



Military Family Lifestyle Survey



Strengthening Military Families Amid Global Challenges

Comprehensive Report | **2024**

We are deeply grateful to our sponsors: The USAA Foundation, Lockheed Martin Corporation, Northrop Grumman Corporation, Macy's, Inc., AARP, and BAE Systems, Inc., for their generous support of the 2024 Military Family Lifestyle Survey (MFLS). We also want to extend our heartfelt thanks to Craig Newmark Philanthropies, CSX Transportation, TriWest Healthcare Alliance, the Patrick J. McGovern Foundation, Richmond Wholesale, and Pritzker Military Foundation on behalf of the Pritzker Military Museum & Library for their ongoing support of Blue Star Families as a whole. Your contributions enable us to continue serving military families with impactful programs and research year-round.

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 support for 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.

Table of Contents

About Blue Star Families	2
Acknowledgments	4
Executive Summary	9
Top Findings for 2024	11
Pride in Service	17
Spouse Employment and Child Care	23
Financial Situation	31
Health Care Access	38
Female Service Members	44
Suicide Prevention and Postvention	50
Veteran Transition	56
Recommendations	68
Respondents and Methodology	81
Endnotes	88

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This list is not exhaustive. Blue Star Families is truly thankful for 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.

Blue Star Families is grateful to each of the services for their support in fielding the 2024 Military Family Lifestyle Survey.

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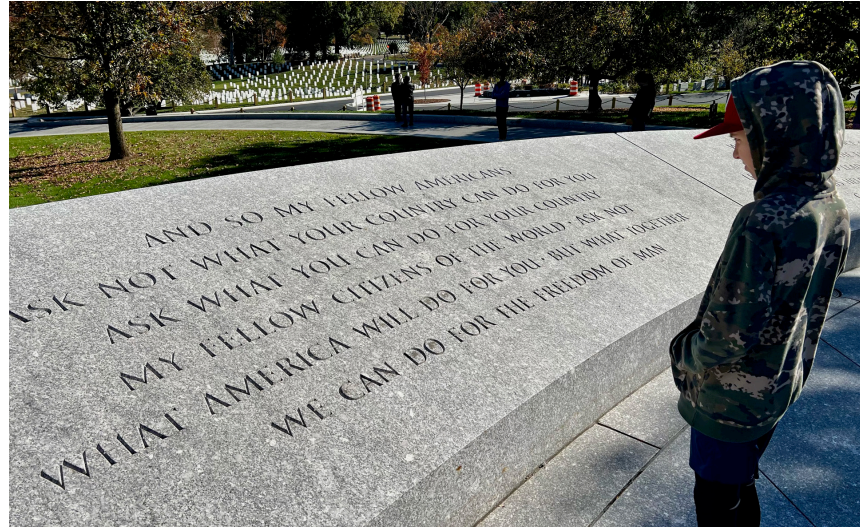
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Executive Summary

The Military Family Lifestyle Survey (MFLS) stands out for its 15-year legacy as the only annual survey designed exclusively for both military and Veteran families, covering issues across the military lifecycle — spouse employment, child care, financial concerns, health care and mental health, relocation, deployment, and Veteran transition. Conducted with IRB approval and in partnership with Syracuse University's D'Aniello Institute for Veterans and Military Families, the survey has garnered more than 107,000 cumulative responses to date.

Decision-makers at all levels — from schools and communities to local and state governments, the Department of Defense, Congress, and the White House — use the insights from these findings to better understand the needs and challenges of military families and to develop policies, programs, and systemic solutions that address those needs. MFLS research has directly influenced numerous policy advancements, including increasing adjustments to the Basic Allowance for Housing, military spouse licensure reciprocity, and improved relocation benefits. Its findings have been cited in a myriad of Congressional testimonies, Secretary of Defense memos, and key legislative initiatives, such as the House Armed Services Committee's Quality of Life Panel, shaping its final report and the FY25 National Defense Authorization Act. Provisions included in the FY25 NDAA included a 14.5% pay increase for junior enlisted, a 4.5% increase for the rest of the force, an increase of the Basic Needs Allowance for low-income families, codifying the Military Spouse Career Accelerator Pilot Program, and more.¹ Blue Star Families is committed to the proposition that support of military families is the responsibility of not only the government and Department of Defense, but civilian communities and the private sector. As such, our data and research have been the impetus to enact solutions within these sectors. In 2023, we launched the *4+1 Commitment* to address spouse employment challenges and call on private sector employers to play a key role in increasing the economic security and sustainability of military families. In partnership with Hiring Our Heroes, over 200 private sector employers have signed on to this initiative to date. The entire portfolio of work reinforces the MFLS as a cornerstone for systemic change benefiting military families.

Unique in its grassroots and grasstops approach, the MFLS integrates the voices of military and Veteran families and the interests of policymakers to address both enduring and emerging challenges, tracking trends over time and driving actionable solutions and reinforcing its role as a trusted source for



¹ Blue Star Families. (2025, January 7). Blue Star Families celebrates landmark quality-of-life gains for military families in 2025 NDAA. GlobeNewswire News Room. <https://www.globenewswire.com/news-release/2025/01/07/3005155/0/en/Blue-Star-Families-Celebrates-Landmark-Quality-of-Life-Gains-for-Military-Families-in-2025-NDAA.html>

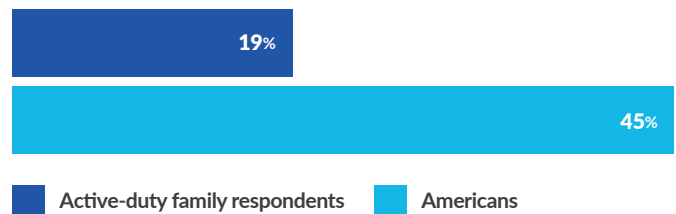
understanding military family needs. Blue Star Families conducted its 15th annual Military Family Lifestyle Survey from March to May of 2024, capturing the experiences of 5,573 respondents worldwide.

U.S. Military, and Military Families, are Key to Peace and Stability Amid Global Uncertainty

Military families are proud to serve and recognize the value of military service, citing exceptional benefits such as financial stability, health care, and diverse experiences that are unmatched in civilian life. These families play a critical role in global stability, and stand at the ready to serve in the face of growing global unrest. Both Americans (67%) and military families (83%) believe that the U.S. will face a major conflict within the next 3–5 years.²

Blue Star Families, in partnership with YouGov, published a comparison in May 2024, discovering two-thirds of civilian respondents believe that military families play a critical role in the ability for the U.S. to meet these international demands, and 71% of Americans believe that we have a responsibility to care for the military family population. Yet, only one-third have done something in the past year to deliver on that responsibility. We determined that 45% of Americans believe the public truly appreciates military families’ sacrifices, but according to our 2024 MFLS, only 19% of active-duty military families agree.

Belief That the Public Truly Appreciates Military Families’ Sacrifices



It is no surprise then that few military families feel that the public understands, appreciates, or is even aware of their sacrifices. Despite the American public’s faith in and support of military families,³ these families feel increasingly disconnected from American society. It is a major opportunity for all sectors — government, private, public, and civic — to bridge this gap in perception, competency, and support of military families’ service.

69% of active-duty family respondents say military service has added value to their family’s life but **only 32% would recommend military service** to a young family member.

In addition to public perception and civilian support, military families also face continued challenges, including financial strain driven by rising costs of living that outpace salary growth, similar to trends affecting many Americans. Persistent quality-of-life concerns — such as barriers to spouse employment and child care, declining housing affordability, and reduced access to vital benefits like health care — have eroded satisfaction with military life and decreased the likelihood of recommending military service. Though 7 in 10 active-duty

² Blue Star Families. (2024). Americans’ perspectives on military families. [Infographic]. https://bluestarfam.org/wp-content/uploads/2024/06/BSF_YG_Infographic_Jun24_2-1.pdf

³ Ibid.



family respondents (69%) say military service has added value to their family's life — only 32% would recommend military service to a young family member.

These findings aligned with the recommendations of the House Armed Services Committee Quality of Life Panel Report,⁴ which called for targeted action to improve military pay, child care, housing, medical care access, and spouse support. As noted in a number of reports in recent years⁵⁻⁷ addressing families' quality-of-life concerns is

essential to national security as military families' quality-of-life bolsters the All-Volunteer Force.

To secure global stability in the coming years, systemic action from all sectors to address these ongoing challenges is needed to enhance the well-being, retention, and recruitment of the All-Volunteer Force.

Top Findings for 2024

Pride in Service

Though 7 in 10 respondents say military service has added value to their family's life, only one-third would recommend military service to a young family member. While many Americans believe the public truly appreciates military families' sacrifices, few military families agree.

Military families are essential to global stability and are proud to serve this role. Eighty-three percent of active-duty families and 67% of Americans anticipate U.S. involvement in a major conflict within the next three to five years, and 3 in 5 believe that military families are very important in creating a peaceful, stable world. Military families serve with pride; 7 in 10 active-duty family members recognize the value military service has added to their lives. However, only one-third of military families are satisfied with the military lifestyle or would recommend military service to young family members. The benefits of service, including health care, financial stability, and diverse experiences, are clear, but quality-of-life challenges and the perception of a lack of support from fellow Americans diminishes the enthusiasm for recommending the military lifestyle.

⁴ House Armed Services Committee. (2024). Quality of Life Panel Report. https://interactive.13newsnow.com/pdfs/2024_House_Armed_Services_Report_v12-FINAL-compressed.pdf

⁵ Ibid.

⁶ Hicks, K. (2024, Feb. 14). Resilient and healthy defense communities [Memorandum]. Department of Defense. https://media.defense.gov/2024/Feb/15/2003394891-1/-1/1/RESILIENT_AND_HEALTHY_DEFENSE_COMMUNITIES_OSD008028_23_RES_FINAL%20.PDF

⁷ Military Family Advisory Network. (2024). 2023 Military Family Support Programming Survey 2023 Report. MFAN. <https://www.mfan.org/wp-content/uploads/2024/06/MFAN-2023-MFSPS-Full-Report.pdf>

Spouse Employment and Child Care

Child care continues to be a top barrier to employment for active-duty spouse respondents; spouses take two or more months to find care following a relocation. Many are not aware of fee assistance programs or face barriers to using them.

Child care remains a significant barrier to employment for active-duty spouses, with many taking more than two months to secure care after relocating and facing high costs, limited availability, or a lack of awareness about fee assistance programs. While labor force participation among active-duty spouses has risen from 59% in 2020 to 71% in 2024, unemployment remains stubbornly high at 23%, and two incomes have become increasingly vital for 77% of military families. Among unemployed spouses, more than half (51%) cite financial need as their primary motivation for seeking work. Remote work is helping mitigate challenges, with 35% of active-duty spouses working entirely remotely and 16% successfully relocating with their jobs. However, child care issues persist, with 64% identifying cost as a barrier, and few utilizing resources like fee assistance. Most families rely on flexible arrangements like babysitters (39%) or off-base centers (35%), but only 21% use Child Development Centers (CDCs), and fee assistance is underutilized due to a difficult process and limited awareness. Relocations compound employment challenges, with 39% of spouses needing three or more months to find work, and those overseas face twice the unemployment rate of stateside spouses (42%). These issues significantly impact retention, as 30% of spouses cite employment and 15% cite child care as reasons they'd consider leaving military life.

Financial Situation

Active-duty family respondents' financial situations are challenged by military pay concerns, relocation, and spouse unemployment. For most active-duty family respondents, relocation expenses take 12 or more months to bounce back from financially.

Military families face mounting financial challenges driven by military pay concerns, high relocation costs, and spouse unemployment, with many taking longer than a year to recover financially after a move. Military pay ranks as a top issue for 46% of active-duty families, nearly double the proportion in 2020, and is especially critical for enlisted families (58%). Relocations exacerbate financial strain, as 70% of families report out-of-pocket expenses exceeding \$500, and spouse job searches often take longer than three months, with 25% taking nine months or longer. Rising housing costs further stress budgets, with only 37% finding housing within their Basic Allowance for Housing (BAH), down from 58% in 2020. Just 36% of junior enlisted families feel financially stable, compared to 62% of military families overall and 72% of U.S. adults. Pay errors and prolonged rectifications also undermine financial stability. Solutions such as increased military pay, higher BAH, and enhanced spouse employment opportunities are critical, alongside expanded child care subsidies and health care access to ease financial burdens.

Health Care Access

Health care access remains a key issue for military families; the proportion of active-duty families who report “health care access” as a top concern has more than doubled from 2020 to 2024.

Health care benefits play a key role in retention. Among active-duty service members who have stayed in military service longer than they originally planned, 49% reported it was because of health care benefits. However, access to care is a growing concern for military families, rising from 11% in 2020 to 22% today. Many families switch to TRICARE Select for better provider control but face “ghost networks” where they struggle to find providers accepting TRICARE and new patients. Mental health care access is particularly challenging; nearly 40% of active-duty families face wait-lists for themselves, and 90% of those seeking care for children wait longer than three months. Medical debt also affects 7% of families, with one-third owing more than \$2,000, often due to copays, deductibles, dental care, and emergency bills.

Female Service Members

Female service members are significantly more likely to recommend military service than their male peers; 1 in 2 agree that being part of the military community is an important part of their self-image, notably higher than their male counterparts.

Female service members are proud of their service and are significantly more likely to recommend service. Four in 5 female service members (79%) express pride in their accomplishments during their military service, compared to 69% of males. However, women face unique challenges, including greater concerns about child care, housing, and family building. Child care is a top concern for 34% of female service members, compared to 19% of males, and 26% cite child care challenges as a reason they might leave service, double the rate of their male peers. Child Development Center (CDC) staffing shortages disproportionately impact women, who are more likely to use these facilities. Additionally, 76% of women who want children have delayed parenthood due to military demands. Despite these challenges, women are less likely to leave service in the next five years than men, with 31% intending to stay compared to 24% of their male counterparts.

Suicide Prevention and Postvention

One in 4 active-duty service member respondents report exposure to a suicide within their unit/command within the 12 months preceding survey fielding. While adequate support resources are often offered after a death by suicide, there is opportunity to improve dissemination of postvention resources.

Suicidal thoughts and mental health challenges are significant concerns for military families, with 7% of service members reporting suicidal thoughts in the past year. One in 4 active-duty service members and spouses report their unit or command experienced a suicide within the past year, particularly in the Army and Navy and among Navy families on sea duty. Exposure to suicide may also impact families' likelihood to recommend military service. While most service members exposed to a suicide received postvention resources and reported those resources were adequate and effective, access varied by branch.

Veteran Transition

Post-service relocation choices and perceptions of transition preparedness are linked to Veteran respondent satisfaction with and belonging to the communities where they reside, as well as overall well-being. Veteran respondents who are satisfied with their current communities and those who have a greater sense of belonging report higher thriving mean scores than those who are unsatisfied or do not feel a sense of belonging.

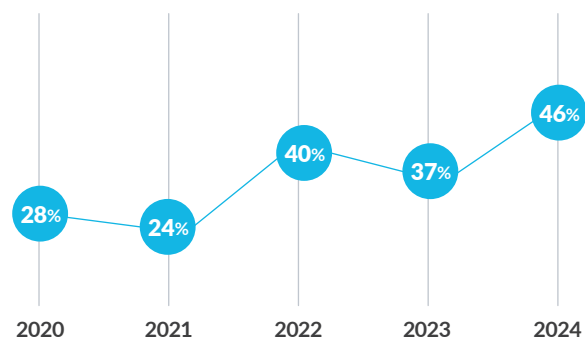
Post-service relocation choices and perceptions of transition preparedness significantly influence Veterans' satisfaction with and sense of belonging to their communities, as well as their well-being. Veterans and their spouses often decide where to live based on factors like cost of living, proximity to family, employment prospects, and access to health care. One-third of Veteran respondents (33%) and nearly one-half of spouses who have gone through military-to-civilian transition (46%) remain near their last duty station after separation, while others relocate for work or family reasons. While the results are preliminary, frequent relocations after service can diminish community satisfaction and belonging, with those relocating less often reporting higher thriving scores. Discussions with peers are the most valued resource for navigating transitions. Veterans who feel prepared for transition are less likely to relocate multiple times, suggesting that preparedness may reduce disruptions and foster community stability and well-being.

Active-Duty Service Member and Spouse Respondents' Top Issues

The top issues for active-duty spouses and service members reveal overlapping concerns related to financial stability, family well-being, and quality-of-life challenges. In the last year, concerns about military pay among active-duty family respondents increased by nearly 10 percentage points from 37% to 46% (Figure 1). For active-duty spouses, the most pressing issues include military spouse employment (54%), military pay (45%), and time away from family due to service (40%), followed closely by housing affordability (38%), children's education (33%), and relocation/PCS issues (32%). Similarly, service members prioritize military pay (50%), housing concerns (44%), and time away from family (39%), while also highlighting spouse employment (34%), lack of control over their military career (32%), and access to health care systems (27%). Shared concerns around child care affordability and accessibility, as well as the impact of deployments and Veteran transition, underscore the need for comprehensive solutions to address these systemic challenges.

Figure 1: Military Pay as a Top Issue of Concern 2020-2024

Active-duty family respondents



Question text: Please select at least five military life issues that most concern you.

Active-Duty Spouses (n=2,297)	
Military spouse employment	54%
Military pay	45%
Amount of time away from family as a result of military service	40%
BAH/Off-base housing concerns	38%
Dependent child(ren)'s education	33%
Relocation/PCS issues	32%
Child care challenges (affordability, accessibility, quality)	26%
Military housing concerns	26%
Concerns about the transition from military to civilian life	25%
Impact of deployment on family	24%

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

Active-Duty Service Members (n=378)	
Military pay	50%
BAH/Off-base housing concerns	44%
Amount of time away from family as a result of military service	39%
Military spouse employment	34%
Lack of control over military career	32%
Relocation/PCS issues	32%
Access to military/VA health care system(s)	27%
Child care challenges (affordability, accessibility, quality)	26%
Dependent child(ren)'s education	25%
Concerns about the transition from military to civilian life	23%

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

National Guard and Reserve Family Respondents' Top Issues

The amount of time separated from family remains the central concern for National Guard and Reserve family respondents, as it has been since 2020, followed by military pay, the impact of deployments on family, and access to health care.

National Guard Families (n=125)	
Amount of time away from family as a result of military service	48%
Military pay	42%
Impact of deployment on family	39%
Access to military/VA health care system(s)	32%
Military benefits	27%

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

Reserve Families (n=129)	
Amount of time away from family as a result of military service	51%
Military pay	35%
Access to military/VA health care system(s)	34%
Impact of deployment on family	33%
Lack of control over military career	29%

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

Veteran and Spouse of Veteran Respondents' Top Issues

Access to military and VA health care systems was by far the top issue of concern for both Veteran respondents (50%) and spouses of Veterans (57%), reflecting its critical importance to their well-being. Other significant issues include military benefits (32% of Veterans and 39% of spouses of Veterans) and understanding of military and Veteran issues among civilians (37% for Veteran respondents and 36% for spouses of Veterans). Employment-related challenges remain prominent, with 31% of spouses of Veterans prioritizing military spouse employment – illustrating the long-term impacts of employment challenges during the military lifestyle. Both Veteran respondents and spouses of Veterans express concerns about the transition from military to civilian life (25% and 29%, respectively), highlighting ongoing challenges faced by Veteran families as they navigate post-service life.

Veterans and spouses of Veterans both cited civilian understanding of military and Veteran issues as a top concern.

Veteran Spouses (n=624)	
Access to military/VA health care system(s)	57%
Military benefits	39%
Understanding of military/Veteran issues among civilians	36%
Military spouse employment	31%
Concerns about the transition from military to civilian life	29%
Veteran employment	26%

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

Veterans (n=899)	
Access to military/VA health care system(s)	50%
Understanding of military/Veteran issues among civilians	37%
Veteran employment	34%
Military benefits	32%
Military pay	27%
Concerns about the transition from military to civilian life	25%

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



Military Family Lifestyle Survey



Pride in Service

Comprehensive Report | **2024**

We are deeply grateful to our sponsors: The USAA Foundation, Lockheed Martin Corporation, Northrop Grumman Corporation, Macy's, Inc., AARP, and BAE Systems, Inc., for their generous support of the 2024 Military Family Lifestyle Survey (MFLS). We also want to extend our heartfelt thanks to Craig Newmark Philanthropies, CSX Transportation, TriWest Healthcare Alliance, the Patrick J. McGovern Foundation, Richmond Wholesale, and Pritzker Military Foundation on behalf of the Pritzker Military Museum & Library for their ongoing support of Blue Star Families as a whole. Your contributions enable us to continue serving military families with impactful programs and research year-round.

Though 7 in 10 respondents say military service has added value to their family’s life, only one-third would recommend military service to a young family member. While many Americans believe the public truly appreciates military families’ sacrifices, few military families agree.

Military families are critical to national security and global stability. A majority of both Americans (67%)¹ and active-duty family respondents (83%) believe the U.S. will be involved in another major conflict in the next three to five years (Figure 1).

Additionally, a majority of both Americans (61%)² and active-duty families (63%) believe that military families are very or extremely important in creating a peaceful, stable world. This shared recognition highlights the essential role of military families in supporting service readiness and national security. As reflected in previous MFLS reports,^{3,4} investing in their well-being, stability, and resources is crucial to sustaining both individual family resilience and the strength of our nation.

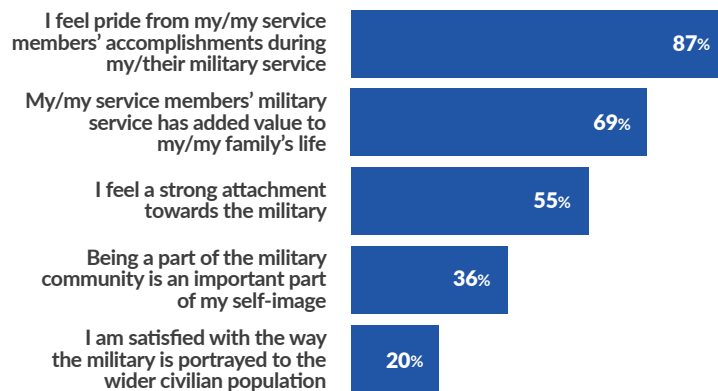
Figure 1: Likelihood of Major U.S. Conflict in 3-5 Years

Belief in the likelihood of the U.S. being involved in a major conflict in the next 3-5 years is likely or very likely



Figure 2: Pride in Service

% of active-duty family respondents who “agree” or “strongly agree”



Those who serve, and their families, are proud of their service. The majority of active-duty family respondents (87%) report they feel pride from their or their service member’s accomplishments during military service and that military service has added value to their family’s life (69%), and a majority (55%) feel a strong attachment to the military. In fact, the majority of active-duty service member respondents (55%) report they intend to serve for longer than they originally planned. Additionally, 39% of active-duty

family respondents had encouraged an acquaintance to join the military within the past five years, sharing the benefits of military service (Figure 2).

Active-duty family member respondents describe the various benefits the military provides to their families in the following ways. In open-ended responses, active-duty family respondents reported several key benefits the military provides to their families, along with major advantages of military service.⁵ When

asked to answer the open-ended question, “How does your or your service member’s military service benefit your child(ren), if at all?” respondents described tangible benefits such as health care and financial stability, but also described the unique benefits of the military lifestyle in exposing their families to a variety of cultures and people they would not otherwise have experienced.

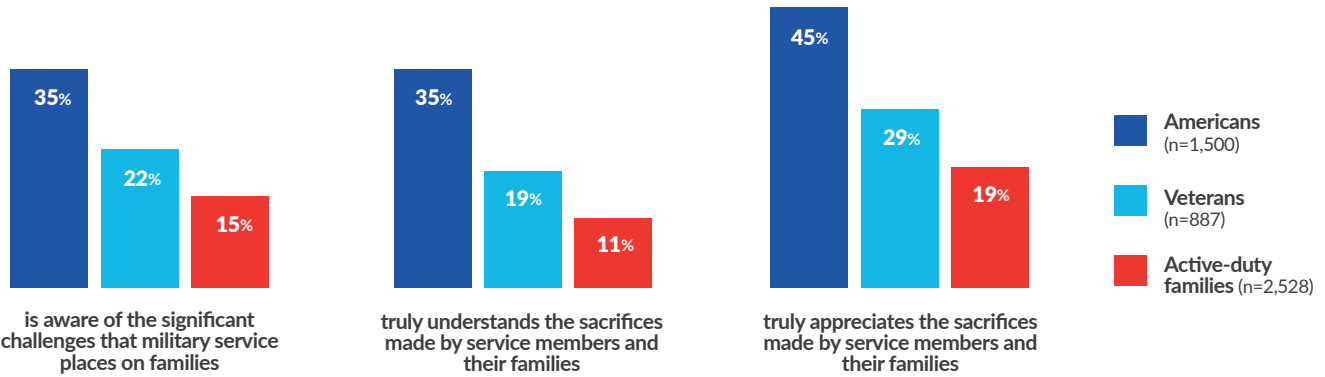
Table 1: Five Most Commonly-Cited Family Benefits of Military Service Active-duty family respondents with at least one child living at home (n=2,038)	
Health care/health insurance	We get excellent healthcare and services for our medically complicated child. — Active-Duty Navy Spouse
Travel	My children are proud of their dad's accomplishments and promotions. They have had the opportunity to easily move overseas and had travel opportunities most young kids wouldn't have access to. — Active-Duty Marine Corps Spouse
Financial stability	Healthcare, housing and income allows for me to stay home with our baby without worrying about finances. — Active-Duty Marine Corps Spouse
Diversity	My service exposes them to a very unique set of values and perspectives, and offers them the ability to meet and see people from all walks of life, including vastly different cultures than our own. — Active-Duty Navy Service Member
Military experience	They get to experience things most children won't such as different cities, ethnicities, and cultures. It will make them more well-rounded and appreciative of others. They'll also know what it is to be independent and self-sufficient. They learn the importance of routines and are more accepting of changes. — Active-Duty Army Spouse

Question text: How does your/your service member's military service benefit your child(ren), if at all?

However, in recent years, military service members and their families have been used as leverage in political disputes, especially during budget negotiations, and bearing the brunt of political conflicts, such as government shutdowns. Only 1 in 5 military families (20%) say they are satisfied with how the military is portrayed to the wider civilian population. There is also a disconnect between what civilians think about the military and what military families perceive. Although many Americans believe they genuinely understand and appreciate the sacrifices made by military families, military families themselves do not always perceive this awareness, understanding, or appreciation.

Figure 3: Awareness, Understanding, and Appreciation for Military Families

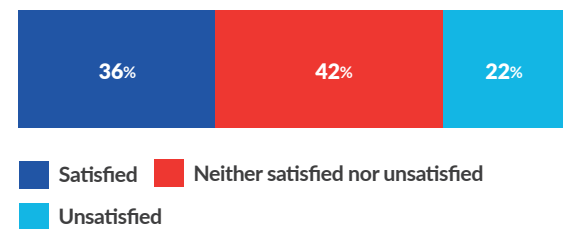
% who agree that the general public ...



While the sense of pride in serving the U.S. military remains strong for many, recent trends have highlighted a shrinking satisfaction with the military way of life⁶ and a growing reluctance to recommend military service to future generations. Just one-third of active-duty spouse respondents (36%) are satisfied with the military lifestyle, a drop from the 49% of spouses in 2021 who were satisfied with the military way of life.⁷ As for active-duty family respondents who are satisfied, only about half (56%) are likely to recommend military service to a young family member and about half (55%) have encouraged others to join the military in the past five years. Active-duty family respondents who are unsatisfied with the military lifestyle are significantly less likely to recommend military service to a young family member ($M=2.47$, $SD=2.57$) than those who reported they were satisfied with the military lifestyle ($M=6.66$, $SD=2.46$).

Figure 4: Satisfaction with Military Life

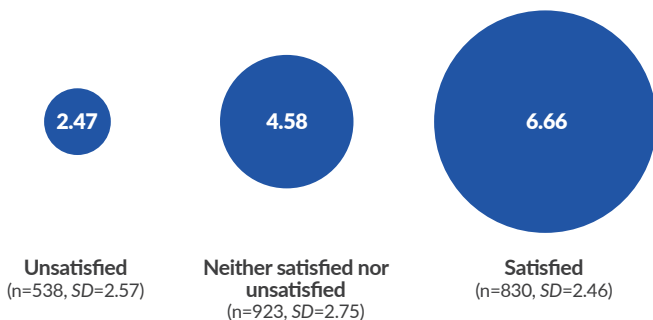
Active-duty spouse respondents (n=2,094)



Question text: Overall, how satisfied are you with the military way of life?

Figure 5: Mean Likelihood to Recommend Military Service, by Satisfaction with Military Lifestyle

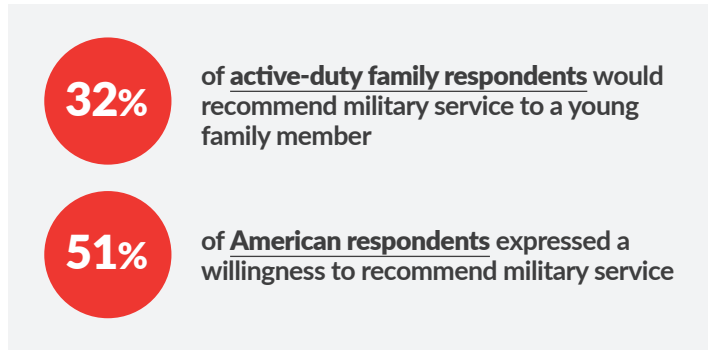
Active-duty family respondents (n=2,291)



Scale 0-10, 0 = Very unlikely, 10 = Very likely

Continuing a trend identified in previous surveys,⁸ only 1 in 3 (32%) active-duty family respondents report they would recommend military service to a young family member. This figure is notably lower than the 51% of American respondents who, in 2023, expressed a willingness to recommend military service.⁹ To sustain an All-Volunteer Force, military service needs to be attractive enough that families are actively encouraging others to participate in this lifestyle.

The decline in the recommendation of military service reflects a growing sentiment of hesitancy among military families. This shift is closely tied to several ongoing concerns — spouse employment, child care, health care, housing and relocation, and children’s education — that may be discouraging individuals from endorsing a military career. While the federal government and the Department of Defense are taking clear and active steps to address these quality-of-life concerns, sustaining the All-Volunteer Force — particularly in a time of global uncertainty and the likelihood of major conflict — requires cross-sector support. A majority of U.S. adults (71%) believe that **Americans** have a responsibility to care for military families, but only 38% had done something to help someone in the military or a military family in the past year.¹⁰ This gap underscores the need for collaborative strides toward improvement. To truly support military families and sustain the All-Volunteer Force, we need collective public understanding and action across sectors. Nonprofits, businesses, educational institutions, and local communities must come together to address the unique challenges facing military families. By joining efforts, we can create meaningful change that goes beyond policy, ensuring these families receive the resources, stability, and support they need to thrive.



Military service has a profound impact on the lives of service members and their families, offering purpose, pride, and a unique lifestyle. Arguably, these same characteristics bring significant challenges that shape their overall quality of life. As service members assess the benefits and drawbacks of their careers, their experiences influence whether they would recommend military service to others. Quality-of-life concerns — such as health care, housing, child care, and employment for spouses — are not just personal matters but topics that affect retention, morale, and readiness. To ensure military service members continue to feel pride and purpose in their roles, concrete steps must be taken to improve these support structures, enabling service members to focus on their mission and motivate them to remain in service until retirement. The collective effort of policymakers, military leaders, and civilian communities is essential to foster an environment where military service remains a fulfilling and honorable path for all who choose it.

Recommendations



Congress

- Establish the Commission on the Quality of Life within the Senate for the All-Volunteer Armed Force to assess quality-of-life considerations for the military and civilian workforces. (Senate-NDAA)
- Monitor the implementation of the Quality of Life Report recommendations to determine how they have impacted service members and their families, including effects on retention and the likelihood to recommend service.



DOD

- Remove automatic access to service members' dependents' records in regard to Military Entrance Processing Stations (MEPS) and require dependents to sign a medical release waiver that mirrors their civilian counterparts.
- The DOD should review its special and incentive pay programs, as well as assess the effect of non-monetary incentives to increase retention.¹¹
 - Bonuses and incentive pay as well as assignment flexibility and educational opportunities.



MSOs & VSOs

- **MSOs and VSOs should take the lead on equalizing the narrative around military service, ensuring that the benefits of services are portrayed as often as the challenges faced by families.***
 - **MSOs, VSOs, and community groups should take the lead on increasing military cultural competence within civilian communities, and provide volunteering and connection opportunities to bridge the gap between military families and their civilian neighbors.***

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey



Spouse Employment and Child Care

Comprehensive Report | **2024**

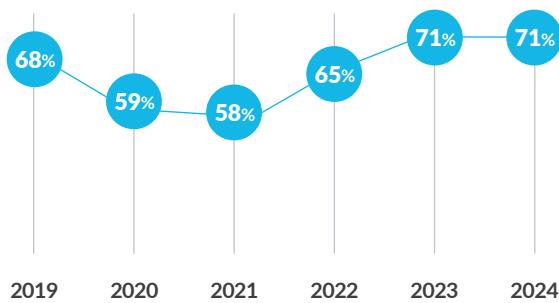
We are deeply grateful to our sponsors: The USAA Foundation, Lockheed Martin Corporation, Northrop Grumman Corporation, Macy's, Inc., AARP, and BAE Systems, Inc., for their generous support of the 2024 Military Family Lifestyle Survey (MFLS). We also want to extend our heartfelt thanks to Craig Newmark Philanthropies, CSX Transportation, TriWest Healthcare Alliance, the Patrick J. McGovern Foundation, Richmond Wholesale, and Pritzker Military Foundation on behalf of the Pritzker Military Museum & Library for their ongoing support of Blue Star Families as a whole. Your contributions enable us to continue serving military families with impactful programs and research year-round.

Child care continues to be a top barrier to employment for active-duty spouse respondents; spouses take two or more months to find care following a relocation. Many are not aware of fee assistance programs or face barriers to using them.

The military spouse unemployment rate has been stagnant for decades.¹ However, the labor force participation rate for active-duty spouses^a has slowly recovered to higher rates than before the COVID-19 pandemic (Figure 1). Yet, despite participating in the labor force at similar rates as their civilian counterparts (71% to 75%, respectively), 23% of active-duty spouse respondents are unemployed. For those who are employed, the majority (66%) report experiencing some level of underemployment, most commonly

Figure 1: Active-Duty Spouse Labor Force Participation 2019-2024

Active-duty spouse respondents



that “my pay level is lower than it should be given my work experience” (40%), “my pay is lower than it should be given my level of education” (39%), and “I am overqualified for my current position” (37%).

Due to stubborn unemployment rates and the prevalence of underemployment, “military spouse employment” continues to be the top issue of concern. Fifty-four percent of active-duty spouse respondents cited this as the most pressing challenge that their families faced.^b

Emphasizing why spouse employment has been the

top concern for military spouses for five years, 77% of active-duty spouse respondents report that two incomes are vital for their family’s well-being, an increase from 63% in 2019 (See *Financial Situation Finding for more information on financial well-being of active-duty families*). Furthermore, for those active-duty spouse respondents who are not currently employed but are searching for employment, the most commonly reported reason (51%) they are looking for employment is “my family needs the income” (Table 1).

Table 1: Top Reasons Active-Duty Spouses are Searching for Employment

Unemployed active-duty spouse respondents* (n=309)

My family needs the income	51%
Working provides me with a sense of purpose outside of my role within my family	23%
I want to begin or continue a dedicated career path	9%
I want to use my education/skill set	8%
Other	6%
Working provides me with an opportunity to engage with other adults	4%

Question text: What is the top reason you are searching for employment? Select one.

*“Unemployed” is defined as not currently employed and having actively sought work in the last four weeks.

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

^b Military spouse employment is also the fourth most commonly reported issue of concern for active-duty service member respondents (34%)

Remote or Transferable Work

Remote or transferable work can be a solution for some spouses to maintain employment compatible with the military lifestyle. Nearly half of employed military spouses (47%) report they would be able to transfer their job with them if they relocated; 30% of active-duty spouses believe they could take their job with them to anywhere in the U.S., and more than 17% believe they can take their job anywhere in the world. The proportion of spouse respondents who were able to maintain their same job with the same employer before, during, and after relocation has decreased slightly from 20% in 2023² to 16% this year.

In the year preceding survey fielding, one-third (35%) of active-duty spouses completed all of their hours worked remotely, while 26% worked some remotely and some in person. However, while remote work is a great option for many, the ability to find remote work has become harder.³ Even in areas that have been helpful to military spouses, like government work,⁴ there have been calls to end the practice.⁵ This is not limited to government positions or military spouses. “Return to office” policies are hitting many industries across the country.⁶

Child Care as a Barrier to Employment

The role of child care availability and affordability as barriers to employment for military spouses are well documented.⁷⁻⁹ The majority (81%) of active-duty spouse respondents have at least one child under the age of 20. Seven in 10 (70%) active-duty spouse respondents^c indicate they need child care in order to work, regardless of their current employment status. Despite efforts being made to reduce child care related barriers, for active-duty spouse respondents who want or need to work and need child care in order to do so,¹⁰ child care affordability, accessibility, and balancing the service member’s job demands continue to be top reasons spouses are not currently employed (Table 2).

Table 2: Top Five Reasons Not Currently Employed Active-duty spouse respondents who need child care in order to work (n=224)	
Child care is too expensive	64%
My service member’s daily work schedule is too unpredictable	51%
My service member’s daily work schedule is too long	44%
Child care is unavailable or the wait-list is too long	43%
My take-home pay would be so low that working does not seem worth the effort	40%

Question text: Why are you not employed currently? Please select your top five choices.

^c Who have children ages 20 years or younger.

Can you provide more detail about why you selected those as the reasons you are not currently employed?

“Child care: not available for interviews, expensive, long waiting list.”

Active-Duty Coast Guard Spouse

“It doesn’t make sense to work when all the money I make would go towards childcare.”

Active-Duty Space Force Spouse

For active-duty spouse respondents who need child care in order to work, regardless of current employment status, “I hire an occasional babysitter when needed” is the most commonly used child care option/resource (39%) while military specific care options such as Child Development Centers and Family Care Centers are not as frequently used (Table 3). Many cities and states across the country are trying to address child care accessibility.^{11,12} Congress and the DOD are also aware of the barrier of the cost of child care both for service members and for spouses seeking employment.^{13,14}

Table 3: Most Commonly Used Child Care Options/Resources

Active-duty spouse respondents who need child care in order to work (n=712)

I hire an occasional babysitter when needed	39%
Off-base, private child care center	35%
I have a family member or friend that helps me	29%
I use before- and after-school care	21%
On-base/installation child care in a Child Development Center (CDC)	21%
Other	10%
Off-base, in-home child care	9%
I have a regular child care provider that comes to my home or who lives with me (e.g., a nanny or au pair)	7%
On-base/installation in-home child care (Family Child Care Center)	6%
I use drop-in child care centers when needed	3%

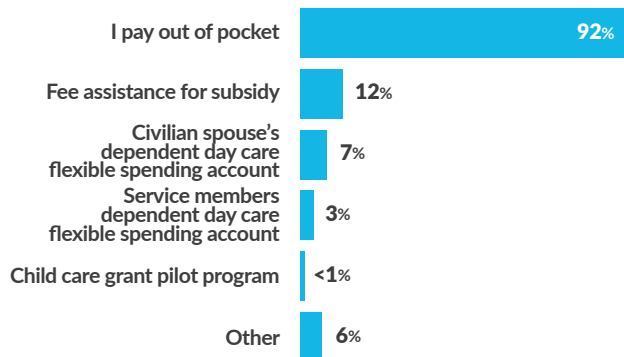
Question text: You indicated you need at least occasional child care. Please select the three child care options/resources that you use most commonly.

Knowledge and Usage of Child Care Payment Resources

Despite child care costs at DOD facilities following a sliding scale as directed by law¹⁵ and the availability of subsidy programs to assist with the cost of non-DOD provided child care,¹⁶ only 12% (Figure 2) use fee

Figure 2: Resources Used to Pay for Child Care

Active-duty spouses who use resources to pay for child care (n=933)



assistance or subsidy, such as Military Child Care in Your Neighborhood (MCCYN), echoing findings from the 2023 MFLS.¹⁷

This low uptake on MCCYN usage may be due to a lack of knowledge of program availability and qualification requirements. For active-duty spouse respondents who need child care in order to work and report using resources to pay for that care, one-third (34%) report they do not know what fee assistance is and 30% do not believe they would qualify for assistance (Table 4).

Table 4: Utilization of Fee Assistance (MCCYN) to Pay for Child Care in the Past Five Years

Active-duty spouse respondents who need child care in order to work and use resources to pay for that care (n=639)

Yes	17%
No, I do not know what fee assistance is	34%
No, I do not believe we would qualify for fee assistance	30%
No, I do not want to go through the application process	3%
No, my provider is not approved to receive fee assistance	6%
No, other reason	10%

Question text: Have you utilized fee assistance (Military Child Care in Your Neighborhood - MCCYN) to help pay for child care in the past five years?

Fee Assistance User Experience

Active-duty spouse respondents who utilize fee assistance predominantly receive assistance through the “MCCYN program administered by Child Care Aware of America” (92%, n=145), 3% through the “Navy Child and Youth Programs” and 4% through “other.” The majority (64%) rate the process to receive fee assistance as “difficult” or “very difficult.” For these respondents, lowering the administrative burden, increasing the pool of eligible providers, and more expeditious communication on behalf of the fee assistance program are top ways to make the process to utilize fee assistance easier (Table 5).

Table 5: Making the Fee Assistance Process Easier to Utilize

Active-duty spouse respondents who report the utilization process is “neither difficult nor easy,” “difficult,” or “very difficult” (n=121)

Lower the administrative burden (less documentation required)	62%
More expedient communication from the fee assistance program	62%
Greater pool of eligible providers	62%
Faster reimbursement to provider once approved	52%
Increased eligibility limits	40%
Other, please specify	13%
None of these	2%

Question text: Which of the following would make the process to utilize fee assistance easier? (Select all that apply)

Which of the following would make the process to utilize fee assistance easier?

“Time to approval is ridiculous. Calling is the only efficient way to check status and they won’t provide estimates of when a step will be completed.”

Active-Duty Spouse Respondent

“Clearer instructions ... and LOWER WAIT TIMES for program eligibility. We waited for over a year to get fee assistance for my 3-year-old after we applied.”

Active-Duty Spouse Respondent

Relocation Adds Additional Challenges

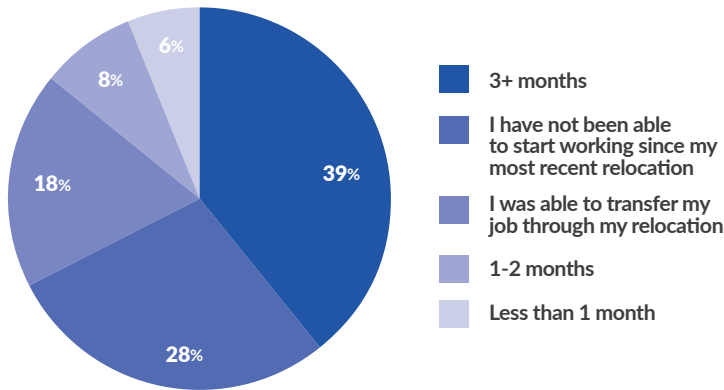
Frequent relocations often come with the need for new employment for those military spouses who had been able to find employment prior to the relocation, and continued searching for those who had not found employment previously. Twenty-eight percent of active-duty spouse respondents^d indicate they had not yet been able to begin working following their most recent relocation with an additional 39% needing three months or longer to find employment (Figure 3).

Finding child care that works for employment needs further complicates the search for employment

^d In the labor force.

Figure 3: Number of Months it Took to Start Working After Most Recent Relocation

Active-duty spouse respondents in the labor force (n=1,611)



during or post relocation. Over half (54%) of those who needed child care to work and were able to find care after their most relocation said it took two months or longer (Table 6).^e

Among those who were able to find care quickly (in two weeks or less), spouse respondents most commonly did individual research (42%) to find their child care, followed by the use of MilitaryChildCare.com (18%), or referrals from local friends and family members (13%) (Figure 4).

Table 6: Time to Find Child Care After Most Recent Relocation

Active-duty spouse respondents who looked for child care in order to work (n=441*)

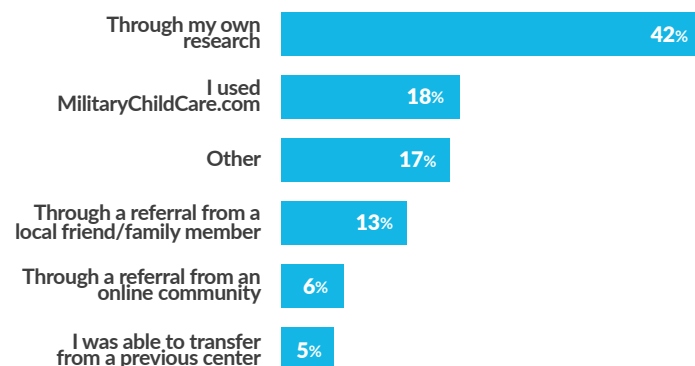
I had child care lined up before arrival	15%
Less than 2 weeks	7%
More than 2 weeks but less than a month	8%
Between 1 and 2 months	17%
More than 2 months	54%

Question text: Considering your most recent relocation, how long did it take you to find child care that met your needs in order to work?

*Those who didn't look for or did not need child care at the time of their most recent relocation and those who selected "other" were removed from the calculation.

Figure 4: How Child Care was Arranged Post-Relocation

Active-duty spouse respondents who had child care lined up before arrival or within two weeks (n=96)



Relocating Overseas

Overseas (outside the continental United States, OCONUS) moves make employment even more challenging. The unemployment rate for spouses located OCONUS is nearly double that of their CONUS counterparts (42%),^f despite a similar labor force participation rate (78%). Seventy-two percent of spouses who have ever been stationed overseas looked for work while there, and child care is also one of the top five barriers to work for these

^e Those who answered "I didn't look for or did not need child care at the time of my most recent relocation" were removed from the calculation.

^f While Alaska and Hawaii are considered OCONUS locations, this calculation does not include those living in Alaska or Hawaii where SOFA regulations do not apply.

spouses. Those that have looked for employment overseas report the top five reasons they had difficulty in finding work overseas are: limited employment options on installation or in local area (62%), overqualified for positions on installation or in local area (39%), home/family obligations (e.g. child care) (34%), limited remote work opportunities (33%), and Status of Forces Agreement (SOFA) restrictions (27%).

Implications

Spouse employment and child care challenges have far-reaching impacts for military service. Nearly one-third (29%) of active-duty spouse respondents selected “civilian spouse encountered too many employment challenges” as a primary reason their service member would choose to leave the military and 15% selecting “child care issues” as a top reason. Spouse employment^{18,19} and child care issues are well-known among the DOD and other organizations.²⁰ The federal government,²¹ local governments, and communities²² are all working to resolve these challenges before they have any further detrimental impact on force readiness.

Recommendations



Congress

- Commission a report on SOFA agreements and other employment barriers that exist and keep military spouses from finding employment OCONUS.
- Extend DOD authorization to quickly fill open positions with qualified military spouses for non-competitive appointment by federal agencies.
- Commission a report on military spouse security clearance, in addition to allowing for the ability of spouses to extend their security clearance or place on hold.
- Supporting Interstate Licensure Compacts by granting DOD permanent authority to enter into a cooperative agreement with the Council of State Governments to develop interstate licensure compacts on licensed occupations for military spouses who relocate to a new state in connection with PCS.
- **Explore ways to incentivize child care providers who serve military children through the tax codes.***

WIN!
Passed
in FY25
NDAA

- Expansion of child care access to military spouses seeking employment from 90 days to 180 days.
- Expand the Military Spouse Career Accelerator Pilot Program and strengthen relationships with Chambers of Commerce by making this a permanent program.
- Require the Secretary of Defense to redesign and modernize the child development program compensation and staffing models to allow for competitive market rates and incentive programs.



Businesses & Organizations

- **Join the 4+1 Commitment: The Formula for Military Spouse Success.**
- Encourage companies to consider the negative repercussions of rolling back remote work policies on the military spouse population.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey



Financial Situation

Comprehensive Report | **2024**

We are deeply grateful to our sponsors: The USAA Foundation, Lockheed Martin Corporation, Northrop Grumman Corporation, Macy's, Inc., AARP, and BAE Systems, Inc., for their generous support of the 2024 Military Family Lifestyle Survey (MFLS). We also want to extend our heartfelt thanks to Craig Newmark Philanthropies, CSX Transportation, TriWest Healthcare Alliance, the Patrick J. McGovern Foundation, Richmond Wholesale, and Pritzker Military Foundation on behalf of the Pritzker Military Museum & Library for their ongoing support of Blue Star Families as a whole. Your contributions enable us to continue serving military families with impactful programs and research year-round.

Active-duty family respondents’ financial situations are challenged by military pay concerns, relocation, and spouse unemployment. For most active-duty family respondents, relocation expenses take 12 or more months to bounce back from financially.

Since the height of the COVID-19 pandemic, the cost of living has increased, financially straining American families,¹ but recent research highlights that military families feel greater financial pressures than their civilian peers. While civilian households have enjoyed a 43% increase in income since 2011, military households saw half that, only 21%.² As a result, in inflation-adjusted terms, military households are worse off now than they were in 2011.³ For military families already burdened by relocation costs, out-of-pocket

In inflation-adjusted terms, military households are worse off now than they were in 2011.

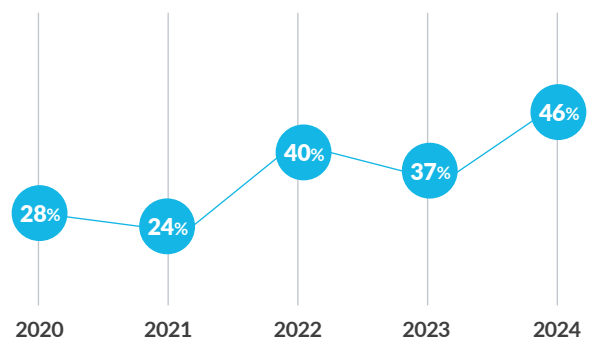
housing costs, and high spouse unemployment rates, this additional strain can have cascading negative financial effects. Highlighting the impact of military family financial challenges on force readiness, recruitment, and retention efforts, the House Armed Services Committee (HASC) Quality of Life Panel Report, released in April 2024, included several recommendations directly tied to military family financial security, including military pay and spouse employment efforts, such as an increase in service member pay.⁴

Military pay has been a top five reported issue of concern for the past five years for active-duty family respondents (Figure 1), nearly doubling in importance as the most commonly reported concern in the Military Family Lifestyle Survey (MFLS). Among enlisted respondents, it is the top issue of concern; 58% of enlisted active-duty family respondents list this as a top issue, compared to just 30% of officer family respondents.

The role of military pay in military family financial security is emphasized by fewer than two-thirds (62%) of active-duty family respondents who report their current financial situation as “doing okay” or “living comfortably,” in contrast to 72% of overall U.S. adults.⁵ Differences in financial situation were noted amongst respondents by their/their service member’s rank with a majority of officer active-duty family respondents (82%) indicating they were “doing okay” or “living comfortably,” compared to fewer than half of their enlisted

Figure 1: Military Pay as a Top Issue of Concern 2020-2024

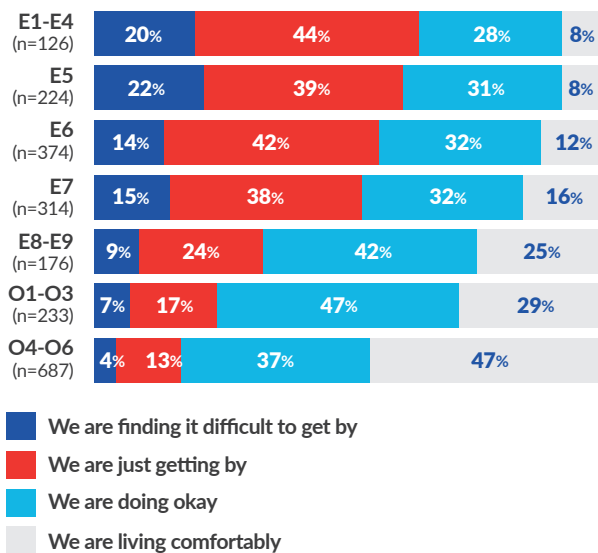
Active-duty family respondents



Question text: Please select at least five military life issues that most concern you.

Figure 2: Financial Situation by Rank

Active-duty family respondents



Note: Mid-grade enlisted ranks E5-E7 were separately broken out due to the variability in this group.

counterparts (46%) (Figure 2). Those most impacted by low military pay are those in the lowest ranks. Only one-third (36%) of junior enlisted (E1-E4) reported they were “doing okay” or “living comfortably” with (44%) reporting they are “just getting by.”

Pay Errors

Concerns related to military pay issues encompass more than the amount of base compensation received for service. More than one-quarter (27%) of active-duty family respondents reported that they/their service member experienced a pay error within the past 12 months. The majority (77%) of those respondents reporting pay errors indicated that they received less money than they were owed. Nearly two-thirds (64%) of those who experienced pay errors

reported it took three or more months to rectify these errors and 69% reported the process to be “difficult” or “very difficult.” While it is unclear what causes these pay errors, it is an opportunity for further research.

Top Contributors to Financial Stress

For the past three years, active-duty family respondents have consistently reported that housing costs, relocation costs, and spouse unemployment and underemployment are the top contributors to their families’ financial stress (Table 1).

Table 1: Top Contributors to Financial Stress		
Active-duty family respondents who report experiencing financial stress ^a		
2022 (n=2,134)	2023 (n=2,100)	2024 (n=1,920)
Housing Costs 48%	Housing Costs 48%	Housing Costs 48%
Underemployment/Unemployment 31%	Relocation Costs 34%	Relocation Costs 32%
Relocation Costs 31%	Underemployment/Unemployment 30%	Underemployment/Unemployment 28%

Question text: Which of the following contributes to your family’s current financial stress? Please select your top three choices.

^a Those who answered “We currently have no financial stress” were removed from the final calculation.

Housing Costs

For nearly half (48%) of financially stressed active-duty families, housing costs were the top contributor to their financial stress, for the third year in a row.^{6,7} The efforts to address the disparity between Basic Allowance for Housing (BAH)⁸ and reported service member monthly housing costs have not yet reduced the proportion who are exceeding their anticipated cost-share. An increasing proportion of military families are unable to cover their housing costs with their allotted BAH, or within the anticipated cost-share of \$200/month (Figure 3). Active-duty family respondents paying above their expected cost share are still the majority.

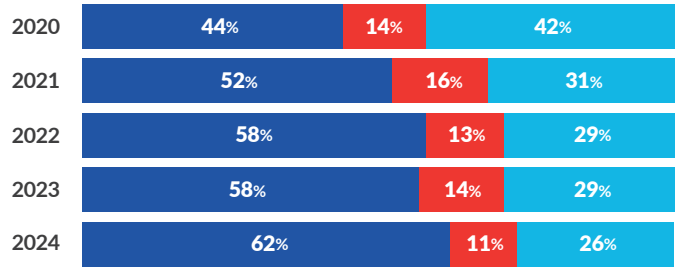
Relocation

Each year, approximately one-third of military families relocate, up to 400,000 service members and families.⁹ The financial costs of relocation can be enormous and have cascading impacts to a family’s financial situation including loss of employment for the spouse, loss of accessible child care, and can lead to food insecurity.¹⁰ One-third (32%) of active-duty family respondents completed a PCS within the 12 months preceding survey fielding. Of these respondents, the majority (74%) indicated they were “doing okay”/“living comfortably” prior to their recent relocation, but only 61% report their financial situation after the relocation is the same. This may be due in part to unreimbursed out-of-pocket expenses. Most (69%) active-duty families reported they paid more than \$500 for out-of-pocket expenses related to their most recent PCS that were not reimbursed (Figure 4).

Rebuilding after a relocation takes time. More than half (52%) of active-duty family respondents who had out-of-pocket relocation expenses

Figure 3: Housing Costs

Active-duty family respondents 2020-2024



- % exceeding cost-share (>\$200)
- % within cost-share (<\$200)
- % within BAH (\$0 out of pocket)

Question text: “Basic Housing Allowance (BAH) is a benefit that provides uniformed service members housing compensation intended to cover 95% of housing costs in local civilian housing markets.

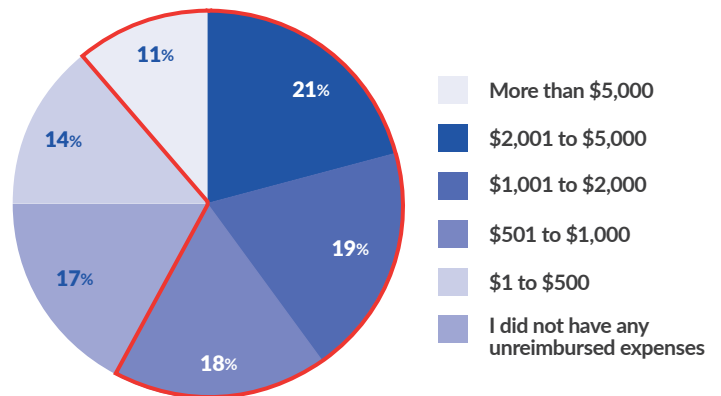
What amount of your monthly out-of-pocket housing costs, including utilities, are NOT covered by your BAH?”

Note: Those who answered “unsure” and “prefer not to answer/does not apply” were excluded from analysis.

Rows may not sum to 100% due to rounding.

Figure 4: Unreimbursed Costs Related to Most Recent PCS

Active-duty family respondents (n=1,824)

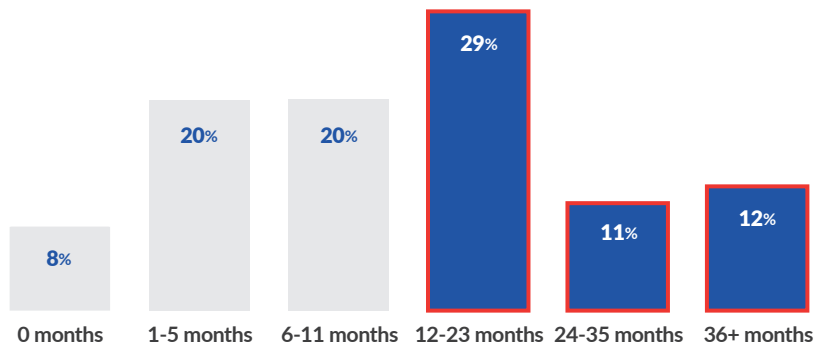


69% of active-duty families paid more than \$500 in unreimbursed costs for their most recent PCS.

Question text: During your last PCS, how much of your out-of-pocket expenses related to the PCS were not reimbursed?

Figure 5: Number of Months to Rebuild Savings/Pay Down Debt Following Relocation

Active-duty family respondents (n=1,142)



52% say it will take longer than 1 year to financially recover from a PCS.

Question text: How many months did it/do you anticipate it will take to rebuild your savings/pay down your debt after your recent relocation?

report it did (or will) take 12 or more months before they are able to (or will) regain their pre-relocation financial state (Figure 5).

Unsurprisingly, the recovery time differences align with the time it takes for a military spouse to find new employment. Among those active-duty spouse respondents who started new employment after their most recent PCS, 72% said it took longer than three months (Table 2).

When relocating every 18-36 months,¹¹ military families need to begin preparing for the next

relocation almost as soon as they arrive in their new community, something that is difficult to do given the amount of time it takes to regain financial footing from the most recent PCS.

Table 2: Months it Took After Most Recent Relocation Before Beginning Work
Active-duty spouse respondents* who started new employment after most recent PCS (n=868)

Less than 1 month	12%
1-2 months	16%
3-4 months	19%
5-6 months	17%
7-9 months	9%
More than 9 months	27%

72% said it took longer than 3 months to begin work.

Question text: How many months after your most recent relocation did it take before you were able to start working?

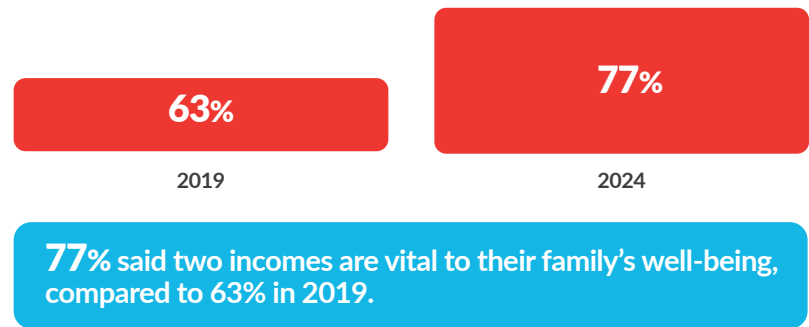
*Who are not also active-duty service members

Spouse Employment

Recent reports have indicated that military family incomes have begun lagging behind their civilian counterparts, primarily due to lack of employment for spouses.¹² An increasing proportion of military families say that having two incomes is vitally important to their family’s well-being; more than three-quarters of 2024 active-duty family respondents (77%) agree, an increase from 63% in 2019.

While it seems obvious, spouses who are employed report better financial situations than their unemployed peers (Figure 7); nearly twice the proportion (69%) of active-duty spouses who are employed full time or part time report their family’s financial situation as “doing okay” or “living comfortably” compared to those who are unemployed (37%). See Spouse Employment and Child Care Finding for more information.

Figure 6: Two Incomes is Vitally Important
Active-duty family respondents, 2019 and 2024



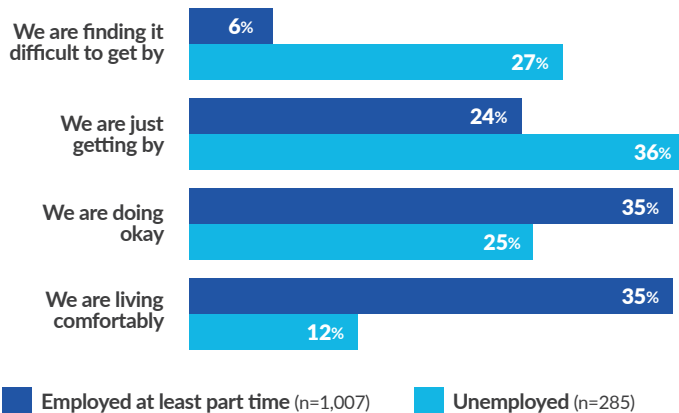
Question text: Please indicate whether you strongly disagree, disagree, agree, or strongly agree with the following statement: Having two incomes is vitally important to my family’s well-being.

Financial Stability Solutions

When active-duty family respondents were asked to identify their top solutions to their financial stress, the majority (72%), reported a military pay raise as the top solution (Table 3). Congress has been working

Figure 7: Financial Situation by Employment Status

Active-duty spouse respondents who are not also service members



on ways to improve the financial stability of military families, especially of those in the most junior pay grades through pay increases,¹³ targeted spouse employment programming, and child care eligibility expansions.

Military families face distinct financial challenges compared to their civilian counterparts, exacerbated by issues like relocation expenses, spouse unemployment, military pay errors and the threat of government shutdowns. The lingering impact of these challenges on financial stability and force readiness underscores the importance

of targeted solutions, such as increasing military pay and enhancing spouse employment opportunities. Addressing these issues is vital for ensuring the long-term resilience and well-being of military families.

Table 3: Top Solutions to Solve Financial Stress
Active-duty families (n=1,884)

Military pay raise	72%	Greater number of providers accepting TRICARE	19%
Increased BAH	68%	Extended Temporary Lodging (TLE) benefits*	15%
Employment for spouse	38%	Avoid government shutdown	20%
Student loan forgiveness	25%	Greater number of providers accepting TRICARE	19%
Child care subsidy	23%	Extended Temporary Lodging (TLE) benefits*	15%
Avoid government shutdown	20%		

Question text: Which of the following would best solve your financial stress? Please select your top three choices.

*On Sept. 13, 2024, the DOD announced an increase of TLE from 14 to 21 days.¹⁴

Recommendations



Congress

- Restore BAH payment to 100% of the calculated rate.



DOD

- Revise BAH calculation to align more quickly with fluctuating housing/rental markets, consider evaluating at shorter intervals.
- Providing improved financial literacy training to service members and their spouses designed to address the unique or specific needs of members and their families.
- The Office of the Inspector General should conduct a comprehensive review of the magnitude of unpaid and delayed payments to service members and their families and provide recommendations for improving efficiencies.^{15,16}
- Implement a clear and streamlined process for resolving pay and reimbursement issues that does not inadvertently penalize the service member.



Communities

- Foster belonging for military families through community partnerships and resource integration.*

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey



Health Care Access

Comprehensive Report | **2024**

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Health care access remains a key issue for military families; the proportion of active-duty families who report “health care access” as a top concern has more than doubled from 2020 to 2024.

With a decreasing network of civilian providers accepting TRICARE and a lack of availability at military treatment facilities,¹ military families continue encountering challenges in accessing health care, particularly mental health care. High-quality health care benefits may encourage military families to stay in service; among active-duty service member respondents who decided to stay in military service longer than they originally planned, nearly half (49%) reported it was because of health care benefits.^a

10% of active-duty family respondents cited the inability to access health care as a primary reason they would leave the military.

However, access to health care has been increasingly reported as a top issue of concern for active-duty family respondents (Figure 1) since 2020. It was also highlighted in the House Armed Services Committee Quality of Life Panel Report² as an area that must be addressed due to its impact on recruitment and retention. This year, 10% of active-duty family respondents said that their inability to access health care was a primary reason that

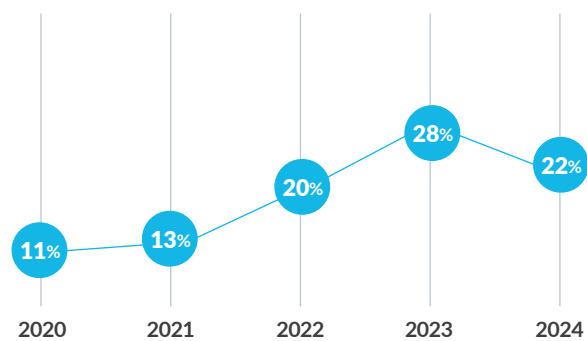
Of those active-duty service members who have stayed in longer than planned, 49% stayed due to health care benefits.

they would choose to leave the military.^b However, with some families choosing to stay because of the health care benefits and some leaving because of difficulty accessing those same benefits, the reason why needs a deeper look.

With three different TRICARE options (depending on location),³ families have the ability to choose which health care plan best fits their family. For those enrolled in TRICARE Prime, they see a Primary Care Manager (PCM) and are referred to specialists for services their PCM cannot provide; TRICARE Select allows an enrollee to select any TRICARE-authorized provider (network or non-network).^c Families are given the option to swap between plans during TRICARE’s Open Season or if they

Figure 1: Access to Military/VA Health Care Reported as a Top Issue of Concern

Active-duty family respondents



Question text: Please select at least five military life issues that most concern you.

^a Question text: What influenced you to remain in service longer than you had originally planned? (Select all that apply)

^b Respondents chose their top five choices.

^c An additional TRICARE Prime option is US Family Health Plan (USFHP) which is offered in six areas and enrollees see USFHP providers.

have a Qualifying Life Event (QLE).⁴ Aligning with the military beneficiaries overall,^{d,5,6} most (79%) active-duty family respondents report using TRICARE Prime as their health insurance, while 24% use TRICARE Select, and 4% use other private health insurance. For active-duty family respondents who currently use TRICARE Select, more than two-thirds (69%) had made the switch from TRICARE Prime. For respondents who have previously utilized TRICARE Prime, the top three reasons reported for TRICARE Select were: “more control over their choice of providers” (82%), “appointment availability” (64%), and “unsatisfied with the quality of care in military treatment facilities” (59%) (Table 1).

Table 1: Top Reasons for Switching from TRICARE Prime to TRICARE Select Active-duty family respondents (n=369)	
More control over choice of providers	82%
Appointment availability	64%
Unsatisfied with the quality of care in military treatment facilities	59%
Did not want to get referrals for specialty care	55%
To provide greater continuity of care when relocating	26%
Did not want my family’s medical records with military health care	8%
Concerns about the transition to MHS Genesis system	7%
Other	14%

Question text: Why did you/your family switch to TRICARE Select? (Select all that apply)

Ghost Networks

The shortage of available providers across the country has led to the development of “ghost networks”⁷ in some areas, a problem so prevalent that Congress has initiated efforts to address it.⁸⁻¹⁰ A “ghost network” is when provider directories inaccurately claim that providers are available, but beneficiaries find that providers are unavailable or not accepting new patients. More than 100 military bases are located in areas federally designated as primary care shortage areas. Three in 4 U.S. military bases in primary care deserts are also in a mental health care desert, maternal care desert, or both.¹¹ Finding available providers, particularly for mental health care,^{12,13} can be difficult and time-consuming for TRICARE Prime beneficiaries, who need approval to go outside of the network for care or agree to point of service payments.¹⁴ When asked in an open-ended question, “Have you had to change providers or had difficulty finding providers who accept TRICARE? Please tell us about your experience.” nearly half of active-duty family respondents (44%) mentioned difficulty with accessing care, most commonly reporting “finding a provider that accepts TRICARE caused the most difficulty” (19%). Many described difficulty finding providers that both accepted TRICARE and were accepting new patients, which sometimes caused families to have delays in care (11%).

^d Active-duty service members are required to utilize TRICARE Prime.

Have you had to change providers or had difficulty finding providers who accept TRICARE? Please tell us about your experience.

“Yes, every move means new providers and specialists. Sometimes they won’t accept the prior doctor’s medical history and want to start all over.”

Active-Duty Army Spouse

“Yes I can’t find a primary doctor that will accept me as a new client. I have to go to urgent cares.”

Active-Duty Marine Corps Spouse

“Yes. The Provider Network search tool was inaccurate and I ended up ... paying to see an out of network provider.”

Active-Duty Spouse

Mental Health Care

Due to nationwide shortages of mental and behavioral health care providers,¹⁵ finding mental health providers that accept TRICARE and are accepting new patients has grown increasingly difficult. One in 4 (25%) active-duty family respondents report they currently receive mental health care, and another 22% report they would like to receive care but do not currently (down from 26% in 2023). For active-duty families with children, 1 in 5 (20%) active-duty family respondents say their child currently receives mental health care and 13% would like their child(ren) to receive mental health care, but they do not. Nearly half of active-duty family respondents (42%) who report that their child(ren) do not receive care, but they would like them to say this is because they cannot find an available provider who will treat their child(ren).

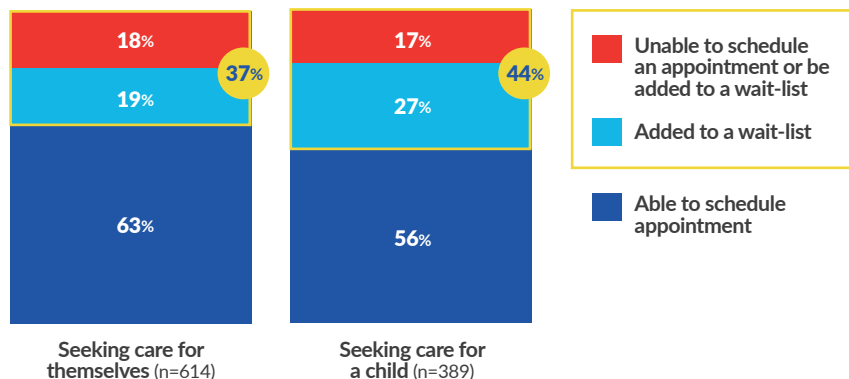
Even when families can find a TRICARE provider within 50 miles of their home, roughly 2 in 5 active-duty family member respondents^e who are seeking care for themselves (37%) and those seeking care for a child (44%) encounter wait-lists or are unable to schedule an appointment (Figure 2).

^e Active-duty family respondents who currently receive mental health care or would like to receive mental health care, who have a provider within 50 miles of their home (n=617).

For those active-duty family respondents who were put on a wait-list, 2 in 5 (39%) of those seeking care for themselves waited longer than three months for care. Those seeking care for children waited even longer; 9 in 10 waited three months or longer for care. While these wait times align with the average wait times for mental health care in the United States,¹⁶ this is about double the Military Health Service expected standard wait time for specialty services (28 days).¹⁷ It also exceeds the timeframe identified by respondents to the 2023 MFLS as an “acceptable” length of time to see a specialist.¹⁸

Figure 2: Ability to Schedule Mental Health Care Appointment

Active-duty family respondents who had a provider within 50 miles and attempted to make a mental health care appointment



These respondents were unable to schedule an appointment, even when they have a provider.

89% of active-duty family respondents whose child was put on a wait-list for mental health care **waited three months or longer for the next available appointment.**

Medical Debt

Despite the benefit of health care coverage for military personnel and their families, some families still accumulate medical debt.¹⁹ Nearly 1 in 10 (7%) active-duty family respondents report having medical debt. Most said it was due to co-pays/deductibles (15%), dental-related procedures (14%), emergency medical situations (11%), and hospital bills (10%).

Dental-related procedures were the main health care treatment for families incurring debt (14%). There were also a few mentions (2%) of assisted reproductive technology treatments that caused medical debt. This is something Congress and the DOD have been addressing for several years.^{20,21}



1 in 3 active-duty families with medical debt (35%) owe more than \$2,000.

Recommendations



Congress

- Commission an updated report from the 2014 TRICARE Dental Services Contract’s Requirements and Structure to ensure that TRICARE recipients are receiving the best possible coverage.
 - Evaluate why dental providers are not willing to accept TRICARE insurance.
- Work with states to ensure smooth transition of mental health providers such as licensed social workers and counselors on their compacts for licensure.
 - Maintain telehealth mental health services (community providers) regardless of relocation and across state-lines.
 - ❖ Pilot program/study to find solutions to unique situations faced by military families (losing providers during TDY/PCS, etc.).



DOD & DHA

- Ensure beneficiaries have access to provider lists that are accurate and up to date on TRICARE website by enforcing this policy within their contract.
 - Ensure providers no longer in-network or accepting TRICARE are removed.
 - Expand the current directory to include specific mental health specialty areas of focus and age of clients.
- Increase mental health and health care professionals
 - Make the process for mental health and health care professionals being accepted into the TRICARE network more efficient and streamlined.
 - Stop capping the number of providers in areas due to long wait-lists.
 - Social Work Licensure Compact expansion – expediting the process; reimbursement for licensure fees who work with TRICARE patients.
 - Eliminate budget and statutory limitations that hinder the Services’ ability to increase incentive pay and retention bonuses for DOD behavioral health clinicians.²²

■ Create loan forgiveness programs for DOD behavioral health clinicians.*



States/Localities

- Encourage Hawaii to remove health care services from being taxed by sales tax.
 - The only state left in the country that taxes patient copayments and deductibles, as well as the only state that taxes Medicare, Medicaid and TRICARE reimbursements.



Providers

- Encourage providers to keep their profiles up to date on Psychology Today including specialties areas and whether or not they take TRICARE.

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey



Female Service Members

Comprehensive Report | **2024**

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Female service members are significantly more likely to recommend military service than their male peers; 1 in 2 agree that being part of the military community is an important part of their self-image, notably higher than their male counterparts.

With the growing number of women joining the All-Volunteer Force,¹ and the largest portion of currently recruitable people being women,² the perspective of female service members is more important than ever. While women currently make up just 18% of the active-duty force,³ equal proportions of female and male service members^a responded to this year’s survey (49% female and 49% male), allowing for comparison across their responses. In this sample, the majority of female service members are married (75%), though at slightly lower rates than their male peers (82%), and 8% are dual military (married to another service member), compared to just 3% of male service members. A majority of female service members (70%) report having one or more children under 20 years of age who live with them, similar to 66% of their male peers.

Female service members are proud of their military service, and consider it an important part of their identity, notably more than their male peers.

Female service members are also significantly more likely to recommend service to a young family member than their male counterparts (M=5.4 versus M=4.5; Figure 1).

However, female service members report greater concerns with child care, housing challenges, and family building concerns. A notably greater proportion of female active-duty service member respondents report BAH/off-base housing and child care challenges as a top issue (Figure 2). Half (49%) of female service members report BAH/off-base housing as a top concern, compared to 40% of male service members. Consistent with previous findings that female service members face challenges balancing military and family life, particularly around child care,⁴⁻⁷ 34% of female service members report child care is

Figure 1: Mean Likelihood to Recommend Military Service to a Young Family Member, by Gender

Active-duty service member respondents



Scale 0-10: 0 = Very unlikely; 10 = Very likely

Feel pride in their accomplishments during their military service



Agree that being part of the military community is an important part of their self-image^b

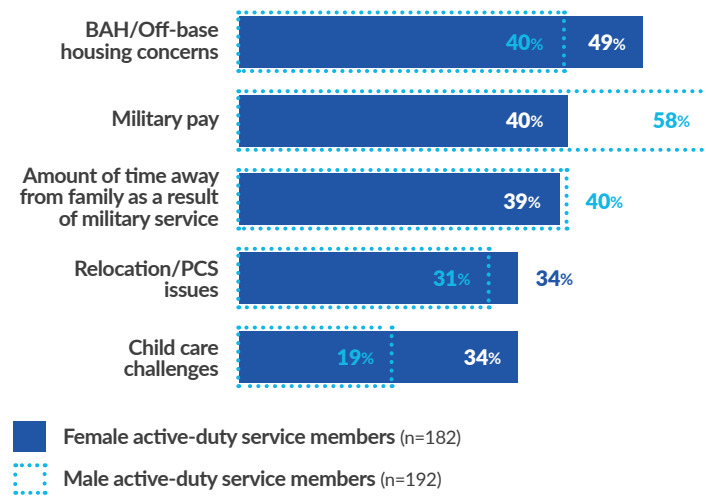


^a Those selecting “transgender woman” were combined with those who selected “woman” and those who selected “transgender man” were combined with those who selected “man.” Two percent of respondents selected “non-binary/genderfluid/genderqueer” or “gender identity not listed” and were not included in this analysis.

^b Respondents were asked to scale their level of agreement (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree) with the following statement: “Being a part of the military community is an important part of my self-image.”

Figure 2: Top Military Life Issues, by Gender

Active-duty service member respondents



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

a top concern, compared to 19% of their male peers, even though the proportion of service members with children is similar (70% for females and 66% for males).

While many of the reasons for leaving service are similar for male and female service members, there are some notable differences (Table 1). Twice as many female service members (26%) note child care challenges as a primary reason they would leave military service, compared to male service members (12%), and nearly twice as many note family building challenges (16% versus 9%).

1 in 4 female service members (26%) report that “child care challenges” are a primary reason they would leave military service (**compared to 12% of male service members**).

Table 1: Reasons for Leaving Military Service, by Gender
Active-duty service member respondents

	Female Active-Duty Service Members (n=189)	Male Active-Duty Service Members (n=194)
Military retirement	47%	52%
The military lifestyle did not allow me sufficient time with my family	38%	41%
Feel more valued and/or able to earn more money in the private sector	35%	44%
Lost faith or trust in unit/command leadership	31%	27%
Concerns about the impact of military life on my child(ren)'s education	28%	30%
Child care challenges	26%	12%
Lost faith or trust in political leadership	23%	25%
Concerns about the mental health of my family	22%	24%
Lack of military career advancement opportunities	19%	21%
Challenges in building my family	16%	9%

Question text: What would be the primary reason(s) for you/your service member choosing to leave the military? Please select your top five choices.

Limited availability at Child Development Centers (CDCs) may disproportionately impact female service members. Women often suffer professionally due to being the main caregiver in the home.⁸ For female service members who have children, the ability to find and maintain child care can impact their ability to continue military service.⁹ A greater proportion of female service members who need child care report they need that child care in order to work, compared to their male counterparts (59% versus 41%).

Female service members who need child care at least occasionally more commonly use CDCs, compared to their male peers (42% versus 28%),^c so staffing shortages¹⁰ or limitations in scheduled availability at these child care centers may disproportionately impact female service members (Table 2). Female service members are less likely than their male peers to use off-base child care (28% versus 37% of male peers), or use more informal resources, such as hiring a private babysitter (28% versus 40% of male peers) or having a friend or family member help with child care when needed (25% versus 34% of male peers). The DOD and Congress are continuing to work on ways to improve child care on installations and overall for military families.^{11,12}

Table 2: Most Commonly Used Child Care Option/Resources
Active-duty service member respondents with a need for child care

	Female Active-Duty Service Members (n=79)	Male Active-Duty Service Members (n=65)
On-base/installation child care in a Child Development Center (CDC)	42%	28%
Off-base, private child care center	28%	37%
I hire an occasional babysitter when needed.	28%	40%
I use before and after school care.	28%	22%
I have a family member or a friend that helps me.	25%	34%
Other ^d	8%	2%
I have a regular child care provider that comes to my home or who lives with me (e.g., a nanny or au pair).	8%	9%
On-base/installation in-home child care (Family Child Care Center)	5%	12%
I use drop-in child care centers when needed.	4%	5%
Off-base, in-home child care	3%	7%

Question text: You indicated you need at least occasional child care. Please select the three child care options/resources that you use most commonly.

^c Respondents chose the top three child care options/resources they use most commonly.

^d The main takeaways for active-duty service members who answered “other” were they take their children to work with them, they cannot afford child care and make do without, or their children are in preschool.

Concerns about balancing military service and family obligations may also impact female service members before they become parents. Over the past several years, we have seen several initiatives implemented allowing female service members to better balance family needs with their service to their country. These positive changes include 12 weeks of flexible parental leave,¹³ reimbursement for up to \$1,000 of expenses for service members who are breastfeeding,¹⁴ allowing women a full year to recover body composition standards after pregnancy, including those who experience perinatal loss.¹⁵ Yet, even with these breakthrough initiatives, three-quarters (76%) of female service members who do not currently have children (20 years or younger) said they have **intentionally delayed** having children due to their military lifestyle. For those who have chosen to serve and have children, child care availability and affordability challenges, low satisfaction with military obstetrics,¹⁶ ongoing staffing shortages at Military Treatment Facilities and off installations,¹⁷ and many other issues have yet to be resolved.



76% of female service members who desire to have a child but do not currently, have intentionally delayed having children due to their military lifestyle (n=25).

Understanding and addressing the specific needs of female service members is key to maintaining women's military service participation in the future. This is crucial considering female service members were more likely to continue military service for the next five years than their male counterparts; 31% of female service members said they are unlikely to leave service in the next five years compared to male service members (24%). Nearly half (48%) of female service members also said if they were given the opportunity to terminate their service without repercussions that they would be unlikely to do so, compared to 42% of male service members.

Knowing how important it is to retain and recruit female service members, the individual branches have begun to take a holistic look at the experiences of female service members with respect to menstruation, child bearing, physical fitness, and uniforms. Programs like the Navy's Women's Initiatives Team (WIT) "... aims to foster more inclusive warfighting teams while improving recruitment and retention across the fleet."¹⁸ Navy-WIT has worked to successfully address undue burdens for female sailors including the

removal of the postpartum “wellness” physical fitness assessment requirement¹⁹ and updating female uniform policies.²⁰ Additionally, Navy researchers²¹ are looking for innovative ways to address menstruation-related supply needs for sailors at sea, where storage space for personal items is severely limited. Continued acknowledgement of the female service member experience, including championing their involvement in efforts to address their challenges, is likely to produce positive returns in both the short and long term.

Limitations

Female service member respondents were oversampled and represent 49% of the active-duty service member respondents, although women make up 18% of the military.²² Those who selected “Non-binary/ Gender Fluid/Genderqueer” or “gender identity not listed” were removed from calculations to respect their gender identity. While we use “female” and “male” interchangeably with “woman” and “man,” we recognize they are distinct and separate descriptions. This finding does not cover all issues that impact female service members, such as military sexual trauma, sexual assault, and harassment, which are critical issues for many female service members, but outside the scope of this finding.

Recommendations



Congress

- Authorize service women and dependents to switch their TRICARE health plans at pregnancy to allow for choice and flexibility of care in the community instead of only accessing care at Military Treatment Facilities.
- Pass the Improving Access to Maternal Health for Military and Dependent Moms Act to require the U.S. Department of Defense to provide Congress with a comprehensive study on access to maternal health care within the Military Health Service for service members and their dependents.²³



DOD

- Inform, expedite, and expand the Career Intermission Program (CIP) application process for service members to allow a pause in service to meet their needs, whether it is personal, professional, or educational.
- Ensure recruitment messaging and tactics are inclusive of females.
- **Ensure that female service members have the proper fitting uniforms, personal protective equipment (PPE), and combat gear.***
- **Allow for the expansion of nontraditional care at CDCs for dual active-duty or single parent active-duty families.***

*More information in Recommendations Chapter of Comprehensive Report

Female service members often bear the primary responsibility for obtaining child care. Please see the Spouse Employment and Child Care Finding for recommendations.



Military Family Lifestyle Survey



Suicide Prevention and Postvention

Comprehensive Report | **2024**

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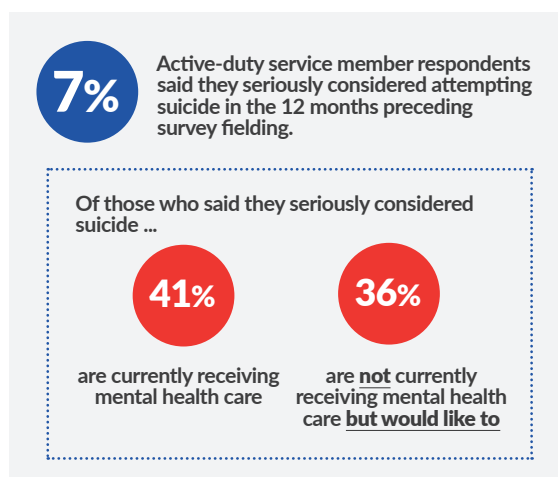
1 in 4 active-duty service member respondents report exposure to a suicide within their unit/command within the 12 months preceding survey fielding.^a While adequate support resources are often offered after a death by suicide, there is opportunity to improve dissemination of postvention resources.

Suicide remains a top concern for the military population; in fact, the Defense Health Agency has reported that service members were more likely to die by suicide than in combat.¹ Since 2011, suicide rates among active-duty service members have continued to rise, though most recent reports remain lower than the peak experienced in 2020. This has led the Inspector General to open an investigation into Navy suicides² and branch efforts³⁻⁵ to combat high rates of suicide and suicide clusters. In 2022, the Department of Defense created the Suicide Prevention and Response Independent Review Committee (SPRIRC)⁶ among other efforts aimed at the goal of reducing service member suicide. The recommendations from the SPRIRC have been accepted and will be implemented over the course of the next six years.⁷

While the number of deaths by suicide is tracked each year, the prevalence of suicidal ideation among service members across the force is not as easily quantified. In this year’s survey, 7% of active-duty service member respondents report that they have seriously considered attempting suicide within the 12 months preceding survey fielding. Of these respondents, 41% (n=22) are currently receiving mental health care and 36% are not currently receiving mental health care but would like to receive care. Previous MFLS research⁸ found that difficulties getting time off of work, concerns about confidentiality, difficulty scheduling appointments, and concerns about the career impacts of receiving care were the top reasons active-duty service member respondents were not receiving care, even when they wished to receive mental health care.

Suicide impacts more than just the individual; exposure to suicide is associated with increased odds of suicide and suicide attempts,⁹ making it critically important to address suicide exposure. One-quarter of active-duty service member (26%) and spouse (23%) respondents report that their command has experienced a suicide in the 12 months prior to survey fielding.^b

Service members who do experience a suicide within their unit/command within the previous 12 months may be less likely to recommend military service to young family members (3.78 versus 5.13, on a scale of



^a March 2023 to March 2024.

^b A greater percentage of spouses reported they “did not know” whether there was a suicide within the unit/command (33% versus 12%).

0-10). Exposure to suicide was not unique to any one branch, though a higher proportion of Navy active-duty service member respondents reported their command had been through this experience. (Table 1)

Table 1: Unit/Command Experienced Suicide Within Past 12 Months, by Branch Active-duty service member respondents			
	Yes	No	I don't know
Air Force (n=86)	21%	69%	11%
Army (n=82)	31%	59%	11%
Navy (n=91)	33%	53%	14%

Question text: In the past 12 months, has your/your service member's unit/command experienced a suicide?

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

For Navy active-duty family respondents who reported being on sea duty at the time of survey fielding, this jumps to 36% who had experienced a suicide in the past 12 months, in contrast to just 20% of their counterparts who reported being on shore duty (Figure 1).

Command Support Following a Suicide

In 2023, the Defense Suicide Prevention Office (DSPO) created and distributed a Postvention Toolkit¹⁰ for a Military Suicide Loss for Commanders and other leaders to follow when a suicide occurs. This toolkit provides stepwise instructions for stakeholders in the command ecosystem. However, 14% of active-duty family members who reported their unit/command experienced a suicide within the last 12 months said they were not offered resources after the suicide, and 47% did not know if resources were offered. Resource provision may differ between the service branches as well (Figure 2). While a slightly greater proportion of Navy active-duty service member respondents report having experienced a suicide in their unit/command, the majority (63%) also report resources were offered by their unit/command following the experience of a suicide.

Figure 1: Unit/Command Experienced a Suicide in Past 12 Months, by Duty

Navy active-duty family respondents (n=513)

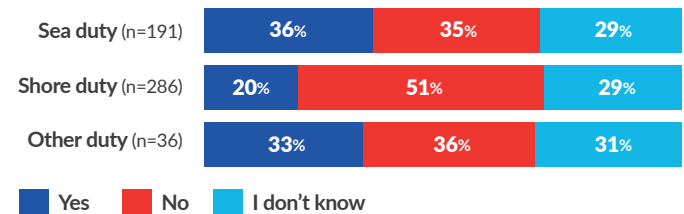
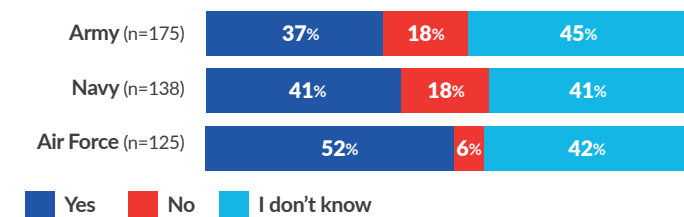


Figure 2: Unit/Command Offered Resources to Service Members Following a Suicide, by Branch

Active-duty family respondents



Question text: Did the unit/command offer resources to the service members following the suicide?

Most service member respondents (75%) who received resources after a suicide in their unit or command felt the support was adequate and effective. However, those who did not, described a desire for mental health professionals instead of chaplains, a need for ongoing check-ins, and barriers to non-emergent mental health care.^c

Feedback on Resources Offered to Service Members Following a Suicide*

“Continual check-ins following death of soldier events bringing section together ... and not having us go right back to work like nothing happened.”

Active-Duty Army Service Member

“Commands seem too fast to move on and forget ... Resources are thrown about and basically they’re expected to go on about their day ...”

Active-Duty Air Force Service Member

“Having any real access to non-emergent BH [Behavioral Health] care. The only way Soldiers can get BH here at [Installation] is if they are actively suicidal.”

Active-Duty Army Service Member

* Respondents who did not believe the support offered was adequate or effective were asked “what would have been adequate and effective?”

Non-Emergent Mental Health Needs

As with the incidence of suicidal ideation, the number of non-emergent mental health issues that are experienced across the active-duty force is not readily quantifiable unless the service member seeks or is mandated to receive care. It is well-documented that mental health is a contributing factor to overall health and well-being, so this lack of a global picture of service member mental health is cause for concern. One in 4 (26%) active-duty service member and active-duty spouse (24%) respondents report they have experienced a non-emergent mental health issue in the past 12 months. The majority (59%) of active-duty service member respondents who have experienced a non-emergent mental health issue are receiving mental health care currently, while 26% are not receiving care but would like to receive mental health care.

^c In response to the open-ended question: “What would have been adequate and effective?”

Family as the First Line of Prevention

Family members are often the first to notice signs of mental health concerns, but often do not know how to support a family member or friend experiencing mental health concerns.¹¹ Despite a robust and increasing set of tools available to military families, only 22% of active-duty spouse respondents who indicated they/their service member experienced a non-emergent mental health issue in the past 12 months agree that they have been provided appropriate tools/resources to assist their service member if they experience a mental health issue. Similar to their active-duty service member counterparts, there are differences based on the branch affiliation of the active-duty spouse respondent. Spouses who are affiliated with the Air Force (28%) reported agreement most often, in contrast to Navy active-duty spouse respondents (18%) with proportionally the lowest levels of agreement (Table 2). This indicates an opportunity to provide education and training for military families to recognize and respond to mental health concerns, ensuring service members and family members can access needed resources.



Table 2: Have Been Provided Appropriate Tools and Resources to Assist Service Member Experiencing a Mental Health Issue By Branch Affiliation
Active-duty spouse respondents who reported they/their spouse have experienced a non-emergent mental health issue in the past 12 months

	Strongly Agree & Agree	Neither Disagree nor Agree	Strongly Disagree & Disagree
Air Force (n=105)	28%	16%	56%
Army (n=141)	22%	27%	51%
Navy (n=116)	18%	18%	64%

Question text: Please indicate your level of agreement to this statement: I have been provided appropriate tools and resources to assist my service member if they experience a mental health issue.

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

Implications

These findings underscore the need for enhanced support and accessible resources for service members and their families facing mental health challenges and suicide exposure. While some support systems, like postvention resources, are in place, significant gaps remain in addressing non-emergent mental health issues and preparing families to address mental health care needs within their families. Addressing these needs with targeted interventions and ensuring access to mental health care are critical steps toward reducing the stigma and barriers associated with mental health care in the military community.

Recommendations



Congress

- Allow for permanent funding for community suicide prevention programming initially authorized under the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program under the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.
- Ensure that leaders are educated on the Brandon Act, a law allowing for the self-initiated referral process for service members seeking mental health evaluation, in order to reduce stigma around mental health care and reduce the likelihood of suicide.¹²



DOD

- Integrate all prevention efforts under one operational office within the Department of Defense instead of currently having multiple offices.¹³
- Provide transparency on how command climate surveys are viewed, reported, and what changes are implemented as a result of the survey.
 - Survey respondents should be given complete autonomy and anonymity when reporting on the survey to encourage participation without fear of retribution for negative responses
- Develop and implement a centralized behavioral health case management program to monitor and provide support for high-risk service members, specifically those that have attempted suicide within the past 12 months.¹⁴
- Expand resource access and referrals to community support organizations, like TAPS, the Bob Woodruff Foundation, Blue Star Families, and other organizations in the Face the Fight Coalition.
- Build out a standardized and uniform response to suicides that happens within the command.
- **Pilot mobile crisis teams on select installations to work with service members and families who are struggling with mental health crises.***

*More information in Recommendations Chapter of Comprehensive Report



Military Family Lifestyle Survey



Veteran Transition

Implications of Community and Resource Needs in Military-to-Civilian Transition

Comprehensive Report | 2024

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Written for the 2024 MFLS by

S Syracuse University

D'Aniello Institute for Veterans & Military Families

JPMorgan Chase & Co., Founding Partner

Post-service relocation choices and perceptions of transition preparedness are linked to Veteran respondent satisfaction with and belonging to the communities where they reside, as well as overall well-being. Veteran respondents who are satisfied with their current communities and those who have a greater sense of belonging report higher thriving mean scores than those who are unsatisfied or do not feel a sense of belonging.

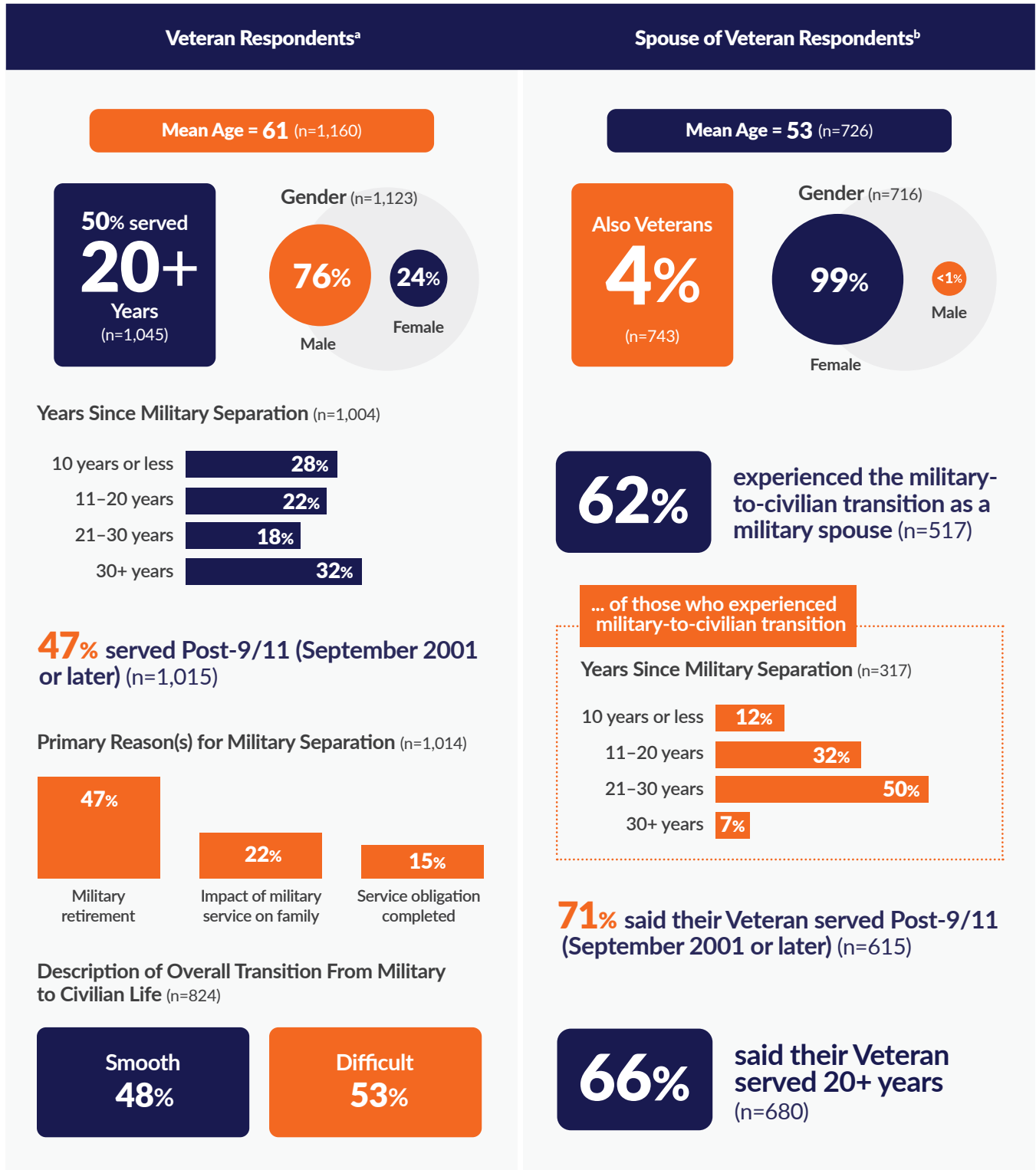
Introduction

Even in the best of circumstances, separating service members and their families often view the military-to-civilian transition process as difficult.^{1,2} In the 2024 MFLS, we center our exploration of the Veteran experience, and also that of some spouses, with focus on the decision-making process for Veteran and spouse of Veteran respondents as they underwent this process of separating from the military. We want to provide additional understanding of the types of resources used, how individuals were able to access these resources, and explore how their experiences during military separation/transition impact long term outcomes/measures, such as those related to their overall well-being.

To those ends and with the 2024 MFLS data, we first describe what the decision-making process surrounding military separation can look like for respondents, including decisions about location, resources used and needed, and their concerns during this critical period. Next, we look at community variables – chiefly those measuring one’s satisfaction and sense of belonging with their communities – to look at how those are related to respondent well-being. Finally, we also consider transition-related variables, such as preparedness and number of post-service relocations to understand how those differences factor into the Veteran respondent’s reflection on their sense of satisfaction and belonging with the community in which they currently reside.

Building on established research that focuses on long-term outcomes of the military-to-civilian transition process, we present a preliminary exploration of community and transition factors and the role it may play for Veterans in post-service life based on MFLS results. In terms of policy application, these exploratory results can give a sense of what challenges service members and Veterans continue to experience in the transition process. Particularly, how should transition programs be structured to support transitioning service members? How can the information and resource navigation processes be further streamlined? How can private/public partnerships work together to further improve this overall process?

Veteran and Spouse of Veteran Respondent Profile in the 2024 MFLS



^a Veteran respondents are those who have selected "Veteran/Retired Service Member" as their primary military affiliation in the survey.

^b Spouse of Veteran respondents are those who have selected "Spouse/Domestic Partner of Veteran/Retired Service Member" as their primary military affiliation in the survey.

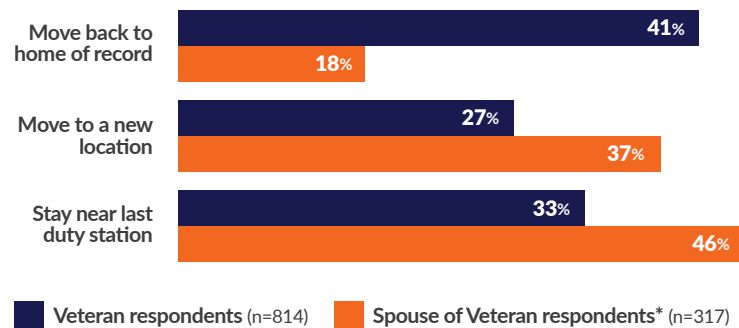
Resources and Considerations at Military Separation

Geographical Location

At military separation, several considerations come into play. Chiefly, separating service members will, in theory, no longer be geographically tethered to the installation to which they are assigned. While some of the choices that were made at military separation were determined by larger contextual factors, such as the nature of enlistment (e.g., military draft versus voluntary military service) and circumstances surrounding military separation (e.g., fulfillment of obligation versus military retirement), it is nevertheless useful to understand the mobility trends for Veterans. Figure 1 shows the post-military relocation choices for Veteran and spouse of Veteran respondents who have experienced military transition in the 2024 MFLS.

Particularly for Veteran respondents who said they moved back to home of record (HOR)^c (n=323), 44% indicated that they had separated from military service more than 30 years ago. About 17% of Veteran

Figure 1: Relocation Choices After Military Separation



*who have gone through military transition

Question text: Upon separating from the military, did you/your family: Move back to home of record, Stay near last duty station, or Neither, moved to a new location.

respondents who moved back to their HOR (n=331) served primarily in the post-9/11 period. Finally, 33% of that same group of respondents (n=329) served 20 or more years in the military. If we compared that profile to the overall Veteran respondent pool, those who chose to move back to their HOR are respondents who have had a greater length of time since military separation, with higher proportion with service prior to the post-9/11 era, and with a greater proportion who did not serve 20 or more years in the military. Comparatively, among Veteran respondents who separated in the last 10 years, 23% (n=240) have moved back to their HOR and 48% (n=279) served only in the post 9/11 era.

For Veteran respondents who said they moved to a new location, many indicated some kind of employment or education opportunities either for themselves or for their spouses. Another broad category of reason is they relocated for family. As 49% of this respondent group (n=218) indicated that they left the military due to military retirement, “following family” may just as likely mean that they wanted to be closer to their children as well as their parents. Aside from employment and family reasons, the third broad category of reasoning for moving to a new location include those who are in search of a community that fits with their lifestyle, community, and personal financial concerns.

^c The term “home of record” typically denotes “the state where a person joined the military.” It is an administrative term that is often used to determine specific military entitlements.

Can you briefly explain why you chose to move back to your home of record, stay near your last duty station, or move to a new location?

“Moved to a location for job opportunities and good schools for my kids.”

Air Force Veteran

“... wanted to move somewhere better, near the coast and with good veterans benefits.”

Army Veteran

“I became a full-time RVer upon retirement. I chose this ... because it fit my and my family’s travel lifestyle.”

Navy Veteran

“Wanted to travel and see the country I was defending and didn’t get to see.”

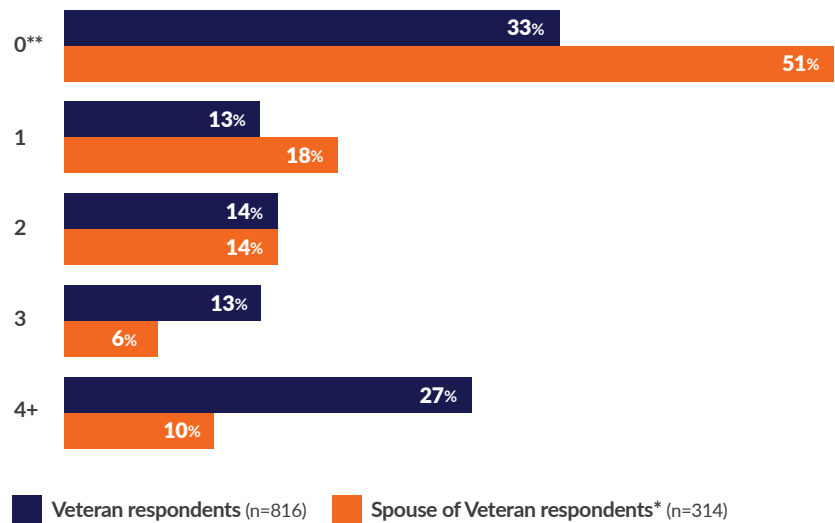
Marine Corps Veteran

For many military personnel and especially active-duty military families, PCS moves, while a requirement of the military lifestyle, can also come with significant challenges, particularly to creating a sense of belonging to a local community and maintaining consistent employment for active-duty military spouses. With military separation comes the prospect of fewer moves, and the 2024 MFLS shows (Figure 2) that 33% of Veteran respondents (n=816) say that they were still residing in the first place they have settled since separation. The proportion (51%) is even higher for Veteran spouse respondents who have experienced military separation (n=314). Among Veteran respondents who served 20+ years in the military (n=413), half indicated that they were still at the first location they settled upon separation.

In contrast (Figure 2), 27% of Veteran respondents (n=816) and 10% of spouse of Veteran respondents who have experienced military separation (n=314) said they have relocated four or more times since they separated from the military.

While personal and lifecycle circumstances, such as being a parent, can certainly impact the preferences of Veterans and spouses of Veterans in their relocation decisions, these survey numbers nonetheless illustrate the varying circumstances of this population group in building a network and community in their lives after military service.

Figure 2: Number of Relocations Since Military Separation



*who have gone through military transition
 **Answer option text: "None, we are still in the first place we have settled upon separation and have remained there"
Question Text: How many times have you relocated since separating from the military?

Resource Use and Concerns

Broadly looking at the decision-making process for many at military separation, Veteran respondents were asked to indicate whether they had considered several factors in deciding where to settle when separating from the military. In Table 1, the top concern for respondents is cost of living and housing affordability, which unsurprisingly reflects a national discussion of the same challenges.³ The other broad categories of prime considerations include employment prospects for Veterans and distance to family.

Table 1: Top Considerations During Military Separation	
In deciding where to settle when separating from the military, respondents did consider ...	
Veteran respondents (n=779)	
Cost of living and house affordability	63%
Distance to extended family	53%
Access to civilian health care facilities	45%
Veteran's employment prospects	45%
Geographic accessibility (e.g., near an airport, access to major metropolitan areas)	44%
Children's education and activities	42%
Spouse's employment prospects	35%

In the midst of separation consideration, one of the many, consistent challenges that are reflected from Veterans and their families is how overwhelming and stressful the process can be despite the variety of resources that are offered and available.^{4,5} One of the key challenges comes from understanding and navigating their specific needs and finding appropriate resources/organizations to address those concerns.⁶

In terms of information seeking and gathering, Veteran respondents in the 2024 MFLS indicated (Table 2) that “discussions with peers,” including insights and conversations with colleagues, neighbors, or friends, as one of the most utilized and helpful ways to find resources for what they need. Programs such as the Transition Assistance Program (TAP) and government agencies like the Veterans Affairs (VA) are also generally used for information gathering and many respondents have found them valuable.

Table 2: Helpfulness of Resource Engagement Methods Among Veterans During Military Separation Veteran respondents			
	Yes, it was helpful.	Yes, but it was unhelpful.	No
Discussions with peers (e.g., insights from conversations with colleagues, neighbors, or friends) (n=776)	42%	12%	46%
Transition Assistance Program (TAP) (e.g., resources provided during TAP sessions such as guides or seminars) (n=778)	28%	23%	49%
Web searches (e.g., finding transition resources and support services through internet search engines) (n=771)	34%	13%	53%
Veterans Affairs resources (e.g., utilizing the VA's website or office visits for access to support and services) (n=770)	45%	16%	39%
VSO/MSO engagement (e.g., resources and activities provided by Veteran service organizations such as the American Legion, VFW) (n=1,073)	30%	12%	58%

Question text: Did you have an opportunity to engage with resources in the following areas during your/your family's military-to-civilian transition?

Additionally, part of the military-to-civilian transition navigation discussion goes beyond what resources were used but also how they were discovered. For Veterans respondents who have used some resources during military separation (n=610), most (54%) found those resources by talking to peers. Many indicated that the resources were given to them at TAP (41%). Only about 18% said that they found the resource they used through online affinity groups or forums, such as those on Facebook or Reddit. Another broad category that was mentioned as a way to gather resource information involve Veteran membership servicing organizations/ nonprofits. Finally, many Veteran respondents said their knowledge about resources during transition comes from their family or place of worship, which emphasizes the utility of unofficial networks and communities that may have an impact on the information seeking portion of the transition process.

For the transition resources that you did use, how did you find them?

“Family. I am third generation Navy.”

Navy Veteran

“My own knowledge of military transition, since I have a large network of military friends ...”

Army Veteran

Community Implications for Well-Being Outcomes

Existing research has demonstrated how varying aspects of one's community can contribute or detract from one's well-being in different ways.^{7,8} Particularly for those who are or were once on active duty, the constant moving is often cited to have contributed to the lack of community or sense of belonging to a locality. Even though a sense of belonging and community is sought after, it is not guaranteed that military separation will automatically bring forth that community that had been lacking. Perhaps, returning to one's place of origin (e.g., HOR) can be a way to reengage in a community, but as we have seen from the MFLS results, most Veteran respondents in fact do not always return to the location where they joined in the military in post-service life. Many choose to either stay at their last duty location while others move to a new place. Therefore, additional resources and preparation can play a role in whether a Veteran is able to build those connections that may help with community building either in their existing location or at a new place.

To make sense of some of this, we look at three factors that are related to communities: the first is related to satisfaction of the community in which one currently resides;^d the second, the number of relocations since military separation as a proxy for disturbance in community settling;^e and third, a sense of belonging to respondents' civilian community. We also considered a well-being outcome, which is calculated through a series of questions that measures whether a respondent is “thriving.”^f The “mean thriving score” will give us some indication of a general sense of well-being for respondents in the survey.

^d Respondents were asked: “Overall, how satisfied are you with the community in which you currently reside?”

^e Respondents were asked: “How many times have you relocated since separating from the military?”

^f The 2024 MFLS utilizes the Brief Inventory of Thriving (BIT) to measure a broad range of psychological well-being concepts and present a holistic view of positive functioning. Specifically, survey respondents were asked about their agreement with ten statements related to positive functioning, such as “I feel a sense of belonging in my community” or “I am optimistic about my future,” among others. Please see Su, Tay, and Diener (2014) for detailed information about the BIT and scale scoring. Su, R., Tay, L., & Diener, E. (2014). The development and validation of the comprehensive inventory of thriving (CIT) and the brief inventory of thriving (BIT). *Applied Psychology: Health and Well-Being*, 6(3), 251–279. <https://doi.org/10.1111/aphw.12027>

Sense of Satisfaction with the Community in Which One Currently Resides

First, we looked at Veteran respondents and their sense of satisfaction with their current community to gauge their well-being and positive functioning through use of the “thriving” variable. Analysis show that (Table 3) Veteran respondents who are “satisfied”^g with the community in which they are currently residing have a higher average mean “thriving” score compared to those who are “neutral” or “unsatisfied” with their current communities.

In other words, Veteran respondents who are more satisfied with the community in which they currently reside are more likely to score higher across several measures that jointly measure the concept of “thriving.”

“Unsatisfied”	31.08 (n= 110; SD=9.96)
“Neutral”	33.11 (n=152; SD=7.38)
“Satisfied”	38.99 (n=529; SD=6.68)

Sense of Belonging to Current Communities

Another community related variable we can look at in the 2024 MFLS is related to respondents’ sense of belonging to their communities and the effects of that. Unsurprisingly, among Veteran respondents (n=456) who have a strong sense of belonging to their civilian community,ⁱ 85% also said that they are satisfied with the community in which they currently reside. This is compared to 35% among those who disagree (n=212) that they feel a sense of belonging to their civilian communities who said the same.

We also looked independently at how sense of belonging relates to respondent well-being. In Table 4, we can see that Veteran respondents that agree they have a sense of belonging to their local community have the highest thriving mean score (39.80) versus those who have neutral feelings (35.34) and those who disagree with feeling a sense of belonging (30.94).

Disagree that they feel a sense of belonging	30.94 (n=225; SD=8.84)
Neutral	35.34 (n=148; SD=5.75)
Agree that they feel a sense of belonging	39.80 (n= 473; SD=6.44)

^g Those who are “satisfied” are respondents who indicated that they are satisfied or very satisfied with the community they currently reside.

^h The 2024 MFLS utilizes the Brief Inventory of Thriving (BIT) to measure a broad range of psychological well-being concepts and present a holistic view of positive functioning. Specifically, survey respondents were asked about their agreement with ten statements related to positive functioning, such as “I feel a sense of belonging in my community” or “I am optimistic about my future,” among others. Please see Su, Tay, and Diener (2014) for detailed information about the BIT and scale scoring. Su, R., Tay, L., & Diener, E. (2014). The development and validation of the comprehensive inventory of thriving (CIT) and the brief inventory of thriving (BIT). *Applied Psychology: Health and Well-Being*, 6(3), (pp 251-279). <https://doi.org/10.1111/aphw.12027>

ⁱ Respondents were asked for their level of agreement to the statement: “ I feel a sense of belonging to my local CIVILIAN community.”

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Further statistical testing showed that the thriving mean scores are statistically significantly different among Veteran respondents who disagreed, are neutral, or agreed that they feel a sense of belonging to their local civilian community. This implies that those who are the most in agreement that they have a sense of belonging to their communities are doing better in overall well-being.

Since Veteran respondents who are satisfied and have a sense of belonging with their current communities have a higher thriving mean score, it would be hugely important that the process of military transition takes into account the need for transitioning service members to prepare and get to a place where they will be satisfied with the community in which they currently reside.



Number of Relocations Post Service

The majority of Veteran respondents surveyed are “satisfied” with the community in which they currently reside. Nonetheless, deeper analysis of survey data shows that when satisfaction with current location is broken down by the number of relocations (Figure 3), those who have not moved or have only moved once since their military separation have proportionally the highest percentage of respondents who are satisfied with their community. Veteran respondents who indicated that they have experienced four or more relocations since military separation have a higher proportion of those unsatisfied or neutral when asked about the community in which they currently reside. Additionally, the mean thriving mean score vary based on the number of moves since military separation (Table 5) – Veteran respondents who have moved four or more times since military separation have a mean thriving score of 35.77 (n=172, SD=8.48) compared to 38.12 (n=259; SD=7.5) of respondents who have not relocated.

Table 5: Thriving Mean Score by Number of Relocations Since Military Separation
 Veteran respondents

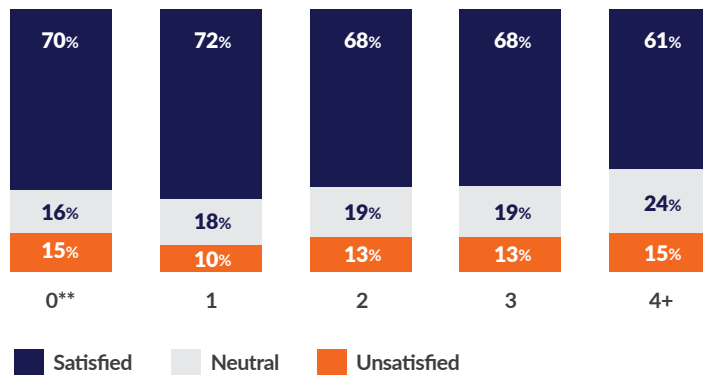
None, still residing at the same location at military separation	38.12 (n=259; SD=7.5)
1	37.78 (n=101; SD=7.30)
2	36.64 (n=114; SD=6.91)
3	36.02 (n=105; SD=7.81)
4+	35.77 (n=172; SD=8.48)

Preparedness for Military Transition and Community Factors

Given indicators of a stronger sense of belonging and satisfaction to communities might also lead to better well-being, we explored other transition variables that could relate to these outcomes. One element we can look at is preparedness. Previously, we discussed preparedness as a variable that can contribute to a

Figure 3: Satisfaction with Current Community, by Number of Relocations Since Military Separation

Veteran respondents (n=809)



*Answer option text: "None, we are still in the first place we have settled upon separation and have remained there"

Question text: How many times have you relocated since separating from the military?

smoother transition experience, as opposed to a more difficult one.⁹ In the 2024 survey, we have preliminary results to suggest that preparedness can also be related to some of the variables that are linked to better respondent well-being.

First, among Veteran respondents who said they were prepared for military-to-civilian transition (n=487), 78% said they were satisfied with the community in which they currently reside, compared to 50% who said the same among transition unprepared Veteran respondents (n= 309). Furthermore, looking at a sense of belonging to local communities

based on preparedness for transition, 68% of Veteran respondents who are prepared (n= 494) agree with feeling a sense of belonging versus 38% who said the same among those who are unprepared (n= 316).

One of the community/relocation variables we looked at in the previous section is related to the number of moves. In terms of how that can be related to transition preparedness, 39% of Veteran respondents who are prepared (n= 474) also have not moved since separation, compared to 28% for those who are unprepared (n= 281). Furthermore, 19% of those who are prepared have moved four or more times since separation compared to 30% of Veteran respondents who felt unprepared.

While preliminary in nature, there seems to be some indication that the level of preparedness during military-to-civilian transition can be related to a general sense of satisfaction and belonging to a local community. Those who are prepared will also endure fewer relocations post service. All these community factors – satisfaction, belonging, fewer relocation – are possibly related to an overall well-being for Veteran respondents.

Policy Implications and Conclusion

The purpose of this finding is to highlight the decisions and resources associated with the transition from military to civilian life and to investigate how community level factors and Veteran well-being are interrelated.

Results indicate that the decision making process for Veteran and spouse of Veteran respondents is a complex and varying process — one that utilizes many information sources and with a number of considerations. In post-service life, a higher sense of belonging and satisfaction with their community is associated with greater well-being for Veteran respondents. Transition-related factors, such as greater preparedness during military transition and fewer post-service relocations are related to respondents' assessment of how they feel about the communities they have settled in.

Limitations

The respondent sample is not weighted to reflect the general Veteran and spouse of Veteran population and there may be demographic or service-related variables that impact the transition process that were not accounted for. Though the 2024 MFLS Veteran sample is comparable in many ways to the national Veteran population, results are not generalizable to the broader Veteran population.

Recommendations

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

- **Early and Continuous Transition Preparation:** Early and continuous transition preparation can help ease the transition process. Encouraging and facilitating the start of transition preparation well before the recommended timelines by the DOD is essential. This could involve periodic assessments and preparatory steps beginning at the midpoint of a service member's career, rather than just at the end, to ensure better readiness.
- **Enhanced and Modular Transition Assistance:** Enhanced and modular transition assistance can address evolving needs, especially as Veterans navigate challenges years after separation. Practitioners who support Veterans should stay informed about existing transition programs and adapt their approaches to meet these needs over time. A modular framework, delivered through public-private partnerships, can provide flexible and ongoing support tailored to diverse Veteran experiences.
- **Community Driven Transition Support Network:** A strong community-driven support network can support a successful transition. While some efforts are in place to help navigate resources and enhance belonging and satisfaction for transitioning Veterans and their families, expanding localized resource hubs and fostering stronger civil-military partnerships can more effectively address regional needs and promote well-being for transitioning service members and Veterans. Additionally, programs and services that support peer relationships and networks for families transitioning out of the military should be further developed and strengthened.



Military Family Lifestyle Survey



Recommendations

Comprehensive Report | **2024**

We are deeply grateful to our sponsors: The USAA Foundation, Lockheed Martin Corporation, Northrop Grumman Corporation, Macy's, Inc., AARP, and BAE Systems, Inc., for their generous support of the 2024 Military Family Lifestyle Survey (MFLS). We also want to extend our heartfelt thanks to Craig Newmark Philanthropies, CSX Transportation, TriWest Healthcare Alliance, the Patrick J. McGovern Foundation, Richmond Wholesale, and Pritzker Military Foundation on behalf of the Pritzker Military Museum & Library for their ongoing support of Blue Star Families as a whole. Your contributions enable us to continue serving military families with impactful programs and research year-round.



Explore ways to incentivize child care providers who serve military children through the tax codes.

From Spouse Employment and Child Care

In recent years, the tight labor market has seen companies raise their wage floors to attract workers in low-wage industries; however, the child care sector has not kept pace.¹ According to the most recent data of Occupation Employment and Wage Statistics by the U.S. Bureau of Labor Statistics, child care workers earn an average hourly wage of \$15.42,² less than half of the mean hourly wage for all occupations of \$31.48.³ In fact, the shortage of child care workers has become even more pronounced. In 2018, an analysis was conducted on child care and found that half the country was classified as a child care desert,⁴ an “area with an insufficient supply of licensed child care.”⁵ In 2023, the Center for American Progress analyzed data on wages and found that the child care sector became less competitive in 2022, further amplifying the shortage of well-paying jobs in this field.⁶

The COVID-19 pandemic caused the sector to lose more than one-third of child care jobs, a loss from which it has yet to fully recover.⁷ During the pandemic, the American Rescue Plan provided a substantial amount of funding for states to allocate to child care providers.⁸ The National Association for the Education of Young Children conducted a survey on how the grants helped programs and families, and found that 30% of infant and toddler providers would have to reduce wages for their staff after the grant program was discontinued.⁹ However, that funding ended in September 2023.¹⁰

Without continuing investments like those implemented during the pandemic, many states and local governments, child care providers, and parents are feeling the strain. One step that Congress can take is expanding the Work Opportunity Tax Credit (WOTC) which is a federal tax credit available to businesses for hiring and employing individuals from certain groups who have faced barriers to employment.¹¹ While child care providers are currently not listed among the groups eligible for this credit, expanding WOTC to include them could be an innovative way to attract a larger workforce to the child care sector. Child care providers would be eligible for up to one year for each new staff member, though this does not apply to rehires.¹² The tax credit a business could receive is between 25-40% of the employee’s wages with a maximum credit of \$9,600 in the first year of employment.¹³ This expansion could help stabilize and grow the child care workforce, ensuring that more families have access to reliable and affordable child care.

Expansion of child care access to military spouses seeking employment from 90 days to 180 days.

From Spouse Employment and Child Care

Military spouses face unique challenges to employment as a result of the military lifestyle. Frequent relocations lead to gaps in employment and inconsistent career paths, making it difficult for military spouses



to maintain continuous employment.¹⁴ Additionally, preconceived notions and biases about the transient nature of military families often prevent military spouses from securing meaningful, long-term employment opportunities, despite a clear strategic advantage of hiring military spouse employees.¹⁵ These challenges contribute to higher unemployment rates and underemployment among military spouses, affecting their financial stability and career progression.^{16,17} Addressing these issues requires targeted support and policies that recognize and accommodate the distinct circumstances of military families.

One significant barrier to gainful employment is the availability of child care. Having reliable child care is essential for job seekers, as it provides the necessary time and freedom to pursue employment opportunities. Without adequate child care, it becomes challenging to attend networking events, continuing education classes, and job interviews. The search for employment requires substantial time and energy, and without someone to watch their children, parents are often unable to fully engage in these crucial activities. This barrier is particularly pronounced for those in lower-income brackets, for whom the cost and accessibility of quality child care can be prohibitive. Consequently, ensuring access to affordable and reliable child care is a critical step in enabling more individuals, especially parents, to secure meaningful employment and advance their careers.



This barrier is particularly pronounced for those in lower-income brackets, for whom the cost and accessibility of quality child care can be prohibitive. Consequently, ensuring access to affordable and reliable child care is a critical step in enabling more individuals, especially parents, to secure meaningful employment and advance their careers.

This year's survey found that for military spouses who were able to find a job after their most recent relocation, it took the majority (54%) more than three months to secure employment. Furthermore, more than half (54%) of military spouses who needed child care to work and were able to find care after their most relocation said it took two months or longer. While Child Development Centers (CDCs) are available to military families and offer child care at a much more affordable subsidized rate, they currently provide child care for unemployed spouses for only 90 days, which leaves a gap for the majority of spouses seeking employment. Expanding child care access for these military spouses to 180 days would provide them with a more realistic timeframe to find employment.

A large and growing majority of military families rely on dual incomes to achieve financial stability. Expanding child care access for military spouses seeking employment from 90 days to 180 days is a practical and necessary policy change. It addresses a more realistic job search timeline, enhances economic stability for military families, supports workforce development, reduces the hidden costs of unemployment, and aligns with DOD priorities of taking care of families.¹⁸



Create loan forgiveness programs for DOD behavioral health clinicians.

From Health Care Access

The mental health and well-being of service members are paramount to the readiness and effectiveness of the United States military, yet the Department of Defense (DOD) faces significant challenges in recruiting and retaining these vital professionals, as the United States is currently facing a severe mental and behavioral health workforce shortage crisis. According to Mental Health America (MHA), which educates and conducts research on mental health in the United States states, there are 340 individuals for every one mental health provider in the United States.¹⁹ This “mental health provider” category includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.²⁰ As of March 2024, more than 122 million people were living in areas with a mental health workforce shortage area, with only 27% of the mental health needs in these areas being met by available providers.²¹ Furthermore, the National Center for Health Workforce Analysis has projected increasing shortages for several behavioral health providers, including psychologists, psychiatrists, and mental health and addiction counselors over the next 15 years.²² Depending on the state, the rate of mental health workforce ranges from 140:1 in Massachusetts to 800:1 in Alabama.²³

The shortage of providers is particularly pronounced in the DOD, at least partially due to critical efforts to combat suicide and increase access to mental health services and resources. The expansion of suicide risk screening throughout the DOD aimed to improve the detection of high-risk service members and provide early interventions to prevent suicidal behavior.²⁴ However, this led to increased referrals to behavioral health clinics, inadvertently exposing a critical issue. Despite the higher demand for behavioral health services, the number of available behavioral health clinicians has not increased.²⁵ In fact, the number of behavioral health professionals within the DOD has decreased over time, “resulting in a significant and still-growing demand-supply imbalance.”²⁶

To address this critical issue, the DOD must make itself more competitive in attracting and retaining mental health professionals. One effective way to achieve this is by incentivizing them through loan repayment programs. While the Public Service Loan Forgiveness (PSLF) Program forgives the remaining balance of an individual's Direct Loans after they have made 120 qualifying monthly payments under an income-driven repayment plan,²⁷ this is not specific to the DOD, nor does this include private loans. The federal government has recognized the importance of addressing mental health care shortages and has implemented programs like the National Health Service Corps (NHSC) Loan Repayment program. A DOD-specific loan forgiveness program modeled on the National Health Service Corps (NHSC) Loan Repayment Program could be a viable option. The NHSC program repays up to \$50,000 for mental health care providers in exchange for two years

of service at a NHSC-approved site. After the initial contract, the participant may be eligible for continuation contracts that provide up to \$20,000 in loan repayments in exchange for each additional year of service.²⁸ A similar DOD-specific loan forgiveness program would align with these national priorities and demonstrate a commitment to supporting the mental health of those who serve our country.

Although implementing a DOD-specific loan forgiveness program would require upfront investment, it would be a powerful tool for attracting and retaining talent in these critical fields, stabilizing the workforce and improving continuity of care for service members and families. Further, it would provide long-term cost savings from preventing untreated mental health conditions and maintaining retention among service members. Creating a DOD loan forgiveness program for behavioral health clinicians is a strategic investment in the mental health and readiness of our armed forces. It addresses the critical shortage of mental health professionals, enhances recruitment and retention, improves the quality and availability of mental health services, and aligns with national public health goals. By providing this essential support to behavioral health clinicians, the DOD can ensure that service members receive the care they need, thereby maintaining a healthy, resilient, and mission-ready military force.

Ensure that female service members have the proper fitting uniforms, personal protective equipment (PPE), and combat gear.

From Female Service Members

The increasing number of female service members, from just 1% in 1971²⁹ to nearly 18% today,³⁰ has highlighted the need to ensure equipment and uniforms, while standard issue, is tailored to fit all service members properly, so they can effectively fulfill their duties. Despite the inclusion of women in the military for more than 50 years, female service members do not always have properly tailored uniforms, personal protective equipment (PPE), hygiene supplies, and combat gear that meets their needs.

Female service members frequently report that standard-issue uniforms are designed primarily for male body shapes, resulting in poor fit for women.³¹ This can cause discomfort and hinder mobility and performance. For instance, baggy uniforms can get caught on equipment, while too-tight uniforms can restrict movement. In a study conducted of more than 5,000 U.S. Army Special Operations Command service members, nearly half of the women had equipment shortfalls that seriously impeded their ability to do their essential duties as a soldier and compromised their survivability.³² Furthermore, female soldiers lacked bladder relief systems that resulted in urinary tract infections due to holding their urine for too long, or they resorted to the dangerous practice of “tactical dehydration.”³³ Another unique concern for female soldiers is menstrual supply access, use, and disposal, which is often a challenge in austere environments.^{34,35} Ensuring that female service members have properly fitting PPE, combat gear, and hygiene supplies can both significantly reduce the risk of injury or illness and enhance health, morale, and operational effectiveness.

In the past decade, the branches have started to invest in more tailored uniforms, PPE, and combat gear to fit women properly. For example, the Navy is developing a reusable menstrual underwear that would address challenges female sailors face on ships,³⁶ and the Air Force has developed better fitting body armor for female service members.³⁷ More recently, in October 2024, the Navy announced their five-year plan to improve the form, fit, and function of female uniforms with their “Size Modernization Program,” which will start with chiefs and officers.³⁸ Female service members have been asked to participate in a “fit-test survey” to ensure they get a variety of measurements to improve the sizing and accuracy of the new uniforms.³⁹ While the Navy is identifying and making strides to change uniforms, other branches like Army and Air Force have had reports of running out of female uniforms and cannot accommodate female service members.⁴⁰ Meanwhile, when the Space Force announced their new uniforms, they stated that female service members’ needs were considered in mind at the very start.⁴¹ Despite acknowledgement and calls to address this from the Defense Advisory Committee on Women in the Services (DACOWITS),⁴² clear gaps in research and procurement timelines persist.⁴³



Equipping female service members with properly fitting uniforms, PPE, combat gear, and hygiene supplies is both a matter of equity and a strategic necessity for a modern military. Addressing the unique needs of women ensures they receive the same level of protection and support as their male counterparts, promoting gender equality while enhancing operational effectiveness, reducing injury, and boosting morale. By prioritizing the safety and well-being of all personnel, the military strengthens its reputation as an inclusive employer, broadens its talent pool, and enhances recruitment and retention efforts. Investing in gender-appropriate gear not only benefits female service members but also bolsters overall mission readiness and cohesion within the armed forces.

Allow for the expansion of nontraditional care at CDCs for dual active-duty or single parent active-duty families.

From Female Service Members

The unique demands placed on dual active-duty and single parent active-duty military families necessitate the expansion of nontraditional child care services at Child Development Centers (CDCs), as there are only

eight military CDCs that are open 24 hours a day, seven days a week.⁴⁴ While the Navy has seven 24-hour care centers and the Army has just one, “the services say they have no plans to open more 24-hour centers, and are instead trying to grow the number of in-home child care options.”⁴⁵ In-home child care options are one solution to the challenges that dual-military and single-parent service members face, but with a critical shortage of child-care providers, these families need additional options to fulfill both their professional and parental responsibilities. By expanding nontraditional care options, we can better support the well-being of these families and enhance their capacity to serve effectively in their military roles.

The modern military comprises a diverse range of family structures, including dual active-duty and single parent families. The traditional child care model does not adequately address the needs of these evolving family dynamics. Dual active-duty and single parent active-duty families often encounter irregular and extended work hours due to the unpredictable nature of military assignments and duties.⁴⁶ Traditional child care hours do not align with the operational requirements of these service members, making it difficult for them to find reliable care. Expanding CDC services to include nontraditional hours, such as overnight care, weekend care, and extended hours, would provide these families with the necessary support to meet their professional obligations without compromising their children’s well-being, alleviating some stress and supporting service member retention.

The military invests significant resources in training and developing its service members. High turnover rates due to family-related challenges, particularly for female service members, can be costly and detrimental to military readiness. One in 4 female service members (26%) report that “child care challenges” are a primary reason they would leave military service. By expanding nontraditional child care options, we can promote family stability, thereby enhancing the retention of experienced and skilled service members. Dual active-duty and single-parent active-duty families who receive the necessary support are more likely to remain in the military, contributing to a more experienced and cohesive force.

Expanding nontraditional care at CDCs for dual active-duty and single-parent active-duty families is not just a matter of convenience; it is a critical necessity for ensuring the well-being and effectiveness of our military personnel. By addressing the unique challenges these families face, we can enhance their readiness, reduce stress, promote family stability, and align our support services with the realities of modern military life. This investment in comprehensive child care solutions will ultimately strengthen our military forces and ensure that we are prepared to meet the demands of an ever-evolving global landscape.

Pilot mobile crisis teams on select bases to work with service members and families who are struggling with mental health crises.

From Suicide Prevention and Postvention

Suicide remains a critical issue for both service members and families. In a report released by the Pentagon in November 2024, suicide rates have gradually increased among both active and Reserve service members



and family members from 2011 to 2023.

Among active-duty and Reserve troops, the rate was higher in 2023 than in 2022 or 2021, while there was a slight decrease in 2023 among military family members.⁴⁷

This alarming rise highlights the ongoing mental health challenges faced by military personnel and their families. Relationship issues and mental health diagnoses were prevalent among those who died by suicide; 44% of service members who died by suicide

had relationship problems and 42% had select mental health diagnoses.⁴⁸ These findings underscore the complex and varied mental health dynamics within military families, necessitating targeted and innovative interventions to address these issues effectively.

One innovative strategic initiative that the Department of Defense (DOD) should consider is the establishment of mobile crisis teams on military installations. Mobile crisis team services provide community-based intervention to individuals in need, wherever they are, including at home, work, or any other location where they may be experiencing a crisis.⁴⁹ A mobile crisis team consists of trained mental health professionals, such as social workers, psychiatrists, and nurses, who can provide a wide range of services.⁵⁰ Mobile crisis teams are typically called out on law enforcement calls where an individual is expressing suicidal or homicidal ideations or displaying other types of behavioral issues which impede their ability to meet basic needs or cause danger to themselves or others.⁵¹ The purpose of the unit is to mitigate the impact of mental health emergencies by providing immediate response to de-escalate crises, with the ultimate goals of reducing unnecessary mental health commitment holds, preventing crises from escalating to the point of arrest, and decreasing unnecessary hospital admissions.⁵²

Mobile crisis teams have enabled police officers to dedicate more time to emergencies involving crimes or public safety concerns. Additionally, these teams deliver appropriate mental health care and substance use disorder treatment to individuals. Such interventions have been effective in preventing many people from repeatedly entering the criminal justice and hospital systems, which are often inadequate for managing their needs and may even worsen their underlying issues.⁵³ In the case of military service members or families,

such de-escalation and rapid service response could prevent unnecessary judicial involvement or military separation. Furthermore, mobile crisis teams save jurisdictions money by reducing hospital admissions and incarcerations for those with mental health needs or substance use disorders.⁵⁴

The Center for Justice and Mental Health Partnerships provides complimentary training, resources, and support to communities aiming to improve outcomes or enhance responses for individuals in their criminal justice systems who have mental illnesses or co-occurring substance use disorders. They assist communities in safely implementing best practices to divert individuals from the criminal justice system, connecting them to necessary treatment and support systems while also promoting public safety.⁵⁵ This training and support center is managed by the Council of State Governments (CSG) Justice Center, with backing from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA).⁵⁶

Establishing mobile crisis teams on military installations would provide service members and their families with timely and accessible mental health support, helping to prevent the escalation of issues and reducing incidents of suicide and other severe outcomes. It is imperative that mobile crisis teams maintain the utmost confidentiality when delivering services within the community. For instance, when responding to a crisis at a family’s residence, they should ensure that their vehicles are not easily identifiable and avoid using sirens or other means that might attract undue attention within the neighborhood. This approach helps to preserve the privacy and dignity of individuals and families in distress, fostering a more discreet and respectful environment for crisis intervention.



By integrating these services into the military environment, the Department of Defense (DOD) could normalize seeking mental health care, combatting the stigma that often deters individuals from accessing necessary support. This proactive approach would foster a culture of openness and acceptance around mental health, encouraging more service members and families to seek help without fear of judgment or career repercussions.

In addition to improving mental health outcomes, mobile crisis teams offer significant financial and operational benefits for the DOD. On-site intervention is more cost-effective than emergency room visits or inpatient psychiatric care, leading to better resource allocation. By addressing mental health issues promptly, these teams can enhance mission readiness and retention rates, ensuring service members remain capable and focused in their roles. This initiative represents a strategic investment in the well-being of the military community, demonstrating the DOD’s commitment to creating a resilient and supportive force.



Foster belonging for military families through community partnerships and resource integration.

From Financial Situation

Feeling a sense of belonging to your community has profound impacts on various aspects of an individual's life, including mental health, physical well-being, and overall life satisfaction.^{57,58} Military families frequently move due to the nature of military service, often experiencing relocations every two to three years. This transient lifestyle can significantly impact their sense of belonging and community integration. Each new location requires a period of adjustment, where families must learn the local culture, navigate new social norms, identify local resources, and find their place within the community.

Military installations are inherently embedded in their surrounding communities, and the majority of service members and their families reside in the community rather than on the installation. The neighborhoods surrounding military installations can differ greatly in their social and economic landscapes. These variations affect several aspects critical to military families, including the strength of their social support networks, access to nonmilitary resources, job prospects for spouses, educational and other opportunities for children, and overall personal safety.⁵⁹ These factors collectively influence the well-being and quality of life for military families.

To enhance the support network for military-connected community members, we recommend that installations partner with local community organizations to guide military families to needed community resources. An outstanding partner for this initiative is the 211 service, provided through United Way Worldwide. The 211 service offers a free, confidential helpline, providing comprehensive information and referrals covering a broad range of needs, including basic necessities, physical and mental health services, employment support, caregiving resources, support for children, youth, and families, and disaster relief.⁶⁰ This service is widely accessible across many regions of the United States and can be reached via phone, text, or online at 211.org.

Partnerships between 211 and military installations can ensure that military-connected individuals receive timely and localized resources and assistance, thereby improving their overall well-being and integration into the community. This partnership would not only streamline access to vital resources but also reduce the stigma associated with seeking help, as it provides a confidential and user-friendly means of obtaining support. An exemplary implementation of this initiative can be seen in Omaha, Nebraska. On June 26, 2024, Offutt Air Force Base's Military and Family Readiness and United Way of the Midlands (UWM) formalized a partnership to introduce the Military and Family Helpline 211.^{61,62} This program addresses a critical need for comprehensive quality-of-life support that extends beyond military installations and Veterans Affairs offices, leveraging UWM's established 211 contact center infrastructure to provide extensive, confidential

information and referral services to military-connected individuals.⁶³ These services cater to active-duty, Guard, and Reserve service members, Veterans, retirees, civilian personnel, and their families, ensuring they receive the necessary support and resources.⁶⁴

The new military helpline feature provides military-connected individuals with access to trained call specialists around the clock, every day of the year, for live support. Additionally, users can access resources via web, text, and mobile application, as well as personalized navigation services for more specific needs. Utilizing a zip code and geolocation-based system, the helpline efficiently connects users to nearby resources for various needs, including food, housing, health care, child care, and employment.⁶⁵ This system also provides upfront eligibility and application information to streamline processes. By extending the services of the existing Military and Family Readiness Center on base, this initiative bridges gaps to the community, creating a more cohesive support network.

As Shawna Forsberg, CEO and President of United Way of the Midlands, stated, “By leveraging the existing infrastructure of both military and community services, we avoid duplication of efforts and ensure that resources are used efficiently. The Military and Family Helpline is a prime example of how the Omaha community stands behind our military, providing comprehensive support and fostering a stronger, more resilient network for service members and their families.”⁶⁶ Such partnerships exemplify the power of community collaboration in supporting military families, ensuring they feel connected and supported wherever they may be stationed.



MSOs & VSOs

MSOs and VSOs should take the lead on equalizing the narrative around military service, ensuring that the benefits of services are portrayed as often as the challenges faced by families.

- **MSOs, VSOs, and community groups should take the lead on increasing military cultural competence within civilian communities, and provide volunteering and connection opportunities to bridge the gap between military families and their civilian neighbors.**

From Pride in Service

Military families are proud to serve, but only 1 in 5 say they are satisfied with how the military is portrayed to the wider civilian population. Military Service Organizations (MSOs) and Veteran Service Organizations (VSOs) have an opportunity to address this by highlighting both the challenges incumbent in military service as well as the many benefits of service. Community organizations, specifically those that support military- and Veteran-connected populations, should assume a pivotal role in balancing the narrative surrounding military

service by ensuring that the benefits are highlighted as frequently as the challenges faced by military families. Public perception of the military is often skewed by media focus on hardships and sacrifices. While it is critical to address challenges inherent in the military lifestyle, limited attention to the benefits of military service may further exacerbate problems in recruitment and retention, as well as increase the cultural divide between military families and their civilian neighbors.⁶⁷

Emphasizing the positive aspects of military service alongside its challenges offers a more nuanced and realistic portrayal of military life. Military families describe education and health care benefits, travel,



financial stability, and a diverse and strong community as important benefits of the military lifestyle. Highlighting success stories, career advancements, educational opportunities, and the intrinsic sense of purpose and camaraderie inherent in military service reinforces the attractive elements that draw individuals to military careers. This more balanced narrative can enhance public appreciation and support for service members.

Military families often face complex decisions regarding relocation, deployment, and the

overall military lifestyle. Providing a comprehensive view that includes benefits such as access to health care, housing support, educational programs, and community support networks empowers families to make informed decisions and better prepare for the challenges they might encounter.⁶⁸ Understanding the full spectrum of military life, including its advantages, can help families build resilience. Awareness of significant support systems can mitigate stress, fostering a more positive outlook and improved mental health outcomes.

MSOs and VSOs play a critical role in advocating for policies and programs that support service members and their families. By presenting a balanced narrative, they can more effectively advocate for a wide range of policies that address both the challenges and benefits of military service. By ensuring a balanced representation of both challenges and benefits of military service, support organizations can contribute to a more accurate and supportive understanding of military life, ultimately benefiting service members, their families, and society as a whole.

Additionally, MSOs, VSOs, and community groups should take a proactive role in fostering military cultural competence within civilian communities. These organizations are uniquely positioned to raise awareness and understanding of the unique experiences, challenges, and contributions of military families. By educating

civilians about military culture, traditions, and the sacrifices made by service members and their families, they can dispel common misconceptions and build a foundation of mutual respect and empathy.

Moreover, MSOs, VSOs, and community groups should create opportunities for meaningful engagement and collaboration between military families and their civilian neighbors. Volunteer initiatives, community events, and partnership programs can serve as bridges to connect these two groups, fostering a sense of belonging and shared purpose. These efforts not only strengthen social ties but also provide military families with essential support networks and a greater sense of community integration.

Through these actions, MSOs, VSOs, and community groups can play a critical role in closing the military-civilian divide, ensuring that military families feel both understood and supported by the communities they serve and protect. Such efforts also contribute to broader societal appreciation for military service, creating a culture of inclusion and recognition that benefits everyone.



Military Family Lifestyle Survey



Respondents & Methodology

Comprehensive Report | 2024

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Respondents

The widespread distribution of the Military Family Lifestyle Survey through Blue Star Families’ networks and partners in the military community has allowed it to gather more than 107,000 cumulative responses from active-duty, Reserve, and National Guard service members, Veterans, and their families since its inception in 2009. After cleaning the data to remove duplicates and invalid responses (see Methodology for more details), 5,573 responses remained for the 2024 survey. Of the 5,573 respondents who started the survey, 68% (3,797) completed the entire questionnaire. The respondents represent a cross-section of active-duty, 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 outreach efforts focused on obtaining a diverse and representative sample, the survey samples of active-duty, National Guard, Reserve, and Veteran families differ from those populations in several important ways, and cannot be considered representative of the entire population.

Figure 1: Primary Relationship to Service

All respondents (n=5,573)

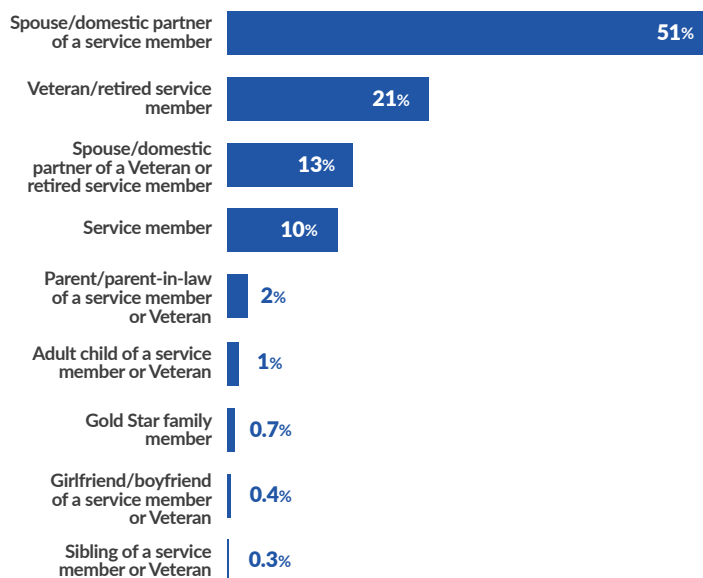
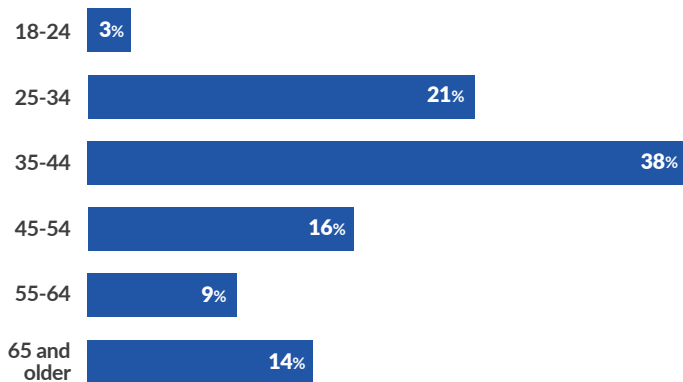


Figure 2: Age

All respondents (n=5,489)



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 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 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.

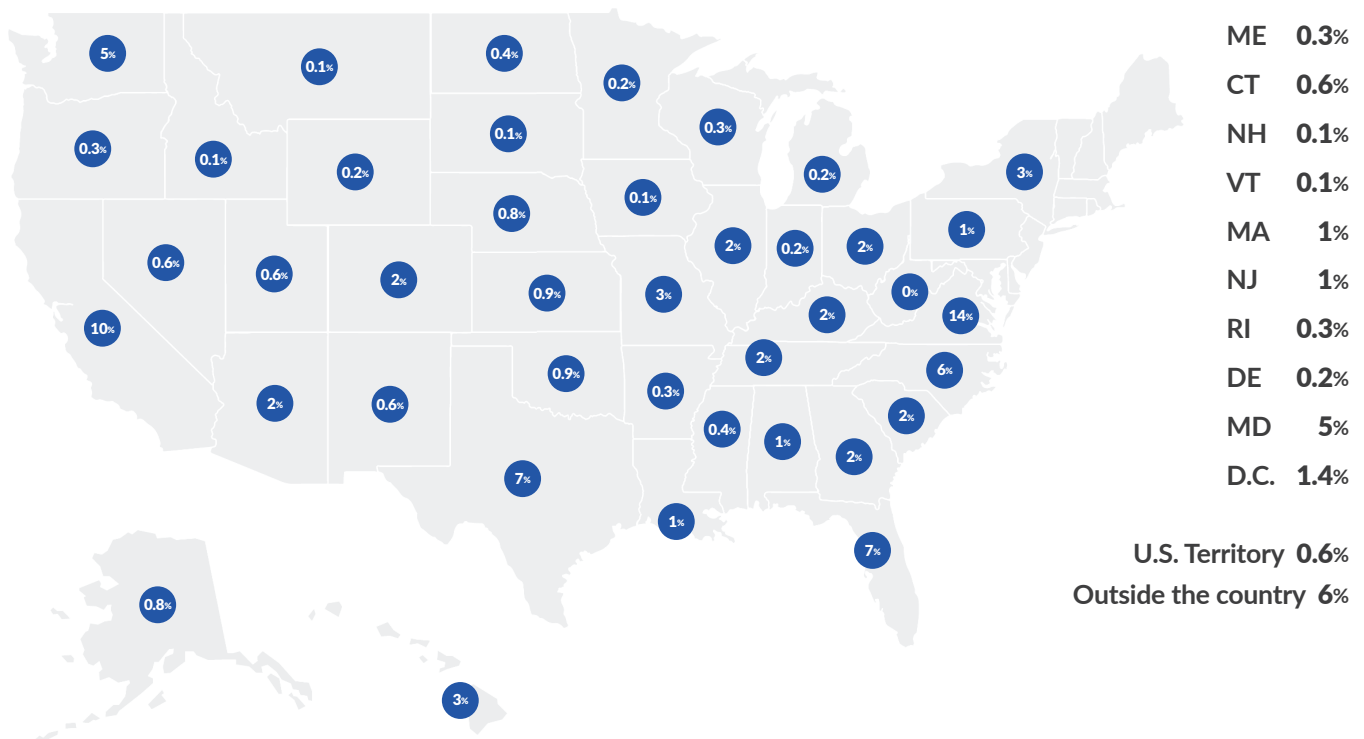
Demographics of All Respondents

Of all survey respondents, the most commonly selected primary identity is spouse/domestic partner of a service member including National Guard and Reserve (51%), followed by Veteran/retired service member (21%), service member including National Guard and Reserve (10%), spouse/domestic partner of Veteran/retired service member (13%), parent/parent-in-law of a service member/Veteran (2%), adult child of a service member/Veteran (1%), Gold Star family member (0.7%), girlfriend/boyfriend of a service member/Veteran (0.4%), and sibling of a service member/Veteran (0.3%).

Of all respondents, the single largest age group was ages 35-44 (38%), followed by those who are 25-34 (21%), 45-54 (16%), 55-64 (9%), 65 and older (14%), and 18-24 (3%).

Approximately 96% of all respondents lived within the U.S., and 4% lived outside the U.S. Within the U.S., the largest groups of respondents lived in Virginia (12%), California (8%), Texas (8%), and Florida (7%).

Figure 3: 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 (49%) than present in the active-duty population (18%¹).

In response to the select-all question for race/ethnicity, 78% of active-duty family respondents selected white, followed by Hispanic or Latino/a/x or of Spanish origin (14%), 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.

Figure 4: Branch of Service

Active-duty family respondents (n=2,794)

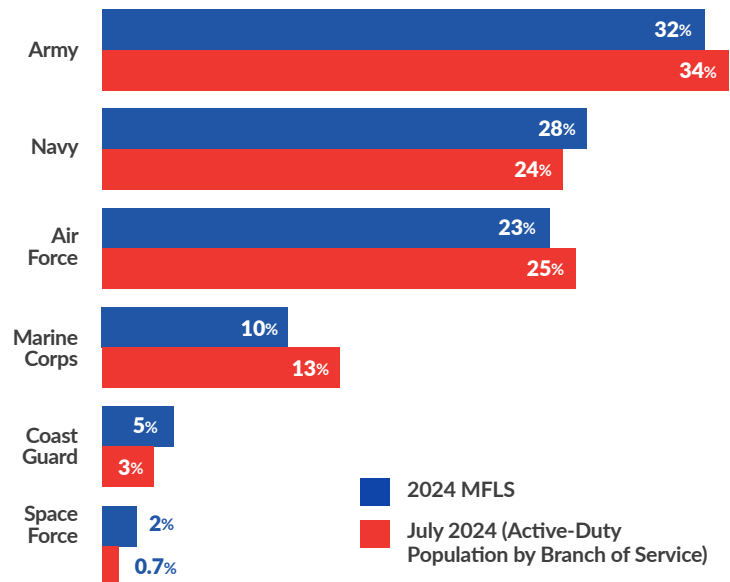
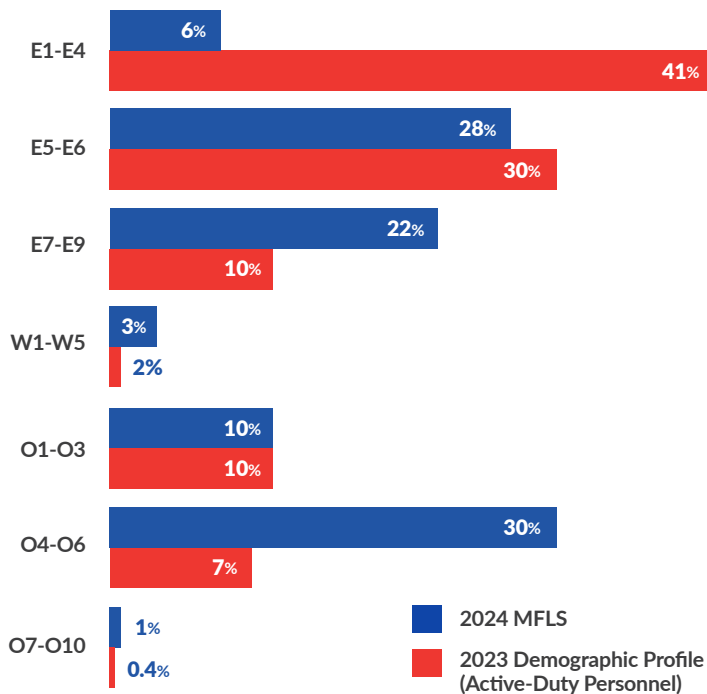


Figure 5: Service Member Rank

Active-duty family respondents (n=2,832)



Most services were represented at rates within a few percentage points of the active-duty force,² except for the Marine Corps and the Navy, which were undersampled. Army respondents were sampled at 32% compared to 34% of the total active-duty force; Air Force respondents were sampled at 28% compared to 24% of the total active-duty force; Navy respondents were sampled at 23% compared to 25% of the total active-duty force; Marine Corps respondents were sampled at 10% compared to 13% of the total active-duty force; Coast Guard respondents were sampled at 5% compared to 3% of the total active-duty military force; and Space Force represented 2% compared to 0.7% of the total active-duty force.³

The group of active-duty family respondents represented were junior enlisted (E1-E4, 7%), followed by mid-grade enlisted (E5-E6, 28%), senior enlisted (E7-E9, 22%), warrant officers (W1-W5, 3%), company/junior grade officers (O1-O3, 10%), field/mid-grade officers (O4-O6, 30%), and general/flag grade officers (O7-O10) was the smallest group at 0.7% of the overall active-duty respondents.

Military Service

Among currently serving service member respondents, 81% were serving on active duty, 12% were serving with the Reserves, and 8% were serving with the National Guard. Of Veteran respondents, 47% reported that they served September 2001 or later.

Methodology

The 2024 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 March 27 to May 15, 2024, 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, X (formerly known as 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.

Recruitment and outreach were designed to ensure representation across branches. Sampling was not stratified, nor were results weighted to be representative. Possible biases were introduced through the utilization of a nonprobability sampling method, particularly for gender, marital status, age, rank, and/or race/ethnicity representation among service member and family member respondents. For example, approximately 11%⁴ of the Veteran population is female, compared to the 24% of Veteran respondents in

this survey. 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, but sample numbers are reported where possible to provide context for interpretation.

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 5,573 English-language respondents. The Spanish-language survey collected 23 responses, but due to low sample size was not included in analyses.

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 Brief Thriving Scale.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, 12 open-ended questions were analyzed from the English language survey. 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 2024 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 2024 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

Respondents and Methodology

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Pride in Service

Though 7 in 10 respondents say military service has added value to their family's life, only one-third would recommend military service to a young family member. While many Americans believe the public truly appreciates military families' sacrifices, few military families agree.

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Spouse Employment and Child Care

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Financial Situation

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Health Care Access

Health care benefits play a key role in retention. Among active-duty service members who have stayed in military service longer than they originally planned, 49% reported it was because of health care benefits. However, access to care is a growing concern for military families, rising from 11% in 2020 to 22% today.

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Female Service Members

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Suicide Prevention and Postvention

One in 4 active-duty service member respondents report exposure to a suicide within their unit/command within the 12 months preceding survey fielding. While adequate support resources are often offered after a death by suicide, there is opportunity to improve dissemination of postvention resources.

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Veteran Transition

Post-service relocation choices and perceptions of transition preparedness are linked to Veteran respondent satisfaction with and belonging to the communities where they reside, as well as overall well-being. Veteran respondents who are satisfied with their current communities and those who have a greater sense of belonging report higher thriving mean scores than those who are unsatisfied or do not feel a sense of belonging.

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Comments or questions about the survey may be directed to the Department of Applied Research at survey@bluestarfam.org.

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