



2021 MILITARY FAMILY SUPPORT PROGRAMMING SURVEY

EXECUTIVE SUMMARY

The Military Family Advisory Network (MFAN) was founded in 2013 to fill a persisting gap in the military community: the inability to quickly and effectively understand the modern military family and connect them to the resources they need to thrive.

MFAN's constant goal is to shorten the amount of time between the identification of an issue and the deployment of a solution. Collecting and sharing data is one of the most effective ways to do that. The Military Family Support Programming Survey is the foundation of MFAN's research portfolio. This biennial survey provides insight into a wide range of the support needs of military and veteran families serving worldwide.

MFAN built the fourth iteration of the Military Family Support Programming Survey to better understand military and veteran family well-being. New in 2021, MFAN introduced the Family Health Scale, a validated measure of family unit well-being. This scale, which sits at the intersection of many topics that MFAN has studied for years, forms the backbone of the survey and full report. **Topic areas include:**

1 Health Care

2 Family Relationships

3 Financial Readiness

4 Housing

5 Food Insecurity

6 Community, Transition, and
Recommending Military Life

Additionally, findings from the USDA Six-Item Short Form Food Security Scale and the UCLA Loneliness Scale were also leveraged to compare the recent experiences of military and veteran families with data from our previous research.

MFAN's research is primarily qualitative or open-ended, which generates data rich with perspective and experiences and provides a greater diversity of topics to understand and evaluate. While quantitative data can explain the "what," qualitative data can explain the "why" and "how." MFAN tirelessly works to bring qualitative methods into the spotlight and analyze the stories families share to illuminate challenges, identify solutions, and catalyze change.

Reading every written response, MFAN's coding team generates themes and subthemes using Qualtrics Survey Software. The software also allows those themes to be sorted by demographics and geographics, among many other potential measures. After the analysis is complete, the research team uses the results to tell the stories of military families. The results are not meant to predict behaviors or perceptions of all military families. Instead, this form of research helps shed light on what military families are currently experiencing. Military families are more than numbers and statistics, so the research is highlighted with the real comments and experiences participants shared.

This executive summary provides a high-level overview of key findings, discussed at length in the full report.

DEMOGRAPHICS

The 2021 Military Family Support Programming Survey was fielded online from October 4 to December 15, 2021. During that time, 8,638 people participated. Respondents came from all 50 states and Washington, D.C., two U.S. territories, and 22 countries. MFAN's research ensures that participants are connected to military family life – it is a condition they must meet to take the surveys.

The most common respondents were the spouse of an active duty service member (43.8%), followed by the active duty service member (13.9%). Most 2021 respondents were between 25 and 39 years old (57.7%) and 75.3% of the respondents were female. Most commonly, respondents were living in homes with four people (28.1%).

For the first time in 2021, MFAN collected data on the race and ethnicity of respondents. Nearly a fifth (17.0%) of the respondents identified as Hispanic or Latino. Most of the respondents were white, representing 71.2% of the sample. The next most common racial identity was Black or African American, representing 9.6% of the population. This is in close alignment with the demographics of the active duty force, with 17.2% of active duty service members identifying as Hispanic or Latino, 68.9% identifying as white, and 17.2% identifying as Black or African American.

Beyond race and ethnicity data, the remainder of the respondent demographics are also largely in line with those of the currently serving force, including the breakdown of the branch of service, and the percentage of enlisted personnel. The largest proportion of respondents were affiliated with the Army (40.3%), followed by the Air Force (21.7%), and the Navy (20.1%). Most respondents were in the enlisted ranks, most commonly E4 to E6. More than three quarters of the respondents had served on active duty after September 11, 2001.

The most striking demographic difference between the currently serving force and the respondent sample revolved around the family composition. Of the currently serving force, 43.1% are families that are married without children (13.6%) or married with children (29.5%). The sample had a much higher proportion of married couples with children, with 81.7% of the sample identifying as currently married, and 68.8% of families with children or stepchildren under the age of 18 in the home. This difference speaks to the true meaning of this survey – to better understand the support programming available for military and veteran families.

FAMILY WELL-BEING SCALE



The Family Health Scale, used for the first time in 2021 to examine the dynamics of military families in this study, is a 10-question measure of family relationships, health care, finances, and housing. Per MFAN's findings, 41.3% of military and veteran families reported excellent family health, whereas 58.7% of families reported moderate or poor health.

Military personnel in lower enlisted ranks were significantly more likely to have poor or moderate family health. Officer families were significantly more likely to have excellent family health. There was a significant relationship between ethnicity and family well-being. Minority groups (those identifying as Hispanic, American Indian or Alaska Native, Black or African American, and multiracial) were more likely to have poor or moderate family health. Taken together, these findings indicate that families at lower ranks and families in marginalized racial and ethnic groups are statistically less likely to indicate excellent family health and statistically more likely to indicate poor or moderate family health than their white, non-Hispanic, higher-ranking peers.

HEALTH CARE

This section covers general health care as well as telehealth, mental health care, and mental health crises. New to this report are sections on electronic medical records (EMR), patient portals, and continuity of care for military and veteran families. Three quarters (72.3%) of respondents use TRICARE Prime for health care coverage.

More than half (67.0%) use Military Treatment Facilities (MTF) and 77.5% travel fewer than 14 miles for health care. More than seventy percent (72.0%) of respondents had an EMR or patient portal to monitor and access their health care. When asked how they maintained consistent health care for their families, respondents said they leveraged EMRs and adopted methods of continuity like carrying paper medical records and staying up to date on appointments when possible.

While satisfaction rates with all types of care were generally high, respondents cited common hurdles with health care over the previous two years. These include trouble accessing care or booking appointments, generally negative experiences with providers, and generally poor quality of care. The lack of available appointments was a key theme for generalized health care and mental health care. An active duty Army spouse said,

"Sadly, I know it isn't right, but with all of my experiences, I have learned to 'play the game' to endure and get through to the care my family needs. It shouldn't be this way. It is exhausting and sad - it is breaking military families. We really don't want to beg for basic healthcare needs that we have been promised, but we need to in order to survive."

Analyzing the relationship between military and veteran family health care satisfaction and family well-being sheds additional light on the 2021 findings. Unsurprisingly, there is a statistically significant relationship between family unit well-being and satisfaction with the care military and veteran families receive. Respondents with very negative, negative, or even neutral experiences with the care they received were statistically more likely to have higher rates of poor and moderate family well-being and lower rates of excellent family well-being.

FAMILY RELATIONSHIPS

The 2021 survey also sought to understand family relationships as a component of military and veteran family well-being. This year, findings about the impact of military life on marriage and family, children, and caregivers were consistently tied back to the family well-being scale and the UCLA Loneliness Scale. Overall, 54.0% of military and veteran family respondents reported experiencing loneliness and statistical analysis ties this loneliness to moderate family well-being.

Despite facing hardships in their marriage caused by the realities of military life, many families still cite moderate and excellent family health, speaking to military and veteran family "resiliency." While discussing the impact of the military on their marriages, respondents often spoke of the negative impacts, the role of the military in their marriages, general benefits (e.g., personal changes in the service member and strengthened relationship dynamics), mental health effects, and the impact on finances due to spousal unemployment. When discussing the impact of the military on their families, more broadly, families spoke of generalized hardships due to the realities of military life, like a permanent change of station (PCS). The frequent moves caused physical and emotional distance between family members. Despite the relationship hardships they face with extended family members, these military and veteran family respondents cited strong immediate family relationships, displaying excellent and moderate family well-being.

Finally, the Military Family Support Programming Survey asked respondents how military life impacted their children and looked closely at the caregiving dynamics within families. Nearly seventy percent (68.8%) of respondents had children under the age of 18 living in the home, with the largest group having children between the ages of six and nine.

Parents' responses pointed to areas of pressing need, including the availability and accessibility of childcare, the need for additional financial support, the desire for built-in support systems and improved amenities, and lastly, easier access to consistent information and resources. An active duty service member in the Army explained,

"Accessible child care, especially drop-in/hourly care. It's almost impossible to get child care for my spouse to attend things or take my other child to a medical appointment where other children aren't allowed to attend."

Eleven percent (11.0%) of respondents, mainly spouses of military service members, provided care for a wounded, ill, or injured service member or veteran. Caregivers are utilizing support services from the Department of Veterans Affairs (VA) and local and national nonprofits, but they desire additional support. The largest group of responses to this question emphasized the need for additional general care for caregivers. Respondents need care for the physical and mental health support for their service members that would lessen the load.

FINANCIAL READINESS

Financial difficulties, unfortunately, were a common source of hardship for many of the respondents. Half (51.2%) stated that they have had trouble saving money over the past two years, and over half (57.0%) have experienced financial emergencies in the past. These fiscal issues have long-reaching consequences. They are significantly related to poor family well-being, cause anxiety, hinder the ability to save money, cause relationship issues, and impede the family's ability to provide for their children. An active duty Army spouse said,

"By the time we pay for bills and groceries, there is little to none left, and when we manage to save some [money], it never fails that something comes up and we have to use the savings to avoid going into debt."

For the first time in 2021, MFAN asked respondents their annual household income. Forty percent (40.6%) of respondents reported making between \$25,000 and \$75,000 before taxes. In active duty families, the spouse was more likely to be in charge of financial management, whereas families of military retirees and veterans, the service member tended to become responsible for household management.

A fifth (22.4%) of currently serving families and nearly forty percent (38.4%) of veteran families had less than \$500 in an emergency savings fund or no fund at all. Enlisted families were statistically the most likely to have low or no emergency funds and over three quarters (75.8%) of the respondents indicated that they carry current debt. Mortgage debt was consistently ranked as the most stressful form of debt with credit card debt ranking second, and unfortunately, there is a statistically significant relationship between financial stress and family unit health. The higher the stress over finances, the more likely the family will have moderate or poor family well-being. Further analysis of participant responses revealed that financial stresses cause frequent anxiety and worry, trouble affording basics (e.g., bills, food, and gas), inability to save money, cause relationship issues due to arguments over finances, and impede the family's ability to provide for children financially.

HOUSING

Following input from MFAN's Military Housing Roundtable, MFAN introduced the Housing Burden Scale in the 2021 survey. The scale specifies that families experience a housing burden when housing expenses comprise 30% or more of their household income, including Basic Allowance for Housing (BAH).

Spending more than 50% of household income on housing indicates a severe housing burden. Findings suggest that 60.9% of military and veteran family respondents carry the burden of paying more than they can comfortably afford for housing. Families are nearly equally likely to carry a housing burden as they are not to carry a housing burden. There was a statistically significant relationship between family well-being and housing burden. Families who were not housing burdened were significantly more likely to have excellent family health. Families experiencing severe housing burden were significantly more likely to experience moderate and poor family health.

Respondents were asked if they lived in military housing or off base. More than sixty percent (61.0%) choose to live off base. They do so because of a lack of military housing availability, poor military housing conditions, more privacy, preference for home ownership, and military housing not being the kind of home they desired. For the 39.0% of respondents who do choose to live in military housing, they did so because of location, affordability, security, convenience, and in a notable addition from 2019 findings, the housing market. When asked, in detail, about their experiences with privatized military housing companies, respondents cited satisfaction with companies' responsiveness to repair issues. In 2019, this was the factor of privatized military housing that respondents were most dissatisfied with. Interestingly, more than half (60.3%) of respondents who did live in privatized military housing said that the conditions were largely unchanged despite national media coverage over the previous years. Sixty percent (60.1%) of respondents were aware of the Tenant Bill of Rights, but only 10.6% of those individuals had experience using it. Nearly forty percent (39.9%) of respondents were unaware of the Tenant Bill of Rights.

FOOD INSECURITY

Since beginning to monitor rates of food insecurity in 2017, the proportion of military families that have reported trouble affording food has slightly increased. In 2017, about 15% of military and veteran families were food insecure. In 2021, one in six (16.6%) military and veteran families were experiencing food insecurity or hunger. In enlisted families alone, 23.3% of families indicated food insecurity, which is roughly five times the number of officer families that indicated the same.

Enlisted personnel in lower ranks, and individuals belonging to ethnic minorities, appear to be disproportionately affected by food insecurity. The overwhelming majority of those who did face problems with securing food used federal assistance programs such as SNAP and WIC (96%), and 70% of those stated that they found those programs helpful. However, there were also significant obstacles. An active duty Navy spouse who felt ashamed of her family's need for food resources explained,

"I feel like a failure having to rely on others to help us feed our family. I know we are a large family, but I am good with planning meals, the problem is trying to get enough food for everyone to get full."

COMMUNITY, TRANSITION, AND RECOMMENDING MILITARY LIFE

Finally, military and veteran family respondents were asked questions about their separation from the military, specifically focused on their use of transition support programs, their experiences with the civilian community, and their propensity to recommend military life to someone considering it. In the 2021 survey, respondent interactions with civilians were more likely to be neutral or positive (75.6%), rather than poor or very poor (10.5%). The analysis captured a statistically significant relationship between military and veteran family interactions with the civilian community in the last two years and their rating of family well-being.

Families in excellent health were more likely to have had positive or very positive interactions with the civilian community. Unfortunately, poor or very poor interactions with the civilian community were significantly related to moderate or poor family health.

When discussing their experiences with and plans for transition, more than eighty percent (81.9%) of currently serving respondents had not participated in the Transition Assistance Program (TAP). Meanwhile, more than half (58.6%) of military retirees and veterans had utilized TAP after leaving service. Unfortunately, nearly eighty percent (76.8%) of respondents did not know that spouses could access the Military Spouse Transition Program (MySTeP). Of the respondents who had transitioned out of military service, near equal groups had positive and negative experiences receiving support from the military, a smaller proportion received help from the private sector, and only five percent of respondents received help from the government (5.7%) or family and friends (5.4%). Despite their use of these support systems, robust themes emerged around additional transition support they desired. Respondents want hands-on preparation to enter the civilian workforce, generalized improvement to the transition process, one-on-one transition advising and tailored support, improvements to TAP, and transition support tailored for spouses and family.

In 2021, just over sixty percent (62.9%) of military and veteran respondents would recommend military life to someone considering it. This statistic represents a troubling drop from the 74.5% of respondents who recommended military life to someone considering it in response to the 2019 survey. Under half (46.1%) of civilian respondents would recommend military life to someone they care about, unchanged since 2019. Military families who demonstrated excellent family health were significantly more likely to suggest marriage to a service member. Unfortunately, enlisted families were significantly less likely to recommend military life. The spouse of an active duty Navy member explained,

"It is a difficult job and life, and the 'benefits' simply are not worth it. Especially since said benefits just keep dwindling and decreasing in quality the longer we are in. Military life not only affects the mental health of the service member but also that of their family. Additionally, I would not want anyone I care about, or even people I don't care about, to be subjected to toxic work environments."

CONCLUSION & RECOMMENDATIONS

These findings paint a clear picture; military and veteran family well-being is related to health care satisfaction, family relationships, financial well-being, housing, food insecurity, and the military community. Such striking findings are the most impactful when they are used to create actionable solutions. In this vein, **MFAN recommends the following:**

1 Conduct additional research on military family well-being

The 2021 Military Family Support Programming Survey adopts the Family Health Scale, which illuminates the interconnectedness of previous topics of interest and overall family unit well-being. However, this research is just the beginning.

In order to truly understand the components of military and veteran family well-being, further research into the relationships between topics like health care, housing, and food insecurity are necessary. Investing in research of this nature will help improve the livelihood of military and veteran families at large and pave a clear path towards programming that would make an impact for military and veteran families.

2 Increase the availability of health care and mental health appointments

Military and veteran family health care would be greatly improved by increasing the availability of health care appointments. The research suggests that this would, in turn, improve both provider accessibility and possibly reduce wait times. Addressing this issue requires a close look at the reimbursement rates to ensure that community-based providers are appropriately compensated for their time, in a way that is commensurate with the civilian community. This will be critical, especially as Military Treatment Facilities evaluate where and how they provide care for the full family.

3 Increase the availability of child care

The findings reviewed above suggest that the struggles that military families experience with child care sit at the intersection of many other topic areas in this survey. Unfortunately, improvement in child care without intervention would require substantive improvements on many fronts, including income levels and financial readiness and health care accessibility and telehealth. Until programs are put in place to alleviate the burden that families experience in their health care and financial status, programs that improve the availability of child care would help military and veteran families navigate life. This includes standard child care availability as well as drop-in opportunities. Military life requires families to be nimble; the child care systems must follow suit.

4 Right-size BAH to decrease the housing burden experienced by military families

The findings show that military and veteran families are feeling burdened by rising cost of living. Right-sizing the Basic Allowance for Housing (BAH) would alleviate some of the strain on their finances as they cope with an increasingly expensive world. By correcting the BAH calculation, families would be in a better position to save, provide balanced meals for their families, overcome unexpected expenses, and ultimately reach long-term financial goals. In addition, MFAN recommends an assessment of the structure of BAH as it relates to the sustainment of privatized military housing and expanding availability to meet demand, especially in markets with fewer community-based options.

5 Reduce the barriers to saving for military families

In 2021, military and veteran families reported barriers to saving money, including insufficient pay, increased costs of living, soaring housing costs, high recurring bills, and limited understanding of financial planning. By supporting pay and allowance increases in alignment with the rising cost of living, families would be better positioned to save money, feed their families, find appropriate housing, face financial emergencies, and reach long-term financial goals. Overall, the pay structure must be reviewed and compared against the reality of modern-day Americans. With military spouse employment as a consistent barrier, child care shortages, and frequent moves, many military families are forced to make ends meet on the service member's pay alone. These data show that relying on a single income to sustain the household is problematic for many.

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