



**Military Family  
Advisory Network**



**WOUNDED WARRIOR  
PROJECT®**

**Support Needs of  
Post-9/11 Veterans,  
Retirees, and Families**

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**January 2023**



## **ABOUT MFAN**

The Military Family Advisory Network (MFAN) envisions a world where all military-connected families are empowered to thrive. MFAN's mission is to understand and amplify the needs of military-connected families and inspire data-informed change.

Everything we do is grounded in data and each data point tells a story. Survey responses aren't just numbers to us. Each represents a life, a lived experience. Our research presents us with an opportunity to learn, and ultimately work with others to design programs, policies, and best practices for military and veteran families to thrive.



## **ABOUT WWP**

Wounded Warrior Project® (WWP) is a nonprofit 501(c)(3) veterans service organization that is transforming the way America's injured veterans are empowered, employed, and engaged in their communities. Because each warrior's path to recovery is unique, WWP serves warriors wherever they are in their journey. The programs and services that WWP provides augment existing resources available at the Department of Defense (DoD), Department of Veterans Affairs (VA), and other agencies and organizations. These services in mental health, physical health, peer connection, career counseling, and financial wellness change lives. Warriors never pay a penny for these services — because they paid their dues on the battlefield. WWP's direct service programs, advocacy efforts, and collaboration among best-in-practice veteran and military organizations advance WWP's vision: to foster the most successful, well-adjusted generation of wounded service members in our nation's history.

This report and more may be found at [mfan.org/research-reports](https://mfan.org/research-reports).

## INTRODUCTION

Military life is a rich, nuanced experience within a complex system which leads to broad differences in the military and veteran community. Therefore, it is crucial to leverage research to better understand the unique experience of subpopulations. One such distinction can be made between veteran families and their currently serving counterparts. The Wounded Warrior Project® (WWP) and the Military Family Advisory Network (MFAN) have partnered since 2018 and shared a commitment to understanding these journeys and creating data-informed solutions for challenges and opportunities faced by military and veteran families.

With WWP's support, MFAN fielded the 2021 Military Family Support Programming Survey. This biennial survey allows MFAN to gain insight into the support needs of the nation's military, veterans, and their families. Using a mixed methods approach, MFAN provides a comprehensive review of military and veteran families' lived experiences, covering topics like child care, family relationships, food security, housing, and transition. The collaboration with WWP allowed MFAN's research to grow in both content and applicability, including new and expanded topics such as family well-being, health care satisfaction, telehealth, financial readiness, and more.

At the same time, WWP fielded the 12<sup>th</sup> iteration of the Annual Warrior Survey in 2021. This research aims to accurately predict the effects of aging, and particularly life and societal events, to identify emerging health trends among warriors over time. The first Annual Warrior Survey was administered in 2010 and has been revised over the years to collect the most pertinent information as the needs of warriors evolve.

**This report, made possible by WWP's support of the 2021 Military Family Support Programming Survey, takes a deep dive into the data and reports on the experiences of post-9/11 veterans, retirees, and their families.** By further analyzing MFAN's data through the lens of veteran families, this report marries the lived experience of post-9/11 veteran and retiree families to the warrior experience captured in the 2021 Annual Warrior Survey.

In reviewing the data from this frame, MFAN analyzed the population both as a whole and separately as distinct populations of veteran family respondents and retiree family respondents to determine the differences between them. Important distinctions can be made between these two groups, and for that reason, MFAN has adopted the following definitions throughout the remainder of this report.

- While veterans are technically anyone who served honorably in the active duty military, for purposes of this study, they are also those who left service before receiving retirement benefits.
- Retirees are those who served 20 or more years and receive military-retired pay and those who have been medically retired.

The reason for separating the two populations, especially when evaluating support services, is that veterans do not leave service with the same level of benefits available to military retirees. Due to these distinctions, veterans, retirees, and their families have different experiences after transition.

Therefore, this report will mention findings from three key groups:

- Full Warrior Family Population: all post-9/11 veterans, retirees, veteran spouses, retiree spouses
- Post-9/11 Veteran Families: post-9/11 veterans and post-9/11 veteran spouses
- Post-9/11 Retiree Families: post-9/11 retirees and post-9/11 retiree spouses

Before presenting the valuable findings regarding the lived experiences of these populations, the section below will explore the methodological approaches used during each research project and review the demographic makeup of each study's sample.

## **METHODOLOGIES**

These methodologies and demographics contextualize the findings presented in this report and highlight the differences in approach, which may prevent perfect comparisons between findings. Although the methodologies differ, this report shares rich findings about the experiences of post-9/11 warrior families in comparison with those of the warrior experience. It demonstrates the importance of targeted responses to the unique challenges faced by warrior families and the significance of tailored support services.

### **2021 Military Family Support Programming Survey**

MFAN's research is primarily qualitative, or open-ended, and generates data rich with perspective and experiences to provide 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 works tirelessly to bring qualitative methods into the spotlight and analyze the stories families share to illuminate challenges, identify solutions, and catalyze change. MFAN's research team carefully read the more than 8,600 written responses and generate 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.

Serving to enhance the insights provided by the qualitative, lived experiences of military and veteran families, the 2021 Military Family Support Programming Survey included several scales that focused on the social determinants of health and economic security. Among these measures are the USDA Six-Item Short Form Food Security Scale, the UCLA Loneliness Scale, and the HUD Housing Burden Scale.

In 2021, MFAN applied a newly developed scale, the Family Health Scale, to a never-before researched population. To MFAN's knowledge, the 2021 Military Family Support Programming Survey was the first time that this scale was used to better understand the military and veteran family space. This validated measure of family well-being examines the health of the family unit by measuring dimensions, including health care, relationships, lifestyle, financial health, and housing. Due to the overlap of the scale measures with previously conducted research and areas of interest for military and veteran family well-being, this scale was a natural fit and served as the backbone for the 2021 survey.

By combining insight provided by validated scales with the rich lived experiences of service members and their families, MFAN's research contributes to and deepens the holistic understanding of military and veteran families. These results are not meant to predict behaviors or perceptions of all military families. Instead, this research is meant to uncover and describe what families are currently experiencing. Looking beyond numbers and statistics, the findings are highlighted with real comments and experiences shared by participants.

### **2021 Annual Warrior Survey**

In partnership with NORC at the University of Chicago, a nonprofit, nonpartisan firm, the 12<sup>th</sup> Annual Warrior Survey methodology transitioned from a cross-sectional census to a longitudinal sample survey. In this sample survey, WWP did not attempt to collect data from all warriors. Instead, WWP randomly selected a representative subset of the entire warrior population to complete the survey. To be eligible to participate, respondents had to be registered warriors with WWP.<sup>1</sup> Those who were selected will continue to be asked to complete the survey on an annual basis.

The 2021 Annual Warrior Survey was sent to nearly 90,000 WWP warriors: 60,000 were included in the first round of invitations, 15,000 in the second, and 15,000 in the third. Data collection continued for 12 weeks from June 2 to August 30, 2021. A multimodal survey recruitment approach was used for the 2021 survey.

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<sup>1</sup> All warriors registered with WWP served on or after Sept. 11, 2001, and incurred a physical or mental illness, injury, or wound as a result of their service.

The final response rate for 2021 was 19.7% (17,693 completed surveys among 89,915 eligible WWP warriors in the survey population) and represents the 152,499 warriors registered with WWP as of April 2021.

The 2021 Annual Warrior Survey included survey questions addressing warrior demographics, military experience, service-connected injuries, whole health, access to health care, women-specific health, financial wellness, social connection, and support. The survey is not intended to measure the impact of individual WWP programs. However, WWP uses the annual survey data to determine how it can better serve its warriors through direct service programs and advocacy efforts.

### Limitations

Unfortunately, no methodology is without limitations. The findings detailed in the report below provide a glimpse into the lived experiences of post-9/11 warrior families by comparing the lived experiences of MFAN's post-9/11 warrior family respondents with the warrior experience collected in the WWP 2021 Annual Warrior Survey. These findings are not predictive. Additional limitations include exceedingly small sample sizes when further breaking down the veteran family populations into subgroups based on demographic characteristics. Although these limitations exist, the findings below provide phenomenal insight into the full warrior family experience and act as a foundation for future data-informed solutions.

## DEMOGRAPHICS

### 2021 Military Family Support Programming Survey

As captured in Figure 1, 21.8% of the total respondents to the 2021 Military Family Support Programming Survey identified as post-9/11 veterans, veteran spouses, retirees, and retiree spouses (the full warrior family population). Of this full warrior family population, 46.7% identified as post-9/11 veterans and veteran spouses and 53.3% identified as post-9/11 retirees and retiree spouses.

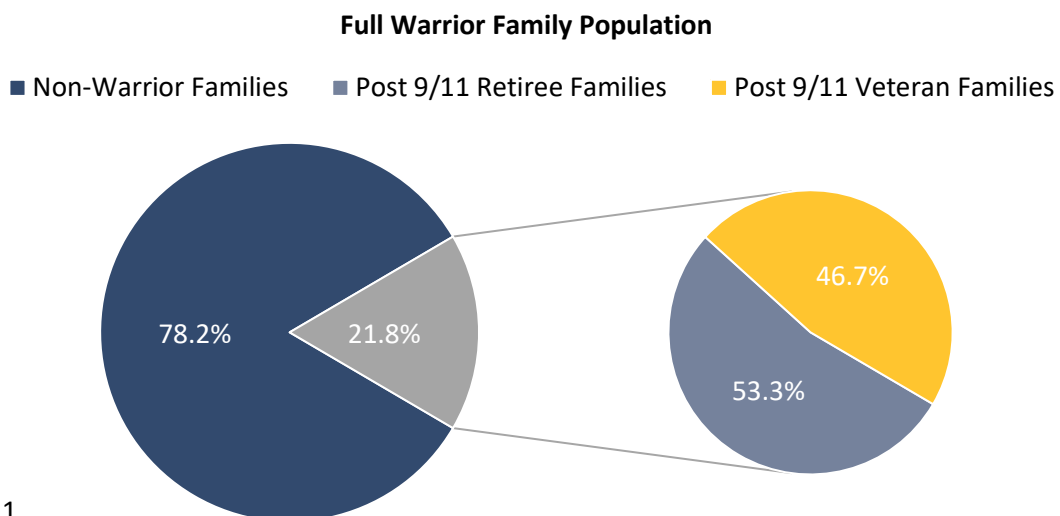


Figure 1

These families most commonly left service 6-10 years ago (29.8%) and resided in Texas (17.4%), Virginia (9.1%), and North Carolina (7.6%). Nearly two-thirds (64.6%) identified as female and 33.4% identified as male, as seen in Figure 2. This trend remained consistent amongst retiree family and veteran family respondents, with slightly fewer female retiree family respondents.

### Warrior Family Respondents

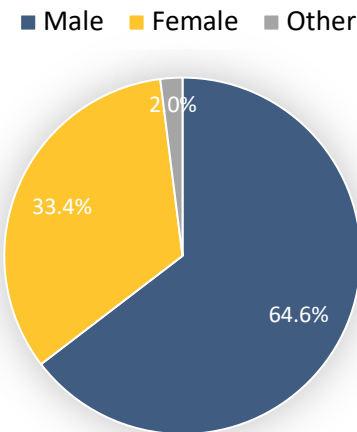


Figure 2

The full warrior family population reported an average family size of 3-4 people, and nearly three-quarters were married (74.4%). Additionally, 64.3% had children under the age of 18. Seven percent (7.0%) of these respondents identified as LGBTQ+ and 13.4% reported having LGBTQ+ children.

The full warrior family population was largely comprised of individuals who identified as White (69.8%), while 30.2% identified as part of a minority group. Minority respondents most commonly identified as Black or African American (12.3%). Additionally, 15.2% of the full warrior family population were of Hispanic, Latino, or Spanish origin.

The largest proportion of the full warrior family population were members of enlisted families (77.0%). Figure 3 includes the full rank breakdown for the warrior family population. At large, more than three quarters (77.1%) of respondents were in enlisted families and a fifth (20.0%) were in officer families.

### Rank at Point of Separation

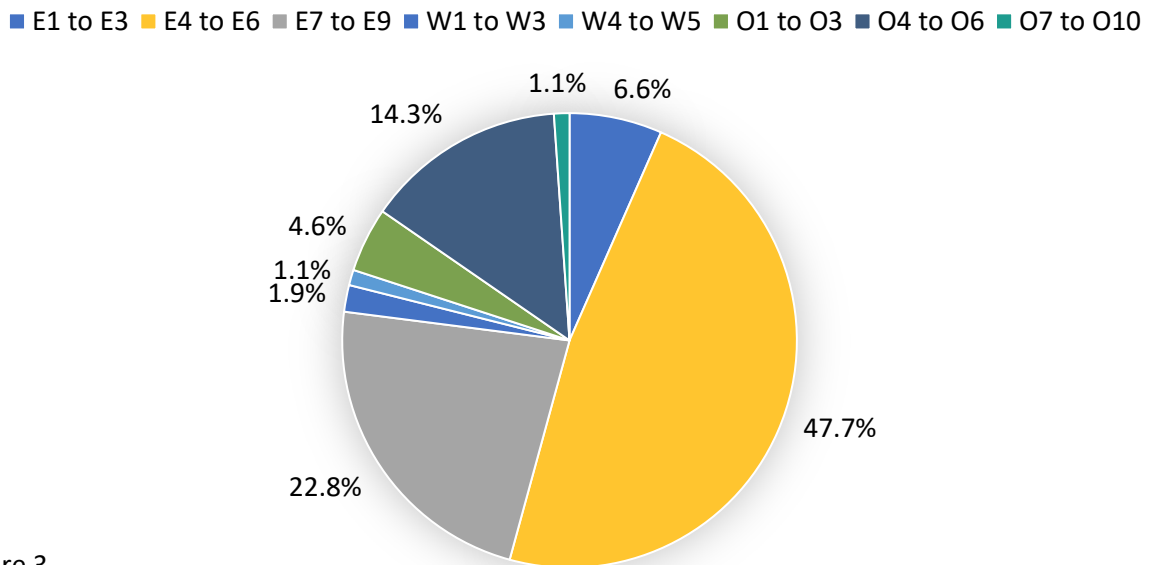


Figure 3

The largest proportion of the full warrior family population were affiliated with the Army (44.8%), followed by the Marine Corps (19.6%), and the Navy (17.3%).

## 2021 Annual Warrior Survey

In the 2021 Annual Warrior Survey, 82.9% of WWP warriors reported their sex as male and 17.1% reported as female. Approximately two-thirds (66.0%) of WWP warriors reported being currently married, and on average, have a household size of three. About three in five (60.0%) of WWP warriors have at least one child living within the household.

In the 2021 Annual Warrior Survey, sixty-four (64.1%) percent of WWP warriors were White, 15.1% were Black or African American. Additionally, 21.5% of the WWP warriors were Hispanic, Latino, or Spanish origin. Most WWP warriors reported having served in the Army (64.2%), followed by the National Guard or Reserve (34.7%), Marine Corps (17.1%), Navy (15.2%), Air Force (12.2%), and Coast Guard (1.2%). The majority of WWP warriors were enlisted (90.4%) and the largest proportion of enlisted warriors were E1 to E6 (72.9%).

## VETERAN AND RETIREE FAMILY WELL-BEING

Understanding veteran and retiree family well-being is critically important to providing continuous care and support for those who have served. The Family Health Scale, a validated measure of family well-being, bolsters any wholistic approach to understanding the well-being of military and veteran families. Hand-in-hand with robust qualitative data and leveraged in combination with other validated scales, this measure of family well-being acted as both the foundation of the 2021 Military Family Support Programming Survey and as a framework for understanding the lived experiences of warrior families.

The section below reviews new findings about post-9/11 warrior families in relation to this validated measure of well-being.

### Family Health Scale

The Family Health Scale measures family well-being at three levels. Respondents who affirmatively answer less than five of the scale statements have poor family health. Respondents who answer six, seven, or eight of the statements affirmatively displayed moderate family health. Finally, respondents who answered nine or ten of the statements affirmatively had excellent family health.

In the 2021 Military Family Support Programming Survey, the findings from the Family Health Scale indicated that 44.7% of the total military family respondent population reported moderate family health and an additional 41.3% of respondents indicated excellent family health. When looking at the full sample, 14.0% of military and veteran family respondents reported poor family health.

The proportions for the full warrior family population are very similar. As seen in Figure 4, 43.1% reported moderate family health, 40.8% reported excellent family health, and 16.1% reported poor family health.

### Warrior Family Well-Being

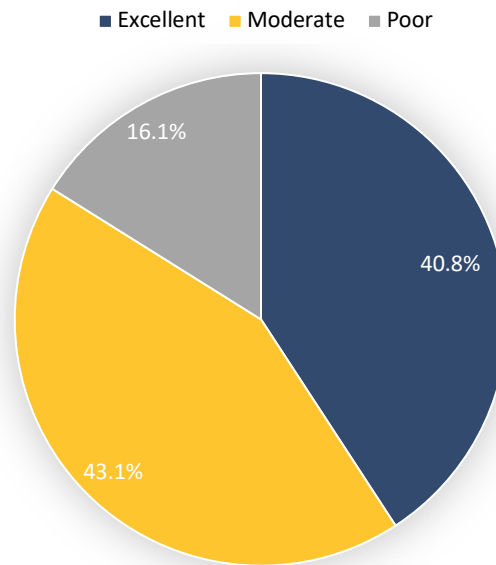


Figure 4

Post-9/11 veteran families have the larger percentage of poor family health (20.7%) and the smaller percentage of excellent family health (30.4%) than their post-9/11 retiree family counterparts. Only 12.1% of post-9/11 retiree families reported poor family health while nearly half (49.7%) reported excellent family health.

The full warrior family population is experiencing poor family health at a higher rate than families who are currently serving or who served before 9/11. This is largely due to the experiences of post-9/11 veteran families who are experiencing worse family well-being than their retiree family counterparts.

To better understand these nuanced differences in the family well-being of military retiree families versus veteran families, MFAN examined the well-being of the full warrior family population along various demographic characteristics. There were statistically significant findings surrounding branch of service and rank.

- Post-9/11 veteran and retiree Air Force families were more likely to have excellent family health (50.2%) and less likely to have poor family health (10.9%), while post-9/11 veteran and retiree Marine Corps families were less likely to have excellent family health (33.7%) and more likely to have moderate family health (49.5%).
- When examining military ranks, post-9/11 enlisted families were less likely to have excellent family health (33.6%) and more likely to have moderate family health (49.0%). However, post-9/11 officer families were less likely to have poor family health (8.7%) and more likely to have excellent family health (68.5%).

Plainly stated, post-9/11 veteran families who served in the Marines and separated from service while their service member was enlisted are more likely to have moderate or poor family well-being than they are to have excellent family well-being.

But the findings from the 2021 Military Family Support Programming Survey suggest that there are many contributing factors to family well-being, not just demographic characteristics, including topics like financial readiness, family size, and employment status.



For the first time, in 2021, respondents were asked to share their annual gross household income in set ranges, including Basic Allowance for Housing (BAH) if they receive it. Post-9/11 veteran and retiree families making over \$100,000 in annual household income per year were more likely to have excellent family health (64.1%) and less likely to have moderate (29.2%) or poor (6.7%) family health. Post-9/11 veteran and retiree families making less than \$50,000 in annual household income per year were less likely to have excellent family health (18.9%) and more likely to have poor (29.9%) or moderate (51.1%) family health.

Furthermore, MFAN analyzed the impacts of family dynamics, including marital status and family size, on the well-being of post-9/11 warrior families. The findings suggest that post-9/11 veteran and retiree families with one or two members were significantly more likely to have excellent family health than larger families. Larger families (specifically those with 6-8 members) were statistically more likely to experience poor family health.

Additionally, married post-9/11 veteran and retiree family respondents were more likely to experience excellent family well-being and less likely to experience poor family well-being.

The employment status of warrior spouses sheds interesting light on the well-being of warrior families. The nuance lies between those families whose spouse is seeking employment and those whose spouse is unemployed but has left the workforce (i.e., not seeking employment).

The findings show that:

- Post-9/11 veteran and retiree families whose spouse was employed experienced excellent family health significantly more often than expected and experienced poor family health less often than expected.
- For post-9/11 warrior families whose spouse does not work, reported rates of excellent, moderate, and poor family health were very similar to those of the population at large.
- In post-9/11 warrior families where the spouse was unemployed but wanted to work, excellent family health was statistically less common than moderate and poor family health.

These findings suggest that in families who are content with their spousal employment situation – the spouse is currently employed or is unemployed but not looking for work – family well-being is either improved from the average or sitting at average in comparison to the well-being findings of veteran and retiree families at large. But, in those families whose spouse is unemployed and seeking employment, excellent family well-being is significantly lower, and families are more likely to experience moderate and poor family well-being.

Finally, MFAN examined the number of moves due to military orders against family health.

- Those who had moved 0 to 5 times were more likely to have poor family health (76.7%) and less likely to have excellent family health (53.3%).
- Those who had moved 6 to 10 or 11 to 15 times were more likely to have excellent family health.

Finally, MFAN further segmented the population to post-9/11 male and female warriors. Post-9/11 male warriors reported moderate (29.4%) and poor (25.9%) family health. Post-9/11 female warriors were more likely to report moderate (41.7%) and poor (29.7%) family health.

These results just scratch the surface of the depth of findings related to the family health scale. Subsequent sections will detail the well-being of post-9/11 veteran and retiree families around financial readiness, food security, loneliness, healthcare and whole health considerations, mental health, caregiving, and transition. Throughout each section, the family health scale and other scales mentioned in the introduction will provide structure for exploring the lived experiences of these families, in their own words.

## **MILITARY & VETERAN FINANCIAL WELLNESS AND FOOD SECURITY**

The following section outlines key findings that demonstrate the inextricable connection between financial wellness and food security among the military and veteran community, as well as a comparison of findings between the Annual Warrior Survey and the Military Family Support Programming Survey.

### **Key Findings from the USDA Six-Item Short Form Food Security Scale**

MFAN has been studying food insecurity in the military population since 2017. In 2019, MFAN implemented the USDA Six-Item Short Form Food Security Scale to measure food insecurity more accurately. This section will share new findings regarding post-9/11 warrior family food insecurity, paying careful attention to the demographic characteristics that are statistically related to food insecurity. The findings suggest that, at large, post-9/11 veteran and retiree family experiences of food insecurity are statistically related to levels of family well-being. Families, like the ones described below, who experience hunger and food insecurity are statistically less likely to have excellent family health.

As mentioned above, the USDA Food Security Scale was leveraged in the 2021 Military Family Support Programming Survey to measure food insecurity and is analyzed throughout this section for statistical relationships with warrior family demographics like military life dynamics and family life dynamics. This scale presents respondents with a series of six statements about their food situation. Even one affirmative answer means that the respondent is struggling with food insecurity in some way. Two to four affirmative answers indicate food insecurity, and five or six affirmative answers indicate hunger.

Of the full warrior family population, nearly a fifth (18.9%) reported experiencing some level of food insecurity (7.4% were experiencing food insecurity and 11.5% were experiencing hunger). Overall, 81.1% of the full warrior family population were food secure.

Breaking these numbers down further revealed that:

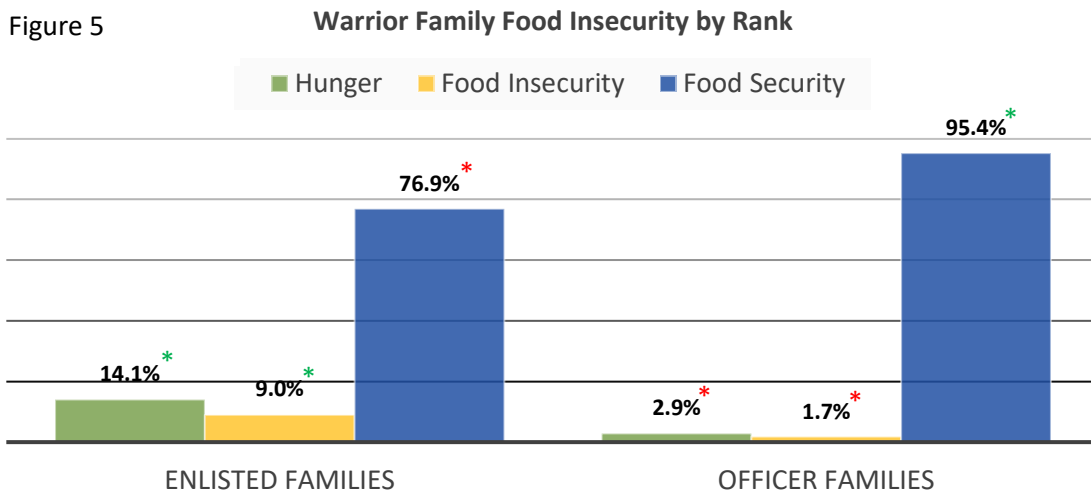
- Post-9/11 veteran families were experiencing food insecurity (10.1%) and hunger (17.6%) at higher rates than their post-9/11 retiree counterparts.
- Post-9/11 retiree families experience food insecurity at lower levels. Only 4.9% were experiencing food insecurity and 6.2% were experiencing hunger, meaning that nearly 90% (88.9%) were food secure.
- Further analysis showed that food insecurity throughout the warrior family population varied among a few key demographic indicators: branch of service, rank, family size, spousal employment, and income.

### **Military Life Dynamics Across the Branches:**

- Post-9/11 Air Force families were more likely to be food secure (88.2%) and less likely to experience hunger (6.9%).
- Post-9/11 Army families were more likely to experience hunger (13.8%) and less likely to be food secure (79.0%).
- Post-9/11 Navy families were more likely to experience food insecurity (10.8%) and less likely to be food secure (76.5%).

When examining military ranks, post-9/11 enlisted families were significantly more likely to experience hunger (14.1%) and food insecurity (9.0%), and less likely to be food secure (76.9%) than would be expected. Post-9/11 officer families, on the other hand, were significantly more likely to be food secure (95.4%) and less likely to experience food insecurity (1.7%) or hunger (2.9%).

The drastic, and statistically significant, differences between post-9/11 warrior family and enlisted family food security are captured in Figure 5. Red asterisks indicate levels that are significantly less common than expected while green asterisks indicate levels that are significantly more common than expected.



## Family Dynamics

Family Dynamics — including family size, marital status, spousal employment — further added nuance to the newfound understanding of warrior family food insecurity. When considering family size throughout the full warrior family population in relationship with food insecurity:

- Those who had one to two individuals in the home were less likely to experience hunger.
- Those who had nine or more individuals in the home were more likely to experience hunger.

Post-9/11 veteran and retiree respondents who reported being currently married were more likely to be food secure than food insecure. Meanwhile, respondents who reported spousal employment were more likely to be food secure. Echoing the family well-being findings presented above, those families whose spouses were not employed but wanted to work, were more likely to experience food insecurity and hunger than their peer families whose spouses were content with their employment status.

An interesting relationship emerged between the number of military moves and post-9/11 veteran and retiree food security.

- Families who had moved 0 to 5 times were more likely to experience hunger or food insecurity.
- Those who had moved 6 to 10 or 11-15 times were more likely to be food secure.

Given these findings regarding characteristics of military life and family dynamics, the relationship between food security and income are to be expected. Post-9/11 warrior families that have no income as well as those families whose income is less than \$50,000 are significantly more likely to experience hunger and food insecurity. Meanwhile, those post-9/11 warrior families that make more than \$100,000 are significantly more likely to be food secure.

## Key Findings from the HUD Housing Burden Scale

In 2021, MFAN introduced the HUD Housing Burden Scale to the Military Family Support Programming Survey. This scale asked respondents what percentage of their monthly combined household income, including BAH for those who receive it, is spent on rent or mortgage and utilities. Spending more than 30% of monthly household income on these housing costs indicates a housing burden. Spending more than 50% indicates a severe housing burden.

Figure 6 captures the levels of housing burden experienced by post-9/11 warrior families. Of the full warrior family population, 55.9% were not housing burdened, 23.4% were housing burdened, and 20.7% were severely housing burdened.

Unsurprisingly, these rates of housing burden were significantly related to family well-being. Warrior families who were not housing burdened were significantly more likely to have excellent family health while warrior families who were experiencing severe housing burden were significantly more likely to experience moderate and poor family health.

### Warrior Family Housing Burden

■ Severely Housing Burdened   ■ Housing Burdened   ■ Not Housing Burdened

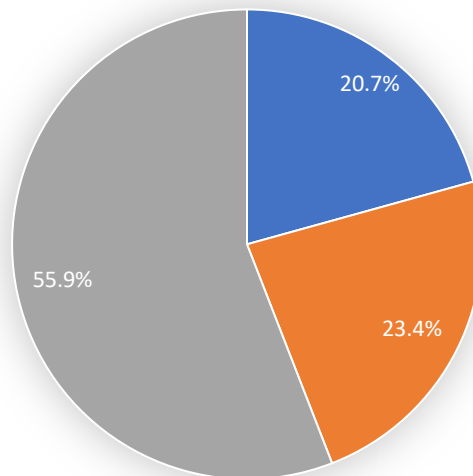


Figure 6

Similar to the family well-being findings presented above, there was a notable shift in the rates of housing burden in the post-9/11 retiree family population. Of this group, 65.9% were not housing burdened, 21.6% were housing burdened, and only 12.6% were severely housing burdened. This indicates that post-9/11 veteran families are experiencing housing burden at higher rates than their post-9/11 retiree counterparts.

Next, MFAN examined the full warrior family population against the HUD Housing Burden Scale and key demographic markers. An investigation of these relationships suggests:

- Post-9/11 veteran and retiree Air Force and Army families are less likely to experience housing burden.
- Post-9/11 officer families, regardless of branch, are less likely to experience a housing burden.
- Post-9/11 veteran and retiree families with no income or low income (less than \$50,000) are more likely to experience a housing burden than those families who make more.

In illustration of the final bullet mentioned above, post-9/11 warrior families that make more than \$100,000 a year are less likely to experience housing burden. In the context of these findings, the relationship between housing burden and spousal employment were to be expected. Those families with employed spouses were less likely to experience housing burden and significantly less likely to be severely housing burdened. Meanwhile, those who were not employed but were seeking employment, were significantly more likely to be severely housing burdened (37.5%).

Analysis indicated a statistically significant relationship between male warriors' desire to work and a severe housing burden, suggesting that families with a male warrior who is seeking employment are more likely to experience housing burden than they would be if the male warrior had employment. Interestingly, post-9/11 female warriors, regardless of employment status, experienced severe housing burden at a statistically higher rate than expected. Similar findings were found around the number of military moves. Post-9/11 veteran and retiree families who had moved 0 to 5 times were more likely to be severely housing burdened than expected.

## **FINANCIAL STRESS & BARRIERS TO SAVINGS**

Considering the findings regarding food security and housing burden, and the relationship of each with overall family well-being, a qualitative analysis on the barriers to saving and financial stress that families experiences help to provide a peek behind the curtain into the lived experiences of the statistics reviewed above.

In an open-ended question, respondents were asked to share the barriers to savings that they had experienced in the previous two years. From the responses, three primary themes emerged. First, respondents reported experiencing issues with employment including issues with income level, the difficulties of existing as a single income household, and the hardships caused by changes in employment. Second, these families told stories about the specific costs that burden them from month to month like rent or mortgage and loan payments. And finally, they manage all of this within an external context of rising inflation and cost of living. These experiences act as barriers to saving money.

An Army retiree described, *"Bills are so much higher! Groceries are so much higher. Basic necessities are very expensive. There is zero ability to save money right now."* The spouse of an Army veteran described the impacts of these rising costs, *"We could not build our savings up since most of the time we are living paycheck to paycheck."*

When breaking apart the post-9/11 veteran and retiree populations, veteran families were more likely to report recurring bills, high cost of living, and child care expenses as their barriers to income while retirees more frequently mentioned specific costs which put a burden on their finances.

The burdens these families describe cause family stress. When asked to describe the impact of financial stress on their lives, post-9/11 warrior families shared that finances cause high stress, constant worry, and high anxiety which impacts their physical and mental health. These stressors also cause relationship issues due to arguments over finances. Respondents shared stories, frequently detailing struggles to financially support children and provide for their educational costs, that vividly described the impact of stress in their lives. Financial stress manifested in the lived experiences of existing from paycheck to paycheck, being unable to save or cover emergency costs, and even difficulties affording basics like food or utility bills. These stressors are compounded by the complex realities of military life. The spouse of a Marine Corps veteran shared,

*"My husband's injuries changed everything. We went from a solid plan to no job, no place to live, and me six months pregnant with no health insurance. We had no idea how to navigate services, no income for a time and were lost."*

The spouse of an Army veteran said that the compounding impacts of financial stress ultimately *“puts a strain on family relationships and causes poor mental health worrying about the future.”*

The post-9/11 veteran and retiree family population experienced these top themes at the same rate as the total respondent population in the 2021 Military Family Support Programming Survey. However, post-9/11 veterans, retirees, and their spouses were more likely to discuss issues of mental health caused by financial issues, such as general anxiety symptoms or insomnia, than the total respondent population in 2021. Additionally, post-9/11 veterans, retirees, and their spouses were more likely to add that they had handled financial troubles “on their own” without any assistance than the total respondent population in 2021.

## Comparison of Findings

When investigating financial wellness and food security, the 2021 Annual Warrior Survey explored similar topics as the 2021 Military Family Support Programming Survey, including finances, food insecurity, and housing.

In the 2021 Annual Warrior Survey, financial strain was measured by asking if there was a time in the past year when warriors felt they did not have enough money to make ends meet (i.e., pay for rent/mortgage, food, utilities, phone, or other basic needs). Of WWP’s warriors, 42.0% (or two in five) indicated that they did not have enough money to make ends meet at some point in the last 12 months.

Similar pain points were illuminated and confirmed in the lived experiences of post-9/11 warrior families through the 2021 Military Family Support Programming Survey’s qualitative responses surrounding financial stress.

MFAN’s finding that the full warrior family population is more likely to handle financial troubles “on their own,” aligned with the sentiment found in the 2021 Annual Warrior Survey on lower levels of emotional support (i.e., not having someone to turn to or not getting help or advice from others when dealing with a problem). Positively, financial wellness is the number one reason for calling the WWP Resource Center.

Fortunately, both studies utilized the USDA Six-Item Short Form Food Security Scale. Based on that scale, WWP’s warriors had lower rates of high food security (66.9%) and about one in three (33.1%) of WWP’s warrior met the threshold for being food insecure compared with 10.5% of U.S. households.<sup>2</sup> These findings suggest that warriors are more frequently food insecure compared to households in the general U.S. population. Although rates were lower due to the sample size, the 2021 Military Family Support Programming Survey further confirmed that food insecurity exists among this population.

While the 2021 Military Family Support Programming Survey examined housing burden, the 2021 Annual Warrior Survey took a closer look at veteran homelessness. Research found that financial strain, such as unemployment, lower income, debts, and financial crises increase the risk of future homelessness amongst this population and those experiencing homelessness have a high prevalence of chronic and co-occurring health and mental health condition.

Overall, the two studies concur that global fluctuations, like rising living expenses, are impacting factors of economic security for the full warrior family population. These fluctuations continue to put pressure on households critically impacting family and financial well-being.

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<sup>2</sup> The 2020 prevalence of food insecurity in American households was unchanged from 10.5% in 2019. Household Food Security in the United States in 2020 via US Department of Agriculture.

## MILITARY & VETERAN LONELINESS

This section provides an overview of findings on loneliness among the military and veteran community, including how military life affects family relationships and home life, and presents a comparison of findings between the Annual Warrior Survey and the Military Family Support Programming Survey.

### Key Findings from the UCLA Loneliness Scale

As in 2019, the 2021 Military Family Support Programming Survey leveraged the UCLA Loneliness Scale. This nine-point scale indicates loneliness if respondents score six or higher. Based on the full warrior family population, slightly more than half (52.7%) of post-9/11 veteran and retiree family respondents reported loneliness, as shown in Figure 7. The remaining 47.3% of these respondents were not experiencing loneliness. Post-9/11 veteran family respondents experienced loneliness at a much higher rate (61.4%) than their retiree counterparts (45.2%).

**Post 9/11 Warrior Family Loneliness**

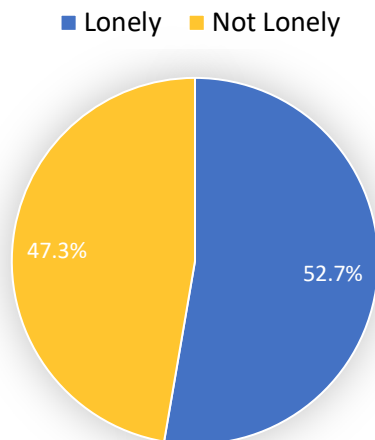


Figure 7

Following suit of the food security, housing burden, and family well-being findings described above, relationships between post-9/11 veteran and retiree family rank, branch, and income level emerged from the data.

- Warrior families who served in the Air Force, were officers at the time of separation, and make more than \$100,000 were significantly less likely to experience loneliness.
- Families who served in any other branch, were enlisted, and made less money (specifically less than \$50,000) were significantly more likely to experience loneliness.
- Additionally, those who were not employed but wanted to work, including both post-9/11 warriors and their spouses, were more likely to be lonely (64.4%) than those who were employed.
- Female post-9/11 warriors (excluding spouses) experienced loneliness at a rate of 59.2%. This is a statistically significant difference from male post-9/11 warriors (excluding spouses) who experience loneliness at a similar rate as the full warrior family population (44.2%).

Oddly, the post-9/11 veteran and retiree families who had one to two individuals in the home were less likely to be lonely, at less than forty five percent (44.5%), whereas more than half (54.6%) of those who had three to five individuals in the home experienced loneliness. In the final demographic finding, married post-9/11 veteran and retiree respondents were less likely to be lonely than those who had been married previously or never married.

### Perceptions of Family & Civilian Relationships

The findings from the UCLA loneliness scale confirm that some post-9/11 veteran and retiree family respondents experience loneliness, often impacted by their demographic characteristics. Fortunately, qualitative data can provide additional context to these numbers.

Respondents to the 2021 Military Family Support Programming Survey were asked to describe how military life impacted their family relationships. Three key, interconnected themes emerged: military life impacts relationships with family, it creates physical distance from family networks, and ultimately impacts home life.

When discussing the impact of military life on their family relationships, responses laid a foundation set by frequent moves and changes, and the difficulties this reality brings. Not only is it difficult on immediate family members, but it is also hard on extended family. Respondents' family relationships feel the impact of geographical separation. As a result of the physical distance between themselves and their family members, respondents feel disconnected from important support systems and struggle to maintain family relationships. Such physical distance contributes to emotional distance from extended family members.

A Marine Corps retiree explained the impact that military life has on extended family by stating, *"It's tough for family members to understand the constant moving and being away."* From this difficult start point, families explain the stress and results of "being away." The spouse of an Air Force retiree recalled,

*"It was tough at times, especially when the military member was TDY or deployed. There was no family nearby, so you had to trust your instincts and rely on others for help."* Although these stressors made it difficult to have close relationships with extended family, it had the opposite impact on the central family unit. The spouse of an Army veteran concluded, *"It brought us closer together as we leaned on each other and not our extended family."*

Despite the generalized hardship of military life and the undue strain it places on marriages, respondents still mentioned benefits of being married in military life. In another open-ended question, post-9/11 veteran and retiree respondents explained how the military provided financial stability and opportunities for their family, including access to benefits and resources to support the family and their future. They also realized the benefit of unique life skills and experiences. One Navy retiree eloquently described the outcomes they experienced as a service member and those specific to retiree families,

*"Military life isn't easy, and you put your life on the line for your country, but it also provides opportunities and experiences you can't find anywhere else. If you are fortunate enough to make it to retirement, the benefits can't be beat with a lifelong pension and the honor of holding a Veteran status, making you one of the select few that not only served but served for 20 plus years."*

Despite these benefits, 30.7% of post-9/11 veteran and retiree family respondents would not recommend military life to someone considering it. They were asked to elaborate on their reasoning.

The responses from the post-9/11 veteran and retiree populations closely mirrored those of the wider military community including the negatives of military lifestyle and community, the difficulties of military work, and the impact of the military on family and personal life. Family respondents shared stories of frequent PCS moves and deployments and respondents felt that the military is not family-friendly – it is hard on marriages, family relationships, and relationships with children. Both post-9/11 veteran and retiree family respondents experienced the themes at the same levels.



The spouse of an Air Force retiree shared,

*"[The military is] not worth the years of mental abuse and having to put your family 2<sup>nd</sup> or even 3<sup>rd</sup>, or even further down the priority list in everything you do. The military is not family friendly so we would only recommend it to single people as a means to cover the cost of college tuition or another form of job training, but never as a long-term career."*

Exploration into the experiences that post-9/11 veteran and retiree families have with their civilian communities further contextualizes their military family experiences. In general, these families were asked to describe their experiences with the civilian community as positive/very positive, neutral, or negative/very negative.

More than half (52.7%) report positive or very positive experiences with civilians in their community, while only 13.4% reported poor or very poor experiences.

**Post-9/11 Warrior Family Civilian Community Experiences**

■ Positive/Very Positive   ■ Neutral   ■ Negative/Very Negative

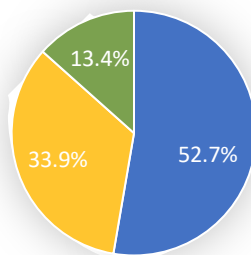


Figure 8

Again, respondents were given the opportunity to elaborate on their response. They told MFAN stories of their interactions with the civilian community, the problems they faced, and the benefits of the civilian community over their military community.

Overall, respondents noted that they found their communities to be friendly, respectful, supportive of the challenges of military life, and helpful when in crisis. This supportiveness is seen in the resources offered to military families in their communities, such as military discounts in stores and personal interactions with individuals. Those who did not have any overtly positive comments stated that they have had limited interactions with civilians in their neighborhoods due to pandemic-related lockdowns. Some respondents stated that they find civilians do not understand military service's unique lifestyle, which can be isolating. Military families and civilian families may also often have clashes of value sets, opinions, and politics that make friendships difficult.

One Navy veteran captured both the positive experiences of nearly half of the full warrior family population while speaking to the difficulties expressed in the themes mentioned above. When asked to describe their experience with the civilian community in the past two years they said,

*"Overall, pretty good. Certainly took me some time to adjust to civilian life, but by and large, I just avoid telling people I was ever in the military. Mostly because they just don't understand what it is or what I'm talking about."*

Although post-9/11 veteran and retiree respondents cite positive interactions with their civilian community, sometimes the community lacks a true understanding of their past experiences.

## Comparison of Findings

Similar to the 2021 Military Family Support Programming Survey, the 2021 Annual Warrior Survey use the Three-Item Loneliness Scale. The 2021 Annual Warrior Survey found that 62.4% of warriors are lonely. The 2021 Military Family Support Programming Survey found that of the full warrior family population, 52.7% reported being lonely. The 2021 Annual Warrior Survey is largely in line with MFAN's finding specific to post-9/11 veteran families who reported loneliness at a rate of 61.4%. Additionally, the 2021 Annual Warrior Survey found that female WWP warriors were significantly more likely to report being lonely than males, a finding fully supported by the MFAN data described above.

Between the two studies, the relationships between marital status and household size fell within similar ranges for the overall warrior population. The 2021 Annual Warrior Survey did not directly examine the needs of the family regarding the community relationships. However, the 2021 Annual Warrior Survey's quantitative indicators provide context for understanding the makeup of the warriors' household. This, coupled with MFAN's qualitative data, can help paint a picture of the overall warrior family experience to better understand the subsequent support needs of those individuals connected to warriors. Overall, both reports agree that having a deeper understanding of the total warrior experience – whether it be loneliness and isolation, social support and relationships, or interactions with the civilian community – can aid efforts in providing more specific support services that warrior families need.

## **ACCESS TO HEALTH CARE & WHOLE HEALTH WELLNESS CONSIDERATIONS**

Health care has been a top priority for respondents in every support programming survey MFAN has administered. The inclusion of the Family Health Scale in 2021 further emphasized the important intersection between family well-being and health care. To better understand the nuanced health care landscape for warrior families, this section will explore the connections between family well-being and the navigational challenges the full warrior population faces through a complex healthcare system.

Respondents to the 2021 Military Family Support Programming Survey were asked to rate dimensions of their health care experiences on a 5-point scale from very negative to very positive. Dimensions include access to health care appointments, consistency of healthcare, and their use of telehealth. This section will briefly describe how warrior families rate their experience with each dimension and will provide stories about their experiences in their own words.

### **Access to Health Care Appointments**

More than half (58.0%) of the full warrior population reported positive or very positive experiences accessing health care appointments, with less than twenty percent (18.6%) reporting negative experiences as captured in figure 9 below. This was broken down to better understand the differences between the post-9/11 retiree family experiences and veteran family experiences. Interestingly, the data from both groups are consistent. Post-9/11 veteran and retiree families have positive experiences accessing health care appointments at similar rates.

### Post 9/11 Warrior Family Health Care Appointment Access

■ Positive/Very Positive   ■ Neutral   ■ Negative/Very Negative

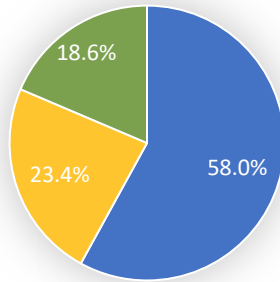


Figure 9

MFAN compared access to appointments with the Family Health Scale. Based on this analysis, warrior families who had negative experiences in accessing appointments were significantly less likely to have excellent family health and more likely to have poor family health. Post-9/11 warrior families who had positive or very positive experiences accessing appointments were significantly more likely to have excellent family health and less likely to have poor family health.

### Consistency of Care

A similar proportion of the full warrior family population (57.7%) reported positive or very positive experiences with consistency of care in the past two years. About twenty percent (20.3) had negative or very negative experiences, captured in figure 10 below. When looking specifically at post-9/11 veteran families, there were slightly fewer (50.5%) reported positive experiences with consistency of care. For post-9/11 retiree families, 63.7% reported positive experiences with consistency of care, 19.3% reported neutral experiences, and 17.0% reported negative experiences.

### Post-9/11 Warrior Family Experiences with Consistent Care

■ Positive/Very Positive   ■ Neutral   ■ Negative/Very Negative

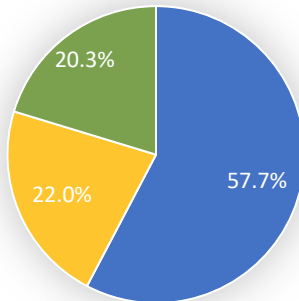


Figure 10

MFAN then compared consistency of care with the Family Health Scale. Post-9/11 warrior families who had negative experiences were significantly less likely to have excellent family health and more likely to have poor family health, whereas post-9/11 warrior families who had positive experiences were significantly more likely to have excellent family health and less likely to have poor family health.

## Telehealth Use

In 2021, MFAN asked respondents if they had used telehealth services in the past two years. According to the full warrior family population, 72.8% indicated that they had used telehealth services in the past two years, and 27.2% said they had not, as seen in Figure 11 below. Post-9/11 veteran families reported using telehealth at slightly higher rates than their post-9/11 retiree counterparts. Of those who reported using telehealth services within the past two years, 42.6% were experiencing excellent family health, 40.9% were experiencing moderate family health, and 16.5% were experiencing poor family health.

### Post-9/11 Warrior Family Telehealth Use

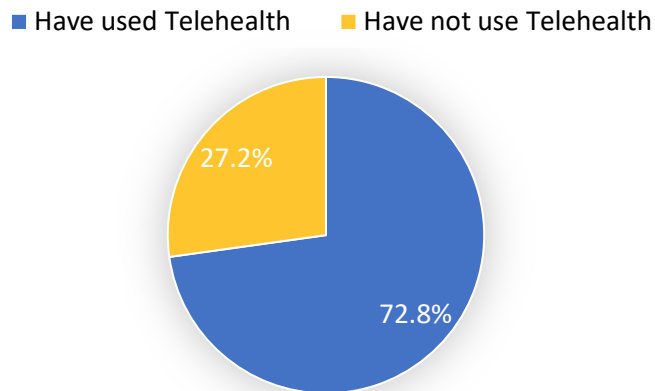


Figure 11

## Perceptions of Care and Consistency

Respondents were asked about their experiences maintaining consistent health care for themselves and their families. Warrior families noted generally positive experiences maintaining consistent care. In fact, this was the only frequently mentioned theme among post-9/11 veteran and retiree families in MFAN's sample. Responses frequently echoed the perspective provided by one Navy retiree who said that their experience maintaining consistent medical care is *"positive when needed - mainly routine checkups and emergent care."*

The generally positive responses provided by the warrior family population suggest a consistency that stems from the stability of life after separation. An Army veteran described,

*"I have had no issues. My doctor's office is about three minutes from my home, I can usually get in to see my doctor within a week. For urgent care needs, I have an ER about 30 minutes from home and an urgent care clinic about 15-20 minutes from home. My daughters and I have been with the same network for about 10 years."*

Many framed their retirement or separation as a turning point in the consistency of their medical care. The spouse of a Marine Corps retiree shared,

*"As he [the service member] is now retired, we can maintain consistent medical care." The spouse of an Army retiree echoed a similar sentiment, "we've been fortunate in the last several years to have consistent care. When my spouse was more junior [on active duty] care was definitely not as consistent or accessible."*

But that is not to say that the transition itself is not without healthcare challenges. The spouse of a Marine Corp retiree explained,

*"As he is now retired, we can maintain consistent medical care. We do not have records from our last duty station as they were never sent after completing paperwork. It was terrible. We basically started from scratch after retirement."*

## Perceptions of Telehealth

Respondents were asked to share their experiences with telehealth. Overall, the full warrior family population felt that telehealth was positive and that aspects of telehealth services were beneficial. A Coast Guard veteran summarized the feelings of their post-9/11 veteran and retiree family peers,

*"I feel no less cared for using telehealth. If anything, I feel it has made consistent health care more accessible for people like myself who live long distances from my care facility."*

Despite their overarching positive impressions, the qualitative responses did illuminate the shortcomings of telehealth. Specifically, warrior family respondents noted the difficulty of receiving complete healthcare (such as physical exams) over telehealth and generally struggled utilizing technology.

When asked to reflect on their telehealth experience, many noted the incomplete health care experience associated with telehealth. An Army veteran said, *"I don't think physicians can adequately evaluate a patient trying to look at them over telehealth."* A Marine Corps veteran shared similar feelings, *"[Telehealth] makes my appointments easier. However, I would prefer to see my doctor/referrals in person so they can see what my problem is rather than having to explain it to them."*

Warrior family respondents, specifically post-9/11 veteran family respondents, often mentioned struggles to manage telehealth due to technological issues. When asked about their telehealth experiences one Marine Corps veteran said,

*"[Telehealth] Usually does not work in [my area]. For some reason the sound and video are choppy and pixelated and the person on the other end usually reverts to a phone call or zoom call after several attempts with telehealth. This also costs valuable time especially if your appointment window has a time limit."*

Despite these shortcomings, telehealth is viewed as a useful tool for whole-health care. An Air Force retiree said, *"It's a COVID environment, most have done some form of telehealth. Very positive for simple issues and screening prior to making the trip to the office."*

## Comparison of Findings

In both the 2021 Military Family Support Programming Survey and the 2021 Annual Warrior Study, the findings on key health care topics are largely aligned. Similar to MFAN's finding on telehealth, nearly seven in ten WWP warriors have utilized telehealth in the past 12 months and the majority reported having positive experiences with the service. As a result of MFAN's qualitative analysis, several important themes emerged that provide additional background on the full warrior family experience – the benefit of the stability of geographical location post separation or retirement from the military and the benefit to using patient portals for continuity of care.

Additionally, in their qualitative responses, post-9/11 veterans and retirees expressed a greater digital divide when accessing technology to conduct telehealth services as compared to their actively serving counterparts. Further understanding these barriers to health care among the full warrior population expose areas of opportunity to support warriors and their family members in getting the care they need.

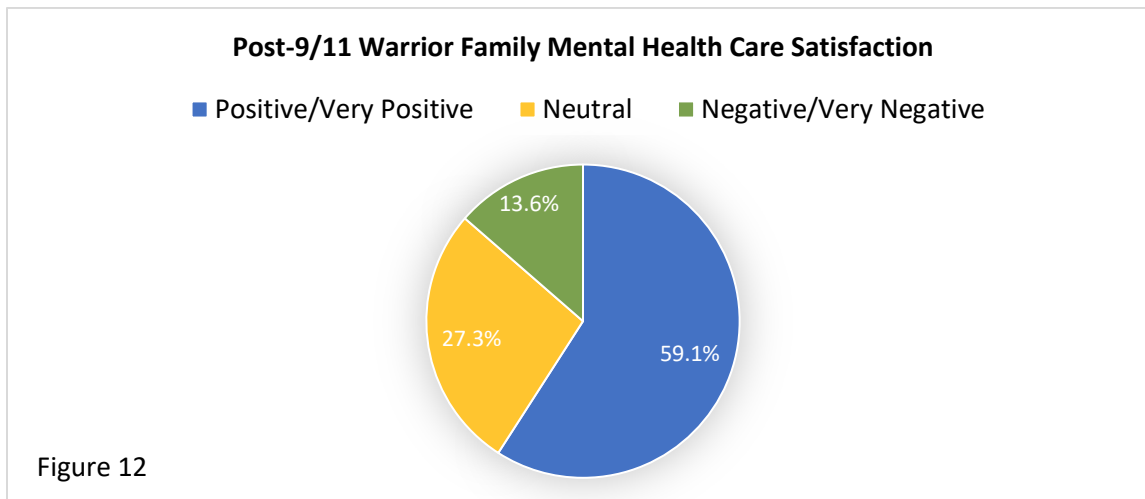
## MILITARY & VETERAN MENTAL HEALTH

Similar to the above findings presented for whole health and wellness, the 2021 Military Family Support Programming Survey asked respondents to rate dimensions of the mental health care experiences on a 5-point Likert scale from very positive to very negative. Dimensions of interest include a general measure of the mental health care respondent received, the ability to access mental health appointments, and the quality of mental health providers. This section will review the quantitative mental health findings for the full warrior family population, highlight key findings of statistical significance, and explore the lived experiences of warrior families seeking mental health care through a qualitative analysis of the stories they shared.

### Satisfaction with Mental Health Care

Respondents who indicated accessing mental health services in the last two years were given the opportunity to rate their satisfaction with care received. Of the full warrior family population, more than half (56.1%) had accessed mental health care for themselves or someone in their immediate family in the last two years.

When that group of warrior family respondents were asked to rate their overall mental health care experience, nearly sixty percent (59.1%) rated it as positive or very positive. Only 13.6% rated their health care negatively, shown in figure 12 below. Warrior family ratings of the ability to access mental health appointments and the quality of mental health providers show a similar distribution of positive to negative ratings. Only 15.5% of warrior family respondents rated the quality of their mental health providers negatively, with 57.8% rating providers positive. The ability to access mental health appointments showed the highest proportion of negative ratings, with 25.5% of warrior families rating their mental health care access negatively. Nevertheless, more than half (53.2%) rated access positively.



Respondents were asked to elaborate on their experiences in an open-ended question. Consistent with the findings shared above, the responses were often positive.

An Air Force military retiree said, *"I had a great experience with mental health care for myself and my family."* A Marine Corps military retiree said, *"Very cooperative, very positive, the effect is still satisfactory"* and an Army military retiree added, *"Very good."*

But the 13.6% of warrior family respondents who rated their mental health care negatively, shared a different perspective. A Navy veteran added,

*"Once more, treatment is very cookie cutter. I almost abandoned mental health treatment because the provider was too busy trying to fit me into a check box on a set of VA metrics of what is or is not considered PTSD. I am constantly compared to a textbook case that doesn't apply to my experiences, trauma, and social issues."*

Negative experiences with mental health care like this often have dire consequences in times of need. An Air Force veteran said, *"My son is suicidal, and I am unable to get any help or appointments for him. No one has any openings."* This quote speaks directly to the inability of 25.5% of warrior families in need of mental health support to access the care they need. The lack of available care was significantly related to family well-being.

Warrior family respondents who rated their ability to access mental health care appointments negatively or very negatively were significantly less likely to rate their mental health care experience as excellent than those who positively rated their mental healthcare access.

Further analysis revealed additional connections between mental health care and family well-being. The findings were to be expected. For the full warrior family population, those who had generally positive experiences receiving mental health care were significantly more likely to experience excellent family health and less likely to experience poor family health. Those who had generally negative experiences with mental health care were significantly more likely to have poor family health and more likely to have excellent family health.

MFAN then examined mental health care that the full warrior family population received against the following demographic markers: military affiliation, rank, income, family size, marital status, employment, military moves, and gender. Upon investigation, most of the demographic markers showed no statistically significant variations, except for gender.

- Post-9/11 male warriors who rated their mental health care as negative were somewhat less likely to report excellent family health.
- Post-9/11 male warriors who rated their mental health care as positive were somewhat more likely to report excellent family health and far less likely to report poor family health.
- Post-9/11 male warriors who reported neutral care were somewhat more likely to report poor family health.

Across post-9/11 female warriors, a statistically significant relationship was observed between satisfaction with mental health care received and family health.

- Post-9/11 female warriors who rated their care as negative were far more likely to report poor family health and far less likely to report excellent family health.
- Post-9/11 female warriors who rated their care as positive were far less likely to report moderate or poor family health.

Last, MFAN compared mental health care received with the UCLA Loneliness Scale. Post-9/11 warrior families who had negative experiences with receiving mental health care were significantly more likely to be lonely (86.3%).

## Suicidal Ideation

For the last section of mental health care analysis, MFAN examined suicidal ideation and loneliness across the full warrior family. Among this population, post-9/11 female warriors report the highest rate of suicidal ideation (18.7%). For post-9/11 female warriors who reported suicidal ideation, a slight statistical relationship was found between respondents' marital status and loneliness. Those post-9/11 female warriors who reported suicidal ideation and identified as "previously married" were more likely to report loneliness than post-9/11 female warriors who were currently married.

MFAN examined suicidal ideation for the full warrior family population against the time since military discharge and found no significant relationships between the two characteristics. At large, this indicates that for post-9/11 warrior family respondents the amount of time since their separation from military service does not impact their suicidal ideations.

## Comparison of Findings

Mental health was examined and explored utilizing different topical approaches in each of the MFAN and WWP surveys. For example, the 2021 Annual Warrior Survey examined the most reported mental health conditions amongst the warrior population, such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD). Whereas the 2021 Military Family Support Programming Survey explored mental health care satisfaction, experiences, and obstacles. Regardless, the two studies concurred that the warrior population experiences barriers to accessing mental health care.

According to the 2021 Annual Warrior Survey, 1 in 5 WWP warriors reported that they have, at some point, had trouble or delays in getting or continuing professional care for a mental health problem. The 2021 Annual Warrior Survey also indicated that within the warrior population, the prevalence of mental health issues is even higher – with mental health problems being more than twice as common as physical problems among WWP warriors. Both surveys studied the topics of mental health crisis and suicidal ideation, but yet again, the approach differed. MFAN's findings denoted in the section above did not have comparable findings in the 2021 Annual Warrior Survey. Instead, they further solidify the overarching finding that understanding barriers to mental health care is critical to promoting help-seeking behaviors to access mental health care treatment for those who need it.

## MILITARY & VETERAN CAREGIVING

Caregiving is a critical part of the story around the warrior family experience. Data show that caregiving responsibilities impact the warrior, the caregiver, and children in the family in complex ways. This section will uncover the caregiving-related findings from the 2021 Military Family Support Programming Survey and shed new light on the 2021 Annual Warrior Survey findings.

### Caregivers

When looking at the full population of post-9/11 warrior families, 24.9% indicated that they assist in caring for a service member or veteran who is ill, wounded, injured, or otherwise impaired. Of those who provided care, 80.0% indicated that they provide care to their spouse, followed by parent (6.7%), and friend (5.7%). The breakdown of care recipients is captured in figure 13.



### Care Recipients

■ Spouse ■ Parent ■ Friend ■ Other

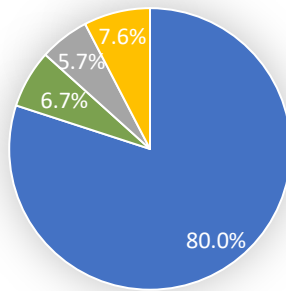


Figure 13

MFAN also asked post-9/11 veterans and retirees if they have someone who acts as their caregiver due to illness, wounds, injury, or other impairments and 83.4% said “no.” Of the 11.5% that said “yes,” 82.1% said their spouse serves as their caregiver, followed by friend (13.1%), and child (11.9%). These findings show that most caregivers are providing care to their spouse. More than half (64.3%) of those caregivers have children in the home.

As a foundation for understanding the remainder of the findings presented about the family dynamics of caregiving, MFAN first looked at the relationship between caregiving and family well-being. The results are unsurprising. Caregivers are statistically more likely to experience poor family health and less likely to experience excellent family health than expected. Additionally, caregivers are significantly more likely to be lonely than their non-caregiving counterparts.

This concerning finding prompted analysis of the relationship between caregiver identification and suicidal ideation. Post-9/11 family respondents who identified as a caregiver were significantly more likely to have had suicidal ideations within the past two years than would be expected. MFAN segmented further to compare caregiver suicidal ideation by gender. Unfortunately, male caregivers in post 9/11 families are statistically significantly more likely to have suicidal ideation than expected. More than a fifth (23.5%) of the male caregivers in post-9/11 warrior families experienced suicidal ideation in the last two years.

Unfortunately, it is not possible to break these scale findings down further. Small population numbers cause lower confidence levels in findings. Therefore, an exploration of loneliness and family well-being along caregiving characteristics such as rank, family size, or income would be misleading. Further research, with targeted outreach, on family caregiving dynamics would benefit this population. The remainder of this section will convey the findings that do have strong confidence levels including the qualitative findings around their perception of support, the impact of caregiving on children, and comparison of the MFAN findings to those of the 2021 Annual Warrior Survey.

#### Perception of Available and Missing Support

MFAN asked caregivers to explain what kind of support worked well for them and what kind of support they wished they had. Interestingly, the only common responses for this population were that they did not use support, often due to a lack of information. Many post-9/11 veteran or retiree family caregivers noted that they were unaware that support was even available to them.

The spouse of an Army veteran who provides care for their partner said, *“I have not been given information”* regarding available support services. The spouse of an Air Force veteran further explained, *“I don’t know of any caregiver support programs that I am eligible for. I don’t qualify for the VA’s caregiver program.”*

A Marine Corps veteran themselves, one caregiver shared, *“I have no support from any caregiver program. I have no idea how to request help to learn how to make this work without getting frustrated.”*

Whether because they do not have access to information or because they cannot find a program that suits their unique needs or situation, these comments capture the essence of the overarching theme, caregivers do not have the information they need to access helpful programs.

This same population was then asked what kind of support they needed. Respondents indicated that they desired care programs or care specifically for caregivers that are tailored to their situation, knowledge level, and access. Caregiving relationships are complex and do not necessarily fit into the cookie-cutter definitions that many organizations provide. The spouse of an Army retiree explained,

*"My spouse is able to work, therefore I do not qualify for anything. Yet, he still wants me at appointments (he had TBI) because he gets nervous, he won't understand or remember what the doctors say, and this has proven to be true. He can't mow the lawn and things like that, we have to pay for those things. He doesn't often go anywhere without me...we get in a rut where we don't go out anymore."*

Caregivers are searching for support that fits their situation, no matter the situation. The spouse of an Army veteran described their ideal, *"Caring for the caregiver, the long-term vision: when aid and attendance just isn't enough."*

### Impacts of Caregiving on Children's Lives

The impacts of caregiving and the apparent lack of utilized caregiving support impact more than just caregiver and warrior, it impacts children in the home as well. MFAN asked caregivers if they had children (under the age of 18 living in the home) and more than sixty percent (64.3%) said that they did. This group was asked to further characterize the impact of caregiving on their children in a few ways. First, they were asked to describe the impact on a scale from very positive to very negative. Then, they were given the opportunity to elaborate in their own words.

Figure 14 shows that nearly forty percent (38.2%) of caregivers said that the caregiving dynamics in their home had a positive or very positive impact on their children. A nearly equal numbers said that the impact was neutral (37.8%). And finally, the smallest proportion (23.9%) said that the impact was negative or very negative.

**The Impact of Caregiving on Children in Warrior Families**

■ Positive/Very Positive   ■ Neutral   ■ Negative/Very Negative

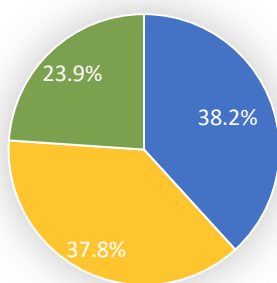


Figure 14

When characterizing this impact in their own words, caregivers said that their own limited time and energy impacted their kids, that their extra responsibilities took time away from their kids, but that their kids learned to be more empathetic.

A caregiving Army retiree explained how the limits on their time impacted their children, *"Caregiving takes time away from my time to parent. It can make me grouchy and feel used."*

The spouse of an Army retiree explained how their children perceived the extra caregiving responsibilities in the home,

*"We have four kids, ages two to five. They all understand that mommy has to help daddy take care of himself and his mobility/PTST service dog. They also know that mommy doesn't have as much energy or patience as she should be able to have because of the stress of taking care of a family of six, plus a service dog."*

Although the impacts of caregiving in the home are profound, respondents shared at length regarding the ways that that caregiving has shaped the people their children are becoming. The spouse of a Navy retiree said that their children *"are learning to understand taking care of others and showing compassion."*

The spouse of a Navy veteran shared,

*"It has grown compassion, true empathy, and a helpful, strong character. We are just as blessed by our hardships as we are burdened by them. But it is hard for the kids, and they need to be able to connect with other kids in the same situation and times to just have fun and be kids (which is hard for us who are disabled and therefore struggle financially)."*

The spouse of an Army veteran encapsulated this theme in the caregivers' qualitative responses,

*"They have learned strength and empathy. They are my helpers. They know that the term 'in sickness and in health' is more than just words. They are kind and understanding. They are all these things because caregiving has taught them this."*

## Comparison of Findings

The 2021 Annual Warrior Survey also examined aid and assistance needed, or caregiving. Similar to MFAN's findings, the majority of WWP warriors reported their spouse as their caregiver (75.0%), followed by their parents or siblings (8.3%), and their children (3.5%). However, the 2021 Annual Warrior Survey examined the topic of caregiving from the wounded warrior's perspective, identifying the number of hours needed in assistance per week and the types of aid needed. As the number of hours in aid and assistance increases, so does the level of perceived instrumental support. WWP's findings suggest that warriors who receive fewer hours could benefit from, and feel more supported with, an increase in the number of hours they receive in aid and assistance from another person.

As detailed above, the 2021 Military Family Support Programming Survey explored the topic of caregiving from the caregiver's perspective, which helped paint a picture of the full warrior family experience. Together, the two reports expressed the significance of understanding the experiences of caregivers and the important role and impact caregivers have on the family unit.

## **MILITARY & VETERAN TRANSITION**

Although every veteran and retiree family have a unique story about their transition into civilian life, those families who shared stories about their experiences in the last five years are particularly impactful for support program improvement for those warrior families who will leave service in the next five years. Therefore, the findings from the 2021 Military Family Support Programming Survey discussed in the section below will speak to the experiences of warrior families who have transitioned from military service since 2016.

These families were asked what kind of transition support was helpful, what kind of transition support was missing, and whether they had participated in the Transition Assistance Program (TAP). To further illuminate these findings, recent transition, and participation in TAP will be looked at in relationship to the UCLA Loneliness Scale and the Family Health Scale.

Of the full warrior family population 41.5% had transitioned out of military service in the five years before the Military Family Support Programming Survey was fielded in 2021. These recently transitioned warrior families were most likely to display excellent family health (46.0%) and significantly less likely to display poor family health than expected, with only 12.8% indicating poor family health. The well-being of these recently transitioned warrior families is captured in figure 15, below. Additionally, these recently transitioned families were experiencing loneliness at expected levels, with 45.5% of recently transitioned warrior family respondents indicating loneliness.

### Recently Transition Warrior Family Well-Being

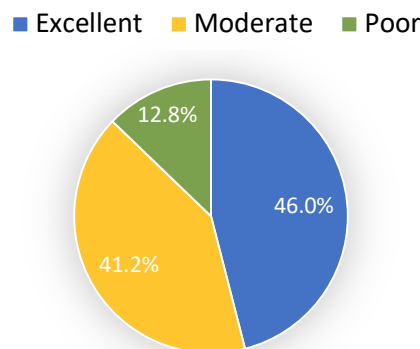


Figure 15

Regardless of the amount of time that has passed since their transition, all warrior family respondents were asked if they had participated in TAP. Of the full post-9/11 warrior population, 60.0% indicated that they had participated in the Transition Assistance Program (TAP). Warrior family respondents who indicated that their service member had participated in TAP were significantly more likely to indicate excellent family health than expected and experienced loneliness at the expected levels.

To learn more, these families were asked to describe the transition support that was most helpful in their recent transition. The responses to this open-ended question showed that recently transitioned warrior families had mixed feelings regarding the helpfulness of military support services and that they sought help from the private sector.

An Airforce retiree spoke for those who found the military support to be helpful saying, *"Transition assistance program was fantastic for me! Especially the briefing from the Department of Labor."*

In fact, most of the comments regarding the positive aspects of military support during transition noted the helpfulness of TAP. A near equal number of respondents felt that the support provided by the military was insufficient or unhelpful. An Army retiree described, *"The retirement briefing at [command headquarters] was like drinking from a fire hydrant. Very ineffective, nothing more than just talking to check the box."*

The spouse of another Army retiree further described, *"It's been more than two years since my husband retired. He went through transition, but it didn't really tell us anything we didn't know mainly because we are the type to research things beforehand."*

Despite military transition support receiving mixed reviews, some respondents indicated that the help they received from private sector organizations (mostly non-profit) was generally helpful. Organizations that provided things like *"employment transition support including networking, resume, federal jobs guidance for veteran enrollment in VA benefits"* (spouse of a Coast Guard retiree) were helpful to transitioning families. Some even mentioned specific organizations or programs like one Navy veteran who said, *"Wounded Warrior Project was great,"* and an Army retiree who generalized saying they relied on the support of *"veteran organizations."*

Respondents were also asked what transition support they wished they had. The applicable post-9/11 warrior population indicated that they wished they had skill building assistance to better prepare to enter the civilian workforce, better overall process for discharge and decommissioning, one-on-one transition support over time, and an improved TAP program. Generally, these service members and their families are looking for more customized support.

A Marine Corps veteran captured the tone of these responses when they described the need for *"longer, more personalized transition support - better access or knowledge before separation to gain certification or access unknown benefits that members often learn about once it's too late."*

A Navy veteran asked for *"a better transition program for level of expertise and work. I got out as an O4 and had to sit in TAP classes with E3s. I was 'not qualified' for the ones that o5+ go to. It was a waste of my time."* At large, these responses indicate that service members and their families need a *"more tailored transition support"* (Army retiree).

### Comparison of Findings

Regarding military transition, one of the biggest differences between the 2021 Military Family Support Programming Survey and the 2021 Annual Warrior Survey is the time post-transition.

As indicated above, MFAN asked transition-related questions only of families who had transitioned out of the military within the past five years. Traditionally, MFAN explores the topic of military transition from a programmatic support approach, whereas WWP's mission and focus is to support warriors through and beyond their transition to civilian life with services, in not just career counseling and financial wellness, but mental health, physical health, and peer connection.

Overall, both reports concur that military to civilian transition can cause a dramatic shift due to the drastic differences in culture. Although WWP takes a deeper approach to understanding veteran identity, both organizations acknowledge the importance in providing the supports service members need to manage feelings of loneliness, loss of identity, and hardships caused by leaving military service.

## RECOMMENDATIONS & CONCLUSION

The newfound findings from MFAN's 2021 Military Family Support Programming Survey shared throughout this report demonstrate the importance of understanding the full warrior family experience. Although these findings are illustrative of just one component of the military family population — post 9/11 warriors and their families — these experiences should be of interest to everyone serving the military and veteran family community. All currently serving families will, one day, become post-9/11 warrior families.

Leveraging the findings from the 2021 Military Family Support Programming Survey in comparison with WWP's 2021 Annual Warrior Survey help paint a robust picture of warrior family well-being, captured from the perspective of warriors, and their family members. Findings like these are most impactful when they are used to create actionable solutions. Partnerships between organizations like MFAN and WWP show that collaboration can yield new insights and solutions, and the data provide a roadmap for opportunities for improved support for post-9/11 veterans and their families.

MFAN continues to research the needs of all military families, including post-9/11 veterans and retirees to determine where support is most effective for each demographic. WWP's research on the wounded, injured, and ill post-9/11 veteran population continues to highlight the most pressing needs, also showing potential gaps in support. These insights help MFAN, WWP, and others who share in the mission of supporting military and veteran populations ensure that programming continues to meet the need.

The unique perspectives and experiences of veteran families and military retiree families must be carefully considered as service providers create conditions where all post-9/11 families can thrive. Targeted solutions are necessary to effectively address the areas where post-9/11 families need the most support. Key findings of this report along with some recommendations are included below.

### **Warrior family well-being was shown to be significantly related to contributing factors like food insecurity, medical care, and financial readiness.**

Among post-9/11 respondents, a fifth (20.7%) of post-9/11 veteran families experience poor family health, and 30.4% excellent family health. Meanwhile, 12.1% of post-9/11 retiree families report poor family health, while nearly half (49.7%) excellent family health.

WWP's direct programs and services focus on empowering warriors and their families to live their lives to the fullest, addressing mental health, physical health, independence, social connection, and financial wellness to impact family well-being and quality of life. An example is the Financial Education program, which meets the warrior and their family where they are at on their financial wellness journey, assisting with budgeting, saving, debt-management, and long-term planning. Among the warriors and family members who participated in the Financial Education program, 74% said they feel optimistic about their financial future.

**Recommendation:** Assist post-9/11 veteran and retiree families with a whole health wellness approach to well-being, addressing both health care and financial wellness.

### **Post-9/11 veteran families experience food insecurity and hunger at higher rates than their post-9/11 retiree counterparts.**

Ten percent (10.1%) of post-9/11 veteran family respondents experience food insecurity and 17.6% hunger, whereas 4.9% of post-9/11 retiree family respondents report food insecurity and 6.2% hunger.

MFAN remains committed to providing both big-picture solutions and immediate on-the-ground assistance to veteran and retiree families in need across the country. Through the Combat Military Hunger initiative, MFAN and its partners have hosted food distribution events, connected families with community resources and support services, convened industry leaders, and conducted research to identify causal factors of food insecurity.

**Recommendation:** Increase awareness and efforts to assist post-9/11 veteran families experiencing food insecurity and connect them to food assistance resources in their local communities. Continue research into root causes of food insecurity in the veteran population to identify additional supports needed.

## A majority of post-9/11 respondents share positive experiences with accessing consistent medical care for their families.

When looking specifically at post-9/11 veteran families, 50.5% of families report positive experiences with consistent care. Post-9/11 retiree families report positive experiences more frequently (63.7%).

WWP provides a voice for post-9/11 wounded, injured, and ill veterans and their families in Washington, D.C. to expand access to care for continued consistent medical care. WWP advocates to improve access to quality care at VA and in the community by pursuing a public health approach that coordinates action from all of government as well as public-private partnerships.

**Recommendation:** Research, workforce, and multidisciplinary strategies should all be pursued across the individual, community, and societal levels to ensure consistency in medical care and expand access to care.

This report also highlighted the need to further study potential challenges of specific military-connected demographics and opportunities to support them. As such, MFAN recommends continuing to research post-9/11 warrior family well-being. Valuable topics for further exploration include:

- The nature of suicidal ideation among post-9/11 warrior families with diverse demographic characteristics.
- The differences in post-9/11 warrior experiences based on service member gender.
- The lived experiences of LGBTQ+ post-9/11 warrior families.
- The nuances of the caregiving experience from the lens of both the wounded warrior and their caregiver.
- The issue of telehealth access, specifically amongst post-9/11 veteran families.
- The natural versus adaptive styles of post-9/11 warrior families and military families at large. Research that seeks to understand whether change management styles are impacted by military challenges and lived experiences and whether the change in adaptive style lends itself to a culture of "toxic resiliency."

As illustrated through the recommendations, it is vital that organizations work to improve the lives of post-9/11 warrior families. The partnership between MFAN and WWP embodies the benefits of collaboration between military and veteran support organizations. No single organization can meet the needs of all veterans and their families alone. Collaboration between military and veteran support organizations, as well as State and Federal agencies, is necessary to continue to make positive impacts on the post-9/11 generation. By working together, we can all continue to understand the evolving needs of the population and develop innovative programs and services that address them holistically.

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