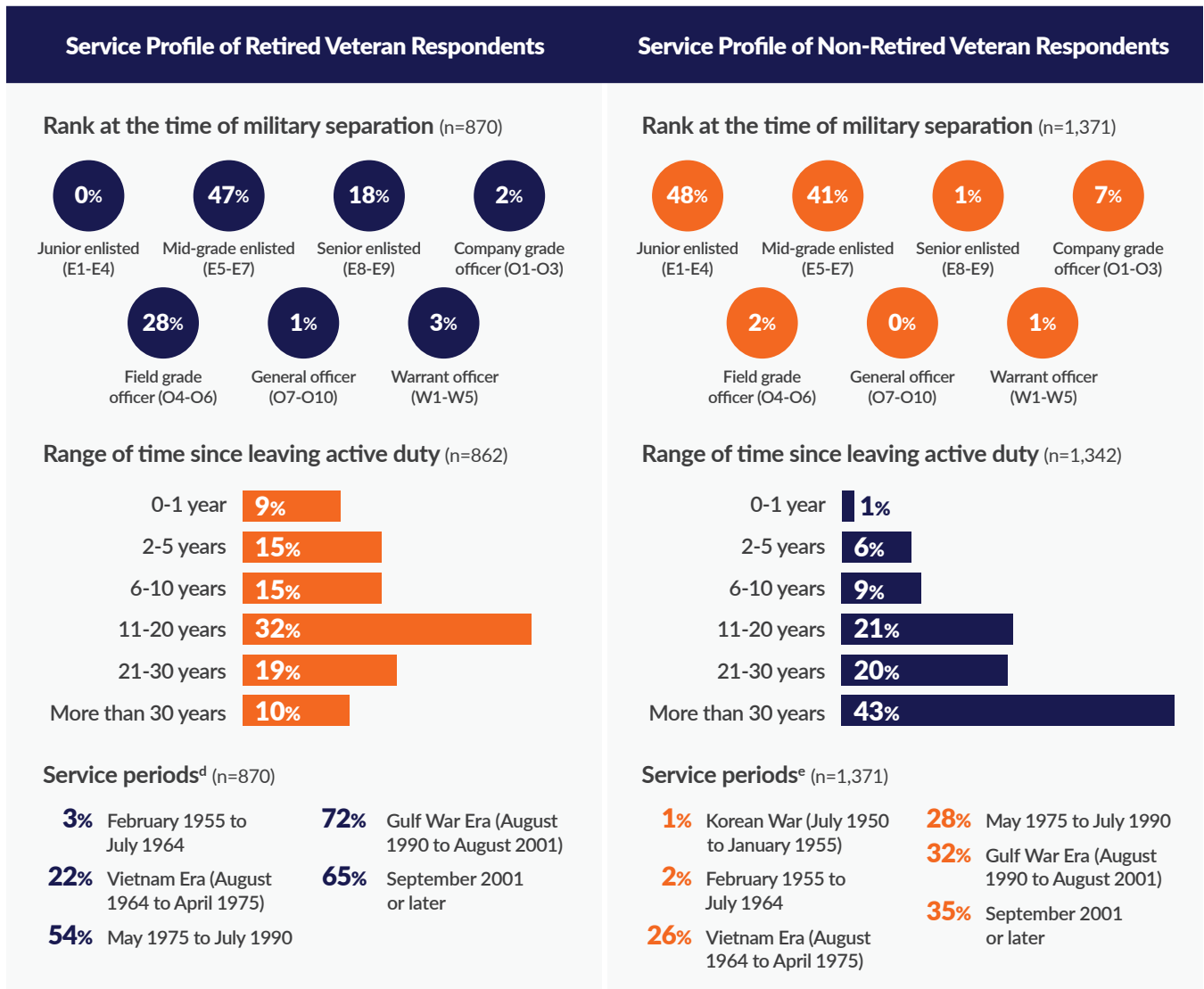


Using data from the 2023 MFLS, we explore how retirement status can impact the military-to-civilian transition by comparing Veteran respondents who retired (having served 20 years or more) with those who did not retire (having served less than 20 years^a). This analysis covers preparedness for transition, the timeline to transition, the perceived difficulty of the transition process, and the resource needs for military-to-civilian transition. We also consider the implications of these transition experiences for military recruitment and retention, as it represents one of the key challenges facing the U.S. military today.⁷ The potential differences by retirement status may provide insightful and clarifying information for current and future policies regarding more tailored support for the military-to-civilian transition process.

^a This is an approximation and does not consider all circumstances of military retirement. For example, some respondents may have been “retired” due to medical circumstances but they would not have served 20 years. These types of retirement status were not specifically captured in this finding.

Profile of Veteran Respondents

Out of all Veteran respondents (n=2,261), 39% were categorized as retired and 61% as non-retired.^b A brief demographic breakdown shows that among those who are retired, most are male (78%),^c 79% are currently married, their ages range from 38 years old to 88 years old (M=60 years), and 79% described their family financial situation as either “doing okay” or “living comfortably.” For respondents who are not retired, most are male (67%), 64% are currently married, ages range from 20 years old to 92 years old (M=56 years), and 58% described their family financial situation as “doing okay” or “living comfortably.” Also considering their service profiles (see graphics below), 29% of retired Veteran respondents left active duty over 20 years ago, compared to 63% of non-retired Veterans.



^b Retired and not retired is determined using the survey question “How long were you in the military?” Those who answered “less than a year” to 19 years are considered “not retired” while those who answered 20 years or more are considered “retired.” We were not able to capture some who may be medically retired because they may have served less than 20 years.
^c 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.”
^{d,e} Veteran respondents had the option to pick multiple service-periods for the question “When did you or your Veteran serve on active duty in the U.S. Armed Forces?” to reflect their experience.

Preparing for Military-to-Civilian Transition

According to the Department of Defense (DOD), service members are allowed to begin the Transition Assistance Program (TAP) one year prior to separation or two years prior to retirement.⁸ While the actual

	Retired (n=788)	Non-retired (n=1,199)
Less than a year before separating	44%	46%
1-2 years before separating	36%	11%
3 or more years before separating	7%	1%
I did not or was not able to prepare for my transition	8%	34%
I don't know	5%	9%
Total	100%	100%

timeline in which service members participate in TAP varies, the VA encourages transitioning service members to do this as early as possible.

The 2023 MFLS showed a greater proportion of retired Veteran respondents felt they were “prepared”^f to successfully navigate the military-to-civilian transition (68%, n=771) compared to non-retired Veteran respondents (44%, n=1150).

The time to prepare for separation from service is varied based on retirement status. Proportionally, more retired Veteran respondents were able to prepare for these changes one to two years before separating. However, more non-retired Veterans selected “I did not or was not able to prepare for my transition.” Furthermore, a

substantial proportion of all Veteran respondents, regardless of retirement status, had “less than a year before separating” despite DOD and VA recommendations.

		I don't know (n=119)	Less than a year before separating (n=880)	1-2 years before separating (n=412)	3 or more years before separating (n=66)	I did not or was not able to prepare for my transition (n=454)
How prepared were you and your family to successfully navigate the transition from military to civilian life?	“Prepared”	47%	58%	79%	82%	21%
	“Unprepared”	53%	43%	21%	18%	79%
	Total	100%	100%	100%	100%	100%

^f Respondents categorized as “prepared” selected “very prepared” or “somewhat prepared” in response to the question “How prepared were you and your family to successfully navigate the transition from military to civilian life?”

Assessment of Overall Transition Process

Overall, Veteran respondents find the transition from military to civilian life “difficult,”^g with proportionally more non-retired Veterans (63%) describing their transition as “difficult” or “very difficult” compared to 52% of retired Veteran respondents. Preparedness may explain some respondents’ assessment of the level

Table 3: How Prepared Were You and Your Family to Successfully Navigate the Transition from Military to Civilian Life?
 Veteran respondents

Retired		“Prepared” (n=524)	“Unprepared” (n=245)
How would you describe the overall transition from military to civilian life?	“Difficult”	38%	82%
	“Smooth”	62%	18%
	Total	100%	100%

Table 4: How Prepared Were You and Your Family to Successfully Navigate the Transition from Military to Civilian Life?
 Veteran respondents

Non-Retired		“Prepared” (n=505)	“Unprepared” (n=635)
How would you describe the overall transition from military to civilian life?	“Difficult”	34%	86%
	“Smooth”	66%	14%
	Total	100%	100%

of difficulty of military-to-civilian transition.

Regardless of retirement status, a greater proportion of Veteran respondents who are “prepared” also characterize their transition process as “smooth” or “very smooth,” with 62% of retired Veterans who felt “prepared” reporting a smooth transition and 66% of non-retired Veterans who felt prepared reporting the same.

Resource Needs for Veteran Respondents

Current discussion surrounding transition often relates to program and resource needs for service members who are just leaving military service to beyond. However, when considering retirement status and the differences in preparedness and perception of transition, the most common unmet resource needs^h for non-retired post-9/11 Veteran respondentsⁱ were “employment and career development” resources and “community service” resources (Table 5). For retired post-9/11 Veteran respondents, the most common unmet needs include “legal services” and “behavioral and mental health care” (Table 6). Some of the collective differences in resource needs between retired and non-retired post-9/11 Veteran respondents may reflect their age and differences in post-service life needs, but they are nonetheless unmet by existing resources and/or outreach efforts.

^g Transition process categorized as “difficult” includes answers “very difficult” and “difficult” in response to the question “How would you describe the overall transition from military to civilian life?”

^h Unmet resource needs is determined based on the questions “Have you or your family used services or programs of the following types in the last 12 months?” and the proportion of respondents who answered “No, I/we needed it but didn’t get it” to a specific resource category (e.g., benefits and claims assistance, behavioral and mental health care).

ⁱ Analysis in Table 5 and Table 6 does not take into account of the length of time that have passed since post-9/11 respondents separated from military service.

Table 5: Resource Needs in the Last 12 Months
 Non-retired post-9/11 Veteran respondents

	I needed it, but didn't get it
Employment and career development (e.g., job training, job placement services, resume writing, starting a business) (n=406)	29%
Community service (e.g., finding volunteer opportunities, social support) (n=406)	27%
Food and nutrition (e.g., food stamps) (n=407)	24%
Legal services (e.g., wills, power of attorney, VA benefit appeals, resolving landlord disputes, divorce, custody/child support) (n=403)	23%
Behavioral and mental health care (e.g., access to and availability of mental health services) (n=405)	21%
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs) (n=408)	21%
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing) (n=405)	20%
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community) (n=403)	17%
Medical care (e.g., access to and availability of medical care for military members, Veterans, and their families) (n=407)	15%
Food and nutrition from school (e.g., meals from school, free lunch program) (n=402)	13%

Table 6: Resource Needs in the Last 12 Months
 Retired post-9/11 Veteran respondents

	I needed it, but didn't get it
Legal services (e.g., wills, power of attorney, VA benefit appeals, resolving landlord disputes, divorce, custody/child support) (n=505)	17%
Behavioral and mental health care (e.g., access to and availability of mental health services) (n=509)	12%
Employment and career development (e.g., job training, job placement services, resume writing, starting a business) (n=505)	11%
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs) (n=510)	10%
Community service (e.g., finding volunteer opportunities, social support) (n=509)	9%
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community) (n=504)	8%
Food and nutrition (e.g., food stamps) (n=505)	8%
Medical care (e.g., access to and availability of medical care for military members, Veterans, and their families) (n=511)	7%
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing) (n=505)	6%
Food and nutrition from school (e.g., meals from school, free lunch program) (n=500)	4%

Implications for Military-to-Civilian Transition

The military-to-civilian transition experience may affect how Veteran respondents perceive military service, and whether they would recommend it to a younger generation. There is a significant difference in the likelihood to recommend military service to a young person in their family by retirement status; retired Veteran respondents are more likely to recommend service ($M=6.75, SD=3.20, n=800$) than those who are not retired ($M=6.23, SD=3.44, n=1,234$). There is also a significant difference in mean likelihood to recommend service scores between those reporting a smooth transition experience and those reporting a difficult transition; Veteran respondents with a smooth transition were more likely to recommend service to a young person in their family ($M=6.90, SD=3.18, n=766$) than Veterans with a difficult transition experience ($M=6.13, SD=3.41, n=1,080$).

Table 7: Mean of Likelihood to Recommend Military Service
 Veteran respondents

Retired		Non-Retired	
“Difficult” Transition (n=382)	“Smooth” Transition (n=353)	“Difficult” Transition (n=689)	“Smooth” Transition (n=408)
6.36^j (SD=3.34)	7.18 (SD=3.0)	5.99 (SD=3.44)	6.67 (SD=3.31)

When considering both retirement status and difficulty of transition together, Veteran respondents who are retired and reported a smooth transition process were the most likely to recommend service ($M=7.18$, $SD=3.0$) and those who are not retired and had a difficult transition were the least likely to recommend military

service ($M=5.99$, $SD=3.44$). However, Veteran respondents who report a smooth transition experience are more likely to recommend military service to a young person in their family than those with a difficult experience, regardless of their retirement status.

Overall, results from the 2023 MFLS support recommendations that preparation, including having the time to prepare, is an important aspect of the process that can help secure a smooth transition for Veteran respondents. Consequently, Veteran respondents who reported a smooth transition process were more likely to recommend military service, regardless of their retirement status. Ultimately, all transitioning service members have the potential to be prepared, have a smooth process, and be successful in their post-military life. There is an urgent need for further research into the dynamics of military-to-civilian transition so government entities and MSO/VSOs can help ensure the long-term success of our Veterans in and out of military service.

Spotlight on Service-Related Illnesses for Post-9/11 Veterans

The recent passage of the PACT Act in Congress signaled the long-term commitment of the U.S. government to rectify the harm on service members through exposure to toxic substances during military service. Among post-9/11 Veteran respondents, 4% indicated that they had been diagnosed with a service-related cancer and 18% have filed a PACT Act claim.

“Cancer is a big problem for us Veterans, many of my friends are passing away that I served with. I myself have been diagnosed with skin cancer [at a young age]. My husband who is a Veteran has precancerous polyps and he is only 35. Getting care that looks into cancer before the CDC guidelines recommend is quite difficult, and causes many preventable cancer deaths to occur.”

Army Veteran Respondent

^j A between-group ANOVA analysis indicated there was a significant difference in mean likelihood to recommend service scores: $F(3,1828)=10.86$, $p < .01$. However, post-hoc comparisons using the Tukey HSD test indicated that the only significant differences were between non-retired Veteran respondents with difficult transitions and non-retired respondents with smooth transitions, non-retired Veteran respondents with difficult transitions and retired respondents with smooth transitions, and retired Veteran respondents with difficult transitions and retired with smooth transitions. This indicates that, regardless of retirement status, Veteran respondents with a smooth transition are significantly more likely to recommend service than those who characterize their transition as difficult.

Limitations

The respondent sample is not weighted to reflect the general Veteran population and there may be demographic or service-related variables that impact the transition process that were not accounted for. Though the 2023 MFLS Veteran sample is comparable in many ways to the national Veteran population, results are not generalizable to the broader Veteran population. Finally, the VA was part of the survey distribution channel and provided a valuable opportunity to examine issues facing Veterans, this recruitment methodology may have limited the capacity to reach younger Veterans and/or those not served by the VA.

Recommendations

Consider potential differences among transitioning service members and promote a more holistic and tailored transition.

- **Tailored Transition Programs:** Review existing transition assistance program (TAP) and consider factors such as length of service, rank at separation, and service era to build a customized experience. For example, customized options for post-9/11 Veterans who did not retire and have specific transition needs.
- **Early and Continuous Transition Preparation:** Encourage and facilitate the start of transition preparation well before the recommended timelines by the DOD. This could involve periodic assessments and preparatory steps starting from the midpoint of a service member's career, rather than just at the end.
- **Enhanced Support for Non-Retired Veterans:** Implement additional support mechanisms for Veterans who leave service before retirement, as they seem to face more difficulties in transitioning. This support could include expanded career counseling, job placement services, and mental health support.
- **Focus on Employment and Community Services:** Strengthen employment and career development support, as well as community integration services, especially for post-9/11 non-retired Veterans. This could involve partnerships with private sector companies and community organizations.



Military Family Lifestyle Survey

2023 Comprehensive Report

Health Care Access

Access to timely specialty health care can be a challenge for military families, often exceeding average wait times in the U.S. as a whole. Four in 10 active-duty family respondents reported that the family member needing specialty care waited more than two months from the time they sought an appointment to the date of the appointment.

Health Care Shortages

The frequent relocations that are an inherent part of military life make continuity of care, which is known to have positive health care benefits,^{1,2} challenging for many active-duty families. Military families are accustomed to locating and scheduling appointments with new health care providers with each military move. However, with the shortage of health care providers across the country,³ the plan to “right-size” military treatment facilities,⁴ and moving military dependents to care in the civilian community,⁵ military families are struggling to locate and schedule all types of health care.

Increasing wait times and physician shortages are a common theme in U.S. health care and are not limited to military families.⁶ With military families moving on average every 25½ months,⁷ continuity of care is difficult, if not impossible. Active-duty family respondents



overwhelmingly report TRICARE Prime (76%) and TRICARE Select (27%) as the health insurance they/their dependents use. Following a relocation, families must find new providers that accept TRICARE, as access to care at Military Treatment Facilities (MTF) is often unavailable or requires a substantial wait time.⁸

While the majority (83%) of active-duty service member respondents regularly receive routine care from a military health care provider/Military Treatment Facility, receipt of care from a civilian provider is quite common. For active-duty spouse respondents, half receive care from either a civilian provider or a military health care provider^a (51% and 52% respectively). Challenges to finding civilian providers within the TRICARE network, especially post-COVID-19 pandemic, have been vocalized by military families and noted by the Department of Defense,⁹ who recently reversed the previous policies that pushed military family members out of MTFs and into the civilian community to receive health care.¹⁰ While accessing primary care can be a challenge, difficulties accessing specialty care is also a well documented

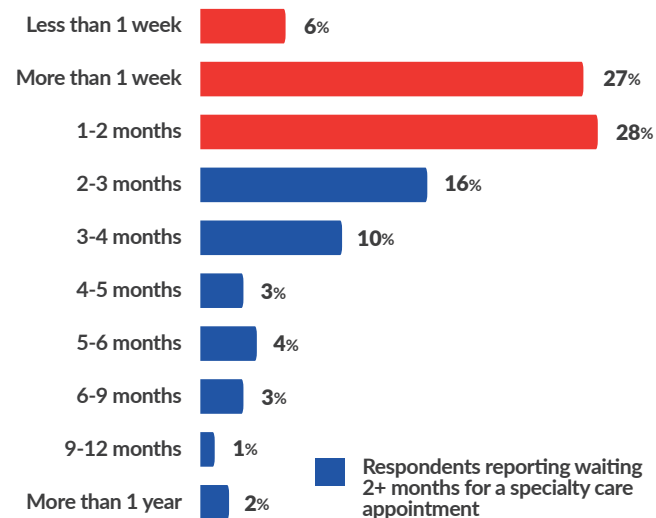
^a Respondents may be receiving care through multiple sources, and were able to select multiples places where they typically receive routine medical care.

“I have so many referrals that I can’t use because the civilian physicians I’m referred to don’t take TRICARE and there isn’t any space on post for me to be seen.”

Active-Duty Army Spouse

Figure 1: Wait Time for Specialty Care Appointment

Active-duty family respondents (n=2,315)



Question text: Considering your family’s most recent need for specialist health care, how long was your wait for an appointment, from the time you sought an appointment to the appointment date?

challenge for military families.^{11,12} For active-duty family respondents who reported they or their family members sought a specialist health care appointment, 40% said it took more than two months to see a specialist, which is longer than the average specialist care appointment wait time for civilians.¹³ Of those active-duty family respondents who reported the wait for their family’s most recent specialist health care appointment to be one to two months,^b 48% “agreed” or “strongly agreed” with the statement “We were able to get a referral (if needed) and see a specialist in a reasonable amount of time for myself/my child/my spouse,” compared with 19% of those who reported their wait to be two months or longer.

4 in 10 active-duty family respondents “disagree” or “strongly disagree” that they were able to get a referral and see a specialist in a reasonable amount of time.^c

Mental Health Care Delays

Children’s Mental Health Care

While some delays are potentially more frustrating than harmful, delayed access to mental health and other types of specialty care can have immediate detrimental impacts.¹⁴ Families seeking mental health care, whether for themselves or for their children, often struggle to find providers who accept TRICARE¹⁵ and

^b From the time they sought the appointment to the appointment date.

^c Question text: Please indicate your level of agreement with the following statement, considering the most recent time that you, your spouse, or dependent needed a specialist health care appointment: We were able to get a referral (if needed) and see a specialist in a reasonable amount of time for myself/my child/my spouse. Not applicable option not included in analysis.

Table 1: Top Reasons for Child Not Receiving Mental Health Care
Active-duty family respondents (n=315)

Can not find an available provider who will treat my child	46%
It is difficult to find time for an appointment	35%
I don't believe telehealth mental health care would be effective for my child	27%
Currently on a waitlist for a provider	24%
It is difficult to find child care for my other child(ren)	20%

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?

younger who is currently receiving mental health care reported that it took more than two months from seeking care to beginning that mental health treatment. The expansion and standardization of telehealth benefits have allowed beneficiaries an additional means of accessing care. Nearly half (46%) of active-duty family respondents report telehealth appointments are offered when appropriate. However, 27% of active-duty family respondents report one of the reasons they are not receiving care is they do not believe that telehealth would be effective for their child.

then face long waitlist times once a provider is found.¹⁶ Sixteen percent of active-duty family respondents report they would like their child, 20 years of age or younger, to receive mental health care, but they currently do not. The most commonly cited reason is difficulty in finding a provider to treat their child (see Table 1).¹⁷

For those that are able to find care for their child(ren), lengthy waitlists are common.

More than half (53%) of active-duty family respondents with a child 20 years of age or

There are 6,091 mental health practitioners needed to eliminate the national shortage.²¹

Adult Mental Health Care

Adults seeking mental health care face similar challenges. Navigating mental health care in the United States is difficult for many when “less than one-third of the U.S. population (28%) lives in an area where there are enough psychiatrists and other mental health professionals available to meet the needs of the population.”¹⁸ For TRICARE beneficiaries, the lack of availability is equally difficult, with 35% living in communities with a shortage of both military and civilian psychiatrists.¹⁹

There is an increased demand for mental health care nationwide, further straining an already stretched provider network.²⁰ While 24% of both active-duty spouse respondents and active-duty service member respondents currently receive mental health care, there

Concerns for Current and Future Military Service

15%

(n=315) of active-duty family respondents report that one of the reasons their child(ren) do not currently receive mental health care, but they would like them to due to **“Concern about a mental health diagnosis preventing future military service for my child.”**

16%

(n=315) of active-duty family respondents report that one of the reasons their child(ren) do not currently receive mental health care, but they would like them to due to **“Concern about a mental health diagnosis for my child limiting my/my service member’s military career”**

Table 2: Those Who Would Like to Receive Mental Health Care, but Do Not by Region in Which They Live
Active-duty family respondents (n=577)

Region	Proportion Who Do Not Currently Receive Mental Health Care but Would Like to Receive Care
Northeast	24%
Midwest	30%
South	25%
West	25%
Other (U.S. Territories/Outside of the U.S.)	27%

Question text: Do you currently receive mental health care? (By region in which they live)
 Northeast: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
 Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
 South: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
 West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

are similar proportions (26% and 23% respectively) who report they are not currently receiving mental health care but would like to receive care.

In addition to the increased need for access to mental health care, the overall suicide rate continues to trend upward.^{22,23} Resources to help combat this increasing rate, such as the 988 Suicide and Crisis Lifeline, have seen dramatic usage since its implementation in July 2022.²⁴ Nearly 1 in 10 (8%) active-duty service member respondents and 5% of active-duty spouse respondents seriously considered suicide in the past year, in comparison to 4.84% of adults

in the overall U.S. population.²⁵ For military families in crisis, especially when accessing formal mental health care can be challenging, having a strong support system is crucial.²⁶ Informal programs and support systems can equip military families with the tools necessary to confidently intervene in a crisis.²⁷

8% of active-duty service member respondents and 5% of active-duty spouse respondents seriously considered suicide in the past year.

The Secondary Implications of Waiting for Care for EFMP Families

As noted in a recent report from the DOD Office of the Inspector General,²⁸ access to health care is a key quality-of-life issue for service members and their families. These access to care concerns may be exacerbated in families with a member who has special needs and requires specialty care. Existing DOD programs are intended to help alleviate challenges related to health care access and continuity of care for those families enrolled in the Exceptional Family Member Program (EFMP) (see EFMP finding for more details), but these programs do not cover all military families, nor can they address nationwide provider shortages. One-quarter of active-duty family respondents report enrollment in EFMP. However, for these families, the proportion of respondents who were likely to recommend military service to young family members decreased as wait times for specialty care increased (see Table 3).

Table 3: Proportion Likely to Recommend Military Service to a Young Family Member, by Wait Time for Specialty Health Care

Active-duty family respondents enrolled in EFMP who have needed a referral for specialty care (n=580)

Length of Wait	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Less than one month	24%	39%	37%
1 to 2 months	37%	31%	32%
Waited 2-6 months	39%	32%	30%
Waited 6+ months	45%	36%	19%

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.

PACT Act

The effects of exposure to environmental toxins has been the focus of efforts aimed at ensuring service members and Veterans receive the medical care they need.²⁹ The PACT Act, codified into law in 2022, expanded the eligibility to apply for care and benefits due to toxic exposures such as burn pits. While a small percentage (2%) of active-duty service member respondents reported they had been diagnosed with a service-related cancer, a greater percentage have filed PACT Act claims (8%).



Table 4: Proportion of Respondents Reporting Service Related Cancer Diagnosis and PACT Act Claims

	Have you/Has your service member, Veteran, or retired service member been diagnosed with a service-related cancer?	Have you/Has your service member filed a PACT ACT claim?
Active-duty service member respondents	2% (n=492)	8% (n=493)
Active-duty spouse respondents	0.9% (n=2,052)	4% (n=2,054)

Reproductive Care

Difficulty accessing some specialty care, such as reproductive health care, is also compounded by state laws, a unique challenge for military families who have limited control over where they live. In response, the Department of Defense has enacted a controversial policy³⁰ to ensure that all service members are able to access the health care they need³¹ for themselves or their dependents.³² A small proportion (2%) of active-duty family respondents have reported that they, their spouse, or their dependents utilized the “Ensuring Access to Reproductive Health” policy,³³ though more than one-quarter (27%) of active-duty family respondents reported that they or their spouse have considered access to reproductive health care in decisions regarding base/installation preferences.

Limitations

The data set has a disparate sample size of respondents for how long a child has been on the waitlist for mental health care, as well as for those who report having a child who identifies as transgender, which may exaggerate differences between groups. Additionally, the options for wait times have slightly overlapping options (e.g., one to two months, two to three months, etc.), making it impossible to pinpoint exactly how long respondents waited for an appointment.

Furthermore, the survey instrument did not ask specifically for which type of specialty care the respondents/their family members needed. The overall U.S. averages for wait time vary depending on the specialty. For questions about considering reproductive health care in relocation decisions — it is unclear what respondents were considering when thinking of this subject. Questions on this topic were intentionally left open to interpretation, allowing respondents to view the questions through their own experiences. Additionally,

9% of respondents reported “I don’t know” when answering the “Ensuring Access to Reproductive Health” policy question, and it is unclear whether they were unsure if they have used the policy or if they were unsure of what the policy is. Finally, while explanation about the PACT Act was provided in the question, it is possible that respondents considered other efforts related to toxic exposures (such as the Burn Pit Registry) when answering questions about filing claims for the PACT Act.



Recommendations



- Commission a report on increasing the reimbursement rates for mental health care issued by TRICARE and the Department of Veterans Affairs as a means of incentivizing civilian providers to accept these methods of payment/reimbursement.
 - Eliminate the cap on the number of providers who accept TRICARE in locations.
 - Reduce the bureaucratic burdens that slow payment to providers.
- 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.

■ **Fund community-based suicide prevention efforts for active-duty service members and their families like *Blue Star Support Circles* | *Upstream Solutions to Crisis* funded under the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program which is part of the Commander John Scott Hannon Act of 2019.***



- Ensure that use of mental health care as military children will not unfairly prevent military service as an adult, in comparison to their civilian peers.
- Expand telemedicine for specialty care, where possible and appropriate, while continuing to allow for and prioritize in-person care.



- Licensing agencies and organizations should require providers who serve military-connected children to take continuing education courses related to military cultural competency.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

EFMP Families' Access to Health Care and Education Support

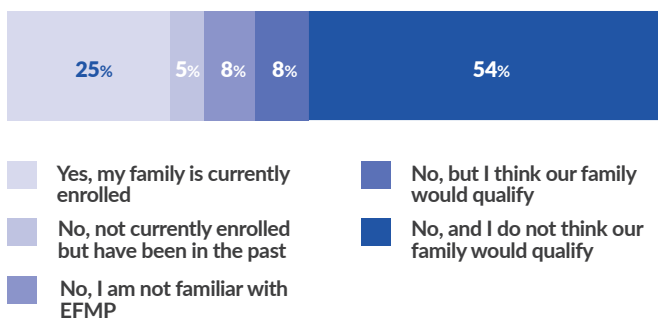
Funding for the 2023 Military Family Lifestyle Survey is provided through the generosity of our sponsors, The USAA Foundation, Lockheed Martin, Macy's Inc., Northrop Grumman, and CSX. With the additional support of Blue Star Families from craig newmark philanthropies and the Patrick McGovern Foundation.

A slightly greater proportion of active-duty family respondents who relocated since their child(ren)'s education plan was created reported their child received the same services/accommodations as their previous school system within six months if they were enrolled in EFMP.

The Exceptional Family Member Program (EFMP) provides coordinated support to ensure families have adequate medical and educational resources. Historically, each branch implemented EFMP differently, creating mixed experiences for those military families enrolled in the program. Furthermore, despite

Figure 1: Enrollment in the Exceptional Family Member Program

Active-duty family respondents (n=2,561)



Question text: Is your family enrolled in the Exceptional Family Member Program (EFMP)? An Exceptional Family Member is a dependent who resides with the sponsor and has an identified need which requires special medical or educational services.

enrollment in the program, families continued to report difficulty accessing the specialized care their exceptional family member required – both in health care and in education supports.^{1,2} The FY2021 National Defense Authorization Act directed standardization across branches and program enhancement to ensure families’ access to support.³⁻⁷

EFMP Enrollment

One-quarter of active-duty family respondents (25%) report that their family is enrolled in EFMP.^{8,a} Enrollment in EFMP varies slightly by branch (see Table 1), with a slightly higher

proportion of Air Force families participating in the program, and fewer Navy families. Most (71%) respondents enrolled in EFMP are enrolled for their child(ren) (see Table 2), but not all families who have

Service Branch	Percentage
Army (n=779)	27%
Air Force (n=642)	32%
Coast Guard (n=116)**	16%
Marine Corps (n=217)	24%
Navy (n=665)	18%

Question text: Is your family enrolled in the Exceptional Family Member Program (EFMP)?

*Respondents from the Space Force were not included due to low respondent numbers.

**The Coast Guard has a separate but similar program (Special Needs Program), and was included in this analysis.

Family Member	Percentage
Myself	46%
Child	71%
Spouse	8%
Other dependent	0.6%

Question text: For which member of your family are you enrolled in EFMP? Please select all that apply.

^a The Coast Guard does not have an EFMP, which is a Department of Defense program, but they do have a similar program titled the Special Needs Program, and so were included in this analysis of support for military families with members with special needs.

children with diagnoses eligible for enrollment choose to enroll. Though not all diagnosed conditions^b require enrollment in EFMP, fewer than half (44%) of active-duty family respondents with at least one child with a diagnosed condition reported their oldest child was enrolled in the program.

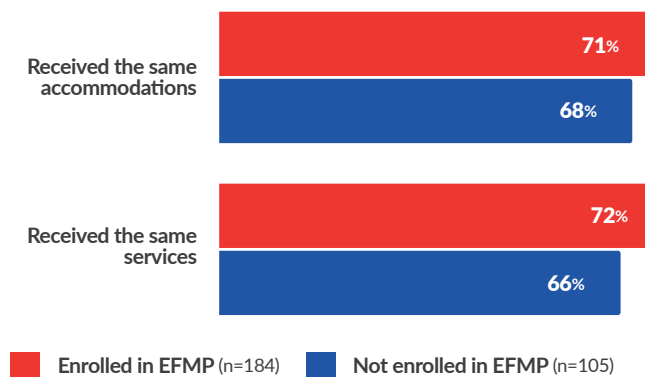
Children’s Educational Support

Military families with children who have special education needs experience additional challenges when relocating to a new state or school district.⁹⁻¹¹ One-third (33%) of active-duty family respondents with a child in K-12 education have a child enrolled in special education. Of those with children enrolled in special education, only half (51%) report they are enrolled in EFMP for their oldest child with a special education plan. With relocation being a mainstay of military life, the majority (62%) report that their oldest child with a special education plan has changed school districts since they received that plan. When relocating with an IEP or 504 plan, EFMP’s goal is to provide relocation guidance.¹² This support should include navigating formal programs and informal support at the new location, filling knowledge gaps, and determining appropriate community support to meet the family’s needs.¹³

The majority (71%) of active-duty respondents report their child with a special education plan received the same services or accommodations for their child(ren) after their most recent relocation. However, EFMP-enrolled families reported slightly higher rates of receiving a similar special education plan and similar accommodations and services after a relocation (71% in comparison to 68% of those not enrolled in EFMP). Receipt of the same services following a relocation followed a similar suit with 72% enrolled in EFMP and 66% of those not enrolled.

Figure 2: Receipt of Special Education Accommodations and Services Following a Relocation by EFMP Enrollment

Active-duty family respondents considering oldest child with a special education plan



Question text: Considering their most recent school change, was your child provided the same accommodations (for example, extended time on tests) that had been provided at the previous school system within six months of enrollment?

“[School district] did not accurately transfer the IEP to [incoming state]. They also did not inform me that Speech and Language were 2 SEPARATE therapies here in [incoming state] (in [outgoing state] they were the same) and they left off the Speech portion, which was the portion my child desperately needed.”

Active-Duty Navy Spouse

^b Such as physical conditions, mental health disorders, and neurodevelopmental conditions.

“We moved from a state that treated advanced/gifted services as IEP eligible to a state that did not use IEP[s] for gifted students. While some elements were honored in the gifted plan, others weren’t. The new school district and state just refused to budge, despite the Military Compact.”

Active-Duty Air Force Spouse

Table 3: Resources Used to Advocate For Child When Plan, Accommodations, or Services Were Changed
Active-duty family respondents (n=93)

School Liaison Officer	34%
Military-provided legal assistance for special education	4%
Special education organization assistance, such as Partners in PROMISE, MCEC, or other resources	10%
Privately obtained advocate for special education	18%
Exceptional Family Member Program (EFMP) Office	27%
Other	46%

Question text: What resources did you use to advocate for your child, if any, when their plan, accommodations, or services were changed? [Select All]

For those who did not receive the same accommodations/services, the most common themes found in responses to the open-ended question “Why were their type of plan, accommodations, or services changed?” were “accommodations/services unavailable at the child’s new school” (14%), “different services available” (14%), and “state education policies are different” (12%). These families utilized a variety of resources to advocate for their child, including School Liaison Officers (34%) and Exceptional Family Member Program

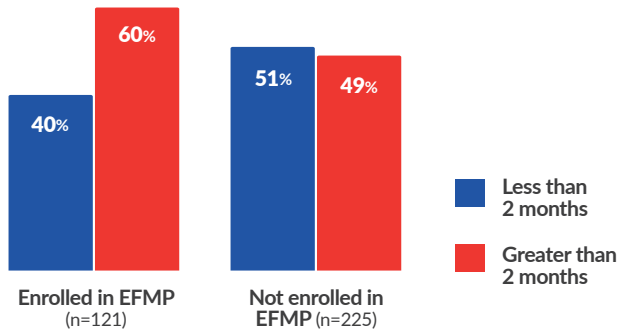
Officers (27%) (see Table 3), although many who selected “other” noted that they did not have resources available or the resources were not helpful, so they advocated for their child on their own, or paid out of pocket for legal assistance.

Health Care Access

Access to health care, particularly mental health care, is a challenge for families regardless of military affiliation (see Health Care Access finding). While enrollment in EFMP should provide families support services, programs, and allowances,¹⁴ the majority of active-duty family respondents whose oldest child receives mental health care and is enrolled in EFMP reported longer wait times for care than their counterparts who are not enrolled in EFMP. This may be because families enrolled in EFMP have more intense needs for niche specialty care than their peers who are not enrolled, or because pediatric mental health care is exceptionally short of providers¹⁵ in comparison to other specialty care. Regardless of EFMP enrollment, however, many respondents are waiting two or more months for care.

Figure 3: Length of Time to Begin Mental Health Treatment After Seeking Care by EFMP Enrollment

Active-duty family respondents considering oldest child receiving mental health care



Question text: Considering your oldest child who you would like to receive mental health care and your most recent search for mental health care for that child, how long have you been on the waitlist?

exploring families’ reasons for wanting to disenroll, and addressing narratives about impacts to the service member’s career are opportunities to enhance this program.

Limitations

Coast Guard family respondents were included in this analysis of program support for families with members who have special or exceptional needs. The Coast Guard program – the Special Needs Program – has a similar purpose to the Exceptional Family Member Program for active-duty families in the other branches.

The resources utilized by respondents to advocate for their children included an “Other, please specify” option that allowed respondents to share the resources they used that were not included in the answer options. While many of these responses reflected that respondents advocated on their own or did not use resources, these responses were not re-coded into the other other answer options, and there may have been other resources that were not included in the answer options. Though this survey makes a distinction between those who are enrolled in EFMP and those who are not, it is not possible to determine why a family is enrolled, or why they chose not to enroll despite a qualifying condition. Furthermore, it is not clear why respondents waited for the length of time they reported for specialty care appointments, which could be related to the reasons they are enrolled in EFMP, such as severity of need for specialty care or the specific type of care required.

Concerns Impacting Enrollment

Despite evidence that EFMP enrollment does not limit career options for the service member,¹⁶ many military families still perceive enrollment in EFMP as a potential limitation for future opportunities for the family, including career opportunities for the service member and opportunities for the family to live overseas.¹⁷ Many families chose not to enroll in the program for these reasons,¹⁸ despite the potential for disciplinary action for the service member.¹⁹ Additionally, 4 in 10 (43%) active-duty family respondents currently enrolled in EFMP would disenroll if given the option. Clearly articulating the benefit to families of EFMP enrollment,

Recommendations



- Establish an advisory board that includes representation from EFMP families.
- Ensure that branches are working collaboratively together to implement the Exceptional Family Member Program 2023 standardization guidelines.^{20,21}



- **Develop a digital IEP that parents and schools have access to for ease of portability.***



Military Families

- Improve families' awareness of advocacy resources and ability to advocate for their children and other members of their family. For example, the Specialized Training of Military Parents (STOMP) program²² offers training on a variety of topics for EFMP families along with advocacy training.²³

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

Housing and Relocation

Higher out-of-pocket housing costs may influence military families’ likelihood to recommend military service. Housing costs remain the top contributing factor to financial stress for active-duty family respondents, despite slight gains in overall financial well-being.

BAH/off-base housing concerns are once again a top five issue of concern for active-duty family respondents and housing costs are the top contributing factor to financial stress for active-duty family respondents who report financial stress. The Department of Defense, aware of this increasing pressure, announced substantial adjustment to most Basic Allowance for Housing (BAH) rates in 2023 — averaging a 12.1% increase¹ and a 5.4% increase in 2024.^{2,a} Additionally, because BAH is recalculated annually and does not react quickly to rapid market fluctuations that military families must navigate when relocating to their assigned duty station community, the FY2023 National Defense Authorization Act (NDAA) required the DOD to present a report to both the

House and Senate Armed Services Committees on the effectiveness of BAH calculations to deal with fluidity of the housing market in the continental United States.³ That report had not yet been published as of February 2024, but highlights the need for data-driven decision-making when examining the BAH calculation.

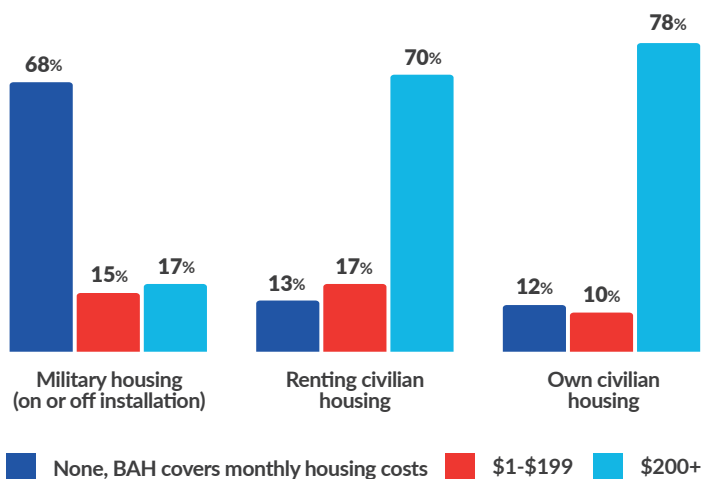
Despite pressure from both lawmakers⁴ and organizations advocating on behalf of military families to restore the BAH to 100% of local housing costs,⁵⁻⁷ the Department of Defense has maintained the 95% rate for the 2024 fiscal year. While the majority of active-duty family respondents (73%) who live in civilian housing, regardless of ownership status, continue to pay well over \$200 per month in housing costs out

of pocket (see Figure 1), this is a the lowest proportion since 2020.^b This may indicate that policies aimed at addressing out-of-pocket costs are positively impacting some active-duty family respondents.

Housing costs vary regionally within the continental United States with a greater proportion of respondents who live in the South (66%) in comparison to the Northeast (48%), Midwest (56%), and West (50%) paying

Figure 1: Monthly Out-of-Pocket Housing Costs by Housing Situation

Active-duty family respondents (n=2,057)



Question text: Basic Allowance for Housing (BAH) is a benefit that provides uniformed service members housing compensation intended to cover 95% of housing costs in local civilian housing markets. What amount of your monthly out-of-pocket housing costs, including utilities, are NOT covered by your BAH?

^a Data from this survey was collected prior to the 2024 pay increase.

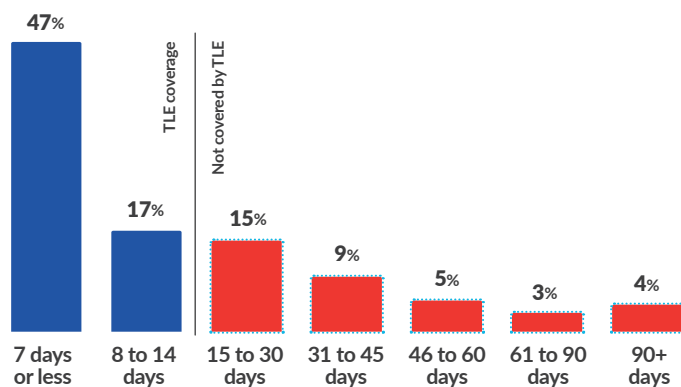
^b The proportion of active-duty family respondents reporting monthly out-of-pocket housing costs greater than \$200 was 81% in 2022, 76% in 2021, and 77% in 2020 iterations of the annual Military Family Lifestyle Survey. Comparisons should be interpreted with caution as these convenience samples are not the same year over year.

\$200 or more over their BAH each month.^c While rental costs have risen across much of the country⁸ throughout the past few years, the South has seen a greater increase as it has risen in popularity as a relocation destination for many civilian families,⁹ adding to housing market competition for the military families who relocate there through Permanent Change of Station (PCS) orders as well.

The DOD also addressed the financial toll of relocation for military families, particularly those who utilize temporary housing for longer periods of time while searching for or awaiting availability of more permanent housing,¹⁰ by extending the Temporary Lodging Expense benefit from 10 days to 14 days, and up to 60 days in some cases.¹¹ This benefits a majority of military families; more than half (57%) of active-duty family respondents reported that they did/will utilize temporary housing for at least one day prior to moving into permanent housing at the new duty station. However, about one-third

Figure 3: Number of Days Spent in Temporary Housing Before Moving into Permanent Housing at New Duty Station

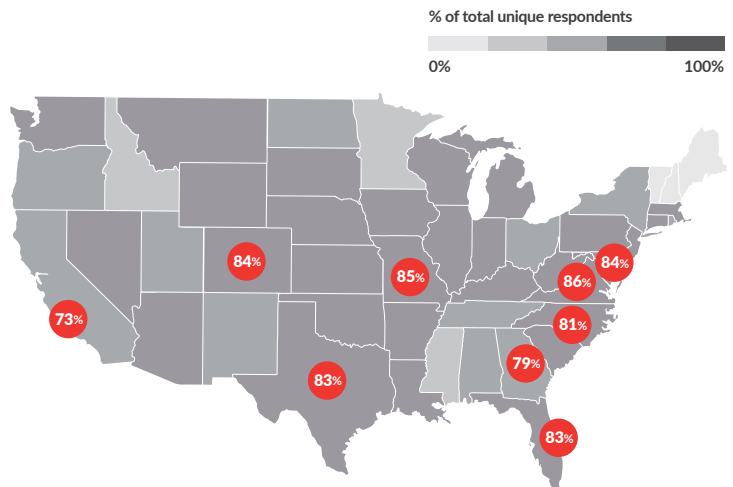
Active-duty family respondents who completed a PCS within the 12 months preceding survey fielding (n=867)



Question text: How long was the gap between when you arrived at your new duty station and when you moved into permanent housing?

Figure 2: Proportion with Out-of-Pocket Housing Costs Greater than Anticipated Cost Share, by State

Active-duty family respondents with any out-of-pocket housing costs



Question text: Basic Allowance for Housing (BAH) is a benefit that provides uniformed service members housing compensation intended to cover 95% of housing costs in local civilian housing markets. What amount of your monthly out-of-pocket housing costs, including utilities, are not covered by your BAH? Proportions provided for states where the sample size was greater than n=20.

of military families will still have out-of-pocket temporary housing costs; 36% of active-duty respondents who completed a recent PCS indicated they utilized temporary housing for 15 or more days.

Efforts by the DOD to respond to rising housing costs and overall inflation may be positively influencing military family financial well-being, as families who moved more recently report slightly better financial standing than those who have not. Nearly three-quarters of active-duty respondents (71%) who have completed a PCS within the 12 months preceding survey fielding said their family is “doing okay” or “living comfortably” when

^c Proportions include active-duty family respondents who report paying \$200 or more out-of-pocket monthly over their BAH for housing, regardless if they currently reside in military housing (on or off installation), rent civilian housing, or own civilian housing.

Table 1: Unreimbursed Temporary Housing Expenses
Active-duty family respondents who completed a PCS within the last 12 months (n=395)

None/I did not have any unreimbursed expenses	33%
Between \$1 and \$500	21%
Between \$501 and \$1,000	17%
Between \$1,001 and \$2,000	15%
Between \$2,001 and \$5,000	9%
Over \$5,000	4%

Question text: What amount of your temporary housing costs were not covered by your Dislocation Allowance (DLA), Temporary Lodging Expense (TLE)(CONUS), Temporary Lodging Allowance (TLA) (OCONUS), or Basic Allowance for Housing (BAH)?

asked about their financial situation compared to 68% of those who did not PCS in the last 12 months.

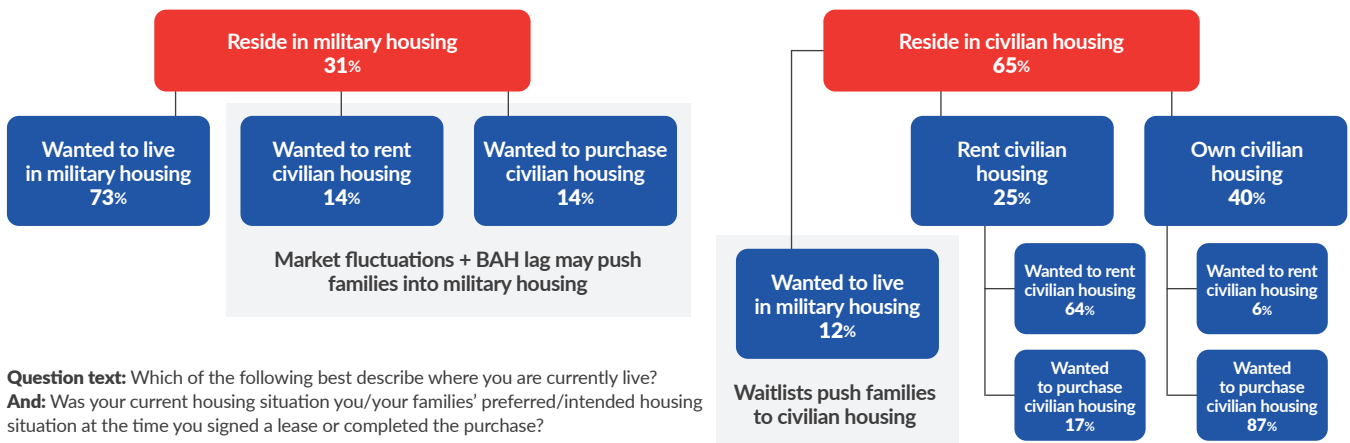
Housing Preferences, Choice, and Satisfaction

Most active-duty family respondents (65%) live in civilian housing, whether renting or through ownership, and one-third (31%) live in military housing. Active-duty family respondents who reside in civilian housing report

higher levels of satisfaction regardless of the amount of money spent over their BAH each month. While military housing may be more cost-effective for some families, fewer than half (42%) of active-duty family respondents who live in military housing are satisfied with their housing, in contrast to 80% of those who own civilian housing and 58% of those who rent civilian housing.

Figure 4: Current Living Situation and Preferred Living Situation when Most Recent Lease was Signed or Purchase was Complete

Active-duty family respondents (n=975)



Market circumstances in a particular area can shift the housing options available to families as they relocate, pushing some families toward housing options that they would not otherwise consider. Long waitlists for military housing may push some families to obtain civilian housing, and expensive civilian housing markets may push others toward military housing. The majority (68%) of active-duty family respondents, however, report their current living situation as their families' preferred/intended housing

situation at the time they signed their lease or completed their purchase. When respondents were asked why they were not living in their preferred housing situation, the most common themes that emerged from open-ended responses coalesced around financial barriers and long waitlists.

Table 2: Reasons Why Not Living in Preferred Housing: Most Common Themes Reported in Open-Ended Responses Active-duty family respondents (n=740)		
26%	BAH is too low for preferred housing	“BAH was \$700/mo less than average rent in the good school zone ...” – Active-Duty Army Spouse “The community outside the base has seen a large jump in the price of homes. We placed several offers and were outbid each time. Home rentals in the community were extremely limited and charging above the BAH rate.” – Active-Duty Army Spouse
24%	Prefer on-base housing but waitlist is too long	“The waiting list was too long for on-base housing and we didn’t want to have to move twice (once into temp. housing and then again when on-base housing became available). But we love the community aspect of living on base and would choose it if not for the long wait” – Active-Duty Navy Spouse “The waitlist for the housing we were eligible for was too long, living in a hotel for six months to a year was a NO GO for us and not worth the convenience of living on post.” – Active-Duty Army Spouse
16%	Prefer to buy but housing costs/interest rates are too high	“We did not have a choice, money was too tight to try and buy a house so we had to get an apartment off base because housing on base was and still is a seven-eight month waiting period.” – Active-Duty Army Spouse “We didn’t have money for closing costs of a house or down payments/deposits after relocating from Japan to [the] USA.” – Active-Duty Air Force Spouse

Housing Costs and Likelihood to Recommend Service

Military families are increasingly subsidizing costs that – according to policy – should be covered by the military as part of the benefits promised to and provided for military families as part of their service to the country. The gradual but persistent degradation of housing benefits, combined with financial pressures caused by spouse employment barriers, unaffordable or unavailable child care, and out-of-pocket relocation costs may reduce the appeal of military service when weighed with its challenges. As out-of-pocket housing costs increase, the likelihood of active-duty family respondents to recommend military service dips.

Table 3: Likelihood to Recommend Service by Out-of-Pocket Housing Costs Active-duty family respondents	
Amount of monthly housing costs not covered by BAH	Likelihood to recommend military service (Range: 0-10)
All housing costs covered (n=601)	5.03
\$1-\$199 (n=283)	4.92
\$200-\$499 (n=555)	4.76
\$500 or more (n=619)	4.75

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.

The transient nature of military life creates a repeating cycle where military families face challenges related to the cost and satisfaction of their housing with each PCS. Unlike civilian peers, military families do not

have the opportunity to stabilize their housing costs due to frequent relocation. Efforts to remediate some of the financial pressures, such as recent pay increases and adjustments to BAH and relocation costs, are a good starting point, though additional actions are necessary to further address the degradation of promised benefits and reduce the financial burden placed on families. To sustain the All-Volunteer Force, quality-of-life challenges such as housing must be urgently addressed.

Limitations

While survey respondents were asked to consider their monthly out-of-pocket housing costs, including utilities, respondents may have different definitions of what is included in their monthly housing costs, making equivalent comparison difficult. Survey data shows that active-duty family respondents who own civilian housing are most satisfied, however, this could be due to a number of factors outside the quality of the housing, including the choice to select a desired home, the freedom to personalize a living space, the opportunity to build wealth or equity, or the pride of homeownership. However, BAH is not meant to cover the monthly cost of owning a home.¹²

Recommendations



- Restore the BAH payment to 100% of the calculated rate.
- Address toxic conditions and safety concerns in military housing, including privatized housing, through data gathering/reporting, funding remediation plans, and ongoing congressional oversight.



- Revise BAH calculation to align more quickly with fluctuating housing markets, considering evaluating at shorter intervals.
- Increase the lead time given to families prior to a PCS move to ensure families have enough time to prepare in order for families to evaluate their housing options, obtain suitable housing, find spouse employment, child care, and set up necessary medical appointments.¹³
- Create a transparent tracking system that accounts for toxic exposures in military housing with full transparency of DOD personnel exposed.



- Encourage state and localities to use tax increment financing (TIF) districts¹⁴ to develop new and affordable housing.^{15*}

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

Food Insecurity

Knowledge and utilization of the Basic Needs Allowance (BNA) is low; the new program may not yet be effectively targeting food-insecure families.

The proportion of active-duty family respondent households experiencing food insecurity continues to exceed the levels of overall civilian households¹ experiencing the same. Enlisted active-duty family respondents more often report low or very low food security (27%) in comparison to their officer counterparts (4%).

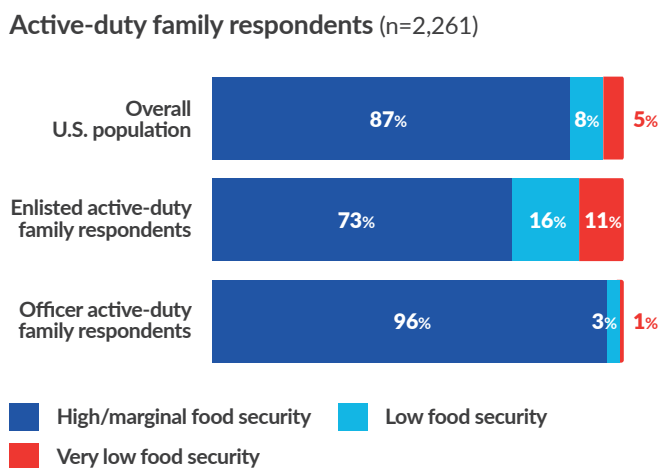
1 in 6 active-duty family respondents report experiencing food insecurity.

First introduced in 2019 by MAZON as a foundational element to begin solving military family food insecurity,² and subsequently supported by years of advocacy from military service organizations (MSOs)³⁻⁶ and nonprofit organizations (NPOs), the FY2023 NDAA⁷ mandated the creation and implementation of the Basic Needs Allowance (BNA)⁸ to provide a monthly income supplement for service members whose household income falls below 150% of the national poverty level.^{9,a} This program was initiated at the same time that service members received a 4.6%¹⁰ pay raise and Basic Allowance for Housing (BAH) rates increased at the beginning of the 2023 calendar year in response to inflationary pressures resulting in higher than average grocery and housing costs. While intended to be a support to prevent military families from becoming food insecure,

initial assessments¹¹ revealed a very limited scope of eligibility that does not take into account that military family food insecurity does not always correspond neatly to rank and income level¹²⁻¹⁴ but often occurs in the context of specific stressors, such as relocation, spouse unemployment, or unexpected expenses.

Our limited, but novel, data shows that this new policy may not yet efficiently target food insecure military families, though this may change as more families become aware of the program. Many families who could benefit are unaware of the program. Despite efforts across media,¹⁵⁻¹⁷ the Department of Defense,¹⁸ and the individual service branches¹⁹⁻²¹ to promote awareness of the BNA, knowledge of the program among respondents is limited in its first six months of availability.

Figure 1: High/Marginal Food Security, Low Food Security, and Very Low Food Security

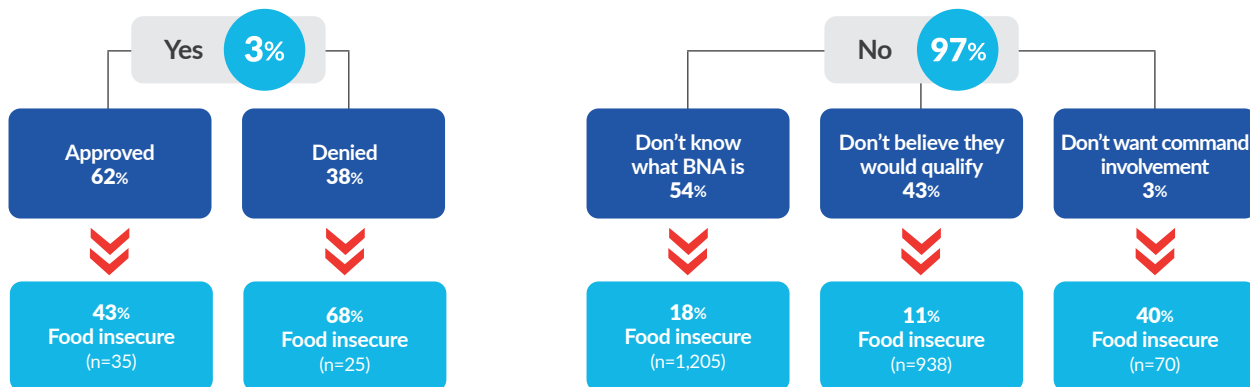


^a The initial implementation provided member-household eligibility for those earning below 130% of the Federal Poverty Guidelines. Increases to 150% of the FPG began July 1, 2023.

More than half (54%) of active-duty family respondents reported they did not know what the BNA is and among these, 1 in 5 (18%) reported experiencing low or very low food security. For the small percentage of active-duty family respondents who did apply (3%), nearly two-thirds were approved (62%, n=68). Of these respondents, 43% (n=35) reported low or very low food security. In comparison, of the 38% who applied and were not approved, 68% (n=25) reported experiencing low or very low food security. Additionally, 40% (n=70) of those who did not apply for the BNA because they did not want to involve their command reported experiencing low or very low food security. The smaller proportion of families who receive the benefit reporting food insecurity may indicate the program is working to either prevent or lift families out of food insecurity, but the restrictive eligibility criteria may miss other food insecure families. The expansion of the eligibility criteria to families under 150% of the federal poverty level beginning in July 2023 could alleviate this, and monitoring of this issue and the efficacy of this benefit should continue.

Figure 2: Did You/Your Service Member Apply for the Basic Needs Allowance (BNA) During the Time Period Between January 1, 2023, and Today?

Active-duty family respondents (n=2,307)



2% of active-duty family respondents selected "Other, please specify" as an answer option to the question "Did you/your service member apply for the Basic Needs Allowance (BNA) during the time period between January 1, 2023, and today?" but these were excluded from this analysis.

The unique aspects and instability of military life can make financial security challenging for all families. Frequent relocations, with extended amounts of time in temporary housing due to increasing and fluctuating rental and home buying markets (see Housing and Relocation finding) can contribute to credit card debt.²² One in 3 (38%) of active-duty family respondents who reported "excessive credit card debt" as a contributing

37% of unemployed spouses report experiencing food insecurity, compared to 11% of spouses employed at least part time.

factor to their family’s current financial stress also reported low or very low food security. Furthermore, spouse unemployment rates remain many times the comparable civilian rate, compounded by lack of access to available, affordable child care (see Spouse Employment and Child Care finding). One-quarter of active-duty family respondents (25%) who said “underemployment/unemployment” is one of the top contributors to their family’s current financial stress also had low or very low food security.

“Our location and food prices, inflation, etc., has put us over the edge. We use food stamps and our credit cards. Our kids love and NEED fresh fruit and veggies so we just buy as much as we can and go into debt because we are trying to prevent health issues for them in the future. Ramen noodles is not a sustainable diet. We also take advantage of the free lunches and breakfasts at school so that they can get full bellies if we don’t have what they need at home.”

Active-Duty Navy Spouse

While food insecurity levels are lower for families with an employed spouse, an employed spouse does not completely eliminate the experience of food insecurity²³ (see Table 1), further demonstrating the

interconnected nature of food insecurity and other financial challenges in military families.

Table 1: Household Experiences of Food Insecurity by Active-Duty Spouse Respondent Employment Status
Active-duty spouse respondents (n=1,564)

	Work full time (35 or more hours per week) (n=634)	Work part time (fewer than 35 hours per week) (n=346)	Unemployed* (n=279)
High or marginal food security	90%	86%	63%
Low food security	5%	10%	18%
Very low food security	4%	4%	19%

*Active-duty spouse respondents who report they are not currently employed, but need or want paid employment and have actively sought work in the last four weeks.

Making Ends Meet

Military families, unlike their civilian peers, have an additional potentially cost-saving option to source the food needed to feed their family within their individual budgets. The Defense Commissary Agency’s (DeCA) goal is to provide military families at least a 25% savings over shopping²⁴ at

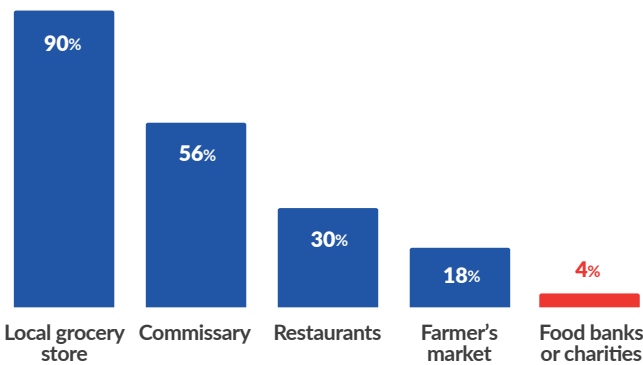
local grocery stores. Despite these intended savings, only just over half of active-duty family respondents report they get the largest portion of their food from commissaries. Local grocery stores (90%) are the most commonly reported location, while 4% of all active-duty families report that they secure the largest portion of their food from food banks/charities.

“We are still in credit card debt from our PCS. Cost of living is rising. My children are young and need balanced meals. I spend my entire civilian paycheck on child care. We buy cheap food and skip where we can.”

Active-Duty Army Spouse

Figure 3: Locations Where Families Get the Largest Portion of Their Food

Active-duty family respondents (n=2,386)



Question text: Where do you obtain the majority of your/your family's food? Select the top 3 locations where you get the largest portion of your or your family's food.

Many military families, like their civilian counterparts, are utilizing whatever means they have available to them to pay for their food needs, often going into debt to secure enough healthy food to feed their families.^{25,26} In response to the open-ended question “Please tell us about your experiences of food insecurity within the past year ... What did your family do to address it?” families described decreasing the quality of their food (“more processed, less healthy options”), going into debt (“used credit”), and reducing their savings (“took money from savings”), as well as applying for benefit programs.

Among families who report experiencing food insecurity, 14% of active-duty families report food banks or charities as a major food source.

Cascading Effects of Avoiding Food Insecurity

Managing an ever-increasing grocery bill has been a challenge for all families, regardless of military connection. However, for military families, the methods used by some to make ends meet – including depleting savings accounts and using credit cards – may have long-term consequences due to the unique nature of military life. A nearly inevitable part of military life is frequent relocation. Each relocation can find military families spending thousands out of pocket to cover unreimbursed expenses.²⁷ For those families who have already spent through their savings or accumulated debt in the name of avoiding food insecurity, relocation could bring with it additional financial hardship from which it is hard to recover.

“Inflation is making it hard to shop for food at a decent price. We are stretching food as much as we can but the price is what is killing our savings account.”

Active-Duty Air Force Spouse

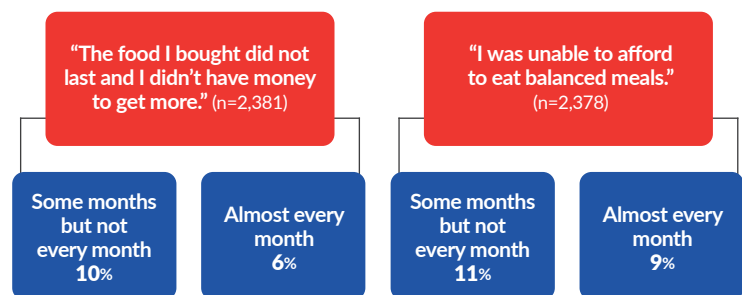
“We just normally run out of groceries before pay day and have to use credit to purchase groceries and then pay for them on pay day. I am shopping at the commissary and making affordable choices but with three kids and a husband who works a physically demanding job, we are spending upwards of \$800 a check on food. And sometimes the pay periods are long and we have almost an extra week to wait for pay ...”

Active-Duty Marine Corps Spouse

In addition to family financial impacts, and a reduced likelihood to recommend military service among food-insecure military families,²⁸ food insecurity among military families can have serious health implications. With 1 in 5 active-duty families unable to afford to eat balanced meals many or most months of the year, the cascading impacts to families’ health, and the health of the force overall, must be taken seriously. Eating less healthy food is correlated with higher rates of obesity and illness.²⁹⁻³¹ Additionally, with the greatest percentage of military recruits coming from the families of people who have also served,³² the generational impacts of food insecurity have an additional level of importance to the All-Volunteer Force. Recent reports indicate that 68% of active-duty service members are overweight³³ and obesity is the number one disqualifier among potential recruits,^{34,35} supporting the need for access to healthy, nutritious food. Addressing food insecurity among military families is critical for a ready current and future All-Volunteer Force.

Figure 4: How Often Were the Following Statements True for You and Your Family in the Last 12 Months?

Active-duty family respondents



“We have credit card debt and groceries are part of the debt. We have opted to make healthy living a priority and one day we will find a way out of debt.”

Active-Duty Marine Corps Spouse

Limitations

Samples of active-duty family respondents who had applied for the BNA, and who had decided not to apply due to concern about command involvement were very low. These low sample sizes can cause differences between groups to appear greater than a larger sample would demonstrate, and should be interpreted with caution.

Military food distributions often do not require beneficiaries to demonstrate need, so families receiving food distributions may or may not be food insecure. Additionally, sample sizes between spouses employed full time, part time, and unemployed also varied considerably, though the pattern of increasing food security with increasing employment persisted across each group. This could also be interpreted that spouses who are food insecure are more likely to be seeking employment than spouses who are not

employed but also not food insecure. Finally, the USDA scale³⁶ used to assess households' food security status ask whether a condition, experience, or behavior occurred at any time in the past 12 months, and households can be classified as having very low food security based on a single, severe episode during the year, even if they have subsequently recovered from that episode.



Recommendations



- Exclude the Basic Allowance for Housing (BAH) from income calculations for eligibility for federal nutrition assistance programs and child nutrition programs.
- 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 a majority of struggling military families to qualify for this assistance program and become food secure.
 - Require oversight and reporting on the implementation as well as uniformity across branches to ensure necessary adjustments are made to statutes.
 - Commission a report on the impact of food insecurity for military families on military readiness which includes the use of BNA.
- Congress should increase federal funding of the Gus Schumacher Nutrition Incentive Program (GusNIP) to allow for the implementation of the Double Up Food Bucks program on military installations, as opposed to the program being solely implemented at state discretion.^{37,38}
 - Ensure that Defense Commissary Agency (DeCA) complies with implementation of the Double Up Food Bucks program in military commissaries.



- **Create an awareness campaign to increase military families' knowledge of the BNA program, eligibility criteria, and application process. The campaign should also address the stigma of food insecurity – both social and career stigma – to remove the barrier to accessing food assistance.**
- 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 DOD.
- 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.
- Administer the Department of Agriculture's (USDA) Summer Electronic Benefit Transfer (EBT) Program for military families, which provides families with eligible children additional funding during the summer to supplement food costs.³⁹

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

Spouse Employment and Child Care

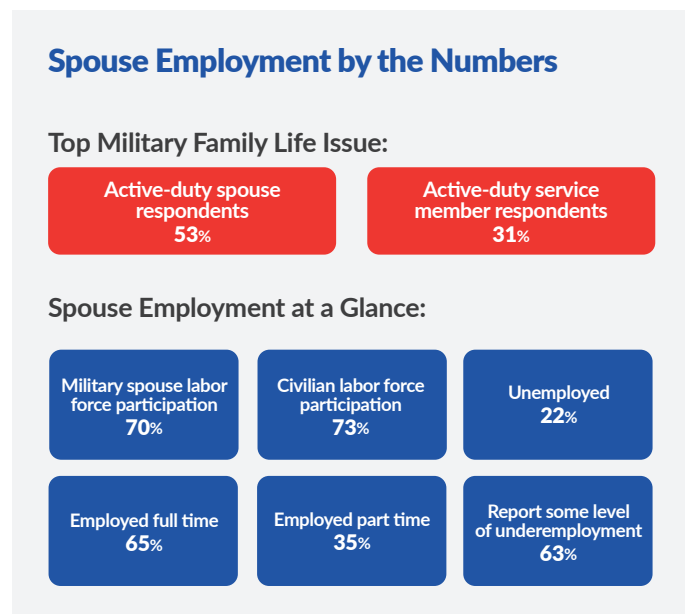
Job portability shows positive gains for those active-duty spouses who recently relocated, though overall spouse employment rates continue to be hampered by child care challenges and service member schedules. Spouse respondents estimate thousands of dollars in income lost while waiting to obtain a new or have a current professional license honored after relocation.

Despite overall U.S. unemployment rates being at or near the lowest levels since the inception of the All-Volunteer Force,^{1,2} 22% of active-duty spouse respondents are unemployed, five to six times the rate of their counterparts^a without a military connection.^b Record-high U.S. inflation rates in the past two years^{3,4} have increased the need for two incomes for most American families, but military families still face tough barriers to obtaining two incomes. Nearly 1 in 3 (31%) active-duty families report they are “just getting by” or are “finding it difficult to get by.”⁵ For active-duty family respondents experiencing financial stress, 30% reported “underemployment or unemployment” as a contributor, second only to “housing costs” as a contributor to their financial stress.

Child Care

Child care as a primary barrier to military spouse employment has been well established.^{6,7} While 68% of active-duty spouse respondents report needing child care in order to work, one-third (35%) cannot find child care that works for their employment needs. The most frequently reported barriers to employment for active-duty spouse respondents continues to revolve around child care and length and predictability of service member schedule.

The high cost and lack of available child care is not unique to military families,⁸⁻¹⁰ though active-duty families have access to fee subsidies and care options that are not available to their civilian counterparts,^{11,12} including Child Development Centers (CDCs) or in Family Care Centers (FCCs) and fee assistance for child care.^c While fees at CDCs or FCCs are often more affordable than community-based care,¹³ among those active-duty



^a Women, age 18-44, in the Current Population Survey (CPS) 2022 Annual Average Employment Status (not seasonally adjusted).

^b Civilian unemployment rate, women, age 18-44 is 4%.

^c Currently managed by Child Care Aware of America. <https://www.childcareaware.org/fee-assistancerespite>

Table 1: Top Reasons Not Currently Employed
 Active-duty spouse respondents who are not also an active-duty service member who are **not** employed but want/need paid employment and need child care in order to work (n=247)

Child care is too expensive	58%
My service member's daily work schedule is too unpredictable	49%
Child care is unavailable or the waitlist is too long	47%
My service member's daily work schedule is too long, making it too difficult for me to balance work and home demands	41%

Question text: Why are you not employed currently?

spouses^d who indicated that they need at least occasional child care in order to work, only 20% stated that they commonly use a CDC, while 5% commonly use a FCC (See Table 2). More commonly, spouses report hiring a babysitter occasionally (39%), asking friends or family for help (31%), or using an off base, private child care center (31%). Just 11% report they receive fee assistance. These responses may indicate there are other barriers to using these child care options, such as lack of availability, long wait lists, difficulty negotiating the fee assistance process, or geographic proximity to the base or installation child care options.¹⁴

Table 2: Child Care Options/Resources Most Commonly Used in Order to Work
 Active-duty spouse respondents who are not also an active-duty service member (n=1,038)

I hire an occasional babysitter when needed	39%
I have a family member or a friend that helps me	31%
Off base, private child care center	31%
I use before and after school care	23%
On base/installation child care in a Child Development Center (CDC)	20%

Question text: You indicated you need at least occasional child care in order to work. Please select the 3 child care options/resources that you use most commonly.

Despite military families having access to child care fee assistance and subsidies, active-duty family respondents report similar child care costs as their civilian peers,¹⁵ averaging \$758.26 per month. However, a child care challenge that is unique to military families is the frequent disruption of spouse employment and child care arrangements by military relocations. Active-duty spouses who need child care in order to work must reset the waitlist clock each time their service member is relocated, creating an additional challenge to securing new employment in the new location. More than one-third (37%) of active-duty spouse respondents who PCSed in the last year are unable to find child care that works for their employment needs, compared to 33% who did not PCS in the last year. Finding employment each time a spouse relocates is difficult, but adding in the need for child care as well makes the process harder.

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

Solutions

Military Spouse-Friendly Employment Policies

Many employers are already committed to helping military spouses maintain their employment during relocation. Blue Star Families and Hiring Our Heroes announced the **4+1 Commitment: The Formula for Military Spouse Success** to encourage employers to commit to helping military spouses maintain their employment despite the unique challenges of military life. Employers are encouraged to voluntarily adopt at least one of four policies that support military spouse employment¹⁶ – facilitate job transferability, offer remote or telework, offer flexible work hours, or provide paid or permissive Permanent Change of Station (PCS) leave.

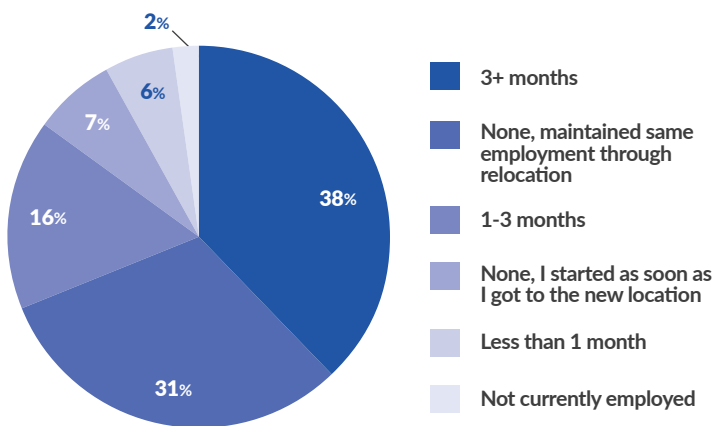


Portable Employment

Military spouses may be increasingly able to take their work with them when they move; 31% of employed active-duty spouse respondents reported that they were able to maintain their employment during their most recent PCS.

Figure 1: Length of Time to Start Employment After Most Recent Relocation

Active-duty spouse respondents (n=1,106)



Question text: How many months after your most recent relocation did it take you to start employment (either self-employed or for an employer)? Please consider the time from when you arrived at the new location to the day you began work.

The federal government is also working to combat spouse unemployment and underemployment by allowing military spouses to continue working in their same position after a relocation through the Executive Order on Advancing Economic Security for Military and Veteran Spouses, Military Caregivers, and Survivors (June 2023).^{17,18} While important progress, federal employment alone is not a solution for all spouses as most do not work in the federal government, but in private/public sectors of education, health care, financial services, social services, and/or nonprofit organizations.¹⁹

24% of active-duty spouse respondents who relocated within the last year reported they worked 100% remotely, compared to just 14% of those whose most recent relocation was between one and four years ago.

Remote and Flexible Work

The shift to remote and flexible work during the COVID-19 pandemic was hoped by many to be a victory for military spouses, reducing or eliminating the disruption to employment caused by military relocations. In fact, more than half (64%) of active-duty spouse respondents employed at least part time^e worked some portion of their hours remotely during the past 12 months. Furthermore, two-thirds (66%) of active-duty spouse respondents who completed all of their hours remotely were able to maintain their employment with the same organization, though not necessarily their same position, through a relocation. Only 7% of those who completed all of their hours in person, reported the same. The ability to retain remote employment reduces the financial vulnerability that often accompanies relocation.²⁰ However, many companies have committed to implementing return-to-office policies by the end of 2024, so the remote work among military spouses should continue to be monitored.²¹

A majority (81%) of active-duty spouses whose license/certification was honored at their new duty station report that they were able to start working as soon as they arrived.

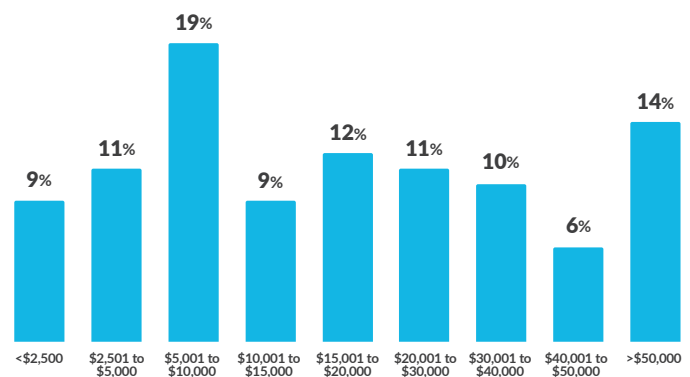
License Portability

The ability to transfer professional work license/certifications during relocations has been a key focus of advocacy for many years.²² Recent court cases²³ and reminders from the Department of Justice to follow the employment-related federal protections for military families have reinforced this progress.²⁴⁻²⁷

A majority (81%) of active-duty spouses whose license/certification was honored at their new duty station report that they were able to start working as soon as they arrived. However, for those active-duty spouse respondents who needed a new license/certification, nearly two-thirds (61%) report it took two or more months for them to obtain their new license/certification and start working, with 20% reporting waiting nine months or longer. During this time, active-duty spouse respondents estimate losing substantial income (Figure 2), with the greatest proportion reporting they lost between \$5,001 and \$10,000, further adding to the financial stress that comes with military relocations.

Figure 2: Estimated Income Loss While Waiting for License/Certification to be Honored or Waiting to Obtain a New License/Certification

Active-duty spouse respondents** (n=253)



Question text: Please estimate the income your family lost as a result of waiting for your license/certification to be honored or waiting to obtain a new license/certification.

* Chart includes only responses with non-zero approximate income lost

** Active-duty spouse respondents who PCSed less than four years ago, and who sought a new license or certification or had their current license or certification honored after their most recent relocation

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

“Between the cost of testing, application fees, and only getting substitute teacher pay while waiting for my certification I would say \$7,000.”

Active-Duty Army Spouse

Relocation, whether for military permanent change of station orders, or other reasons, is stressful on families and can require time to ensure that the family’s needs are met following arrival. One in 6 (16%) active-duty spouse respondents who need or want paid employment report “I am recovering from a PCS move” as a reason they are not currently employed. Ensuring that military spouses have access to portable and flexible employment opportunities, including the child care they need to maintain that employment, is necessary to ensure military family quality of life and financial security. Active-duty spouse respondents who were able to retain employment through their recent relocation report family financial situations of “doing okay” or “living comfortably” in greater



proportions than their counterparts who were employed prior to relocation but left their position due to relocating (83% and 66% respectively). In addition to supportive policies including flexible schedules and remote work when appropriate, providing paid time to allow a military spouse to complete the relocation without using any accrued paid time off (PTO) is a step employers can take to support military spouses and their families.

Limitations

Estimates for the amount spent on child care were not analyzed by the number or ages of children requiring care, or the geographic location, though those factors can greatly influence the cost of child care. Further research should explore not only these factors, but also the number of hours care is required, to provide a fuller picture of gaps in child care accessibility and affordability. Further, we did not distinguish the number of hours that families required care in order to work, so some families may only require occasional care for a sick child, or other circumstance, while others report the costs for full-time daily care. This finding also explored spouse employment, but did not distinguish between spouses employed full time or part time, though previous research has shown that spouses may take part-time work in order to provide the flexibility to accommodate child and household needs.

Recommendations



Congress

- **GI Bill for Child Care: an innovative public-private partnership pilot program to address the initial barriers to employment for military spouses – unaffordable or inaccessible child care – through providing care scholarships to unemployed military spouses.***
- Support the READINESS Act²⁸ which allows federally employed military spouses to seek an individual determination about whether their job can be done remotely on a temporary basis, relocated to an area within commuting-distance, or transferred to a comparable job in-grade.
- Increase dependent care Flexible Spending Accounts (FSA) from \$5,000 to \$10,500 due to rising costs of child care and the rate not being adjusted in over 35 years.²⁹



Federal Government

- Encourage other federal agencies to follow the Department of Veterans Affairs' lead in hiring and retaining military spouses, replicating programs like the Veteran and Military Spouse Talent Engagement Program.³⁰



Department of Defense

- Consider ways to simplify and incentivize the licensing and opening process for home-based child care programs serving military children, while maintaining quality standards.



States/
Localities

- Create a dedicated Military Spouse Liaison position to advocate for military spouses that will conduct outreach and provide support to families in order for them to thrive in their state and community, as shown in the states of Virginia³¹ and Washington.³²
- Compensate providers who receive state assistance for child care based on enrollment, not attendance.³³
- Encourage states to become a Military Spouse Economic Empowerment Zone (MSEEZ) through Hiring Our Heroes, U.S. Chamber of Commerce Foundation,³⁴ that develops workforce solutions for military spouses through collaborative partnerships.



Businesses/
Organizations

- **Join the 4+1 Commitment: The Formula for Military Spouse Success.***

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey

2023 Comprehensive Report

Recommendations

 Congress

Fund community-based suicide prevention efforts for active-duty service members and their families like Blue Star Support Circles | Upstream Solutions to Crisis funded under the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program which is part of Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.

From Health Care Access

As health care access remains a challenge for some military families, particularly when there is a severe shortage of mental health care providers,¹ the nation needs creative solutions to support the mental health of our service members, Veterans, and their families. In particular, active-duty service member and Veteran suicide has been a significant issue for far too long and continues to devastate our military and Veteran community. National efforts such as the VA's National Strategy for Preventing Veteran Suicide² and the White House's National Strategy³ to reduce military and Veteran suicide engage everyone — individuals, communities, organizations, and government, to *Do Their Part* to address this national crisis. These plans specifically include community-based outreach prevention strategies, because preventing suicide requires strategies at all levels — policies, programs, services, and outreach.⁴

Blue Star Families, a recipient of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program from the VA through the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, provides an innovative community-based outreach prevention program called Blue Star Support Circles | Upstream Solutions to Crisis. Through this program, we empower military and Veteran friends and family members to recognize, understand, and intervene with their service member or Veteran before their struggle becomes a crisis. While this non-clinical approach does not replace critical clinical mental health care, empowering loved ones to step in to support their Veteran or service member can address a growing mental health concern before it becomes a suicide crisis.

This program offers facilitated, non-clinical, closed-group cohorts for supporters of Veterans and service members. Over eight weeks, participants engage in virtual sessions designed to foster peer-based connections, deliver evidence-based training, and provide resources and referrals. The program empowers participants to effectively support their Veterans or service members.

Family members and friends are uniquely positioned to identify and support a Veteran or service member heading toward crisis.⁵ Empowering those family members and friends with knowledge about suicide prevention, tangible and evidence-based strategies and resources that will decrease suicide risk can provide a targeted, personal upstream solution to prevent suicide for at-risk Veterans. However, in order to advance suicide prevention for Veterans, we must first address suicide risk in active-duty families. Expanding this innovative, community-based, personalized approach to suicide prevention to include active-duty families further enhances the ability to get far upstream of the Veteran suicide crisis.

GI Bill for Child Care: an innovative public-private partnership pilot program to address the initial barriers to employment for military spouses — unaffordable child care — through providing care scholarships to unemployed military spouses.

From Spouse Employment/Child Care

There is a well-documented link between spouse employment and financial security, but child care costs often make it financially unfeasible for spouses to participate in the workforce, especially after a relocation. Relocation often means unemployment for military spouses, and for many, a Permanent Change of Station (PCS) move is accompanied by thousands of dollars in unreimbursed costs,⁶ making post-PCS an especially vulnerable financial time. Continued, repeated lapses in employment with each PCS can greatly impact career trajectory and lifetime earnings for the spouse and family, and the longer spouses are out of work, the harder it is to return.

While there are several child care resources for military families, such as subsidized care at military Child Development Centers (CDCs) or Family Child Care Centers (FCCs), and fee assistance programs, these solutions do not work or are not available for every family, and are often inaccessible for spouses who are not already employed. Unemployed military spouses seeking to return to the workforce are at a lower priority for available military child care programs than their employed peers,⁷ and limited child care slots often mean this child care option is effectively inaccessible. Only 20% of spouses with a need for child care for work use CDCs, only 5% use FCCs, and just 11% utilized the fee assistance program. While child care is a national problem not limited to military families⁸ and efforts to address child care affordability and availability are currently underway,⁹ a variety of innovative solutions are needed to address this multifaceted problem.

Blue Star Families proposes a grant program called the GI Bill for Child Care which would make it possible for spouses to reenter the workforce as soon as they are ready to look for work by providing fully paid child care beginning on day one of their job search. Modeled on the education GI Bill, the GI Bill for Child Care program would provide a “scholarship” of up to \$15,000 for each child. These funds would be directly paid to the child care centers, not the families, just like the GI Bill funds go directly to the colleges and not to Veterans or dependents. This support would continue for a predetermined time frame after spouses find employment, allowing families to build up a financial buffer before needing to pay for the child care. Once they have established employment, families could then transition to existing child care fee assistance programs, extending the benefit of this on-ramp into employment.

Lowering the barriers that prevent consistent employment and career growth for military spouses can simultaneously address a top issue for military families as well as alleviate several other concerns — including financial stability and food insecurity. Providing an on-ramp to employment, particularly after a PCS, can set families up on a trajectory to financial stability and independence, stabilizing and sustaining the All-Volunteer Force.

 Department of Defense

From Food Insecurity

Create an awareness campaign to increase military families' knowledge of the BNA program, eligibility criteria, and application process. The campaign should also address the stigma of food insecurity – both social and career stigma – to remove the barrier to accessing food assistance.

The Basic Needs Allowance (BNA) was established in the FY2022 NDAA¹⁰ to address the persistent problem of military family food insecurity. Initially, the program targeted military families whose income falls below 130% of the federal poverty line; however it was quickly modified to 150% in the FY2023 NDAA and authorizes the defense secretary to increase this benefit to 200% of the poverty line when appropriate.¹¹ While there are many community support programs to provide food assistance, not all military families who are food insecure are eligible, and often these programs do not address what are often the root causes for military families – spouse unemployment and relocations.^{12,13} There also continues to be stigma surrounding food or financial insecurity¹⁴ both socially and professionally due to the perception that it will negatively impact a service member's career, which can discourage many families from applying for assistance. Families may also be discouraged from using this benefit due to the potential to lose other nutritional assistance benefits such as SNAP and WIC,¹⁵ as well as Family Supplemental Subsistence Allowance¹⁶ in some overseas locations, due to BNA adding to a families' taxable household income.

The BNA application process is not streamlined amongst the services and each branch has a different process with varying applications and signature requirements.¹⁷⁻²⁰ Furthermore, service members must interact with their chain of command in the application process which can deter them from applying due to concerns of the potential negative ramifications that may impact their career. In previous research in regards to financial assistance and the barriers associated with seeking support, 16% of active-duty family respondents reported the "desire to avoid chain-of-command involvement" as a barrier to seeking financial relief.²¹

At the time of survey fielding, May to July of 2023, about six months into program availability, only about half of survey respondents were aware of the benefit, and few had used it. To encourage eligible families to apply for the BNA, the DOD should create an awareness campaign to increase military families' knowledge of the benefit, eligibility criteria, and how to apply. This campaign, building on already published materials about the program,²² should effectively use social media and other outlets that would promote the availability of the program, and specifically educate families on this benefit by clearly explaining eligibility criteria and what information is factored into the determination of award or denial. It should also serve as a tool to further inform families on how accepting this benefit, if applicable, could affect their other nutrition assistance benefits and empower families to make the best decision to support their families needs.

Similar to Feeding America's Hunger Action Month Campaign,²³ the DOD's campaign should specifically and effectively highlight when our military's basic necessities are met, futures are nourished, and families are not just simply living, they are thriving.

Increasing knowledge of the program and reducing the social stigma barriers to participation can enhance utilization of this program to alleviate food insecurity and ensure adequate nutrition for our nation's military families, continuing to reinforce the message that the military is focused on "Taking Care of Our People."²⁴

From Social Ties

Maintain and expand the Defense Health Administration funding to promote the health and well-being of our nation's service members and their families through inclusive outdoor activities on public lands and waterways.

Providing opportunities for military families to connect with others, especially in-person, can support their well-being. These beneficial effects could be further multiplied, however, by also engaging in outdoor activities. Outdoors activities have demonstrated mental and physical health benefits,^{25,26} and the potential for fostering environmental stewardship, as well as developing a sense of belonging and community for military families.

In a collaborative partnership, Wilderness Inquiry and Blue Star Families are supporting military family well-being by providing opportunities for family bonding, stress relief, and personal growth. Military Families Outdoors creates inclusive outdoor environments that contribute positively to the overall health and resilience of military families. This multifaceted approach to accessing outdoor spaces is designed to enhance the well-being and overall quality of life for active-duty military families through various means related to outdoor experiences, mental health, environmental awareness, and social welfare.

Access to Outdoor Spaces: Regardless of where military families are stationed, they can find reprieve in the natural world through local parks, community green spaces, or national parks near their current duty station.

Mental Health and Wellness Benefit: By forming supportive social bonds contributing to their overall well-being and mental health, the time spent in the outdoors provides for a therapeutic outlet and another unique way of coping with the stressors of military life.

Encouraging Healthy Lifestyle Habits: Engaging in outdoor activities such as hiking, camping, and exploring national parks and waterways, families can develop positive habits that contribute to their physical health and emotional resilience.

Educating Families on Becoming Environmental Stewards: Educating military families on the importance of preserving and protecting our natural world fosters a sense of responsibility and respect for the environment and empowering families to take a role in conservation efforts.

Positive Engagement Experiences: While these activities and interactions may be defined as recreational, they are enriching and fulfilling which promote family bonding and individual growth.

With greater access to inclusive outdoor activities, military communities will have an enhanced overall health and will foster a stronger connection to the natural world and to one another. Adopting and expanding programs like Military Families Outdoors can support military families' social, physical, and mental health, enhancing their resiliency.

Department of Education

From EFMP

Develop a digital IEP that parents and schools have access to for ease of portability.

Despite requirements from both U.S. Department of Education's Individuals with Disabilities Education Act²⁷ and the Military Interstate Children's Compact Commission (MIC3),²⁸ our research and others,²⁹⁻³¹ finds that services and accommodations for children with Individual Education Plans (IEPs) do not seamlessly transfer from one state to another. This is particularly relevant for military children, who transfer schools on average six to nine times between kindergarten and 12th grade, which is three times more than their civilian peers.^{32,33} Nearly two-thirds of active-duty families (62%) with a child who had a special education plan reported their oldest child with a special education plan changed schools since they received that plan.

Transitioning schools can be a challenge for all children, regardless of special education needs, but one way to make the transfer easier for families with these needs is through streamlining the documentation process through a digital IEP. This digital portal, accessible to both parents and schools, could ease the documentation transfer process when transitioning to the gaining school systems. This initiative, in fact, has already been proposed in the President's FY2024 budget, calling for a \$10 million investment in developing innovative technology tools to that would "support the seamless transfer of IEP documentation from one school district to another when students move from one school district to another and to provide interim access to needed services and supports for children during such moves."³⁴ Military children were specifically in this request due to their frequent moves.

While this does not address a lack of services available or lack of funding in the new school system to make those services available, it does address the first challenge of adequately transferring documentation. Organizations like MIC3 and school systems should educate parents that this digital record is not a guarantee of services and accommodations available to their child(ren) at the gaining school system, but does provide clear documentation for the schools to expedite the development and implementation of the gaining school system's IEP.

 States/Localities

From Housing/Relocation

Encourage state and localities to use tax increment financing (TIF) districts to develop new and affordable housing.

Affordable housing is a challenge everywhere, but it is unique to military families because of the frequency of their relocation, and their limited ability to decide where and when they will relocate. Increasing the supply of affordable housing, then, can support military families struggling to find housing that meets their needs within their BAH budget.

One method used across the country to encourage the development of affordable housing is through tax increment financing (TIF) districts. Tax increment financing (TIF) is a dynamic financing tool used as a subsidy for redevelopment, structure, and other community developments.³⁵ Using this tool, local governments redirect future property tax revenue increases from a TIF district toward a public improvement project or an economic development project in the community to allow for the finance of these projects.³⁶

In recent years, there have been multiple ways that localities and states have used TIFs to develop affordable housing in their communities. One way is by promoting housing and commercial development within commercial centers with the coexistence of one another, expressly using the funds from the TIF districts for affordable housing or to designate a certain percentage of the funds be used towards affordable housing.³⁷ Massachusetts' Executive Office of Housing and Livable Communities has the Urban Center Housing Tax Increment Financing (UCH-TIF) program, which permits cities and towns to allow "real estate exemptions on all or part of the increased value (the "Increment") of improved real estate."³⁸ This program was specially designed for the mixed use and urban development of commercial centers for multi-housing units. One of the stipulations of the agreement specifies affordable housing must be created and includes a restriction which ensures that "25% of the housing assisted by the exemption will be affordable for 40 years or the useful life of the housing, whichever is longer."³⁹

Another example, in the State of Maine housing authority, MaineHousing, created the Affordable Housing Tax Increment Financing (AHTIF) program in 2004 to fund instructure costs and to support affordable housing initiatives.⁴⁰ Some eligibility requirements of the project include the following: "33% of the housing units in AHTIF district must be for households earning no more than 120% of area median income, and the affordability of rental units must be maintained for at least 30 years, and the affordability of homeownership units must be maintained for at least 10 years."⁴¹ These requirements ensure affordability for families into the future. Both Massachusetts and Maine are examples of how military communities could place requirements such as stating that 33% of housing units need to be occupied by military families, adding more affordable housing options to these families.

In 2006, Portland, Oregon, created the Tax Increment Financing Set-Aside Policy that makes it mandatory to spend 30% of funds collected from all the TIF districts created in Portland on housing affordable to low-income and workforce residents.⁴² In the first five years alone, it generated more than \$152 million in direct investment housing for people with disability, seniors, working families and low-income households earning at or below 80% of the medium family income were “high priority for the City of Portland as the Portland Housing Bureau implements its equity agenda and Fair Housing Action Plan.”⁴³ Utilizing this example, a military community could designate the profits toward housing developments with the addition of military families in mind. This could mean building affordable housing near military installations that were too cost prohibitive before, but can now be reasonably built due to the TIF district funding.

While each one of these examples could benefit the communities surrounding military installations, a combination of the three would greatly reduce the burden of finding affordable housing for military families all the while providing a variety of options from urban to residential. By obtaining affordable housing in their preferred location, families would also be able to financially and emotionally thrive.

Organizations

From Spouse Employment/Child Care

Join the 4+1 Commitment: The Formula for Military Spouse Success.

Military spouses have faced an unemployment rate of 20% or higher for many years.⁴⁴ Blue Star Families first reported on this critical and long-standing issue in 2009, with the very first Military Family Lifestyle Survey. Furthermore, research indicates a strong connection between spouse employment and financial security⁴⁵ as moving every two to three years makes it difficult for spouses to maintain steady employment. When 1 in 5 (21%) of active-duty family respondents report that civilian spouse employment challenges are a primary reason their family would leave the military, addressing spouse employment is a matter of national security. In order to sustain our All-Volunteer Force, we must rethink the solutions to this intransigent problem.

Frequent relocation is a key contributing factor to the high spouse unemployment rate. One in 6 (16%) active-duty spouse respondents who need or want paid employment report “I am recovering from a PCS move” as a reason they are not currently employed. “Blue Star Families and Hiring Our Heroes hypothesize that retaining military spouses through a military move will drastically and immediately alleviate chronic unemployment and underemployment.”⁴⁶ On December 6, 2023, Blue Star Families in partnership with Hiring our Heroes announced the *4+1 Commitment: The Formula for Military Spouse Success*, designed to solve the long-standing crisis in military spouse employment.

The *4+1 Commitment: The Formula for Military Spouse Success* is a scalable, actionable, and effective way for companies to make a voluntary commitment to improving military spouse employment outcomes.^{47,48} The initiative underscores the important role employers can take in supporting the military spouse community by asking them to adopt at least one of the following military spouse-ready policies, plus consider joining an existing government program:⁴⁹

- ★ Facilitate job transferability
- ★ Offer remote or telework
- ★ Offer flexible work hours
- ★ Provide paid or permissive Permanent Change of Station (PCS) leave

+1: Consider joining existing government spouse employment programs such as the DOD's Military Spouse Employment Partnership (MSEP) or Military Spouse Career Accelerator Pilot (MSCAP).

These components are reinforced by Hiring Our Heroes' research and experience, as well as initial phase of Blue Star Families' groundbreaking, three-year longitudinal study of policies, practices, and conditions that effectively support long-term military spouse employment.⁵⁰ The reception from organizations to address the unemployment crisis is positive.⁵¹ By building on this innovative public-private partnership, we believe that military spouses will be able to build careers that will support the well-being of their families, emotionally and financially, and also benefit the stability of the All-Volunteer Force.



Military Family Lifestyle Survey

2023 Comprehensive Report

Respondents and Methodology

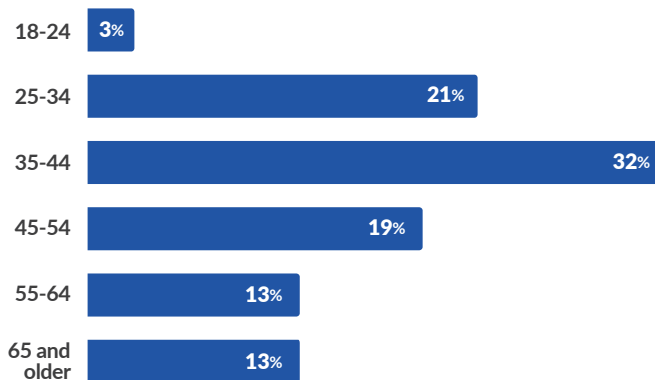
Respondents

The widespread distribution of the 2023 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, reaching over 100,000 cumulative responses since its inception in 2009. After cleaning the data to remove duplicates and invalid responses (see Methodology for full details), 7,431 responses remained for the 2023 survey. Of the 7,431 respondents who started the survey, 72% (5,340) 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 serving on orders overseas. While recruitment efforts focused on obtaining a diverse and representative sample, the survey samples of active-duty,

Figure 2: Age

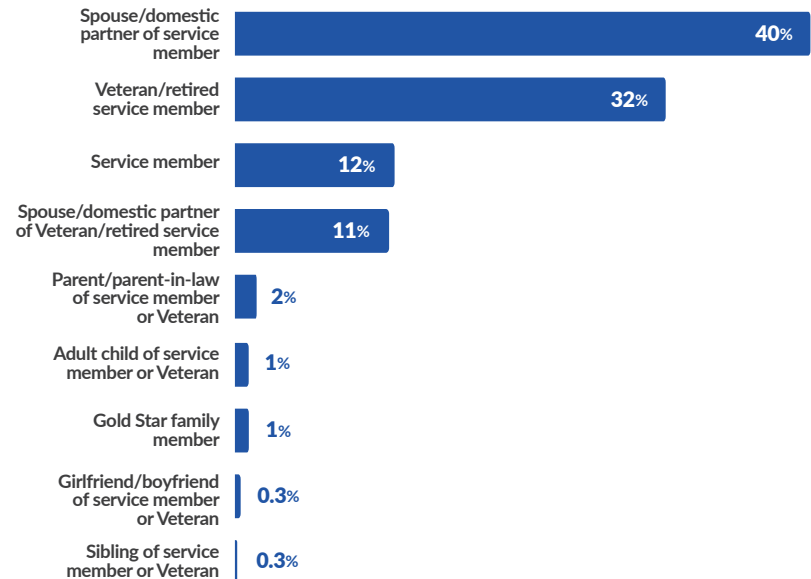
All respondents (n=7,322)



affiliations with the military. For example, respondents could identify themselves as a “spouse/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

Figure 1: Primary Relationship to Service

All respondents (n=7,431)



National Guard, Reserve, and Veteran families differ from those populations in several important ways, and cannot be considered representative of the entire population.

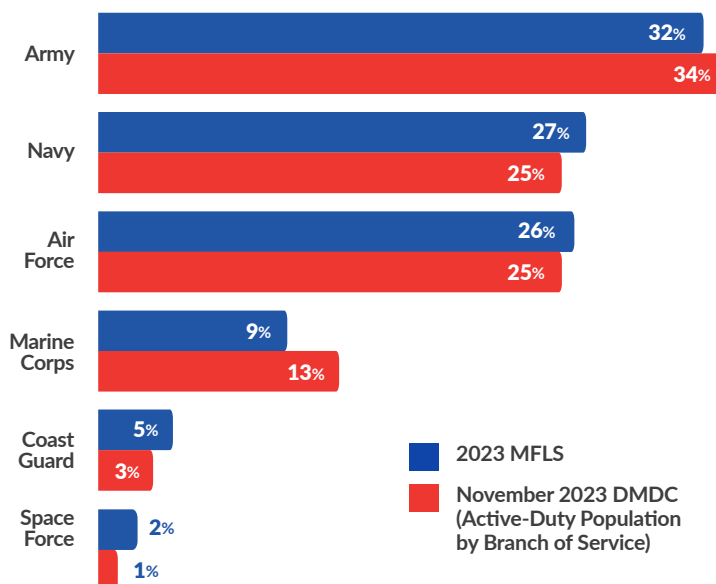
Definitions

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

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.

Figure 3: Branch of Service

Active-duty family respondents (n=3,074)

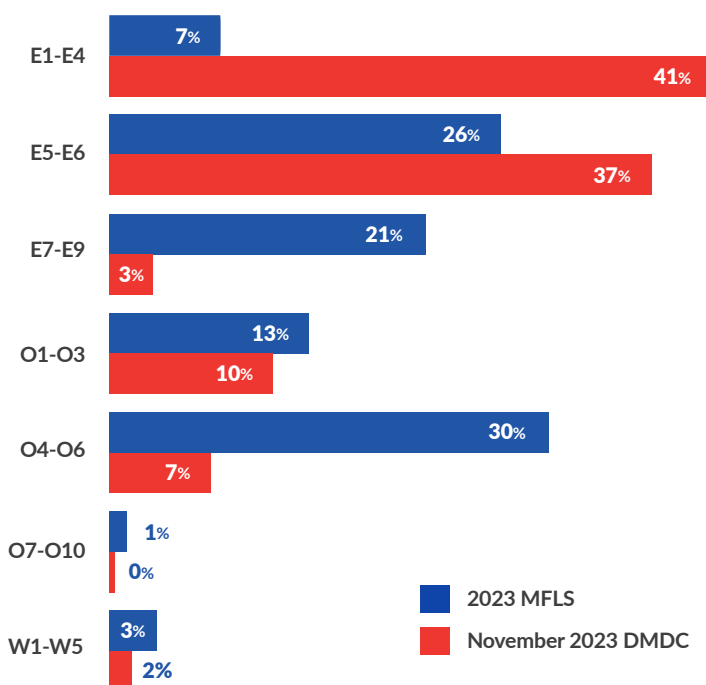


Demographics of All Respondents

Of all survey respondents, the most commonly selected primary identity is spouse/domestic partner of a service member including National Guard and Reserve (40%), followed by Veteran/retired service member (32%), service member including National Guard and Reserve (12%), spouse/domestic partner of Veteran/retired service member (11%), parent/parent-in-law of a service member/Veteran (2%), adult child of a service member/Veteran (1%), Gold Star family member (0.8%), girlfriend/boyfriend of a service member/Veteran (0.3%), and sibling of a service member/Veteran (0.3%).

Figure 4: Service Member Rank

Active-duty family respondents (n=3,136)



Of all respondents, the single largest age group was ages 35-44 (32%), followed by those who are 25-34 (21%), 45-54 (19%), 55-64 (13%), 65 and older (13%), and 18-24 (3%).

Approximately 93% of all respondents lived within the U.S., and 7% lived outside the U.S. Within the U.S., the largest groups of respondents lived in Virginia (17%), Florida (10%), California (10%), and Texas (6%).

Figure 5: Geographic Location of Active-Duty Family Respondents (n=3,229)



Active-Duty Family Respondents

“Active-duty family respondents” in this report includes 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%¹).

In response to the select-all question for race/ethnicity, 79% of active-duty family respondents selected white, followed by Hispanic or Latino/a/x or of Spanish origin (13%), Asian (7%), Black/African-American (7%), American Indian/Alaska Native (3%), Native Hawaiian or other Pacific Islander (1%), and 1% selected a write-in option.

Most services were represented at rates within a few percentage points of the active-duty force,² except for the Marine Corps, which was undersampled. Army respondents were sampled at 32% compared to 34% of the total active-duty force; Navy respondents were sampled at 27% compared to 25% of the total active-duty force; Air Force respondents were sampled at 26% compared to 25% of the total active-duty force; Marine Corps respondents were sampled at 9% compared to 13% of the total active-duty force; Coast Guard respondents were sampled at 5% compared to 3% of the total active-duty military force; and Space Force represented 2% compared to 1% of the total active-duty force.

Because the focus of this report is military families, representation of the sample by rank is compared to the proportion of the active-duty force with spouses or dependents. Over one-half of active-duty members have spouses or dependents,³ and these service members often differ demographically from service members without dependents, often being older or higher ranked. The active-duty family respondent sample included a greater proportion of senior enlisted, junior and mid-grade officers than is reflected in the active-duty population with dependents, while the junior enlisted population is undersampled.

The largest group of active-duty family respondents represented were field/mid-grade officer ranks (O4-O6, 30%), followed by mid-grade enlisted (E5-E6, 26%), and senior enlisted (21%). Company/junior grade officers (O1-O3) represented 13%, junior enlisted (E1-E4) family respondents represented 7%, warrant officers (W1-W5) represented 3%, and general/flag grade officers (O7-O10) was the smallest group at 0.6% of the overall active-duty respondents.



Military Service

Among currently serving service member respondents, 78% were serving on active duty, 12% were serving with the Reserve, and 10% were serving with the National Guard. Of Veteran respondents, 46% reported that they served September 2001 or later.

Methodology

The 2023 Military Family Lifestyle Survey instrument was designed by Blue Star Families with extensive input from Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF), military family members and advocates, subject matter experts, and policymakers who work with military families. The survey was conducted from May 24, 2023, to July 17, 2023, using Qualtrics online survey software.

This 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 MFLS.

Blue Star Families began to offer the MFLS in Spanish in 2020. This year, after the 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. The Spanish-language survey collected 49 responses, but due to the low sample size was not included in analyses.

Recruitment and outreach were designed to enhance representation from historically underrepresented groups, such as Black and Hispanic/Latinx respondents, junior enlisted families, and National Guard and Reserve families. 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 11% of the Veteran population is female, compared to the 28% of Veteran respondents in this survey.⁴ Without reweighting, overrepresentation or underrepresentation means this sample cannot be generalized to the entire military and Veteran-affiliated communities. 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 explained 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, the actual number of respondents per question varies 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 such as duplicate responses or the repetition of nonsensical phrases across respondents or across multiple answers for the same respondent. For additional information regarding this protocol, please contact survey@bluestarfam.org. After cleaning the data, the total sample was 7,431 English-language respondents and 49 Spanish-language respondents.

The survey questions were a combination of multiple-choice and open-ended questions to allow for qualitative responses from participants. Responses of “Does not apply” were usually excluded from analyses. In addition to original questions, this survey also includes a scientifically validated measure, the Mental Health Continuum, Short Form.⁵ Analyses primarily included frequencies and cross-tabulations. When applicable, 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 focus areas of the survey, such as connecting with new and close friends after relocating, time away, child care, and outdoor activities. 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.

Spanish language translation of the 2023 MFLS 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 2023 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 the wording of questions and answer options may differ from year to year to better reflect changing military family experiences, and this, in addition to the potential shift in demographics of the convenience sample each year, limits the comparability of the survey results from year to year.

Endnotes

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Community and Social Context

Frequent relocation and separation from friends and family makes in-person connection a challenge. Most active-duty family respondents report they engage with their closest friends virtually rather than in-person, but those that do report lower mean well-being scores.

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Veteran experiences in the transition from military to civilian life have implications for whether they recommend military service, regardless of retirement status. Furthermore, preparedness may ease the transition process and improve recruitment and retention outcomes.

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Health Care Access and Quality

Access to timely specialty health care can be a challenge for military families, often exceeding average wait times in the overall U.S. Four in 10 active-duty family respondents report their family member needing specialty care waited more than two months from the time they sought an appointment to the date of the appointment.

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Education Access and Quality

A slightly greater proportion of active-duty family respondents who relocated since their child(ren)'s education plan was created reported their child received the same services/accommodations as their previous school system within six months if they were enrolled in EFMP.

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Neighborhood and Built Environment

Higher out-of-pocket housing costs may influence military families' likelihood to recommend military service. Housing costs remain the top contributing factor to financial stress for active-duty family respondents, despite slight gains in overall financial well-being.

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Economic Stability

Knowledge and utilization of the Basic Needs Allowance (BNA) is low; the new program may not yet be effectively targeting food-insecure families.

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