### 2022 MFLS Key Findings (March 2023) Draft

#### Top Issues

Top Issues for Subgroups

### **Community and Social Context**

### Support Circles

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

### **Relationship Satisfaction**

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

### Military Family Resource Access

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

### Veteran Healthcare and Social Support

Healthcare needs, perceived healthcare access and quality, and perceived network resources differ for working-age and aging Veterans.

### Recommending Service

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

Spanish Spotlight

### Health Care Access and Quality

### Healthcare & Disordered Eating

TRICARE coverage for military-connected families has limitations that result in out-of-pocket medical expenses.

### Children's Mental Health

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

### Education Access and Quality

### Military Children's Education

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

#### Neighborhood and Built Environment

Housing/Relocation

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

### **Economic Stability**

**Financial Security** 

Military families' financial well-being lags behind civilian peers. Financial stressors are intensified by the military lifestyle and may be experienced differently by active-duty family respondents of color.

### Spotlight on Food Insecurity

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

### Spouse Employment

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

### Spotlight on Child Care

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

### Veteran Financial Wellness

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

### **Top Issues**

Top Issues for Active-Duty Family Respondents

- Military spouse employment (48%)
- Time away from family (45%)
- Military pay (40%)
- BAH / Off-base housing concerns (40%)
- Relocation/PCS Issues (37%)

### **Top Issues for Subgroups**

	Active-duty spouses (n=3,173)	Active-duty Service Members (n=466)	Veteran Spouses (n=889)	Veterans (n=2433)	National Guard Families (n=285)	Reserve Families (n=212)
Spouse employment	50%	33%	30%	<u>12%</u>	<u>19%</u>	<u>26%</u>
Time away from family	45%	42%	29%	32%	48%	42%
BAH/Off-ba se housing concerns	40%	38%	<u>10%</u>	<u>8%</u>	<u>10%</u>	<u>16%</u>
Military pay	40%	44%	<u>25%</u>	33%	38%	28%
Relocation/ PCS issues	37%	34%	<u>14%</u>	<u>14%</u>	<u>7%</u>	<u>15%</u>
Impact of deployment on family	<u>28%</u>	<u>22%</u>	30%	29%	46%	40%
Concerns about transition from military to civilian life	<u>20%</u>	<u>25%</u>	33%	<u>29%</u>	<u>20%</u>	<u>17%</u>
Access to military/VA health care system(s)	<u>19%</u>	<u>26%</u>	46%	45%	31%	<u>32%</u>
Military benefits	<u>12%</u>	<u>21%</u>	<u>27%</u>	26%	24%	<u>27%</u>

### **Community and Social Context**

## Support Circles

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

In the 12 months prior to survey fielding, 81% of active-duty family respondents reported they had a close friend or loved one experience one or more stressful situations (see Table 1.).

Table 1. Proportion who had a close friend or loved one experience the following life events within the 12 months prior to survey fielding Active-Duty Family Member Respondents (n=2536)		
In the past 12 months, have you had a close friend or loved one experience: (select all that apply)		
Deployments/TDY	56%	
Death of a family member	54%	
Divorce or separation	32%	
Miscarriage or stillbirth	25%	
Mental health crisis, such as suicidal thoughts or attempts	23%	
Substance abuse problem	14%	

A higher proportion of lesbian, gay, bisexual or queer (LGBQ+)-identifying active-duty family respondents (n=144) reported having a friend or loved one experience a mental health crisis (40%), substance abuse (23%), and/or an abusive relationship (22%) in the past year than non-LGBQ identifying active-duty family respondents (n=2378, 22%, 14%, and 12% respectively)<sup>1</sup>. It is important to note that the sample size for LGBQ+ respondents is much smaller than that for non-LGBQ+ respondents, so caution should be used when interpreting the numbers. However, the difference in percentages suggests that LGBQ+ active-duty families may face unique challenges that should be further investigated.

<sup>&</sup>lt;sup>1</sup> It is important to note that while the respondent identifies as LGBQ+, it is not possible to determine if the friends or loved ones experiencing the stressful events also identify as LGBQ+.

1 in 5 active-duty family respondents (20%) reported having an adult friend or family member who expressed suicidal thoughts, made a suicide attempt, or died by suicide in the year prior to survey fielding.

Only one-quarter (25%) reported they feel "very confident" helping their friend or loved one through a mental health crisis. Notably, a slightly higher proportion of active-duty family respondents who reported they had a friend or loved one experience a mental health crisis (such as suicidal thoughts or attempts) in the 12 months prior to survey fielding said they feel "very confident" helping a close friend or loved one through a mental health crisis (35% vs 22%).

When asked "What would best help you support a close friend or loved one with those [stressful life] experiences?", active-duty family respondents' top three choices were: 1) Knowledge of how to have a conversation about the issue (60%), 2) Rapid access to mental health care for friend or loved one (53%), and 3) Knowledge of when to intervene (51%). In an open-ended follow-up question, respondents discussed being unsure of what to do or what to say to help someone, and a lack of knowledge or access to timely local resources available for that friend or loved one.

# **Relationship Satisfaction**

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

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

- Active-duty spouse respondents who are employed (either part time or full time) have statistically significantly higher mean relationship satisfaction scores (M = 28.9, SD=5.9) than those who are not employed but want or need paid work (M=27.8, SD=6.1).
- Active-duty spouse respondents who need child care and are always or sometimes able to find care that meets their needs have statistically significantly higher mean relationship satisfaction scores (M = 28.6, SD=5.9) compared to those who cannot find child care that meets their needs (M=27.2, SD=6.5).

• Those spouse respondents who reported their family was "living comfortably" or "doing okay" financially have statistically significantly higher mean relationship satisfaction scores (M=29.5, SD=5.6) than those who selected "we are just getting by" or "we are finding it difficult to get by." (M=26.7, SD=6.6).

# Military Family Resource Access

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

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

However at least a quarter of active-duty family respondents note the following resources are inadequate<sup>2</sup> in their civilian community:

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

# Veteran Healthcare and Social Support

Healthcare needs, perceived healthcare access and quality, and perceived network resources differ for working-age and aging Veterans.

82% of working-age Veteran respondents report having a service-connected disability than aging Veteran respondents (60%).

There is a greater need for mental healthcare among working-age Veterans than aging Veterans.

41% of working-age Veteran respondents reported a current diagnosis of generalized anxiety disorder and 33% reported major depressive disorder, compared with 14% and 11% of aging Veteran respondents, respectively.

<sup>&</sup>lt;sup>2</sup> Inadequate is defined as needs improvement to meet basic or minimal level of service.

Nearly half (46%) of working-age Veteran respondents reported they were receiving mental health care at the time of survey fielding; however, 14% also said they would like to receive mental health care but were not currently receiving it. For aging Veteran respondents, 21% said they were receiving mental health care at the time of survey fielding and 3% said they would like mental health care but were not receiving those services

Veterans who use the VA for all their health care needs, those who had a service-connected disability, and, among aging Veterans, male Veterans reported higher proportions who agreed or strongly agreed that their doctor or provider is knowledgeable about health care needs faced by the military or Veteran populations.

Among aging Veteran respondents who reported they use the VA to meet all their health care needs, 68% "agree" or "strongly agree" their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations compared with 51% of their peers who said they do not use the VA for all care. Working-age Veteran respondents showed a similar pattern (64% of those who use VA to meet all care needs agreed versus 42% who do not use the VA for all their health care needs).

However, only 39% of aging Veteran respondents who identified as women "agreed" or "strongly agreed" that their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations, compared with 60% of male aging Veterans

Veteran respondents with a service-connected disability (55%) agreed that their provider was culturally competent regarding military/Veteran population health needs compared to their peers who did not report a service-connected disability (43%).

Working-age Veteran respondents report lower perceived access to social support (lower for those who are divorced or single as opposed to married), and greater desire for someone to help with medical, household or other personal needs.

While nearly a third of both working-age (28%) and aging Veteran respondents (28%) report they have someone who helps them with medical, household, and/or other personal needs, more than twice as many working-age Veterans (13%) reported wanting or needing someone to help (compared with 5% of aging Veterans).

## **Recommending Service**

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

Among active-duty family, Veteran, Veteran spouse, National Guard family, and Reserve family respondents, active-duty spouse respondents were the least likely to recommend

service to a young family member (M=5.1, SD=3.0) while Veteran respondents were the most likely to recommend (M=6.7, SD=3.2).

While the largest group of active-duty family respondents were likely to recommend military service (37% selected a rating between 7 and 10), about a quarter of active-duty family respondents (28%) were unlikely to recommend (selected a rating between 0 and 3), and one-third were neutral (35% selected a rating between 4 and 6).

# Table 2. Proportion Likely to Recommend Military Service to a Young Family Member, by Rating and Primary Military Affiliation

Active-Duty Service Member and Spouse Respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Active-Duty family respondents (n=3641)	( <u>28%</u> )	( <u>35%</u> )	( <u>37%</u> )
Active-duty service member respondents(n=471)	<u>23%</u>	<u>36%</u>	<u>42%</u>
Active-duty spouse respondents(n=3170)	<u>29%</u>	<u>34%</u>	<u>37%</u>
	4	-	

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

Both active-duty service member and spouse respondents cited "good benefits" and "economic stability" as a reason for recommending service.

The most common reasons for "unlikely to recommend" for both service member and spouse respondents were similar, citing "challenges for families" and "poor military leadership". Further, just over one-third of both active-duty service members and spouses provided a mixture of positive and negative reasons for their likelihood to recommend service ("neutral" rating of 4-6).

# Table 3. Top Codes for Reasons to Recommend or Not Recommend Military Service to aYoung Family Member, by Rating Group and Primary Military Affiliation

Active-Duty Service Member and Spouse Respondents

Primary Military Affiliation	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Active-duty service	Poor military leadership	Good benefits	Good benefits
member respondents	Challenges/difficultie s for families	Depends on the individual	Economic stability
	Changes in the military aren't good	Challenges/difficulties for families	1. Job skill building
Active-duty spouse	Challenges/difficultie s for families	Challenges/difficulties for families	Good benefits
respondents	Poor military leadership	Depends on the individual	Economic stability
	financial sacrifices	Good benefits	Positive opportunities

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

Active-duty family respondents of color had similar mean recommendation of service scores when compared to their white counterparts.

As a group, both female currently-serving respondents and female Veteran respondents are less likely than their male peers to recommend service; however, both male and female Veterans are more likely to recommend service than their currently-serving peers.

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

Male active-duty service member respondents who were unlikely to recommend service noted lack of leadership, politics (both past and present) as well as a general need for improvement, while those who were more likely to recommend service mentioned reasons similar to their female counterparts such as good benefits and economic/job stability.

For female Veteran respondents, sexual assault, mental health concerns, and the lack of service and quality of service for VA benefits were the most commonly cited reasons for those unlikely to recommend service, compared to their male counterparts, who most often mentioned poor military leadership and politics. Personal development, good benefits, and job skills were the top reasons cited for both male and female Veterans who were likely to recommend service.

Both National Guard and Reserve family respondents were more likely to recommend service than their active-duty peers, with Reserve family respondents slightly more likely to recommend service than their National Guard peers.

### Quotes

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

- "It provides a good foundation for young people going forward into their future." National Guard Service Member (rating: 8)
- *"It provides maturity and leadership opportunities at a young age." -* Army Reserve Service Member (rating: 10)
- **Example of code "Good benefits":** "Education benefits, healthcare, gives direction to life" -Army Active-duty Service Member (rating: 8)
- **Example of code "Challenges to Families":** "The military continues to say this is a 'family business' but has yet to make any real changes that would support that. Reducing the number of PCS's over time, removing barrier to spouse employment like SOFA and lack of child care, fostering an environment that allows SMs [service member] to feel comfortable asking for time to support their family." -Active-duty Army Spouse (rating: 5)
- **Example of code "Challenges to Families":** "The chain of command is corrupted and very toxic. They don't care about families or your work ethic, they just care about getting everyone qualified. It's also very disorganized." -Active-duty Navy Spouse (rating: 0)
- **Example of code "Depends on the Individual":** "Really depends on the person. I think it's great for the right type of person but wouldn't recommend it to everyone." -Active-duty Air Force Spouse (rating: 6)

# Spanish Spotlight

In 2021, nearly one in five (18%) of active-duty service members self-identified their ethnicity as Hispanic or Latino<sup>3</sup>, making up one of the largest racial/ethnic groups in the military<sup>4</sup>, but most research on military families is conducted in English. This year, for the first time, the full survey was available in Spanish.

A total of 79 respondents started the survey in Spanish. Spanish-language respondents were asked all the reasons why they chose to take the survey in Spanish and the majority selected "Español es mi lengua materna" (use Spanish as their first language) (68%), nearly half (44%)

<sup>&</sup>lt;sup>3</sup> Department of Defense (2021). 2021 Demographics: Profile of the Military Community https://download.militaryonesource.mil/12038/MOS/Reports/2021-demographics-report.pdf

<sup>&</sup>lt;sup>4</sup> Rodriguez, A. (2020, June 11). *Latinos are fastest growing population in US military, but higher ranks remain out of reach.* 

https://eu.usatoday.com/in-depth/news/nation/2020/05/23/latino-hispanic-military-high-ranking-commissio ned-officer-positions/4668013002/

selected "Me siento más cómodo tomando la encuesta en Español" (felt more comfortable taking the survey MFLS in Spanish)

When asked whether respondents would recommend military service to a young family member on a scale of 0 to 10 (See Recommend Service Finding for more information), all Spanish-language respondents were relatively evenly divided; 28% selected a rating of 0 to 3 (unlikely to recommend), 39% selected a rating of 4 to 6 (neutral), and 32% selected a rating of 7 to 10 ( likely to recommend).<sup>5</sup>

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

<sup>&</sup>lt;sup>5</sup> These results are for all Spanish-language respondents and are not limited to active-duty family respondents only. The results in Recommend Service finding are presented by various respondent subgroups, including active-duty family, National Guard family, Reserve family respondents, among other subgroups.

# Health Care Access and Quality

# Healthcare & Disordered Eating

TRICARE coverage for military-connected families has limitations that result in out-of-pocket medical expenses.

Not all healthcare for military families is free or fully covered by the government. This is exemplified in the 5% of active-duty family respondents who reported experiencing some financial stress with medical costs as one of their top three financial stressors<sup>6</sup>.

More than 1 in 10 National Guard family (16%, n=181) and Reserve family (16%, n=136) respondents with financial stress reported medical costs as one of their top 3 financial stressors. TRICARE coverage is limited for National Guard and Reserve families, who are only eligible for TRICARE Prime and TRICARE Select when federally activated.

Less than one-half (44%) of military-connected family<sup>7</sup> respondents with eligible adult children have a child enrolled in TRICARE Young Adult; the most common reason respondents with eligible adult children did not enroll was because costs were "too expensive".

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

A greater proportion of active-duty family respondents who provided an affirmative response to at least one of four items on the disordered eating scale also reported experiencing low or very low food security (21%) in comparison to those who did not provide any affirmative responses (13%).

# Children's Mental Health

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

1 in 12 (8%) reported their child experienced bullying online in the preceding 12 months.

<sup>&</sup>lt;sup>6</sup> It is important to note that the survey questions on financial stress from medical expenses were only presented to respondents who indicated that medical expenses were one of their top three financial stresses. This resulted in a small sample size that does not represent all respondents who may be experiencing medical debt or out-of-pocket medical expenses.

<sup>&</sup>lt;sup>7</sup> Military-connected family respondents include active-duty, Veteran, National Guard, and Reserve family respondents

Nearly one quarter (24%) of active-duty family respondents with at least one child enrolled in grades K-12 reported that they had a child who experienced racially/ethnically-motivated bullying in their civilian community at least once in the 12 months prior to survey fielding, and 14% reported that they had a child who experienced racially/ethnically motivated-bullying in their military community at least once in the 12 months prior.

8% of active-duty family respondents with at least one child enrolled in grades K-12 stated they had a child or children (20 years old or younger) who identified as lesbian, gay, or bisexual, and 6% were "unsure" if their child identified as lesbian, gay, or bisexual; in addition, 2% stated they had a child who identifies as transgender and 3% were "unsure."

Nearly one-quarter (23%) of active-duty family respondents with at least one child enrolled in grades K-12 had a child (20 years or younger) receiving mental health care at the time of survey fielding. Sixteen percent of active-duty family respondents with at least one child enrolled in grades K-12 reported that their child(ren) did not currently receive but they would like them to receive mental health care.

Seven percent of respondents with at least one child in grades K-12 reported they had a child or children (20 years or younger) express thoughts of suicide in the 12 months prior to survey fielding.

Top reason for not receiving mental health care: "Could not find an available provider who will treat their child" (44% of active-duty family respondents with at least one child in grades K-12 who report they would like their child to receive mental health care, but they currently do not).

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

### **Education Access and Quality**

## **Military Children's Education**

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

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

Table 2. Proportion who Do Not Know about the Interstate Compact, by Grade of Oldest Child Active-Duty Family Respondents with at Least One Child Enrolled in K-12 Education		
Oldest child in grades K-5	80% (n=791)	
Oldest child is in grades 6-8	72% (n=354)	
Oldest child is in grades 9-12	63% (n=406)	

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

Table 5. Proportion Who Agreed or Strongly Agreed with the Following Statements: Active-Duty Family Respondents with a Child Enrolled in K-12 Education		
My child's school did an excellent job of welcoming my child.	65% (n=1325)	
My child's school was receptive when I advocated for my child.	63% (n=1235)	
My child's school understands the impact of frequent moves on my child.	51% (n=1293)	
My child's school understands the unique challenges of military families.	52% (n=1337)	

### **Neighborhood and Built Environment**

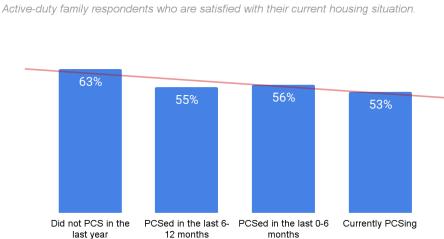
### Housing/Relocation

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

Preferences for housing vary, though the majority of active-duty family respondents (55%) slightly or strongly prefer to live in civilian housing. Nearly one in five active-duty family respondents (17%) who prefer to live in civilian housing are currently residing in military housing either on or off installation.

The vast majority of active-duty family respondents who reported monthly housing expenses not covered by their BAH (81%) reported paying in excess of \$200 a month, well over anticipated cost-share of \$74-\$168.

One in 5 active-duty family respondents (22%) has been exposed to environmental toxins in military housing on post/base.



Active-duty family respondents who relocated within the past year reported lower levels of satisfaction (55%) compared to their counterparts who did not recently relocate (63%). Similar reflections on housing quality by survey respondents were also observed in the 2021 MFLS.15

Satisfaction with Housing Situation by Recent Relocation

### **Economic Stability**

## **Financial Security**

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

In the 2022 Military Family Lifestyle Survey (MFLS), a majority of active-duty family respondents (72%) report their financial situation as "doing okay" or "living comfortably," although this is less than the proportion of the U.S. population as a whole (78%).<sup>8</sup> The disparity is even greater for active-duty family respondents of color (67%)<sup>9</sup>.

Table 1: Top Contributors to Financial Stress Active-duty family respondents who report financial stress (n=2134)		
Housing costs	48%	
Relocation costs	32%	
Unemployment or underemployment	28%	
Student loans	24%	

Among active-duty family respondents, 7% said that they or their spouse had been a victim of identity theft while 9% had been a victim of cyber fraud in the previous 12 months.

# Spotlight on Food Insecurity

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

<sup>&</sup>lt;sup>8</sup> Respondents to the Survey of Household Economics and Decisionmaking were asked: "Overall, which one of the following best describes how well you are managing financially these days?"

<sup>&</sup>lt;sup>9</sup> Active-duty family respondents of color include those who selected American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/a/x or of Spanish origin, Middle Eastern or North African, or Native Hawaiian or other Pacific Islander. They could also select white and/or a write-in option, but not as the only option.

While 10% of civilian families in the United States experienced food insecurity8 in 2021, 16% percent of active-duty family respondents reported experiencing low/very low food security levels in the 12 months preceding survey fielding.

One quarter (26%) of enlisted active-duty family respondents reported experiencing some level of food insecurity in contrast to 4% of officer active-duty family respondents.

Active-duty family respondents of color reported higher levels of food insecurity than their white, non-Hispanic counterparts (22% of active-duty family respondents of color reported some level of food insecurity, in comparison to 14% of white respondents not in multiracial/multiethnic families.

20% of Army family respondents reported some level of food insecurity, in comparison to 14% of Air Force or Navy family respondents.

Approximately one in 10 (9%) active-duty family respondents have utilized a local food pantry/community food distribution resources in the 12 months prior to survey fielding, twice the rate previously reported in a government report focused on active duty spouses.

4 in 10 active-duty family respondents (40%) who reported low or very low food security would not recommend military service to a young family member, compared to just 26% of active-duty family respondents with moderate to high food security who would not recommend military service.

## Spouse Employment

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

Spouse employment is once again a top-five military life issue for both active-duty spouses and service members in the 2022 Military Family Lifestyle Survey. Furthermore, compared to similar civilian counterparts, spouse respondents are still reporting lower participation rates in the labor force (65% vs. 72%) and experience unemployment levels three to four times greater (21% vs. 6%). The unemployment rate disparity is even greater for active-duty spouse respondents of color (27%).

Spouses seek flexible employment to balance military lifestyle demands - servicemember long and unpredictable work hours and frequent relocation. More than half of employed spouse respondents (62%) agree that their work schedule is flexible. However, when it comes to flexible work locations, fewer military spouse respondents indicate that this was available to them: only half (50%) of working spouses agreed their work location was flexible.

61% of employed active-duty spouses did at least some of their work remotely over the prior month, and 1 in 5 (21%) employed active-duty spouses are self-employed.

# Spotlight on Child Care

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

For active-duty spouse respondents who are working, 72% indicated that they would need some form of child care, but only 38% said that they are able to find child care that works for their current situation.

Among employed active-duty spouse respondents who needed daily child care only half (50%) of the respondents are able to find child care that works for their current situation. Fifteen percent said they were unable to find a child care situation that worked for them.

"Child care is too expensive" is the top reason given by spouse respondents who are not currently employed but want or need to work as to why they are not working.

Among active-duty spouse respondents who are working full time and need daily child care, 85% would consider it "affordable" to spend up to 10%-25% of their personal income on child care in order to work, but the majority spend more than 25% of their personal income; 24% are paying 26%-50%, and 25% are paying 51%-100% of their personal income on child care in order to work.

For spouses who are working part-time and need daily child care, 60% would consider it "affordable" to spend up to 10%-25% of their personal income on child care in order to work, but nearly half of part-time employed spouses with the same child care needs (49%) are paying between 51%-100% of their income for child care, and 9% spend more than 100% of their income on child care costs.

A greater proportion of employed active-duty spouses who need full-time daily child care and completed all of their work remotely (57%) were able to find care that works for them in comparison to 56% of respondents who are working in a hybrid format, and their counterparts who completed all of their hours in person (50%).

# Veteran Financial Wellness

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

While most (70%) of all Veteran respondents report their family is "doing okay" or "living comfortably" when asked about finances, other reports indicate mixed results on financial issues related to medical costs/financial inequity for Veterans. Furthermore, this financial wellness differs between working-age and aging Veteran respondents; a smaller proportion of aging

Veteran respondents (50%) report financial stress when compared to their working-age counterparts (82%).

Of all Veterans respondents (n=231) who reported experiencing financial stressors due to medical costs, dental care (49%), prescription drug costs (34%), and specialty care copays (30%) were identified as the top 3 contributing medical costs to their financial stress.